

MILL — 2016 — LEVY

Arapahoe County
Douglas County



July 1, 2015
through
June 30, 2016



**Developmental
Pathways**

Melanie Worley, CEO





Developmental Pathways is the largest Community Centered Board (CCB) in Colorado, serving more than 7,000 individuals with developmental disabilities/delays annually in Arapahoe County, Douglas County, and the City of Aurora. Colorado statute authorized Community Centered Boards in 1964, and in 2014, Developmental Pathways celebrated its 50th anniversary of service. Currently, there are 20 CCBs who serve thousands of individuals across the state. As a CCB, Developmental Pathways determines eligibility and provides case management to programs for individuals with developmental disabilities/delays (such as autism and Down syndrome) in our service area. Our programs serve individuals of all ages, from infants to senior citizens.

The programs are funded by state, federal, county, and private sources. We also actively seek funding for thousands of individuals who are waiting for resources due to a lack of state and federal funding.

Our Vision

Enriching lives. Strengthening communities.

Our Mission

To enrich the lives of people with developmental disabilities/delays by partnering to provide expertise, support, and advocacy in their pursuit of a meaningful life.

Our Core Values

Integrity	To be true to our beliefs: respectful, honest, transparent and fair.
Innovation	To be thought leaders, transforming cutting edge ideas into tangible actions.
Partnership	To be a trusted, vital partner in our community.
Stewardship	To honor and protect all our resources.

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History of the Mill Levy

In 2001, prior to the mill levy, rapid population growth and increased demand for services in Arapahoe County and Douglas County resulted in a funding crisis. The contract Developmental Pathways had with the State of Colorado—the primary source of revenue for developmental disability/delay services in our area—had fallen far behind the demand for services and we faced major fiscal cuts in services to individuals 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. This election falls within the conditions set by the Taxpayer's Bill of Rights (TABOR) in accordance with state statute (27-10.5 C.R.S.) and allows a one-mill county property tax exclusively for services for people with developmental disabilities/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 developmental disabilities/delays.

Months of intensive campaigning, spearheaded by hundreds of volunteers, led to the referendum being passed in both counties. The efforts required for this success included meetings with community groups, public forums, distribution of voter education materials, grass-roots voter turnout efforts, and much more.

In 2001, voters approved a mill levy to support individuals with developmental disabilities/delays with the following emphases:

1. *To provide services to individuals on the waiting list*
2. *To raise the quality of services for all individuals with a developmental disability/delay*
3. *To stabilize and improve the overall service infrastructure, with particular attention to recruitment, training, and retention of quality staff*

As a result of the successful campaign, service cuts were avoided and more than 1,600 new individuals with developmental disabilities/delays 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 while mill levy funds would reduce the waiting list, they still fell short of the amount needed to eliminate the waitlist altogether.

Since 2001, Developmental Pathways has utilized mill levy funding to best meet the needs of the individuals and families we serve while responding to the voters' emphases. This report will provide a brief summary of the programs, quality of services, and infrastructure supported by mill levy funding.

Who We Serve

Who are the individuals served by Developmental Pathways?

According to the Code of Colorado Regulations (sos.state.co.us), persons with a developmental disability are those who have “a disability that is A) manifested before the person reaches twenty-two (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 a developmental disability. For a complete list of established conditions that qualify a child, please see the Early Intervention Colorado list: <http://www.eicolorado.org/index.cfm?fuseaction=diagnoses.main>.

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

Please note: Counties indicate the current county of residence, not the county of origin. For most individuals in the HCBS-DD waiver who are currently receiving residential services in “Other Counties”, their county of origin is Douglas or Arapahoe.

All Enrolled Individuals by Enrolled Program

Program	Arapahoe		Douglas		Other Counties		Total	
	#	%	#	%	#	%	#	%
CES¹	302	8.22%	161	10.16%	41	9.15%	504	8.84%
CWA²	17	0.46%	4	0.25%	1	0.22%	22	0.39%
DD³	448	12.20%	57	3.60%	103	22.99%	608	10.66%
EI⁴	1915	52.15%	905	57.13%	189	42.19%	3009	52.75%
FSSP⁵	447	12.17%	268	16.92%	44	9.82%	759	13.31%
OBSS⁶	5	0.14%	1	0.06%	0	0.00%	6	0.11%
SLS⁷	477	12.99%	179	11.30%	57	12.72%	713	12.50%
State SLS⁸	61	1.66%	9	0.57%	13	2.90%	83	1.46%

Total:	3672	100.00%	1584	100.00%	448	100.00%	5704	100.00%
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¹ The Children’s Extensive Support (CES) Medicaid waiver program is for children under age 18 with extensive behavioral and/or medical needs which provides services and supports that will help children establish a long-term foundation for community inclusion as they grow into adulthood.

² The Children with Autism (CWA) Medicaid waiver program provides Medicaid benefits in the home or community for children birth to age five who have a medical diagnosis of autism and who are most in need/at risk for institutionalization due to the severity of the disability.

³ The Developmental Disability (DD) Medicaid waiver-funded residential services program is for adults who require extensive supports to live safely in the community and who lack other sources for meeting those needs. Note that EI pulls all active individuals throughout the year, rather than just those active at the end of FY16.

⁴ Early Intervention (EI) is a non-waiver-based program for children (0-2) who have special developmental needs; it provides supports such as occupational therapy, speech therapy, or physical therapy, to help infants and toddlers grow and develop.

⁵ The Family Support Program (FSSP) is a non-waiver-based program that provides services and supports to families caring for a family member with a developmental disability who have costs beyond those normally experienced by other families.

⁶ Omnibus Budget Reconciliation Act Specialized Services (OBSS) Provides for adults with developmental disabilities living in nursing facilities to participate in the community via services that would not be provided by the Nursing Facility through Medicaid reimbursement.

⁷ The Supported Living Services (SLS) Medicaid waiver-funded program offers support services for adults who either A) can live independently with limited supports or B) may require extensive support, but are receiving that support from other sources (e.g. family).

⁸ State-funded Supported Living Services (State SLS) provides support similar to SLS, but which has more flexible program management requirements.

Please note: The following tables provide information on all adults (aged 18 and over), regardless of program enrollment, as of the last day of fiscal year 2016.

Please note: Counties indicate the current county of residence, not the county of origin. For most individuals in the HCBS-DD waiver who are currently receiving residential services in “Other Counties”, their county of origin is Douglas or Arapahoe.

Adult Services by Age Group

Age Range	Arapahoe		Douglas		Other Counties		Total	
	#	%	#	%	#	%	#	%
18 - 21	123	11.87%	58	21.32%	23	12.99%	204	13.74%
21 - 30	339	32.72%	118	43.38%	56	31.64%	513	34.55%
30 - 40	280	27.03%	63	23.16%	42	23.73%	385	25.93%
40 - 50	119	11.49%	14	5.15%	26	14.69%	159	10.71%
50 - 60	108	10.42%	13	4.78%	21	11.86%	142	9.56%
60+	67	6.47%	6	2.21%	9	5.08%	82	5.52%

Total:	1036	100.00%	272	100.00%	177	100.00%	1485	100.00%
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Adult Services by Ethnicity¹

Ethnicity	Arapahoe		Douglas		Other Counties		Total	
	#	%	#	%	#	%	#	%
American Indian/Alsk	4	0.39%	1	0.37%	1	0.56%	6	0.40%
Asian	40	3.86%	6	2.21%	0	0.00%	46	3.10%
Asian/Pacific Islander	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Black	126	12.16%	9	3.31%	38	21.47%	173	11.65%
Hawaiian/Pacific Islander	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Hispanic	67	6.47%	12	4.41%	12	6.78%	91	6.13%
Not Specified	13	1.25%	10	3.68%	4	2.26%	27	1.82%
Other Race	13	1.25%	5	1.84%	7	3.95%	25	1.68%
White	773	74.61%	229	84.19%	115	64.97%	1117	75.22%

Total:	1036	100.00%	272	100.00%	177	100.00%	1485	100.00%
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¹Where multiple ethnicities were specified, the first listed ethnicity was used.

Adult Services by Gender

Gender	Arapahoe		Douglas		Other Counties		Total	
	#	%	#	%	#	%	#	%
Male	587	56.66%	145	53.31%	108	61.02%	840	56.57%
Female	449	43.34%	127	46.69%	69	38.98%	645	43.43%

Total:	1036	100.00%	272	100.00%	177	100.00%	1485	100.00%
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Adult Services by Enrolled Program

Program	Arapahoe		Douglas		Other Counties		Total	
	#	%	#	%	#	%	#	%
DD ¹	448	43.24%	57	20.96%	103	58.19%	608	40.94%
FSSP ²	45	4.34%	26	9.56%	4	2.26%	75	5.05%
OBSS ³	5	0.48%	1	0.37%	0	0.00%	6	0.40%
SLS ⁴	477	46.04%	179	65.81%	57	32.20%	713	48.01%
State SLS ⁵	61	5.89%	9	3.31%	13	7.34%	83	5.59%

Total:	1036	100.00%	272	100.00%	177	100.00%	1485	100.00%
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¹ A Medicaid waiver-funded residential services program for adults who require extensive supports to live safely in the community and who lack other sources for meeting those needs.

² A non-waiver-based program that provides services and supports to families caring for a family member with a developmental disability who have costs beyond those normally experienced by other families.

³ Provides for adults with developmental disabilities living in nursing facilities to participate in the community via services that would not be provided by the Nursing Facility through Medicaid reimbursement.

⁴ A Medicaid waiver-funded program offering support services for adults who either A) can live independently with limited supports or B) may require extensive support, but are receiving that support from other sources (e.g. family).

⁵ A state-funded support similar to SLS, but which has more flexible program management requirements.

Adult Services by Diagnosis¹

Diagnosis	Arapahoe		Douglas		Other Counties		Total	
	#	%	#	%	#	%	#	%
Attention Deficit Disorder	83	3.52%	32	5.12%	27	6.24%	142	4.16%
Autism	172	7.30%	42	6.72%	28	6.47%	242	7.09%
Brain Injury	26	1.10%	12	1.92%	8	1.85%	46	1.35%
Cerebral Palsy	144	6.11%	38	6.08%	19	4.39%	201	5.89%
DD/Mental Illness	164	6.96%	31	4.96%	52	12.01%	247	7.24%
Down Syndrome	104	4.42%	46	7.36%	15	3.46%	165	4.83%
Fragile X Syndrome	16	0.68%	7	1.12%	3	0.69%	26	0.76%
Maladaptive Behavior	65	2.76%	15	2.40%	17	3.93%	97	2.84%
Medically Fragile	21	0.89%	6	0.96%	6	1.39%	33	0.97%
Mental Retardation	857	36.39%	212	33.92%	148	34.18%	1217	35.66%
Non Ambulatory	32	1.36%	6	0.96%	5	1.15%	43	1.26%
Non Mobile	12	0.51%	2	0.32%	3	0.69%	17	0.50%
Other	185	7.86%	54	8.64%	30	6.93%	269	7.88%
Other Neurological	59	2.51%	19	3.04%	10	2.31%	88	2.58%
Seizure Disorder/Epilepsy	189	8.03%	45	7.20%	27	6.24%	261	7.65%
Significant Hearing	50	2.12%	16	2.56%	9	2.08%	75	2.20%
Significant Speech	112	4.76%	36	5.76%	19	4.39%	167	4.89%
Significant Vision	64	2.72%	6	0.96%	7	1.62%	77	2.26%

Total:	2355	100.00%	625	100.00%	433	100.00%	3413	100.00%
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¹Result totals will vary from other adult totals: individuals may have more than one diagnosis. Diagnoses for adults are limited to the options currently available in the Community Contracts Management System (CCMS) by the Division for Intellectual and Developmental Disabilities.

Please note: The following tables provide information on all children (aged younger than 18), regardless of program enrollment, as of the last day of fiscal year 2016.

Please note: Counties indicate the current county of residence, not the county of origin. For most individuals in the HCBS-DD waiver who are currently receiving residential services in "Other Counties", their county of origin was Douglas or Arapahoe.

Please note: Most data were pulled as a snapshot at the end of FY16. However, given the high turnover rate implicit in EI, all active individuals for the full fiscal year are counted.

Child Services by Age Group

Age Range	Arapahoe		Douglas		Other Counties		Total	
	#	%	#	%	#	%	#	%
0 - 3	1490	56.53%	682	51.98%	162	59.78%	2334	55.32%
3 - 6	596	22.61%	327	24.92%	47	17.34%	970	22.99%
6 - 14	316	11.99%	198	15.09%	41	15.13%	555	13.15%
14 - 18	234	8.88%	105	8.00%	21	7.75%	360	8.53%

Total:	2636	100.00%	1312	100.00%	271	100.00%	4219	100.00%
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Child Services by Ethnicity¹

Ethnicity	Arapahoe		Douglas		Other Counties		Total	
	#	%	#	%	#	%	#	%
American Indian/Alsk	14	0.53%	9	0.69%	3	1.11%	26	0.62%
Asian	172	6.53%	79	6.02%	7	2.58%	258	6.12%
Asian/Pacific Islander	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Black	305	11.57%	36	2.74%	30	11.07%	371	8.79%
Hawaiian/Pacific Islander	12	0.46%	4	0.30%	0	0.00%	16	0.38%
Hispanic	48	1.82%	3	0.23%	16	5.90%	67	1.59%
Not Specified	105	3.98%	52	3.96%	11	4.06%	168	3.98%
Other Race	27	1.02%	4	0.30%	5	1.85%	36	0.85%
White	1953	74.09%	1125	85.75%	199	73.43%	3277	77.67%

Total:	2636	100.00%	1312	100.00%	271	100.00%	4219	100.00%
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¹Where multiple ethnicities were specified, the first listed ethnicity was used.

Child Services by Gender

Gender	Arapahoe		Douglas		Other Counties		Total	
	#	%	#	%	#	%	#	%
Male	1654	62.75%	854	65.09%	187	69.00%	2695	63.88%
Female	982	37.25%	458	34.91%	84	31.00%	1524	36.12%

Total:	2636	100.00%	1312	100.00%	271	100.00%	4219	100.00%
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Child Services by Enrolled Program

Program	Arapahoe		Douglas		Other Counties		Total	
	#	%	#	%	#	%	#	%
CES ¹	302	11.46%	161	12.27%	41	15.13%	504	11.95%

Program	Arapahoe		Douglas		Other Counties		Total	
	#	%	#	%	#	%	#	%
CWA ²	17	0.64%	4	0.30%	1	0.37%	22	0.52%
EI ³	1915	72.65%	905	68.98%	189	69.74%	3009	71.32%
FSSP ⁴	402	15.25%	242	18.45%	40	14.76%	684	16.21%

Total:	2636	100.00%	1312	100.00%	271	100.00%	4219	100.00%
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¹ A Medicaid waiver program for children under age 18 with extensive behavioral and/or medical needs which provides services and supports that will help children establish a long-term foundation for community inclusion as they grow into adulthood.

² A Medicaid waiver program, which provides Medicaid benefits in the home or community for children birth to age five who have a medical diagnosis of autism and who are most in need/at risk for institutionalization due to the severity of the disability.

³ A non-waiver-based program for children (0-2) who have special developmental needs; it provides supports such as occupational therapy, speech therapy, or physical therapy, to help infants and toddlers grow and develop.

⁴ A non-waiver-based program that provides services and supports to families caring for a family member with a developmental disability who have costs beyond those normally experienced by other families.

Child Services by Diagnosis

Diagnosis	Arapahoe		Douglas		Other Counties		Total	
	#	%	#	%	#	%	#	%
3-5 Developmental Delay	23	0.71%	9	0.56%	7	2.03%	39	0.75%
3-5 Established Condition	2	0.06%	0	0.00%	0	0.00%	2	0.04%
At Risk	24	0.74%	11	0.69%	2	0.58%	37	0.71%
Attention Deficit Disorder	60	1.84%	33	2.06%	6	1.74%	99	1.90%
Autism	255	7.84%	144	8.99%	25	7.27%	424	8.16%
Brain Injury	15	0.46%	5	0.31%	2	0.58%	22	0.42%
Cerebral Palsy	56	1.72%	37	2.31%	6	1.74%	99	1.90%
DD/Mental Illness	51	1.57%	25	1.56%	3	0.87%	79	1.52%
Developmental Delay	16	0.49%	9	0.56%	3	0.87%	28	0.54%
Down Syndrome	72	2.21%	41	2.56%	8	2.33%	121	2.33%
EI - General ¹	1915	58.87%	905	56.49%	189	54.94%	3009	57.88%
EI - Developmental Delay ²	130	4.00%	87	5.43%	20	5.81%	237	4.56%
EI - Established Condition ²	53	1.63%	34	2.12%	6	1.74%	93	1.79%
EI - Parent(s) DD ²	2	0.06%	2	0.12%	1	0.29%	5	0.10%
Fragile X Syndrome	8	0.25%	2	0.12%	0	0.00%	10	0.19%
Maladaptive Behavior	11	0.34%	5	0.31%	0	0.00%	16	0.31%
Medically Fragile	8	0.25%	8	0.50%	2	0.58%	18	0.35%
Mental Retardation	202	6.21%	72	4.49%	17	4.94%	291	5.60%
Non Ambulatory	8	0.25%	5	0.31%	3	0.87%	16	0.31%
Non Mobile	4	0.12%	1	0.06%	0	0.00%	5	0.10%
Other	130	4.00%	73	4.56%	16	4.65%	219	4.21%
Other Neurological	38	1.17%	22	1.37%	9	2.62%	69	1.33%
Seizure Disorder/Epilepsy	72	2.21%	38	2.37%	14	4.07%	124	2.39%

Diagnosis	Arapahoe		Douglas		Other Counties		Total	
	#	%	#	%	#	%	#	%
Significant Hearing	18	0.55%	8	0.50%	2	0.58%	28	0.54%
Significant Speech	58	1.78%	15	0.94%	3	0.87%	76	1.46%
Significant Vision	22	0.68%	11	0.69%	0	0.00%	33	0.63%

Total:	3253	100.00%	1602	100.00%	344	100.00%	5199	100.00%
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¹ Due to the high and continual updating number of qualifying diagnoses for children in EI, all EI children are grouped into one diagnoses.

² Children who have transferred from EI into other programs do not require further diagnoses until they reach 6 years of age, where a DD determination is required for further access to waiver services.

THE OLSEN FAMILY'S STORY



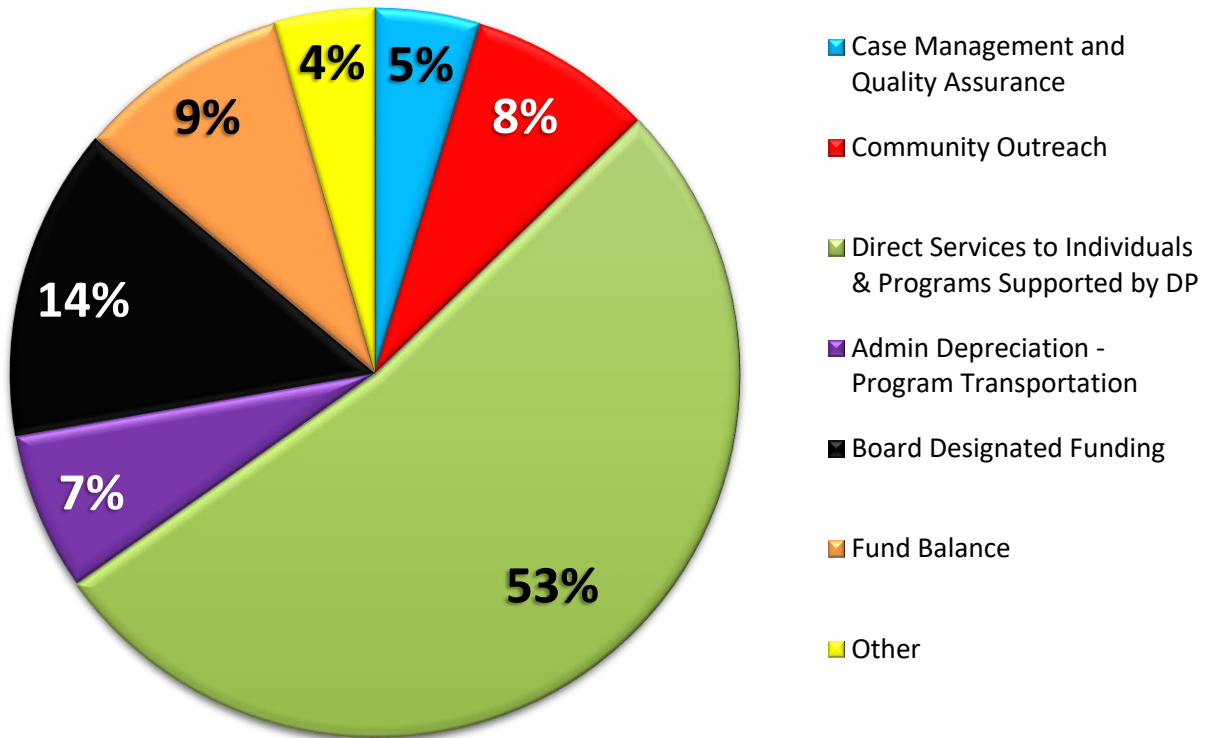
Julia and Adam Olsen connected with Developmental Pathways 6 years ago, when they moved to Aurora for Adam's residency program. Their daughter Brooklyn has Down's Syndrome, and with a couple other kids to run after, both time and money were tight. They quickly tapped into Developmental Pathways opportunities for respite by attending recurring Parent's Night Out events and even a weekend getaway in the mountains. Mom Julia says the best part was that the whole family was included—they all got some time to decompress and enjoy community with other families. Perhaps the highlight of the Olsen Family's experience with DP has been the "Respitality" event in August 2016, when they joined 24 other families on an overnight staycation at a local hotel.

The kids enjoyed an outing to the Trails Recreation Center and swimming while the adults participated in a casino night. Months later, Brooklyn still talks about "going to stay in the hotel."

These days, the Olsens don't have to rely as heavily on free respite opportunities, but they appreciate them no less than when they first arrived in Colorado. They're grateful for the memorable experiences they've had as a family made possible by Developmental Pathways.

Expenditure Summary

Mill levy dollars not only aid the success of the programs provided by Developmental Pathways, they support our organization and the community in other ways. In addition to Pathways programs, funding is allocated to direct care programs designated through Medicaid Waivers, management and support programs, and Board Designated funds. Below is a summarized chart of expenditures by percentage. Further explanation of these expenditures can be found in the proceeding sections.



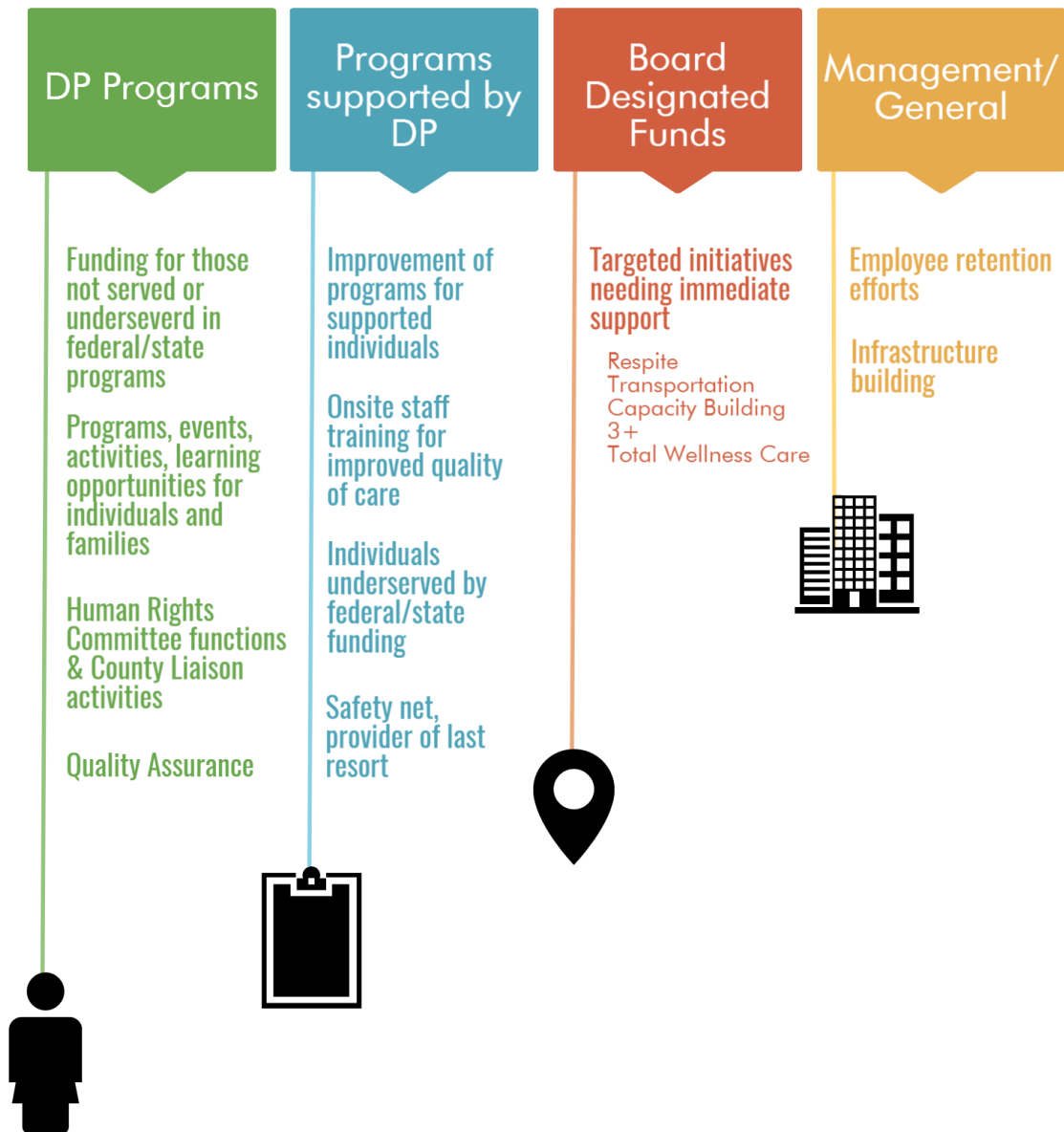
Case Management & Quality Assurance	\$597,560	Admin Depreciation – Program Transportation	\$898,840
Community Outreach	\$1,049,198	Board Designated Funding	\$1,785,000
Direct Services to Individuals and Programs Supported by DP ¹	\$6,745,994	Fund Balance ²	\$1,212,491
		Other ³	\$571,949
Total		\$12,861,032	

¹A further breakdown of Direct Services to Individuals and Programs Supported by DP can be found on page 16.

²See page 38 for a further explanation of the fund balance.

³Other Category includes Early Intervention, Family Support, Outsourced Services, and Miscellaneous Administrative Expenses.

Mill Levy Expenditures at a Glance



Developmental Pathways Programs

The following programs are directly provided by Developmental Pathways.

Case Management

As a Community Centered Board, Developmental Pathways assists families by providing services such as intake, eligibility, enrollment, and case management—all with a person-centered focus.

Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy. A Case Manager or Coordinator serves as the primary contact at Developmental Pathways for the individual/family being supported, and is responsible for connecting the supported individual to resources, helping them navigate state rules and regulations, and negotiating positive outcomes.

Children's Extensive Support (CES) Medicaid Waiver

This waiver helps children under 18 and families by providing services and supports that will help a child establish a long-term foundation for community inclusion as they grow into adulthood. This program is specifically for children demonstrating a medical or behavioral condition where a constant line of supervision is regularly needed to keep the child and others safe. Services include: personal assistance with daily living, respite, community connector services, assistive technology, home modification, and professional services.

The maximum amount of funding for an individual/family in the CES Waiver is \$37,944/annually.

Children with Autism (CWA) Medicaid Waiver

This waiver is for children who have a medical diagnosis of autism. Young children with autism frequently need a wide range of services to help them with self-regulation, 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.

The maximum amount of funding for an individual/family in the CWA Waiver is \$25,000/annually.

Supported Living Services (SLS) Medicaid Waiver

This waiver provides a variety of services and supports for adults (ages 18+) 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.

The maximum amount of funding for an individual in the SLS Waiver is \$46,274/annually.

QUICK FACT – *Developmental Pathways does not receive any Medicaid waiver funding that remains unused in an individual's plan at the end of a plan year. Those funds stay with the state and are used by state and federal agencies to improve supports, such as redesigning waivers, increasing person-centered training, and subsidizing enrollment costs associated with getting individuals into waiver programs.*

Developmental Disabilities (DD) Medicaid Waiver

This waiver provides assistance 24 hours a day, seven days a week, with assistance for each individual (ages 18+) designed according to their prioritized needs. This program provides residential services, day program services, behavioral services, transportation and employment services. Resources are limited by the state, and there is a waiting list.

There is not a maximum amount of funding for an individual in the DD Waiver. Depending on the level of need, individuals may spend upwards of \$100,000 or more.

QUICK FACT – *Developmental Pathways serves nearly 25% of the entire state's population of individuals with developmental disabilities/delays.*

Family Support

This program is not a Medicaid Waiver, but rather a state-funded program for individuals aged 3 through adulthood. Funds are available for a wide variety of services for the individual and family including: respite, behavioral supports, technical or adaptive supports, skill building, transportation, home modification, family therapy, and medical or dental services not covered under the Medicaid State Plan. Families in this program have access to monthly funds as well as other one-time funds as needs arise. Funds available to families range from \$1,200/year to \$1,500/year. This is based on monthly funds awarded by age (\$100/mo. for ages 3-11, \$125/mo. for ages 12 and up). In addition to monthly funding, in FY2016, \$75,000 (total for all participants) was available to FSSP families for emergency requests.

Community Outreach

This program, established in 2012, was developed to specifically designate mill levy funding to those waiting for state or federally funded services. Funding for this program is provided not only by mill levy dollars, but also grants and donations through our affiliate, The SUN Foundation. Coordinators and the Community Line staff provide support and information for accessing resources and understanding how to navigate the community. Special events create opportunities for learning, connections, and fun. A weekly newsletter provides a variety of information for people of all ages and interests.

This program also provides training sessions to families in areas of interest and need, such as toilet training, behavior management, social skills regarding safety, and relationship building. These courses promote individual choice, dignity, and whole person care.

QUICK FACT – *Since the Community Outreach Department was established in 2012, we have helped 1,722 unique individuals.*

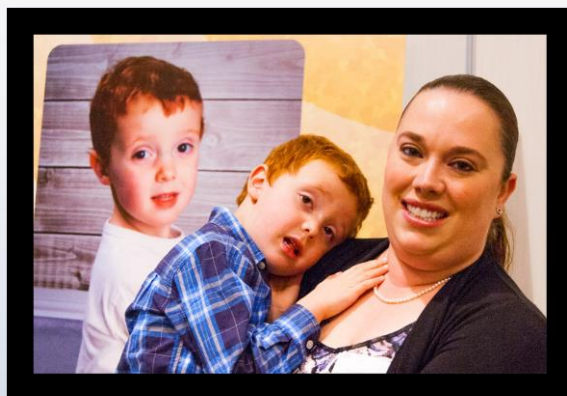
QUICK FACT – *This year, the Community Outreach Department allocated over \$1,846,000 in direct funding to individuals and families for assistive technology, professional services, respite, home modifications, medical and dental needs, transportation, parent/sibling support, and other individual expenses.*

Early Intervention

This program serves families who have a child up to age 3 who has a delay in his/her development and/or a qualifying diagnosis. This program partners with local school districts for the initial evaluation to assess each child's development, and determine if the child qualifies for the supports and services offered through the Early Intervention Program. If the child is determined eligible, his or her family will be paired with a Service Coordinator to organize in-home or community based services. The parents' concerns and the needs of the child will determine which services are offered and lead to an Individualized Family Service Plan to address routine based goals. Primary services include: developmental intervention, social/ emotional intervention, physical therapy, occupational therapy, speech language pathology, sign language, and audiology services.

QUICK FACT – *Our Early Intervention Department supported more than 3,500 different children throughout the year, averaging over 1,900 children each month. These totals continue to be around 25% of the entire State of Colorado's Early Intervention Enrollments.*

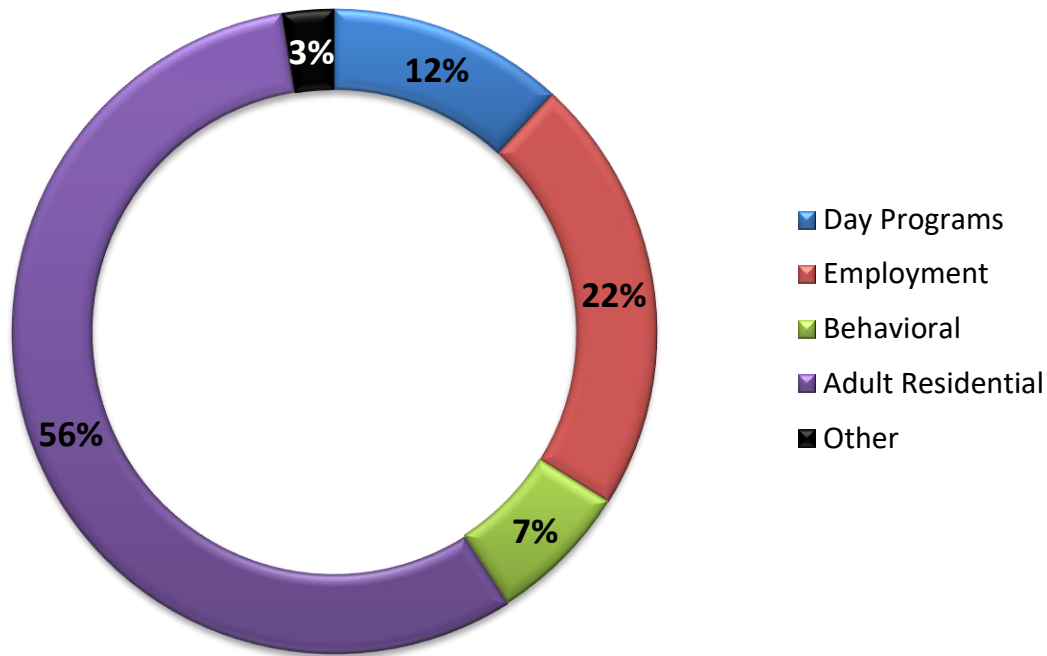
COLLIN'S STORY



For the first 18 months of his life, Collin progressed as any child would. He met all the benchmarks, but did seem to talk a little less than his peers. At 2 years, he had lost all of his words except "mama." The pediatrician directed his mother Mara to Child Find who in turn connected the Hennessys with Developmental Pathways. Collin was set up with a coordinator who arranged for in-home therapies even before the diagnosis of autism came. Once diagnosed, Collin spent a few months in the Early Intervention (EI) program before he turned 3 and was again in need of services since federal funding for EI stops at age 3. Collin's DP Coordinator immediately connected them to the Community Outreach department where a special program, the 3+ Initiative, was able to offset the costs of crucial therapies and equipment for Collin. Thanks to routine speech therapy, Collin is acquiring more words and continues to surprise his mother with spontaneous hugs.

Programs Supported By Developmental Pathways

The following are direct care programs, designated through Medicaid Waivers where Mill Levy Funding was allocated through Developmental Pathways.



Day Programs	\$798,383	Adult Residential	\$3,808,408
Employment	\$1,485,627	Other ¹	\$174,705
Behavioral	\$478,872	Total	\$6,745,994

¹Categories in "Other" include Personal Care and Transportation.

Transportation

Most commonly, this service provides transportation to day programs and job sites. Additionally, RTD passes, coupon books, and taxi cab vouchers are provided to over 440 individuals monthly in Arapahoe and Douglas counties. Transportation solutions, especially in rural areas of Douglas County, have been a tremendous challenge due to limited options. Developmental Pathways, in addition to the supports already provided, is working diligently to determine affordable, accessible transportation solutions.

Day Program

Day Programs serve adults with abilities that range over a broad spectrum. Safe and well supervised environments are offered with pre-planned, meaningful activities to meet varying interests and abilities. These programs provide opportunities to interact with the community, socialize and make friends, as well as volunteer activities that can provide a sense of giving to others. Some programs offer fun and engaging social opportunities after school, in the evenings, on weekends, or during holiday breaks. Activities include recreational sports, community outings, teen and young adult drop-in activities, social enrichment programs, and educational programs. Activities and programs are available for all ages and abilities.

Employment

Supported Employment programs promote long-term relationships between individuals in service and the business community. A participant's skills are matched to local companies. Employment Consultants partner with local businesses and work one-on-one with the individual to promote his/her independence in all aspects of a job. The Employment Consultant will remain involved with the individual and provide ongoing employment support.

As part of the job placement and training, many services are offered including vocational assessments, work adjustment training, supervised work crews, bus training, resume preparation, job seeking skills, personal adjustment training, and shadowing. Workshops that teach interviewing skills, job keeping skills, and social skills on the job are also available.

QUICK FACT - 7%-9% of people in employment services supported by Developmental Pathways don't have a Medicaid resource.

Behavioral

Behavioral Programs are available to support young children, adolescents, and adults faced with behavior challenges. Supports are provided in the areas of communication, social skill building, aggressive and/or self-injurious behaviors, toileting, and independent living skills. Services are directed by a Board Certified Behavior Analyst (BCBA), who works collaboratively with parents and other support staff to develop and implement interventions that have been scientifically researched and proven effective. This team also provides onsite training to direct care staff to improve overall quality of service, increase person centered services, and reduce MANE (Mistreatment, Abuse, Neglect, and Exploitation) investigations.

QUICK FACT – *Direct Support Professional training is a requirement that Medicaid does not fund.*

Personal Care

Personal Care is a broad category encompassing a variety of services to ensure needs are met whenever and wherever they are needed both in the home and/or the community. Participants are active in choosing their caregivers, directing the services needed, and assuring all aspects of service meets expectations. These supports include personal care, respite, supported community connections, homemaker, massage therapy, and mentorship services. Additionally, Personal Care Training Facilities allow for the training of Personal Care Workers and Professionals that can serve any population in need. This type of facility provides course and learning space designed to assist agencies with training staff to provide non-medical personal care services.

Adult Residential

Residential Programs offer a variety of placements with supervision and independence levels tailored to the individual strengths and needs of the person served. As part of a holistic services approach, residential programs encourage involvement with family and friends. The comprehensive needs of each individual in a typical home environment are addressed. Home settings include family caregiver (services provided in the individual's home), host homes (services provided in the home of a paid caregiver), apartment settings, and group homes. Priorities include appropriate access to medical, counseling, behavioral services, proper nutrition, food preparation, grocery/personal needs shopping, provision for personal hygiene services, training regarding personal care, and all other aspects of daily living, transportation, community participation, and day activities programs of choice.

Management and General

In addition to programs that directly impact the individuals served by Developmental Pathways, there are many supportive departments within the Developmental Pathways structure.

Learning and Organizational Development Department (LOD)

Mill levy funds help support the development and implementation of training programs and technical assistance to ensure quality services and best practices. This Department was designed to improve knowledge, skills, and abilities of employees and those of local program approved services agencies (PASAs), host home providers, and the individuals and families Developmental Pathways serves. This department is tasked with creating a happy and structured workforce to decrease turnover.

QUICK FACT – *In 2016, the LOD Team provided more than 5,000 learning experiences to employees, supported individuals and families, and community partners.*

Human Resources

Mill Levy funds helped aid retention practices and further our staff support efforts. In 2016, Human Resources sponsored 8 Discovery Sessions geared towards employee personal growth and established employee health programs, including fitness groups led by one of our supported individuals.

Employee Turnover

- Developmental Pathways had a 20.15% turnover rate for FY16.
 - The Community Outreach Department had no turnover.
 - The Early Intervention Department had a 1.54% turnover rate.
 - The Case Management and Quality Assurance Departments had a 21.82% turnover rate.

Information Technology

This department provides insurmountable supports by giving Case Managers and Coordinators access to information and data at their fingertips. The helpdesk, monitoring, and remediation they provide allow employees to work more efficiently.

Finance

Finance not only oversees the billing processes vital to the organization's success, but this team manages a majority of the nearly 100 audits and surveys Developmental Pathways is responsible for each year.

Properties

This team supports the organization by helping to utilize our building space more effectively. They also make houses into homes for the individuals and families the organization serves by providing critical maintenance and accessibility renovations.

Board Designated Funding

In 2015, the Developmental Pathways Board of Directors designated funding to be utilized for critical areas of need. These critical areas of need were determined by extensive community outreach assessments. The Board of Directors wanted to dedicate these funds solely to initiatives that aligned with the mission of Developmental Pathways: Capacity Building, Respite, Transportation, Total Wellness Care Coordination, and the 3+ Initiative. This funding will ensure that Pathways will be able to continue to build long term solutions for the individuals we serve for the years to come.

Capacity Building

Capacity building funds were established to fulfill the need of serving more individuals with developmental disabilities/delays. There was a tremendous effort over the last few years to enroll individuals into the waiver programs with the goal of eliminating waitlists. This increased volume impacted our staffing and space needs as well as the need for additional programs and supportive services to meet the demand.

Short-term Impact

People with intellectual and developmental disabilities and delays will be enrolled in programs quicker as needed positions are filled.

Fiscal Year Accomplishments

- Inverness and Mississippi office restructure – Restructured office space to accommodate staff growth. The growth in staffing is in response to the additional funding the State has approved in efforts to eliminate the CES and SLS waitlists.

Anticipated Projects/Activities

Efforts to build capacity will continue through the next 12-24 months to continue to accommodate additional staff and to provide new services. Proposed activities include:

- Gathering data to understand the current space needs as well as anticipated space needs over the next 3-5 years.
- Continuing to work to restructure our current office space to accommodate more hoteling/shared workspaces for mobile workers as well as increasing total capacity and creating additional conference rooms/meeting spaces.
- Define other space needs to have a presence in the communities where we serve.

Respite

Respite is a time for caregivers to get a break from providing care. It takes trust by caregivers to leave their loved one with a provider and skills of the provider to give the necessary care. While some respite options are available in the area, those options are limited and often do not meet the needs of caregivers. Additionally, many caregivers are either unaware of the respite options or do not trust others to care for their loved ones. Improving caregiver's comfort levels and trust alongside supporting current and potential provider's capacity to increase services will be the focus of this initiative. From initial research analysis, it is also clear that caregivers and providers would like to see changes with the RFP process for connecting respite providers to individuals on waivers.

Long-term Impact

Caregivers know of and have access to desired respite at the time it is first needed and trust providers enough to use the services. Providers are able to offer enough of the desired type of respite to meet caregiver's needs.

Fiscal Year Accomplishments

- Outreach to community organizations and providers to establish working relationships for FY17 and FY18.
- Development of the school year respite camp guide and update of the summer camp guide by Community Outreach staff.
- Research of respite needs of caregivers and providers through surveys and focus groups.
- Initiation of partnership work on Respite Care Taskforce recommendations (HB16-1398).
- Creation of the Respite Initiative plan.

Anticipated Projects/Activities

Projects and activities will align with the intent to increase comfort level of respite by caregivers, simplify the process to find respite, and increase capacity of providers. Developmental Pathways will work to support current and potential providers so they can meet the needs of caregivers. Proposed activities include:

- Community Outreach Department Activities:
 - Educate and build trust of caregivers through events, newsletters and videos.
 - Outreach to potential providers.
 - Internal committee to award grants to providers to increase capacity based on survey and focus group findings.
 - Host biannual respite fairs to connect families and providers.
 - Connect with, support, provide training to and advertise parent groups.
- Case Management Department Activities:
 - Improve RFP process based on survey and focus group requests.

Transportation

Transportation needs exist for people with intellectual and developmental disabilities and delays, caregivers, community agencies and providers. Often, people with disabilities are not able to attend activities or appointments for lack of transportation. Many of their limited options are not timely, convenient, or affordable. Reimbursement rates for transportation are so low that existing providers are not able to expand their capacity without significant support. With diversified funding, providers are limited to the populations they are able to serve, a hindrance to collaboration. Developmental Pathways will act as a connector of resources, providers, and people who need transportation.

Long-term Impact

People with intellectual and developmental disabilities and delays in Douglas and Arapahoe counties and the City of Aurora will be able to safely travel and freely access the community with attainable “CASE” (convenient, affordable, sustainable & efficient) transportation opportunities.

JENNIFER'S STORY



In the past year, Jennifer has changed counselors and transferred locations for her job—both of which she had been with for more than 10 years. She was also faced with navigating a new transportation system since she had lived within walking distance of work before. Not to mention, her case manager changed, and perhaps most difficult of all, her grandfather whom she was very close to, passed away. But, Jennifer has pushed past each obstacle and come away with a resilient spirit. She's taken up some new things like exploring places around Denver that she has never been to with her new counselor. She's kept some of her favorite past times too—like watching her local sports teams: the Broncos, Rockies, and Nuggets and participating in the Special Olympics. Through it all, she's managed to remain caring and compassionate—traits that speak even more of her character in light of life's recent challenges.

Fiscal Year Accomplishments

- Outreach by staff (including startup of a transportation workgroup) to build relationships that lead to partnerships in FY17 and FY18.
- Research of transportation needs of individuals in services, caregivers and providers through surveys and focus groups.
- Creation of the Transportation Initiative plan.

Anticipated Projects/Activities

The Transportation Initiative will increase opportunities for transportation through public and private entities. Opportunities for funding and resources will be available for providers through RFPs and grants. Training for individuals in service and their caregivers will open opportunity for more transportation options when appropriate. Proposed activities include:

- Community Outreach to participate in the RTD Non-profit ticket program to provide discounted tickets to low-income families—not limited to the individual with a disability.
- Internal committee to put out route expansion and volunteer driver program RFPs.
- Partner with Denver Regional Mobility Access Council on shared route system.
- Community Outreach to expand travel training program with community partners.
- Internal committee to award capacity grant to provider agencies for capital, training or hiring expenses to address needs identified by survey and focus groups.
- Developmental Pathways to purchase route software for use by interested providers.

Total Wellness Care

Historically, individuals with developmental disabilities/delays have found it difficult to obtain coordinated wellness coverage in the metro area due to the lack of health providers accepting Medicaid who also specialize in serving this unique population. Since those providers are separate entities, the communication stream is disjointed from one to another and sometimes uninformative to the families of the people under their care. With a multitude of services offered in one place, we hope to rectify that problem while also adding additional offerings that can contribute to more choice and involvement from individuals.

Long-term Impact

We are thoughtfully designing a comprehensive operation that focuses on the wellness and health services concept by expanding on existing services and incorporating additional medical and psychiatric services. As we create a unified communication platform, providers will be able to efficiently share appropriate information/knowledge to one another as it relates to an individual's care. Additionally, individuals and their families can conveniently see multiple providers in one, longer visit, rather than making several trips for separate appointments. They will also have the opportunity to fulfill goals that complement their wellness as specialized programs are made available like fitness, nutrition, and other physical therapies.

Fiscal Year Accomplishments

- Partnered with a real estate firm to help secure a fitting space.
- Planning and research to include: Medicaid ID applications for services offered, Class A licensure, space planning, building a team and discerning what job responsibilities and compensation would look like for those positions, speaking to recipients of services to ensure all impending needs are heard as they relate to wellness.
- Initiated a relationship with a software developer to expand their medical services to provide wellness data tracking on a platform serving all individuals in our care.
- Continuing to collaborate with one of the top medical practitioners in the area to discuss contracting physician services.

Anticipated Projects/Activities

- Initiating partnerships with the University of Colorado Anschutz Medical School and a local community mental health center.
- Acquiring building space and customizing its usability for the services offered.
- Hiring a skilled team including a Psychiatrist, Clinic Manager, and operations specialists throughout the facility.
- Development of a data platform and externally facing portal used to manage the health and welfare of its participants which can be used by individuals, their families, and their physicians/providers. This new database will also be able to track billing by county so that individuals can identify what funding resources are available to them.

3+ Initiative

A gap in services and connection often follows a child and family when the child turns three years old and terminates out of the Early Intervention Program (EI). The types of services available through Community Outreach, Family Support, and school-based services differ from those in EI, causing families to feel a loss of support. Families with children between the ages of 3 and 5 who are in Family Support, on a waiver, or on a waitlist for services are the focus of this initiative. Regardless of program, families should have full access to community resources. Developmental Pathways will act as a connector to resources for families and providers.

Long-term Impact

3+ families will remain connected with Developmental Pathways after Early Intervention and into the next program. They will have full inclusion and access to community resources for 3+ children.

Fiscal Year Accomplishments

- Outreach to preschools, community organizations and providers to build relationships that lead to partnerships in FY17 and FY18
- Research and creation of the 3+ Initiative plan
- Development of the 3+ Online Parent Community, which is actively engaging 105 people, connecting them with staff, providers and each other to access resources

Anticipated Projects/Activities

Projects for the 3+ Initiative aim to directly assist caregivers, preschools, community agencies and childcare centers so that they can provide support for children with developmental delays. Proposed activities include:

- Identify and pilot group therapy options and parent trainings through contract providers.
- Expand community access by providing trainings for community agencies, preschools and child care centers so they can provide services to 3+ children.
- Increase skilled respite providers through outreach and trainings by staff.
- Internal committee to award grants for community agencies to adapt facilities and programs to provide services to 3+ children.
- Develop a “managing challenging behavior” training program for preschool teachers.

JUSTIN’S STORY



Justin was born with a rare metabolic condition that left him intellectually and developmentally disabled and in desperate need of a liver transplant at age 2. Although he was connected with Pathways early on, it wasn't until 2 years ago, when Justin was 15, that his parents believe DP's support literally saved his life. Justin was bullied upon entering high school and developed severe social anxiety causing him to become selectively mute, have psychogenic seizures, and contemplate suicide. After a multi-week hospitalization for his depression, his parents found a program that could help teach Justin social skills in a group setting. However, it was far too expensive. That's when Developmental Pathways stepped in and was able to significantly subsidize the cost. Now, Justin is more social than his parents every believed possible. He recently attended a homecoming dance with his girlfriend and was hired at Walmart. Justin will become a legal adult in the next year and his parents can honestly say that they're excited to see what's ahead for him.

Program Quality

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

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.
- 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.

GARY'S STORY



16 years ago, when Gary started attending a senior's day program, he said he wanted to work. The only problem was he was too old to be eligible for community placement. But the staff at his program saw his potential as a stellar silverware roller. Little did they know they would get a diligent worker who always lets them know ahead time if he will be gone, so someone else can take care of the silverware. Gary's not all forks and knives though. He's got people skills galore and is now the unofficial welcome ambassador for his senior's program. He makes it his job to invite newcomers in. The only thing that takes Gary away from his volunteering is an occasional mountain vacation with his wife Mary.

Investigations of Mistreatment, Abuse, Neglect, and Exploitation

Developmental Pathways serves a vulnerable population; therefore, staff are diligently trained to be watchful for any evidence of mistreatment, abuse, neglect, and exploitation (MANE). Developmental Pathways maintains standards and protocols for reporting MANE concerns and allegations and has trained investigators and staff to promptly review and scrutinize such reports. The Division for Intellectual and Developmental Disabilities (DIDD) is notified within 24 hours of all critical incidents and reports of death. 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 three separate Human Rights Committees (HRC) which are charged by law with protecting the health, safety, and rights of individuals receiving services. Our HRCs are 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.

Monitoring and Investigations

Type	Number
Monitoring (i.e. initial, 3-months, & 6-months)	2,708
Investigations	92

Human Rights Committee Reviews

Type	Number
Emergency Control Procedure ¹	9
Final Review ²	16
Follow-Up ³	6
Incident Report ⁴	45
Psychotropic Medications ⁵	449
Restrictive Procedure ⁶	4
Rights Suspensions ⁷	160
Safety Control Procedure ⁸	32
Total	721

¹ An unanticipated use of a restrictive procedure or restraint in order to keep the person receiving services and others safe.

² When an individual no longer takes psychotropic medications or no longer needs a right suspension, safety control procedure or restrictive procedure, the Committee reviews the reason and closes the HRC file for that individual.

³ A Committee review for a piece of documentation originally missing in the HRC packet.

⁴ A report written for any incident that meets the criteria for a written report (e.g. injury, MANE, death, hospitalization, self-injury, etc.).

⁵ A review conducted when an individual in service is diagnosed with a psychiatric disorder and therefore takes psychotropic medications (i.e. medications capable of modifying mental activity and influencing behavior).

⁶ A review conducted when an intent or plan is examined to A) limit an individual's movement or activity against his or her wishes or B) interfere with an individual's ability to acquire and/or retain rewarding items or engage in valued experiences.

⁷ Unless a person's rights are modified by court order, a person with an intellectual and developmental disability has the same legal rights and responsibilities guaranteed to all other persons under the federal and state constitutions and federal and state laws. No otherwise qualified person, by reason of having an intellectual and developmental disability, may be excluded from participation in, denied the benefits of, or subjected to discrimination under any program or activity which receives public funds. The rights of any person receiving services may be suspended to protect the person receiving services from endangering such person, others, or property. Such rights may be suspended only by the intellectual and developmental disabilities professional with subsequent review by the interdisciplinary team and by the human rights committee in order to provide specific services or supports to the person receiving services, which will promote the least restriction on the person's rights.

⁸ A restrictive procedure or restraint that is used to control a previously exhibited behavior which is anticipated to occur again and for which the planned method of intervention is developed in order to keep the person and others safe.

THE ARELLANO FAMILY'S STORY



In 2013, beautiful, bubbly Kiana attempted suicide as a result of cyber bullying. She was just a freshman in high school and suffering from emotional pain few could comprehend. Kiana was left nonverbal, immobile, and completely dependent upon her family for care. She was connected with Developmental Pathways to help her receive the 24 care she now required. Still, the Arellano family was disappointed to find that authorities had no way to learn the source of the cyber bullying that caused Kiana so much hurt. So, Mother Kristy, Father Kenny, and sister Kaitlyn, decided to advocate on behalf of Kiana, fighting to have a law against cyberbullying passed in Washington D.C. and eventually Colorado. It became effective July 2015. This family's tragedy became a legacy of hope for others struggling to stop cyberbullying. Kiana recently started cheering for a special needs cheering squad and the Arellano family continues to use their story to inspire change throughout the community.

Accomplishments

We continue to grow and evolve to best meet the needs of the individuals we serve. Below are just a few of the reasons why 2016 was a year of accomplishments for Developmental Pathways.

General Accomplishments

- We were selected for the second year in a row as one of the top five Human Service Organizations by Colorado Parent Magazine.
- We had a successful year with fundraising efforts put forth by the SUN Foundation:
 - Shining Stars Celebration: \$148,000 raised, 9% increase over previous year.
 - SUNRaiser Breakfast: \$33,000 raised, 15% decrease over previous year.
 - Colorado Gives Day: \$7,827 raised, 24% increase over previous year.
 - Year End Appeal: \$4,240 raised, 11% increase over previous year.
 - Employee Giving payroll deduction increased from 9 donors in 2013 to 65 donors in 2016.
- We launched a new website with our supported individuals and families in mind:
 - W3C compliance: Increased the site's accessibility for individuals with disabilities.
 - Mobile accessibility: Many supported individuals only have access to a smart phone, but not a computer, so it was important to have our site mobile responsive.
 - Updated language and ease of use: The site was simplified, so individuals/families could more easily find what they need.
- We worked to ensure that we are complying with Senate Bill 38 to continue with best practice and overall transparency.

Employee Retention Efforts

- We have been transitioning many of our Case Managers and Coordinators to a mobile work force model, allowing a more flexible approach to how and where team members work each day. Coinciding with this model, we are developing innovative spaces at both of our offices for this mobile workforce.
- We developed more robust career tracks in the Case Management Department to better reward gumption, longevity, and corresponding expertise—these positions include 4 Assistant Program Manager positions and the addition of 9 Senior Case Managers for our 9 active/enrollment/intake teams.
- The Case Management Department hired a staff engagement specialist who will focus on staff retention and engagement initiatives.
- Throughout 2016, the Community Outreach team remained stable in employment with no turnover. The department grew by three positions within this same period.
- General department retention and stability remains strong in the Early Intervention Department, with a 1.54% turnover rate in the department for FY2016. This department was able to create eight significant career ladder opportunities for staff by offering well-deserved internal promotions throughout the year.
- We hired 70 new employees for Developmental Pathways.

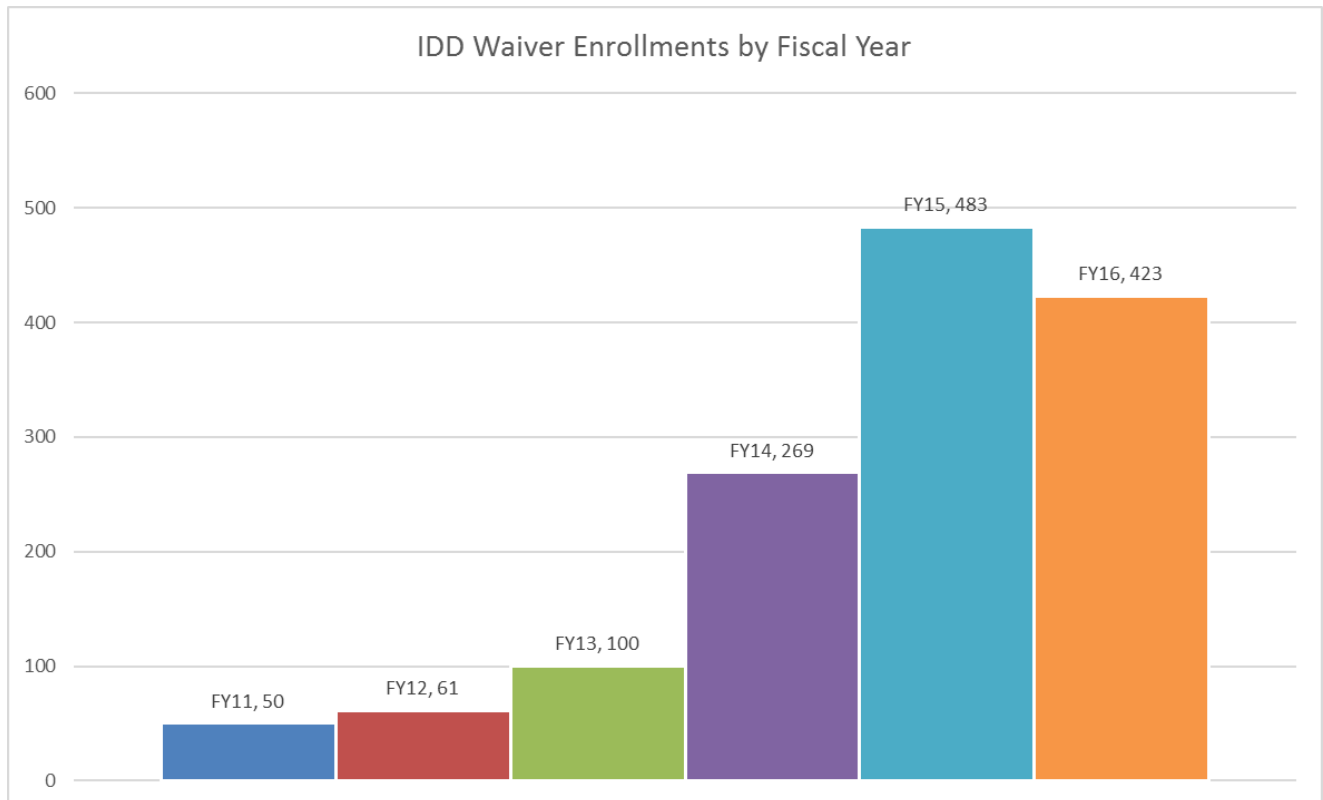
Service and Support Accomplishments

- The Community Outreach Department allocated \$1,846,000 in direct funding to families (including monthly funds) for assistive technology, professional services, respite, home modifications, medical and dental needs, transportation, parent/sibling support, and other individual expenses.
- We spent approximately \$240,000 on partnerships to support our families.
- For the Case Management Department's annual satisfaction survey, we had an unprecedented response rate of 31.88% and an overall positive response rate of 92%.
- We created and implemented an Unmet Needs funding program (using local mill levy dollars); this program allows us to offer support to individuals who receive case management who have health and safety needs that are otherwise unsupported/unfunded; in calendar year 2016, we authorized nearly \$140,000 of additional support to individuals and their families under this program.
- The Case Management Department established a dedicated crisis management section which includes management-level support, training, and subject matter expertise. Updated after-hours supports to better provide crisis coverage for individuals and their families.
- We supported 40 individuals in obtaining emergency placement in the HCBS-DD waiver, which is nearly a 240% increase over 2015.
- We created an ongoing workgroup focused solely on improving customer service practices and outcomes.
- Over \$26,000 of in-kind, gift card and food donations were collected by the Community Outreach Department to provide resources for our families in need. These donations provided food baskets or other household items to 68 families in all departments. Special events through these donations impacted 839 people in all departments.
- We partnered with Epworth Foundation to provide over 100 of the Thanksgiving food baskets for families in all programs at Developmental Pathways. A total of 130 families received Thanksgiving baskets this year through other connections and donations.
- The Community Outreach Department coordinated the Pathways Holiday Outreach Program and distributed gifts to 254 people in our Community Outreach and Case Management Departments. We also helped 15 families (62 people) through the Operation Santa Clause program. Our Early Intervention Department had a record-breaking year for the Holiday Outreach Program by providing gifts to 126 EI families facing extreme financial crisis. This department worked with over 50 companies/schools/private donors for this program.
- Our volunteer program has contributed 1,236 volunteer hours in 2016. Volunteers have helped us with various events such as our Parent's Night Out events, Pathways Holiday Outreach Program, Thanksgiving meal deliveries, weekly intern support and Trunk or Treat.
- As an ongoing resource, Community Outreach held eight free Parents Night Out (PNO) events. Each PNO included fun activities for the children and professional providers, which offered a chance for children and caregivers to meet new respite providers.
- The Community Outreach Department partnered with Easter Seals of Colorado again this year to provide two respite opportunities to our families. There was the Coming Up For Air event in December which hosted both parents and children for a weekend filled with education for parents and activities for children. There were 11 individuals in services, 18 parents, & 13 siblings who attended. We also offered a respite weekend in February for children only which was attended by 10 children in our Family Support and Community Outreach Programs.
- The Community Outreach Department made over 1,100 community contacts, built 168 new relationships, and financially supported 74 community organizations.

Enrollments

Because many of our programs are state and federally funded, enrollments into those programs are directly affected by the state budget. For many years, enrollment numbers were generally very small (compared to recent years) due to limited funding for new enrollment allocations. Beginning with FY13, which brought full funding for enrollment for all children waiting for the Children's Extensive Support Waiver (CES), and continuing past FY14, when we received full funding for adults waiting As Soon As Available (ASAA) for the Supported Living Services Waiver (SLS), the Case Management Department at Developmental Pathways has worked diligently to support as many individuals as possible in enrolling into services. In FY16, we saw a slight decrease in enrollments; this was because we came to the end of the CES "backlog," after this waitlist was eliminated.

To accomplish the record numbers of enrollments, the Case Management Department increased its staffing by nearly 100% since year end FY13. The graph below depicts the number of enrollments over the past six years.



IDD Waiver Enrollments by Fiscal Year and Waiver

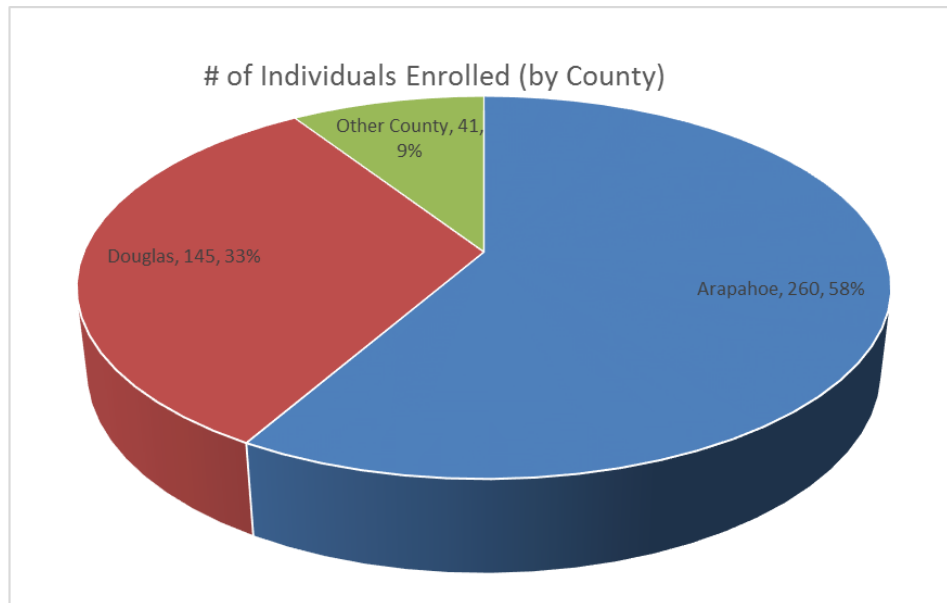
Waiver	FY11	FY12	FY13	FY14	FY15	FY16 ^{3,4}
CES	15	14	21	163	148	183
SLS ¹	14	32	34	37	259	173 ¹
DD ²	21	15	45	69	76	67 ²
Total	50	61	100	269	483	423

¹2016 SLS data includes 5 individuals transitioning from Youth Services (CES/foster care), 8 individuals who withdrew, but had staffed Service Plans, and 2 who were enrolled in CES, but transitioned into SLS.

²2016 DD data includes 16 individuals transitioning from Youth Services (CES/foster care) and 3 individuals who transitioned from other waivers.

³For 2016, 23 enrollments were in non-waiver programs (CCT & State SLS) and are not included above.

⁴For 2016, 446 total enrollments were made for 441 individuals. This includes the 23 non-waiver enrollments as noted in footnote 3.



Counties indicate the current county of residence, not the county of origin. For most individuals in the HCBS-DD waiver who are currently receiving residential services in "Other Counties", their county of origin was Douglas or Arapahoe.

Economic Growth and Development

Per the U.S. Census Bureau, between 2010 and 2015 the Arapahoe County population grew by 10.3% and the Douglas County population grew by 12.9%. According to the Administration for Community Living (<https://acl.gov/>), it is estimated that between 7 and 8 million Americans of all ages, or three percent of the general population, experience intellectual disabilities. Therefore, our numbers increase when the general population increases. We would expect the same correlation to hold true over the next 1-5 years.

Arapahoe County

Population estimates, July 1, 2015, (V2015)	631,096
Population estimates base, April 1, 2010, (V2015)	572,155

Douglas County

Population estimates, July 1, 2015, (V2015)	322,387
Population estimates base, April 1, 2010, (V2015)	285,465

(<https://www.census.gov/quickfacts>)

Over the past several years, Pathways has processed between 300-400 new intakes and new enrollments per year. Our expectation is for that trend to continue in the next 1-5 years.

At this time, the state has eliminated waitlists for the Children's Extensive Services (CES) Medicaid Waiver program and the adult Supported Living Services (SLS) program. Therefore, we expect Douglas County and Arapahoe County residents to be able to access those programs as necessary assuming individuals meet program criteria. Currently the DD (Residential – 24/7) Medicaid Waiver program has a waitlist. For a number of years, the only individuals accessing the DD waiver have been foster care transition youth, CES transition youth, and emergency placements (homelessness, abuse and neglect, danger to self or others). Emergency placements are controlled and approved at the state level. There are currently no individuals over 60 from Douglas county waiting for DD services. There is a total of 96 persons from Douglas county over the age of 18 waitlisted for DD services and ready to take such services as soon as available. There are currently 21 individuals over 60 from Arapahoe county waiting for DD services. There is a total of 243 persons from Arapahoe county over the age of 18 waitlisted for DD services and ready to take such services as soon as available.

Historically, parents or other caretakers for individuals with developmental disabilities have been considered at risk if they are 60 years of age or older. If those individuals cannot continue to care for their loved one because of the circumstances above, an emergency placement is requested from the state. Pathways works with the county Adult Protective Services to identify those situations and provide supports or take other appropriate action.

Challenges

There are many challenges to serving the needs of individuals within our area. Highlighted below are the unique needs of people waiting for a resource in our communities. We are actively addressing many of these challenges through the initiatives supported by Board Designated Funds.

- Affordable and accessible transportation solutions continue to be difficult to find especially in Douglas county and our more rural areas.
- Respite care is the highest need identified on both family surveys as well as annual Request for Proposal (RFP) analysis; respite care can be difficult to find and rates and regulations have both been identified as possible barriers to provider capacity.
- Behavioral supports are needed for all ages including many requests for support in child care settings.
- There is a need for Spanish-speaking providers and that need has been hard to meet.
- Provider capacity is a sizeable challenge: with the record number of enrollments into waiver programs, more individuals and their families are seeking support from a limited number of providers. While there are more providers available to support individuals than in past years, there are still serious provider capacity concerns.
- Total Wellness Care Coordination is needed due to a lack of health providers accepting Medicaid who also specialize in serving individuals with developmental disabilities/delays.
- Individuals and their families need more support than what is currently available under state and federally funded programs, including items not typically covered under those programs.
- Spring break and summer program opportunities are lacking or unfunded.

Please note: The following tables and charts include individuals who, as of the end of fiscal year 2016, had not yet enrolled in SLS or CES. These include individuals pending enrollment and those who are in the process of being contacted to advance the enrollment process.

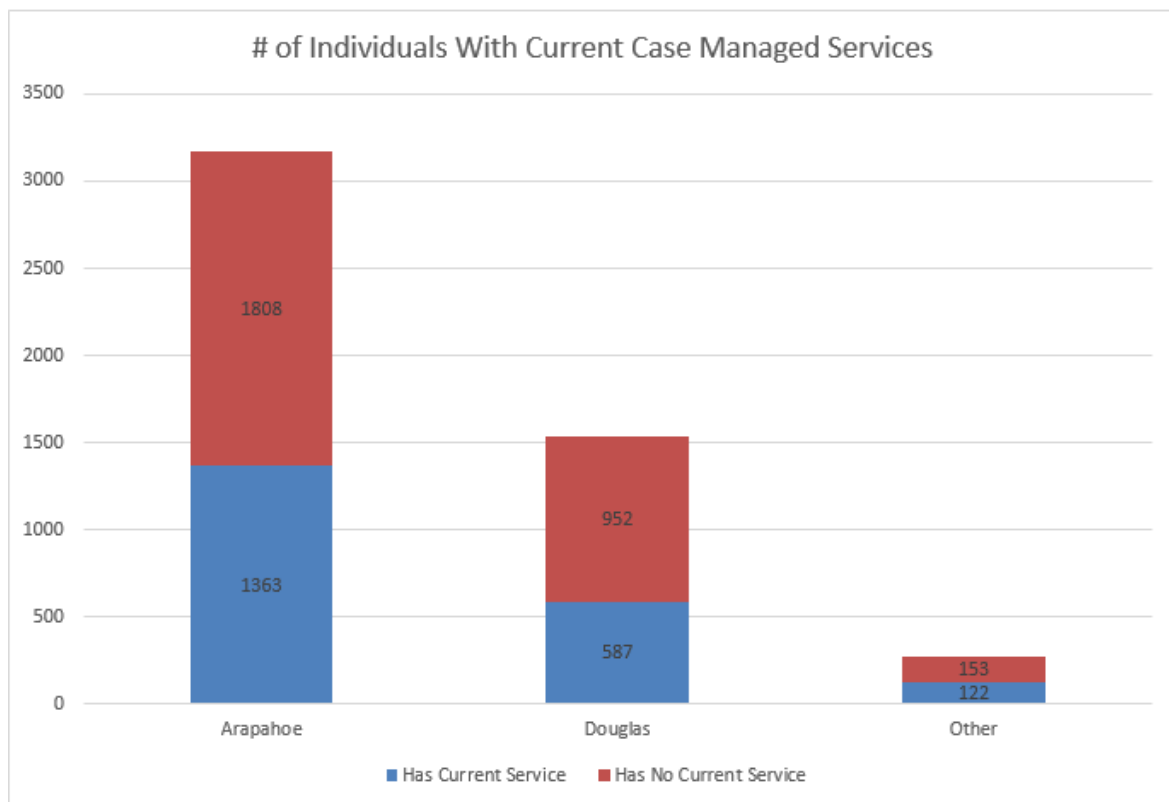
All waitlist/pending enrollment data are constantly updating. As of the time of this report's publication, overall waitlist numbers are expected to be lower than those provided below.

Please note: Counties indicate the current county of residence, not the county of origin. For most individuals in the HCBS-DD waiver who are currently receiving residential services in “Other Counties”, their county of origin was Douglas or Arapahoe.

Waitlisted Individuals by Age Group

Age Range	Arapahoe		Douglas		Other Counties		Total	
	#	%	#	%	#	%	#	%
0 - 3	435	13.72%	198	12.87%	28	10.18%	661	13.26%
3 - 6	1273	40.15%	702	45.61%	84	30.55%	2059	41.30%
6 - 14	301	9.49%	162	10.53%	11	4.00%	474	9.51%
14 - 18	253	7.98%	108	7.02%	21	7.64%	382	7.66%
18 - 21	155	4.89%	91	5.91%	28	10.18%	274	5.50%
21 - 30	423	13.34%	170	11.05%	51	18.55%	644	12.92%
30 - 40	197	6.21%	68	4.42%	25	9.09%	290	5.82%
40 - 50	75	2.37%	27	1.75%	11	4.00%	113	2.27%
50 - 60	38	1.20%	13	0.84%	15	5.45%	66	1.32%
60+	21	0.66%	0	0.00%	1	0.36%	22	0.44%

Total:	3171	100.00%	1539	100.00%	275	100.00%	4985	100.00%
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Waitlisted Individuals by Desired Program (All Timelines)^{1,2}

Program	Arapahoe		Douglas		Other Counties		Total	
	#	%	#	%	#	%	#	%
CES ²	6	0.15%	3	0.16%	2	0.56%	11	0.18%
CWA	62	1.56%	35	1.85%	5	1.40%	102	1.64%
DD	1107	27.93%	456	24.04%	140	39.33%	1703	27.40%
FSSP ³	2197	55.44%	1147	60.46%	145	40.73%	3489	56.13%
SLS ²	568	14.33%	244	12.86%	62	17.42%	874	14.06%
State SLS	23	0.58%	12	0.63%	2	0.56%	37	0.60%

Total:	3963	100.00%	1897	100.00%	356	100.00%	6216	100.00%
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¹Data represent individuals waiting with timelines of Safety Net, As Soon as Available, As Soon as of Age, and Pending Enrollment.

²Results vary from earlier totals. An individual may be waiting for multiple programs simultaneously.

³As noted above, the SLS and CES numbers listed above are not indicative of a true waitlist, but rather reflect pending enrollments and a small backlog of contacts that were in the process of being made as of the end of FY16.

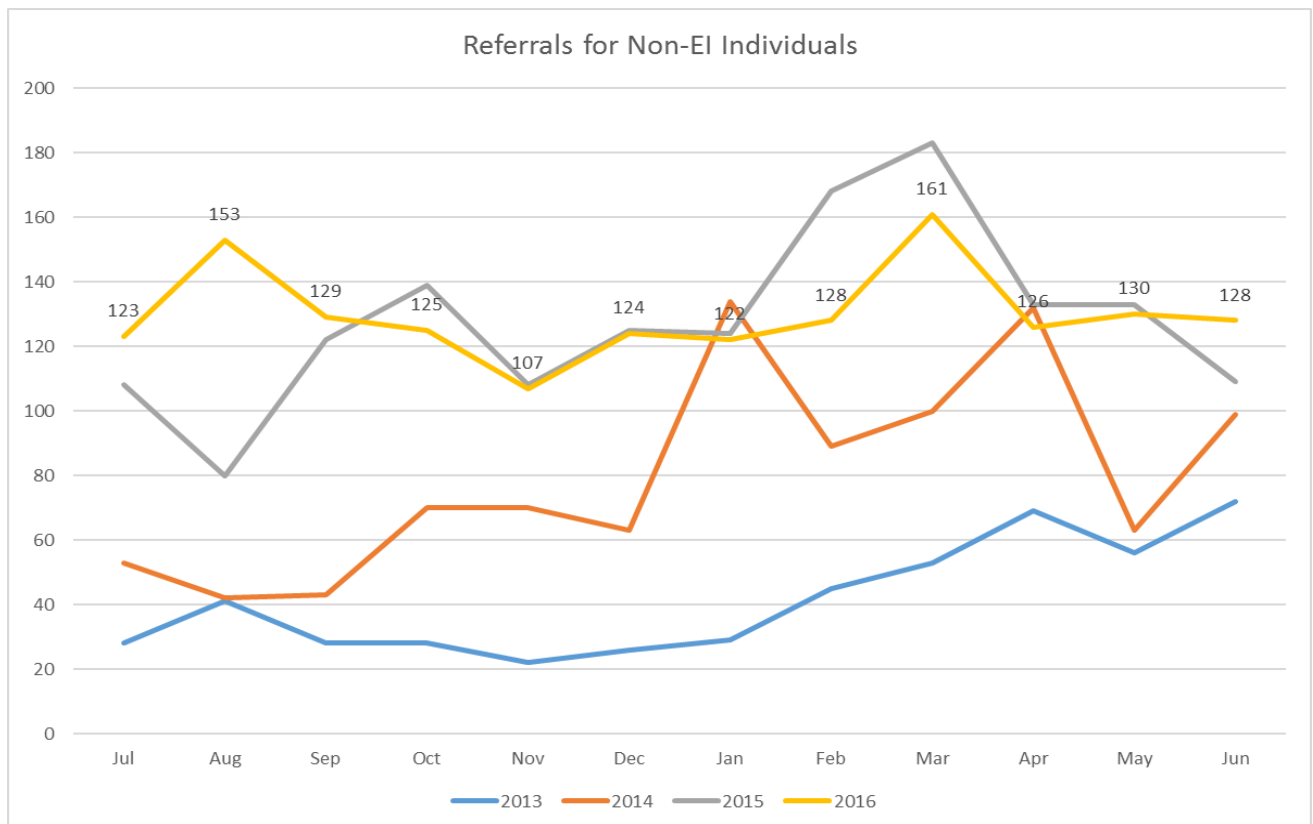
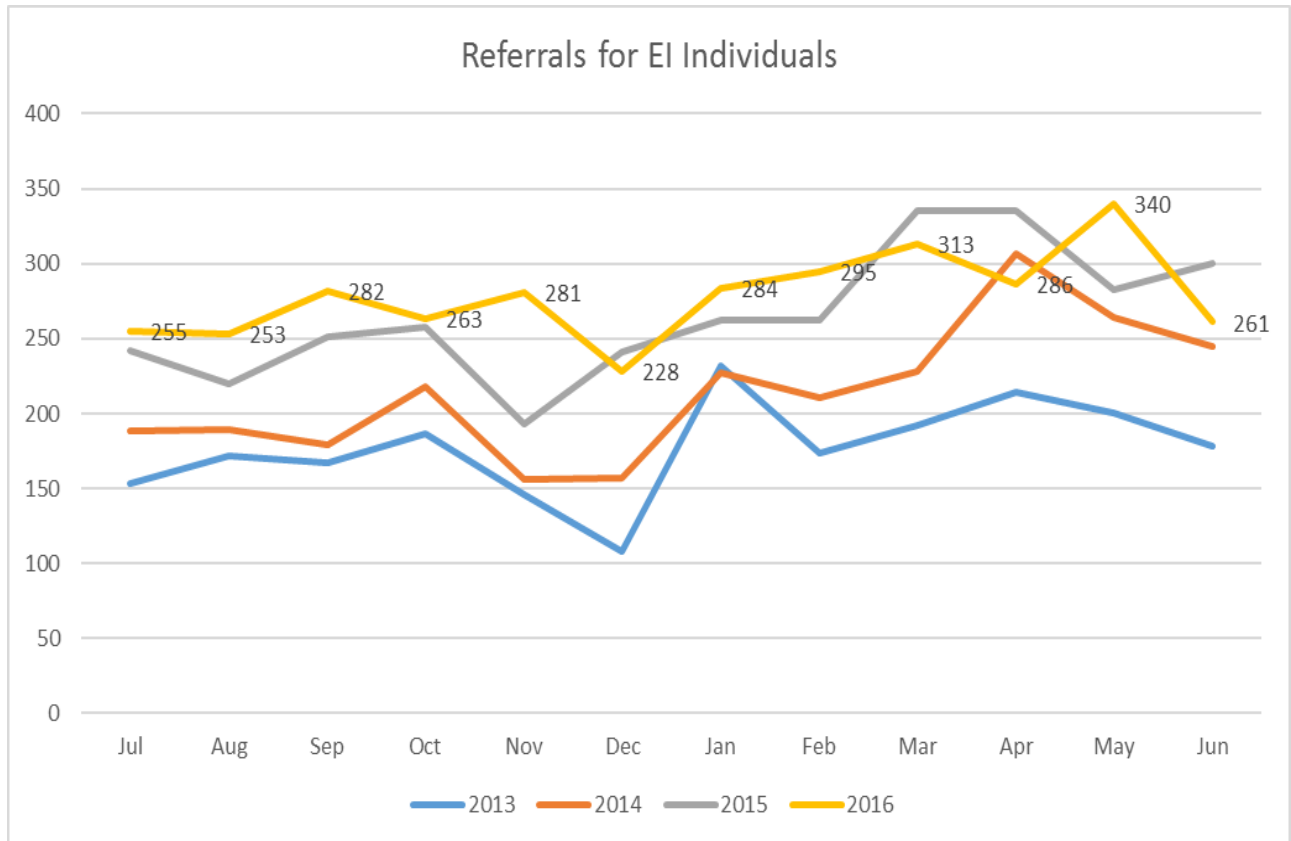
⁴Please note also that the FSSP numbers have likely decreased as well as resources were brought to bear at the end of FY16 to enrolling more individuals.

Waitlisted Individuals by Desired Program (As Soon as Available Timeline)¹

Program	Arapahoe		Douglas		Other Counties		Total	
	#	%	#	%	#	%	#	%
CWA	62	1.56%	35	1.85%	5	1.40%	102	1.64%
DD	243	6.13%	96	5.06%	42	11.80%	381	6.13%
FSSP	228	5.75%	121	6.38%	17	4.78%	366	5.89%
State SLS	15	0.38%	7	0.37%	2	0.56%	24	0.39%

Total:	548	13.83%	259	13.65%	66	18.54%	873	14.04%
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¹Results vary from earlier totals. An individual may be waiting for multiple programs simultaneously.



Reasonable Choice

Developmental Pathways actively demonstrates Conflict Free Case Management through placement procedures. For an individual that needs support, a Request for Proposal (RFP), including a non-identifying profile, is sent to all service agencies in our area. 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 the Service Plan (SP). An IDT is a support team for the person in service which could include case managers, family members, caregivers and/or therapists.

Unrestricted Fund Balance & Agreed Upon Procedures

The unrestricted fund balance represents the number of months Developmental Pathways could operate without further local, state, or federal dollars. These funds provide the individual and families we support with financial security and peace of mind that Developmental Pathways can sustain itself under unforeseen financial challenges. These undesignated net assets are in line with industry best practice, as it is recommended for nonprofits to have about 6 months of operating reserves. We are currently experiencing delays in payments for services provided, due to the implementation of the new State Medicaid billing system. The reserve balance established enables us to continue to provide needed services during these payment delays.

Undesignated Net Assets	Annual Expenses	Monthly Expenses	Fund Balance %	Months of Operations
\$ 21,876,741 ¹	\$ 44,163,285	\$3,680,274	50%	5.94

¹Figures do not include Board Restricted Funds.

Arapahoe and Douglas counties contracted with CliftonLarsonAllen LLP to perform Agreed Upon Procedures (AUP) for Fiscal Year 2016. Agreed Upon Procedures were performed to assist Arapahoe and Douglas Counties in determining Developmental Pathways compliance of administrative and program expenses to contract requirements. CliftonLarsonAllen presented the results of the AUP to the Arapahoe County and Douglas County Commissioners. Management and General Fees were determined as the following:

Management and General: \$7,507,054

Admin Depreciation: (\$778,050)

Transportation-Program: (\$120,790)

Revised Management and General: \$6,608,214

Total Revenue (including Mill Levy): \$46,960,380

Management and General as a percentage of revenue: 14.07%

Intake and Contact Information

We make the referral process easy for individuals seeking services with a four-step procedure.

Step 1: Referral

Referrals for developmental disability programs with Developmental Pathways come from a variety of sources including schools, doctors, agencies, friends, neighbors, family, self-referral or walk-ins. Contact Developmental Pathways via one of the Contact Numbers listed below.

Step 2: Contact with Intake Coordinator

After receiving a referral, a Developmental Pathways Intake Coordinator will contact the individual/family interested in services to talk about needs, desired services, and eligibility for Developmental Pathways programs.

Step 3: Application to Determine Eligibility

The Intake Coordinator will set up a face-to-face meeting with the individual/family interested in services to complete an application packet. The packet includes information such as medical history, family information, and current supports. There are also Release of Information forms that will allow the Intake Coordinator to gather information to determine eligibility. The Intake Coordinator will also develop an Individual Service Plan, which will give a global picture of the applicant including long term goals, needs, and desired services and supports during this meeting.

Step 4: Eligibility

The Intake Coordinator will gather and review information with the application to determine eligibility. In most cases, the Intake Coordinator is able to gather pertinent information to make a clear decision on eligibility. In other cases, the Eligibility Review Committee reviews the information. If the individual/family interested in services is found not eligible, they will be notified of this decision, given further recommendations, and an explanation of the right to appeal the decision. If found eligible, the individual/family will be notified and enrolled in service or placed on a waiting list depending on the eligible program.

Early Intervention Intake Line.....303-858-2229

Medicaid Waiver Intake Line.....303-858-2260

Community Line.....303-858-2255

Conclusion

Developmental Pathways meets the agreement 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 developmental disabilities.
- Supporting infants with developmental delays.
- Helping adults with developmental disabilities acquire employment and job training.
- Providing day programs and other services to seniors with 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.
- Identifying unmet needs in the community and developing long-term solutions to meet those needs or challenges.

To read more success stories about the people Developmental Pathways serves, be sure to visit our website at www.dpcolo.org/successstories.





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