



**Developmental
Pathways**



MILL LEVY REPORT

Douglas & Arapahoe Counties

JULY 1, 2016 - JUNE 30, 2017



Developmental Pathways

Dedicated to Individuals with Disabilities

Developmental Pathways is the largest Community Centered Board (CCB) in Colorado, serving nearly 8,000 individuals with developmental disabilities/delays in Arapahoe County, Douglas County, and the City of Aurora annually. A Colorado statute authorized Community Centered Boards in 1964, and in 2014 Developmental Pathways celebrated its 50th anniversary of service. Currently, there are 20 CCBs that 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 resources.



VISION

Enriching Lives.
Strengthening Communities.



MISSION

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



VALUES

Integrity
Innovation
Partnership
Stewardship





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HISTORY OF THE MILL LEVY

In 2001, Developmental Pathways was experiencing a funding crisis due to rapid population growth and increased demand for services in Arapahoe and Douglas counties. 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 our organization faced major fiscal cuts to services. This problem was compounded by the disproportionate distribution of funding from the state, resulting 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 fell 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 Arapahoe and Douglas County Commissioners, 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:

- To provide services to individuals on the waiting list
- To raise the quality of services for all individuals with a developmental disability/delay
- 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 2 years of implementation. However, service needs in our catchment area had grown to such high levels that, while mill levy funds reduced 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 referendum emphases. This report provides a brief summary of the programs, quality of services, and infrastructure supported by mill levy funding.



Buddies Andy and John participate in the West Activity Services Day Program. They have been long-time friends and share the same love of music and dance so much that you might call them "friendly" competitors! When it comes to dancing, these two try to outdo the other when vying for the attention of the audience. However, you can often find them enjoying lunch together or sharing jokes with their peers. These guys also enjoy going out in the community together, as well as working on-site creating crafts, decorating Project Angel Heart bags, playing instruments during Drum Circle or exercising. As you can see, these two are quite a pair!



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 website: <http://coloradoofficeofearlychildhood.force.com/eicolorado>.

Programs for eligible adults and children with developmental disabilities/delays are funded through Medicaid, Medicaid Waivers, 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, provided, and billed for directly by Program Approved Service Agencies (PASAs) using program funds as authorized through the individual's plan.

All Enrolled Individuals by Program

| | ARAPAHOE | DOUGLAS | OTHER | TOTAL |
|-----------|----------|---------|-------|-------|
| PROGRAM | | | | |
| CES | 369 | 215 | 58 | 642 |
| CO | 334 | 223 | 11 | 568 |
| CWA | 31 | 16 | 1 | 48 |
| DD | 490 | 67 | 130 | 687 |
| EI | 2001 | 1085 | 129 | 3215 |
| FSSP | 464 | 266 | 40 | 770 |
| OBSS | 5 | 3 | 1 | 9 |
| SLS | 501 | 190 | 78 | 769 |
| State SLS | 57 | 8 | 16 | 81 |
| Total | 4252 | 2073 | 464 | 6789 |



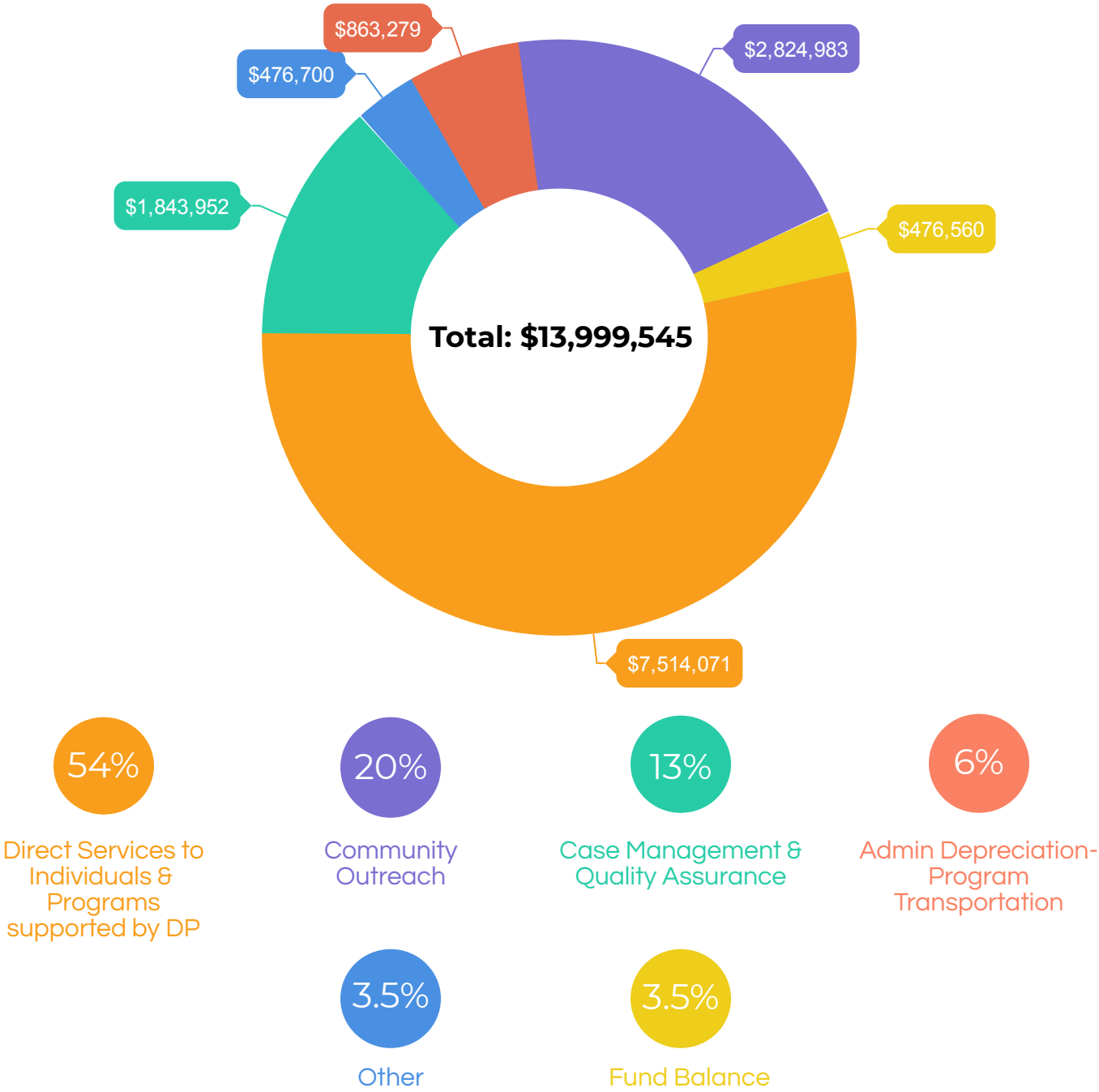
Please note:

- 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.
- Descriptions of Programs, their funding, & age requirements can be found on page 5



EXPENDITURE SUMMARY

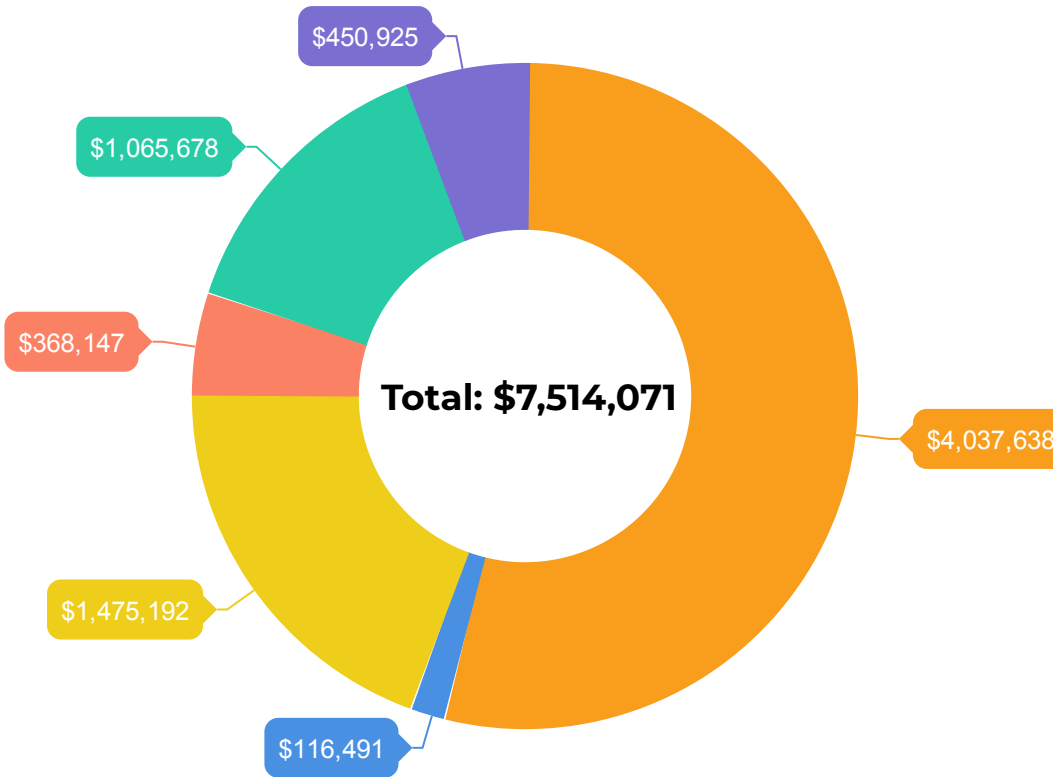
Mill levy dollars not only aid the success of the programs provided by Developmental Pathways, but they also support our organization and the community in other ways. In addition to Pathways programs, funding is allocated to direct care programs designated through Medicaid Waivers, management and support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





PROGRAMS SUPPORTED BY DEVELOPMENTAL PATHWAYS

This chart is a further breakdown of the Direct Services category featured in the Total Expenditure Summary.



54%
Adult Residential

19.5%
Employment Services

14%
Day Programs

6%
Behavioral

5%
Personal Care

1.5%
Transportation

Meet Alexi

Alexi is a quiet, but noticeable figure around the Inverness Office. He towers over most other staff members and wears his hair in a fashionable ponytail. What his physical presence belies is a shy, gentle demeanor. As a member of the janitorial staff, Alexi is committed to his role in making the daily office operations go smoothly. His peer supervisor has worked with him to develop his communication skills and it shows. Alexi has worked hard to overcome extreme shyness and has befriended many a staff member at the office. He is also a dedicated employee who arrives on time and rarely ever misses a shift. He is quick to master any task given to him and eager to learn new ones. He's also the first person to volunteer to cover for his coworkers who have to miss a shift. His dedication to personal and professional growth continues to impress everyone he encounters on a daily basis.



DEVELOPMENTAL PATHWAYS PROGRAMS

We offer services spanning an individual's lifetime, including case management and coordination through our 3 core departments: Early Intervention, Case Management, & Community Outreach. The graphic below was created to help families understand how they can access services throughout their time with us. Greater detail for each program can be found on our website.



Early Intervention



Community Outreach Dept.



Case Management

Infant

[Birth up to 3yrs.]

Child

[3yrs. through 18 yrs.]

Adult

[18 yrs. & up]

INTAKE & ENROLLMENT

Each program has their own system of bringing new folks into services at DP - it's the universal first step for anyone seeking assistance.

EARLY INTERVENTION

provides a variety of services for children with a developmental disability or delay

No funding limit. Funding based on individual needs.

FSSP

Family Support Services Program assists families in caring for a loved one with a developmental disability or delay

Funds range from \$1,200/yr. - \$1500/yr.

SLS WAIVER

Supported Living Services Waiver provides a variety of services for adults living on their own, with family, or in the community

Max funding per person: \$46,274/yr.

CES WAIVER

Max funding per person: \$37,944/yr.

Children's Extensive Services Waiver helps families with a child who needs 24/7 care

5 yrs

Determination of disability



14 yrs

Placed on waitlist for adult waivers

DD WAIVER

DD Waiver provides 24/7 care for individuals with high needs and has only a limited number of spots

No max funding per person, but potentially \$100,000/yr.

COMMUNITY OUTREACH PROGRAM

A unique DP program that helps those waiting for services or those with unmet needs who are active in State or Waiver programs

To learn more about how Unmet Needs funding is distributed, visit our website: <http://bit.ly/UnmetNeedsPolicy>



PROGRAMS SUPPORTED BY DEVELOPMENTAL PATHWAYS



Residential Services

- Settings include: family caregiver (services in individual's home), host homes (services in home of paid caregiver), apartment, & group homes
- Priorities include: medical care, behavioral needs, nutrition, grocery/personal needs shopping, personal care training, & all other aspects of daily living



Transportation Services

- Services include: transportation to day programs & job sites, RTD passes, coupon books, & taxi cab vouchers for more than 440 individuals monthly in Arapahoe and Douglas counties
- Transportation solutions in rural areas of Douglas County are challenging and the focus of a Pathways Initiative detailed on page 20



Activities For All Ages

- Day programs provide safe, varied opportunities to interact with community, socialize, make friends, & volunteer
- All ages & abilities welcome
- Activities include: sports, community outings, young adult activities, social enrichment, & educational programs



Home & Community Support Programs

- Participant-driven care in home & community settings
- Supports include: personal care, respite, supported community connections, homemaker, massage therapy, & mentorship
- Personal Care Training Lab trains staff to provide non-medical personal care services



Employment Services

- Participants work 1:1 with an employment consultant to develop workplace skills & find a local employer
- Services include: vocational assessments, work adjustment training, supervised work crews, bus training, resume preparation, & job seeking
- Workshops are hosted to teach skills in interviewing, keeping a job, & socializing



Behavioral Services

- Supports include: communication, social skill building, aggressive and/or self-injurious behaviors, toileting, & independent living skills
- Board Certified Behavior Analyst (BCBA) works collaboratively with parents & staff to develop + implement interventions
- This team trains direct care staff to improve overall quality of service, increase person centered services, and reduce MANE (Mistreatment, Abuse, Neglect, and Exploitation) investigations



DEMOGRAPHICS: ADULT SERVICES

The following data include all adults (18 and over), regardless of program enrollment, as of the last day of fiscal year 2017.

| | ARAPAHOE | | DOUGLAS | | OTHER | | TOTAL | |
|------------------------|----------|-------|---------|-------|-------|-------|-------|-------|
| AGE | | | | | | | | |
| 18-21 | 154 | 13.2% | 76 | 23.4% | 26 | 11.0% | 256 | 14.8% |
| 21-30 | 378 | 32.4% | 137 | 42.2% | 85 | 36.0% | 600 | 34.7% |
| 30-40 | 306 | 26.2% | 66 | 20.3% | 55 | 23.3% | 427 | 24.7% |
| 40-50 | 136 | 11.6% | 22 | 6.8% | 32 | 13.6% | 190 | 11.0% |
| 50-60 | 111 | 9.5% | 15 | 4.6% | 26 | 11.0% | 152 | 8.8% |
| 60+ | 83 | 7.1% | 9 | 2.8% | 12 | 5.1% | 104 | 6.0% |
| Total | 1168 | | 325 | | 236 | | 1729 | |
| ETHNICITY* | | | | | | | | |
| American Indian/Alsk | 3 | 0.3% | 1 | 0.3% | 1 | 0.4% | 5 | 0.3% |
| Asian | 9 | 0.8% | 4 | 1.2% | 0 | 0.0% | 13 | 0.8% |
| Asian/Pcf. Islander | 31 | 2.7% | 5 | 1.5% | 2 | 0.8% | 38 | 2.2% |
| Black | 154 | 13.2% | 15 | 4.6% | 40 | 16.9% | 209 | 12.1% |
| Hawaiian/Pcf. Islander | 1 | 0.1% | 2 | 0.6% | 0 | 0.0% | 3 | 0.2% |
| Hispanic | 70 | 6.0% | 12 | 3.7% | 18 | 7.6% | 100 | 5.8% |
| Other | 20 | 1.7% | 4 | 1.2% | 6 | 2.5% | 30 | 1.7% |
| Unknown | 15 | 1.3% | 15 | 4.6% | 6 | 2.5% | 36 | 2.1% |
| White | 865 | 74.1% | 267 | 82.2% | 163 | 69.1% | 1295 | 74.9% |
| Total | 1168 | | 325 | | 236 | | 1729 | |
| GENDER | | | | | | | | |
| Female | 507 | 43.4% | 142 | 43.7% | 93 | 39.4% | 742 | 42.9% |
| Male | 661 | 56.6% | 183 | 56.3% | 143 | 60.6% | 987 | 57.1% |
| Total | 1168 | | 325 | | 236 | | 1729 | |

*Where multiple ethnicities were listed, the first ethnicity was used.



DEMOGRAPHICS: ADULT SERVICES

| | ARAPAHOE | | DOUGLAS | | OTHER | | TOTAL | |
|---------------------------|----------|-------|---------|-------|-------|-------|-------|-------|
| | | | | | | | | |
| ENROLLED PROGRAM | | | | | | | | |
| CES | 20 | 1.7% | 9 | 2.8% | 2 | 0.8% | 31 | 1.8% |
| CO | 19 | 1.6% | 10 | 3.1% | 1 | 0.4% | 30 | 1.7% |
| DD | 490 | 42.0% | 67 | 20.6% | 130 | 55.1% | 687 | 39.7% |
| FSSP | 76 | 6.5% | 38 | 11.7% | 8 | 3.4% | 122 | 7.1% |
| OBSS | 5 | 0.4% | 3 | 0.9% | 1 | 0.4% | 9 | 0.5% |
| SLS | 501 | 42.9% | 190 | 58.5% | 78 | 33.1% | 769 | 44.5% |
| State SLS | 57 | 4.9% | 8 | 2.5% | 16 | 6.8% | 81 | 4.7% |
| Total | 1168 | | 325 | | 236 | | 1729 | |
| | | | | | | | | |
| DIAGNOSIS* | | | | | | | | |
| Attention Deficit | 110 | 4.0% | 42 | 5.4% | 38 | 6.5% | 190 | 4.6% |
| Autism | 219 | 7.9% | 57 | 7.4% | 36 | 6.2% | 312 | 7.5% |
| Brain Injury | 27 | 1.0% | 13 | 1.7% | 12 | 2.1% | 52 | 1.3% |
| Cerebral Palsy | 169 | 6.1% | 46 | 5.9% | 25 | 4.3% | 240 | 5.8% |
| DD/Mental Illness | 27 | 1.0% | 16 | 2.1% | 5 | 0.9% | 48 | 1.2% |
| Down Syndrome | 114 | 4.1% | 50 | 6.5% | 19 | 3.3% | 183 | 4.4% |
| Fragile X Syndrome | 18 | 0.6% | 7 | 0.9% | 3 | 0.5% | 28 | 0.7% |
| Maladaptive Behavior | 79 | 2.8% | 17 | 2.2% | 21 | 3.6% | 117 | 2.8% |
| Medically Fragile | 23 | 0.8% | 8 | 1.0% | 6 | 1.0% | 37 | 0.9% |
| Mental Retardation | 959 | 34.5% | 245 | 31.6% | 191 | 32.8% | 1395 | 33.7% |
| Non Ambulatory | 36 | 1.3% | 6 | 0.8% | 7 | 1.2% | 49 | 1.2% |
| Non Mobile | 12 | 0.4% | 3 | 0.4% | 2 | 0.3% | 17 | 0.4% |
| Other | 233 | 8.4% | 69 | 8.9% | 43 | 7.4% | 345 | 8.3% |
| Other Neurological | 79 | 2.8% | 28 | 3.6% | 18 | 3.1% | 125 | 3.0% |
| Seizure Disorder/Epilepsy | 213 | 7.7% | 57 | 7.4% | 35 | 6.0% | 305 | 7.4% |
| Significant Hearing | 61 | 2.2% | 17 | 2.2% | 12 | 2.1% | 90 | 2.2% |
| Significant Vision | 72 | 2.6% | 12 | 1.5% | 14 | 2.4% | 98 | 2.4% |
| Unknown | 326 | 11.7% | 82 | 10.6% | 96 | 16.5% | 504 | 12.2% |
| Total | 2777 | | 775 | | 583 | | 4135 | |

KEY

CES- Children's Extensive Waiver
CO- Community Outreach Program

DD- Developmental Disability Waiver
FSSP- Family Support Services Program

OBSS- Omnibus Budget Reconciliation Act Specialized Services
SLS- Supported Living Services Waiver
State SLS- State Supported Living Services Program

*Result 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.



DEMOGRAPHICS: CHILD SERVICES

The following data includes information on all children (aged younger than 18), regardless of program enrollment, as of the last day of fiscal year 2017.

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.

| | ARAPAHOE | | DOUGLAS | | OTHER | | TOTAL | |
|------------------------|----------|-------|---------|-------|-------|-------|-------|-------|
| AGE | | | | | | | | |
| 0-3 | 2003 | 64.9% | 1090 | 62.4% | 129 | 56.6% | 3222 | 63.7% |
| 3-6 | 362 | 11.7% | 258 | 14.8% | 26 | 11.4% | 646 | 12.8% |
| 6-14 | 441 | 14.3% | 271 | 15.5% | 51 | 22.4% | 763 | 15.1% |
| 14-18 | 278 | 9.0% | 129 | 7.4% | 22 | 9.6% | 429 | 8.5% |
| Total | 3084 | | 1748 | | 228 | | 5060 | |
| ETHNICITY* | | | | | | | | |
| American Indian/Alsk | 11 | 0.4% | 10 | 0.6% | 2 | 0.9% | 23 | 0.5% |
| Asian | 202 | 6.5% | 113 | 6.5% | 6 | 2.6% | 321 | 6.3% |
| Asian/Pcf. Islander | 21 | 0.7% | 8 | 0.5% | 0 | 0.0% | 29 | 0.6% |
| Black | 364 | 11.8% | 36 | 2.1% | 24 | 10.5% | 424 | 8.4% |
| Hawaiian/Pcf. Islander | 16 | 0.5% | 5 | 0.3% | 2 | 0.9% | 23 | 0.5% |
| Hispanic | 591 | 19.2% | 101 | 5.8% | 108 | 47.4% | 800 | 15.8% |
| Other | 25 | 0.8% | 5 | 0.3% | 5 | 2.2% | 35 | 0.7% |
| Unknown | 36 | 1.2% | 28 | 1.6% | 2 | 0.9% | 66 | 1.3% |
| White | 1818 | 58.9% | 1442 | 82.5% | 79 | 34.6% | 3339 | 66.0% |
| Total | 3084 | | 1748 | | 228 | | 5060 | |
| GENDER | | | | | | | | |
| Female | 1061 | 34.4% | 592 | 33.9% | 70 | 30.7% | 1723 | 34.1% |
| Male | 2023 | 65.6% | 1156 | 66.1% | 158 | 69.3% | 3337 | 65.9% |
| Total | 3084 | | 1748 | | 228 | | 5060 | |

*Where multiple ethnicities were listed, the first ethnicity was used.



DEMOGRAPHICS: CHILD SERVICES

| | ARAPAHOE | | DOUGLAS | | OTHER | | TOTAL | |
|---------------------------|----------|-------|---------|-------|-------|-------|-------|-------|
| ENROLLED PROGRAM | | | | | | | | |
| CES | 349 | 11.3% | 206 | 11.8% | 56 | 24.6% | 611 | 12.1% |
| CO | 315 | 10.2% | 213 | 12.2% | 10 | 4.4% | 538 | 10.6% |
| CWA | 31 | 1.0% | 16 | 0.9% | 1 | 0.4% | 48 | 0.9% |
| DD | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| EI | 2001 | 64.9% | 1085 | 62.1% | 129 | 56.6% | 3215 | 63.5% |
| FSSP | 388 | 12.6% | 228 | 13.0% | 32 | 14.0% | 648 | 12.8% |
| SLS | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Total | 3084 | | 1748 | | 228 | | 5060 | |
| | | | | | | | | |
| DIAGNOSIS | | | | | | | | |
| Attention Deficit | 80 | 1.9% | 43 | 1.8% | 6 | 1.7% | 129 | 1.9% |
| Autism | 349 | 8.3% | 207 | 8.9% | 32 | 9.2% | 588 | 8.6% |
| Brain Injury | 16 | 0.4% | 4 | 0.2% | 1 | 0.3% | 21 | 0.3% |
| Cerebral Palsy | 61 | 1.5% | 39 | 1.7% | 5 | 1.4% | 105 | 1.5% |
| DD/Mental Illness | 172 | 4.1% | 96 | 4.1% | 19 | 5.5% | 287 | 4.2% |
| Down Syndrome | 140 | 3.3% | 73 | 3.1% | 10 | 2.9% | 223 | 3.2% |
| Fragile X Syndrome | 8 | 0.2% | 2 | 0.1% | 0 | 0.0% | 10 | 0.1% |
| Maladaptive Behavior | 9 | 0.2% | 5 | 0.2% | 1 | 0.3% | 15 | 0.2% |
| Medically Fragile | 7 | 0.2% | 9 | 0.4% | 3 | 0.9% | 19 | 0.3% |
| Mental Retardation | 216 | 5.2% | 83 | 3.6% | 21 | 6.1% | 320 | 4.7% |
| Non Ambulatory | 8 | 0.2% | 5 | 0.2% | 2 | 0.6% | 15 | 0.2% |
| Non Mobile | 4 | 0.1% | 1 | 0.0% | 0 | 0.0% | 5 | 0.1% |
| Other | 152 | 3.6% | 88 | 3.8% | 19 | 5.5% | 259 | 3.8% |
| Other Neurological | 50 | 1.2% | 31 | 1.3% | 11 | 3.2% | 92 | 1.3% |
| Seizure Disorder/Epilepsy | 85 | 2.0% | 46 | 2.0% | 14 | 4.0% | 145 | 2.1% |
| Significant Hearing | 57 | 1.4% | 33 | 1.4% | 3 | 0.9% | 93 | 1.4% |
| Significant Vision | 28 | 0.7% | 18 | 0.8% | 0 | 0.0% | 46 | 0.7% |
| Unknown | 863 | 20.6% | 527 | 22.6% | 77 | 22.2% | 1467 | 21.4% |
| EI - Developmental Delay | 1647 | 39.3% | 925 | 39.6% | 112 | 32.3% | 2684 | 39.1% |
| EI - Other* | 237 | 5.7% | 99 | 4.2% | 11 | 3.2% | 347 | 5.1% |
| EI - Parent(s) DD2 | 1 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.0% |
| Total | 4190 | | 2334 | | 347 | | 6871 | |

KEY

CES- Children's Extensive Waiver
CO- Community Outreach Program

DD- Developmental Disability Waiver
FSSP- Family Support Services Program

EI- Early Intervention
SLS- Supported Living Services Waiver

CWA- Children with Autism Waiver

- *"EI - Other" contains a number of specific mental, behavioral, and physical diagnoses that are not individually tracked in waiver programs.
- Due to the high and continually changing number of qualifying diagnoses for children in EI, all EI children are grouped into one diagnoses.
- 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.

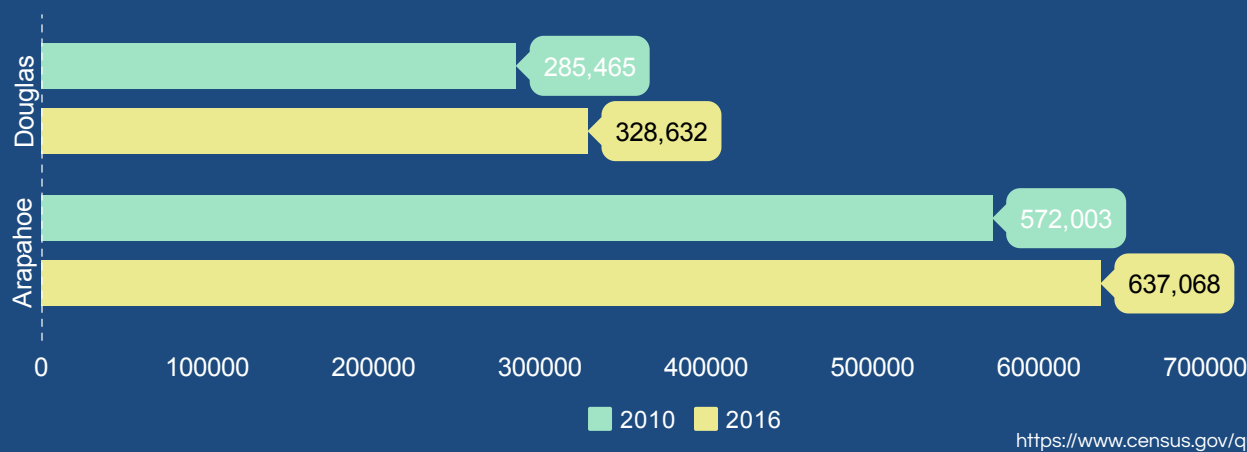


POPULATION GROWTH & THE CARE PROCESS AT DP

Referrals, Intake Process, Enrollments, and Waitlist

Over the past several years, Pathways has processed between 300-400 new intakes and enrollments per year. This is a significant jump from previous years when we were only enrolling 50-100 people annually (see pg. 14 for detailed information). We expect that trend to continue for the next 1-5 years. The census data below shows the increasingly high growth rate for Douglas and Arapahoe counties for nearly the past decade. As a result, our capacity to serve more people has grown alongside the population. The following pages detail the process an individual takes to receive care as well as data on the amount of people we serve at each stage of this process.

Per the U.S. Census Bureau, between 2010 and 2016, the Arapahoe County population grew by 11% and the Douglas County population grew by 15%. According to the Administration for Community Living (<https://acl.gov/>), it is estimated that between 7 and 8 million Americans of all ages (3% of the general population) have an intellectual disability. Therefore, our numbers increase when the general population increases. We would expect the same correlation to continue over the next 1-5 years.



Meet Aaron

Aaron Schmidt has a dream to become a Physical Education teacher one day and he's put his perseverance to the test to start realizing that dream. A recent high school graduate, Aaron knew that he needed an advanced degree to achieve his goal, so he enrolled at Arapahoe Community College. When he began struggling in a couple of classes, he didn't give up. Instead, he and his family enlisted the help of a tutor to assist him in the academic areas where he needed it most. Alongside his dedication to classroom learning, Aaron has also pursued practical training by playing hockey with the Denver Mustangs ice hockey team. In just four months, he's learned to skate, hold a stick, & shoot the puck. His team has even scrimmaged before an Avalanche game. His Case Manager notes that regardless of the setback, Aaron has proven his optimism and resiliency. As he embarks on a career in the health & fitness industry, his positive attitude and commitment to improvement will serve him well.



ROADMAP TO CARE

Follow along with our fictional character, Sue, as she and her family initiate contact with Developmental Pathways and seek the services that are right for her.

MEET Sue

- 19 years old
- Lives at home with both parents
- Autism Spectrum diagnosis



Sue & her parents decide that she is ready to find a meaningful job, try new activities, and build friendships.

CONTACT INTAKE

So, Sue's family reaches out to their local CCB to see how they can be served.



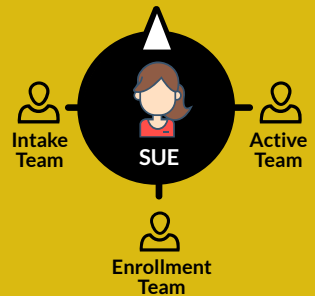
intake@dpcolo.org
303-858-2260
www.dpcolo.org/get-started



Developmental Pathways

INTAKE & ENROLLMENT

After meeting with an Intake Case Manager & filling out all the necessary paperwork, Sue finds out she's eligible for the Supporting Living program. She's enrolled and soon meets her Enrollment Case Management Team.



PERSON-DIRECTED SERVICES

A Case Manager contacts Sue & her family to create a Service Plan for the upcoming year. Each Service Plan is unique to the person & puts the person & family in control of:

- ✓ SETTING SPECIFIC GOALS
- ✓ PRIORITIZING NEEDED SERVICES
- ✓ SELECTING CARE PROVIDERS

The Case Manager helps Sue identify & contact providers, if desired. Requests for Proposals (RFPs) are sent out & families weigh their options.

Sue's top priorities are finding a job & making friends, so she & her family contact & interview providers. These providers will find her a job & facilitate community outings to make new friends.



ONGOING CARE

Sue's Case Manager will visit her at least 4 times a year to see how things are going and ensure that she's happy & healthy. She'll be able to make changes to her services or providers at any time. Sue, her family, & her Case Manager will check in at the end of the year to make sure she is supported in achieving goals that are meaningful to her.

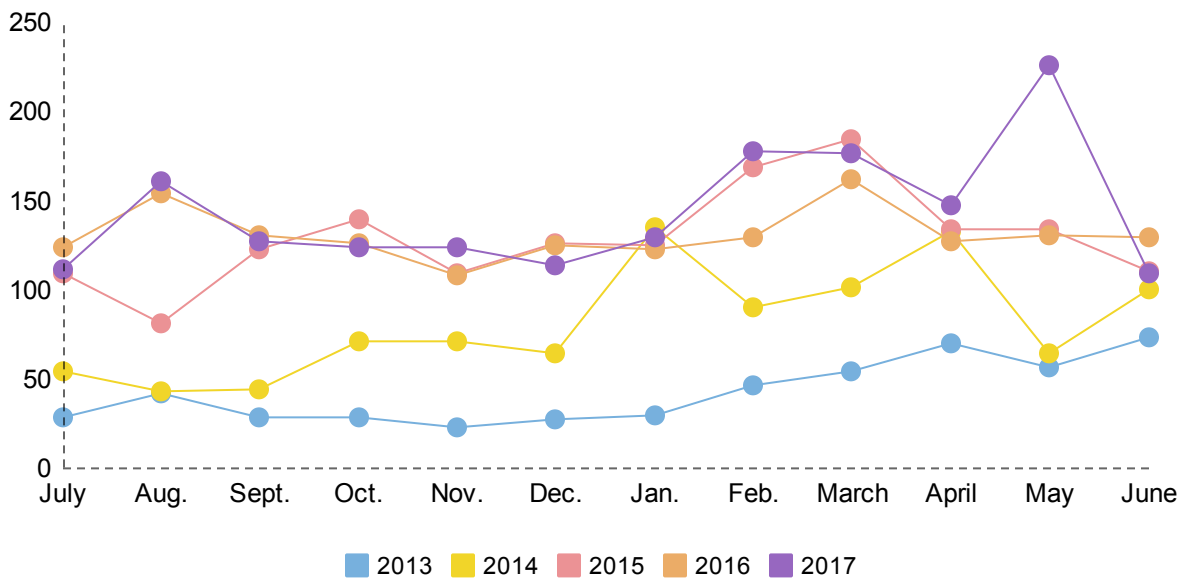




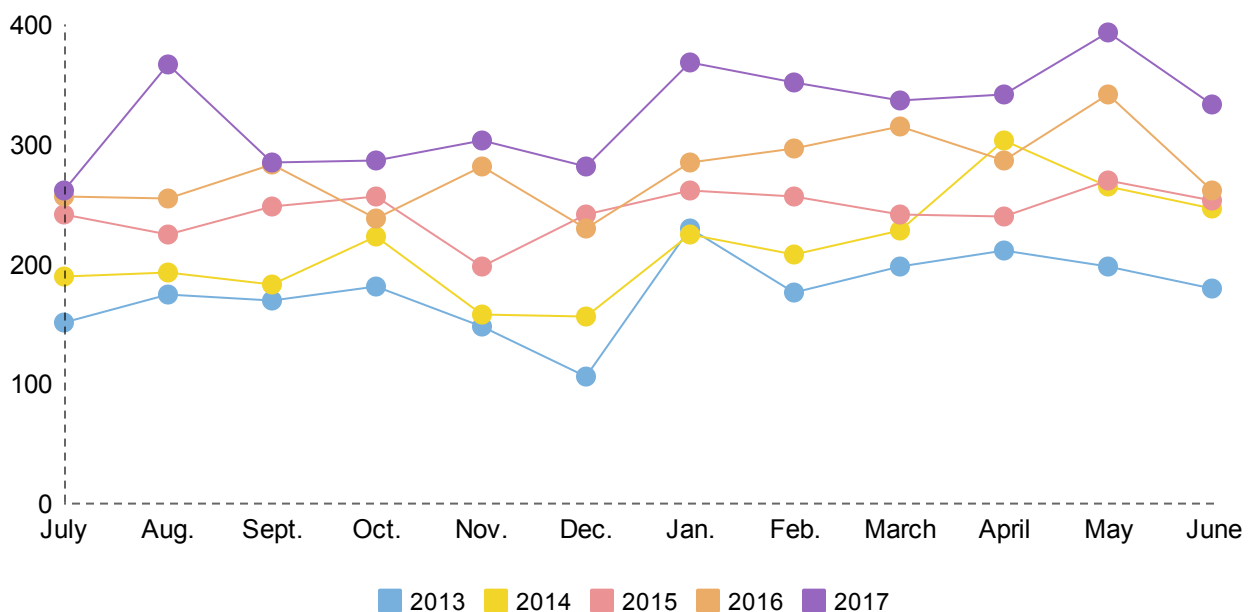
REFERRALS

The graphs below depict the steady increase of annual referrals correlating to population growth in Arapahoe and Douglas counties.

Referrals (not including Early Intervention)



Early Intervention Referrals

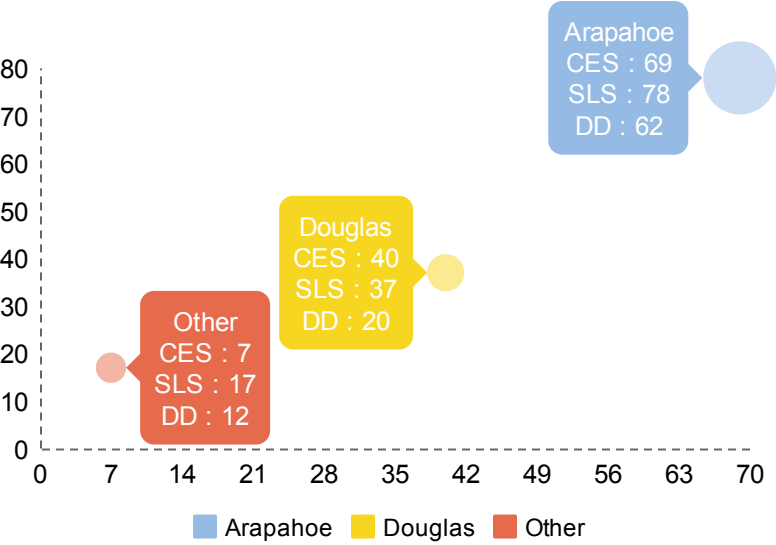




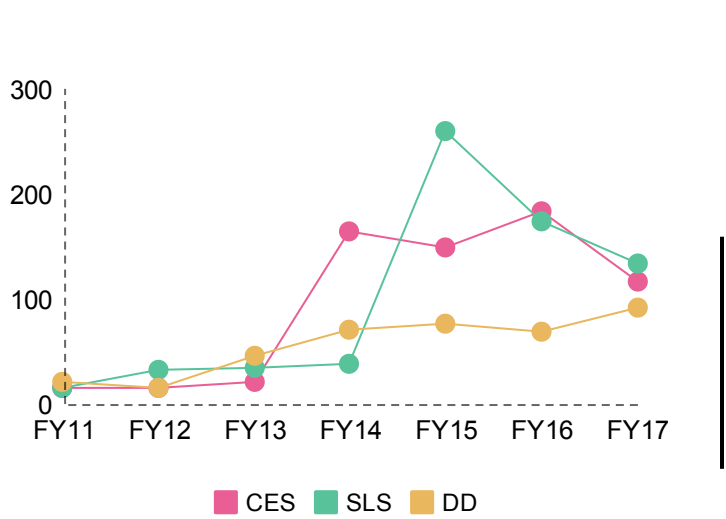
ENROLLMENTS

Our enrollment is largely dependent upon the state budget as many of our programs are state and federally funded. In the past, enrollment numbers were generally very small compared to recent years due to limited funding for new enrollment allocations. However, in FY13, the State decided to fully fund the Children's Extensive Support Waiver (CES) which triggered the enrollment of all children waiting for the CES Waiver. Then, in FY14, the Supported Living Services Waiver (SLS) was funded for adults waiting with the As Soon As Available (ASAA) status. As a result, the Case Management has worked diligently to support as many individuals as possible in enrolling into services. In FY16, we saw a slight decrease in enrollments because we had successfully caught up with the CES "backlog" after the waitlist was eliminated. To accomplish the record numbers of enrollments, the Case Management Department has increased its staffing by nearly 100% since year end FY13. The graphs below depicts the number of enrollments over the past six years.

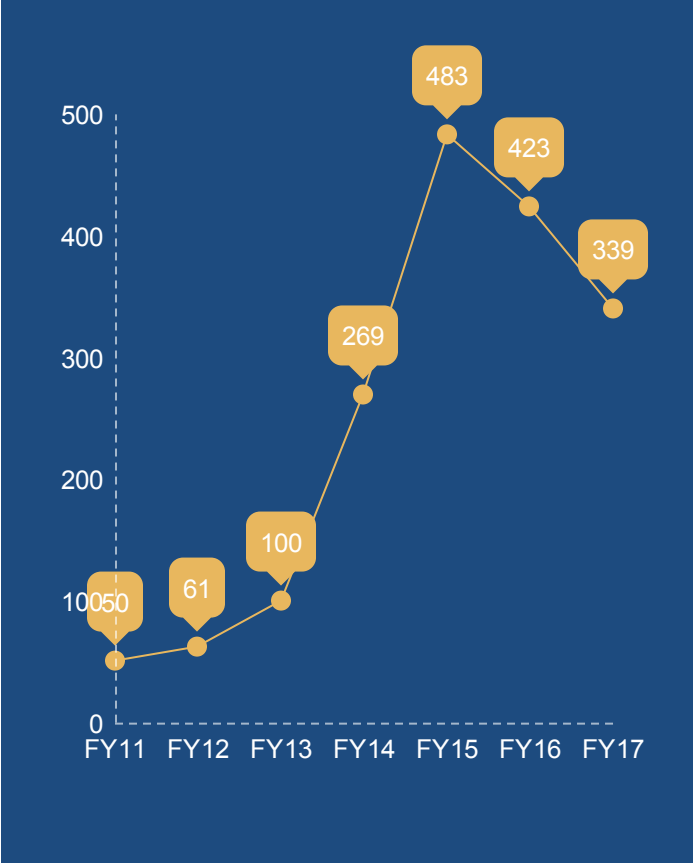
Waiver Enrollments by County



Waiver Enrollments by Fiscal Year & Waiver



Waiver Enrollments by Fiscal Year



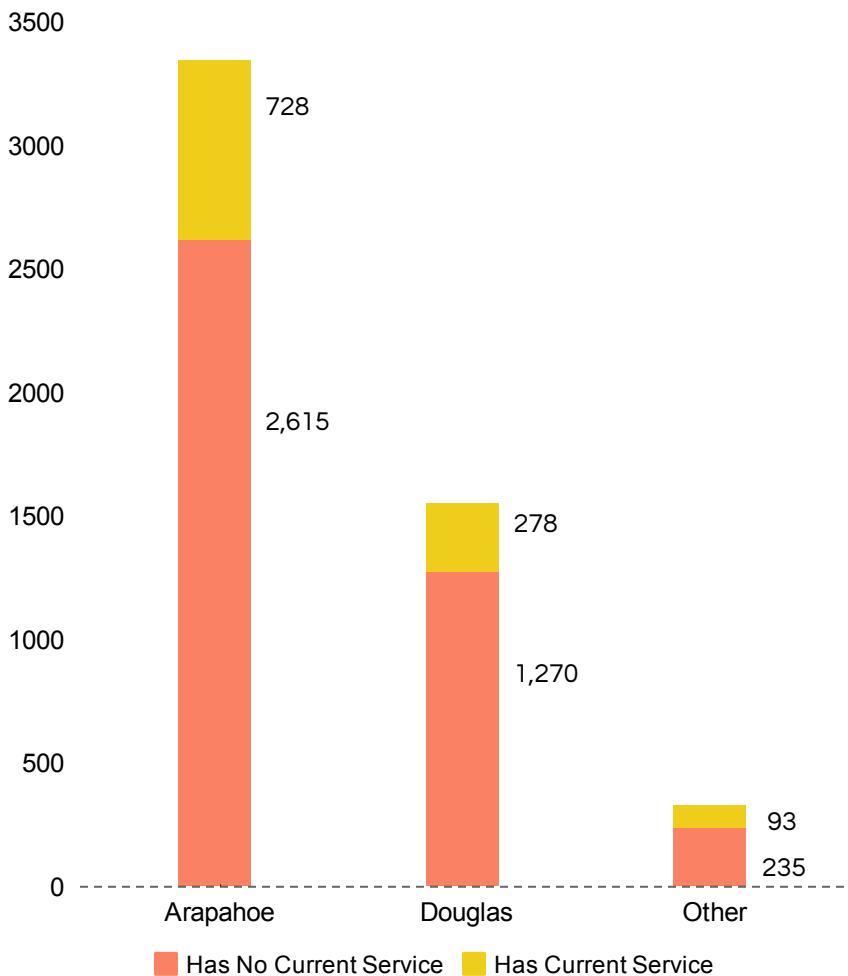
| | FY11 | FY12 | FY13 | FY14 | FY15 | FY16 | FY17 |
|-------|------|------|------|------|------|------|------|
| CES | 15 | 14 | 21 | 163 | 148 | 183 | 116 |
| SLS | 14 | 32 | 34 | 37 | 259 | 173 | 132 |
| DD | 21 | 15 | 45 | 69 | 76 | 67 | 91 |
| Total | 50 | 61 | 100 | 269 | 483 | 423 | 339 |



WAITLISTS

The state eliminated waitlists for the SLS and CES Medicaid Waivers, as well as Early Intervention (by accepting Federal Part C funds). However, there is still a waitlist for the DD Medicaid Waiver. It's important to note that a person who is waiting for a program might also be enrolled in another program. For instance, someone waiting for the DD Waiver might be enrolled onto the SLS Waiver which provides less annual funding. The graph below includes waitlist figures for those not enrolled in any program, as well as waitlisted individuals currently enrolled in another program.

Individuals on the Waitlist With & Without Case Management Services



Meet Karis

Written by her mother, Danna Waltz

If I could choose the biggest landmark in my daughter Karis' past twelve years, it would be the day she was accepted as a client with Developmental Pathways. After relocating to Denver, her school principal advised me to get to Developmental Pathways as fast as we could. Initially, we were waitlisted for the CES Waiver, and Family Support Services embraced us during that 3 year period of waiting. Christmas was brought to us and I had a free night to go to the library or grab a cup of coffee while all four of my children were cared for. Pathways also found ways to fund assistive technology and summer camp for Karis. Thanks to BCBA therapy, Karis has gone from gesturing and grunting, with meltdowns happening every day or hour, to speaking in sentences, carrying on conversations, conducting herself appropriately in public, and maintaining friendships at school. It is impossible to write this without tears filling up my eyes as my heart cannot hold its gratitude. My daughter is who she is today because of Developmental Pathways. She is no longer locked inside, trapped, frustrated, suffering, alone. She is thriving. She is developing. She is becoming more independent every single day. She is advocating for herself and learning how to function in society and she is absolutely the most beautiful person I have ever been privileged to know.



WAITLISTS

The following data includes individuals waiting with timelines of: Safety Net, As Soon as Available, As Soon as of Age, & Pending Enrollment, unless otherwise noted. Please note that an individual can be waiting for several programs simultaneously.

| | ARAPAHOE | | DOUGLAS | | OTHER | | TOTAL | |
|-----------------------------------|----------|-------|---------|-------|-------|-------|-------|-------|
| AGE (All Timelines) | | | | | | | | |
| 0-3 | 102 | 3.1% | 34 | 2.2% | 6 | 1.8% | 142 | 2.7% |
| 3-6 | 1432 | 42.8% | 750 | 48.4% | 98 | 29.9% | 2280 | 43.7% |
| 6-14 | 143 | 4.3% | 61 | 3.9% | 20 | 6.1% | 224 | 4.3% |
| 14-18 | 527 | 15.8% | 236 | 15.2% | 41 | 12.5% | 804 | 15.4% |
| 18-21 | 250 | 7.5% | 127 | 8.2% | 37 | 11.3% | 414 | 7.9% |
| 21-30 | 497 | 14.9% | 205 | 13.2% | 52 | 15.9% | 754 | 14.4% |
| 30-40 | 235 | 7.0% | 89 | 5.7% | 36 | 11.0% | 360 | 6.9% |
| 40-50 | 83 | 2.5% | 31 | 2.0% | 15 | 4.6% | 129 | 2.5% |
| 50-60 | 49 | 1.5% | 13 | 0.8% | 14 | 4.3% | 76 | 1.5% |
| 60+ | 25 | 0.7% | 2 | 0.1% | 9 | 2.7% | 36 | 0.7% |
| Total | 3343 | | 1548 | | 328 | | 5219 | |
| | | | | | | | | |
| PROGRAM (All Timelines) | | | | | | | | |
| CWA | 15 | 0.4% | 13 | 0.8% | 1 | 0.3% | 29 | 0.6% |
| DD | 1168 | 34.9% | 477 | 30.8% | 157 | 47.9% | 1802 | 34.5% |
| FSSP | 1760 | 52.6% | 882 | 57.0% | 138 | 42.1% | 2780 | 53.3% |
| SLS | 354 | 10.6% | 159 | 10.3% | 31 | 9.5% | 544 | 10.4% |
| State SLS | 46 | 1.4% | 17 | 1.1% | 1 | 0.3% | 64 | 1.2% |
| Total | 3343 | | 1548 | | 328 | | 5219 | |
| | | | | | | | | |
| PROGRAM (As Soon as Available) | | | | | | | | |
| CWA | 15 | 2.6% | 13 | 4.7% | 1 | 1.4% | 29 | 3.1% |
| DD | 276 | 47.5% | 99 | 36.1% | 47 | 66.2% | 422 | 45.6% |
| FSSP | 241 | 41.5% | 145 | 52.9% | 20 | 28.2% | 406 | 43.8% |
| SLS | 11 | 1.9% | 3 | 1.1% | 2 | 2.8% | 16 | 1.7% |
| State SLS | 38 | 6.5% | 14 | 5.1% | 1 | 1.4% | 53 | 5.7% |
| Total | 581 | | 274 | | 71 | | 926 | |

KEY

DD- Developmental Disability Waiver
FSSP- Family Support Services Program

EI- Early Intervention
SLS- Supported Living Services Waiver

CWA- Children with Autism Waiver
State SLS- State Supported Living Services Program



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.

Developmental Pathways maintains an annual compliance tracking system that outlines program approved service agency (PASA) performance through fulfillment of contractual obligations. The Case Management and Finance departments measure PASA performance in the following ways:

- Each person in service 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 that billing is in line with the Service Plan amount, scope, duration, and frequency.



Meet The Greichens

In 2012, Sarah Greichen (far left), wasn't satisfied with how her twin brother Jacob, who has an Autism Spectrum Disorder, was being excluded at school. So, Sarah set out to create the same opportunities for friendship for Jacob that other kids enjoyed. As part of her Girl Scout Gold Award, Sarah created the nonprofit organization "Score a Friend." Score A Friend gives young people the tools to create unified clubs at their schools that include peers of all abilities. Activities encompassed by Score A Friend include: sports, elective courses, & community service opportunities. Sarah's model has spread to multiple schools in the Denver Metro area as well as Louisiana State University where it is the fastest growing club on campus! Those outside the success of Score A Friend describe it as an extension of the entire Greichen family's love for outdoor activities and desire to see all kids included in the pastimes they enjoy. In 2016, Sarah won the State Girl Scout award for philanthropy and won the National Philanthropy Day Youth of the Year award. Her family has supported her throughout the process and has even taken on duties for Score A Friend. Sarah's father, Jack, serves as Chief Financial Officer, Theresa, Sarah's mother, assists with day-to-day operations, and brother, Jacob, is key in planning activities and preparing events. Sarah has plans to attend college in Colorado and continue spreading the message of inclusivity.



INVESTIGATIONS OF MISTREATMENT, ABUSE, NEGLECT, & MISTREATMENT

Developmental Pathways serves a vulnerable population; therefore, staff are diligently trained to be watchful for any evidence of mistreatment including abuse, neglect, and exploitation (MANE). Our organization maintains standards and protocols for reporting MANE allegations and has trained investigators and staff to promptly scrutinize such reports. The Division for Intellectual and Developmental Disabilities (DIDD) is notified within 24 hours of all critical incidents and reports of death. In instances of suspected mistreatment, the appropriate law enforcement agency and county social services, if appropriate, are notified. Overseeing state regulatory agencies are also notified about ongoing issues of concern.

Developmental Pathways supports three separate Human Rights Committees (HRCs) 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 required by state regulations.

Monitoring & Investigations

| | |
|--|------|
| Monitoring (initial, 3-month, 6-month) | 3775 |
| Investigations | 110 |

Mistreatment Investigations

| | |
|--|-----|
| CCB Investigations | 27 |
| CCB Collaboration with Police | 50 |
| CCB Collaboration with Adult Protective Services | 17 |
| CCB Collaboration with Child Protective Services | 7 |
| Program Approved Services Agency Investigations | 36 |
| Total | 137 |

Human Rights Committee Reviews

| | |
|--------------------------------|-----|
| Psychotropic Meds | 292 |
| Rights Suspension (RS) | 34 |
| Restrictive Procedure (RS) | 3 |
| Safety Control Procedure (SCP) | 2 |
| Incident Reports (SCP/ECP) | 13 |
| Meds, RS | 112 |
| Meds, RP | 2 |
| Meds, SCP | 5 |
| Meds, RS, SCP | 7 |
| Meds, RS, SCP, RP | 0 |
| RS, SCP | 0 |
| Follow-Up | 6 |
| Final Reviews | 19 |
| Investigations | 70 |
| No packet submitted | 144 |
| Total | 709 |

Definitions

- Emergency Control Procedure (ECP): An unanticipated use of a restrictive procedure or restraint in order to keep the person receiving services & others safe.
- Final Review: 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 & closes the HRC file for that individual.
- Follow-Up: A Committee review for a piece of documentation originally missing in the HRC packet.
- Incident report: A report written for any incident that meets the criteria for a written report (e.g. injury, MANE, death, hospitalization, self-injury, etc.).
- Psychotropic Medications: A review conducted when an individual in service is diagnosed with a psychiatric disorder & therefore takes psychotropic medications (i.e. medications capable of modifying mental activity and influencing behavior).
- Restrictive Procedure: 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.
- Rights Suspension: 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 & 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.
- Safety Control Procedure: A restrictive procedure or restraint that is used to control a previously exhibited behavior which is anticipated to occur again & for which the planned method of intervention is developed in order to keep the person and others safe.



CHALLENGES

There are many challenges to serving the needs of people with I/DD in our area. We are actively addressing many of these challenges through the initiatives supported by Board Designated Funds.



Respite

The highest need identified by families. Providers are difficult to find. Rates and regulations limit provider capacity.



Provider Capacity

Existing rate structures make it difficult to find quality providers, especially for those with high needs.



Behavioral Health

Behavioral specialists are needed for all ages, including many requests for support in childcare settings.



Transportation

Affordable & accessible solutions are needed, especially in Douglas county & more rural areas.



Youth Housing Shortage

There are few housing options for children with a dual diagnosis (I/DD & mental illness) who often need out of home placement beyond the foster care system.



Emergency Situations

Care is needed for individuals in crisis, unstable family environments, & those without adequate mental health supports.



Spanish-Speaking Providers

It continues to be difficult to find enough Spanish-speaking providers to meet our needs.



Unfunded Needs

Individuals & families needing more support than what is currently available under state & federally funded programs, especially for children aged 3-5.

Meet John Olson

John Olson has twin passions that may resonate with many Coloradans: climbing big mountains and volunteering for his favorite causes. Perhaps less predictable is the fact that John does all of this while experiencing seizures, a byproduct of the epilepsy he was diagnosed with as a child. Nevertheless, John has scaled Mt. Whitney and Mt. St. Helen's, among several others across the western U.S. His feats aren't just for personal satisfaction either. He uses his adventurous spirit to promote epilepsy awareness and encourage others with various limitations. When not climbing mountains or collecting rocks- another favorite pastime- John spends most days volunteering. Among the places he frequents are: Chatfield Botanical Gardens, Denver Parks & Rec (as bike patrol), Children's Hospital, & Colorado Parks & Wildlife. When visiting children with epilepsy in the hospital, he often leaves them with a token of encouragement: a card and a climbing carabiner. What these kids don't know is that they encourage John just as much as he does them. The main requirement common to all of John's endeavors is that they bring joy to others. In this, he's been quite successful.





BOARD DESIGNATED FUNDING

For the past two years, our Board of Directors designated funds to address critical areas of need. These critical areas were determined by extensive community outreach assessments. In response to community input, the Board dedicated these funds solely to initiatives that aligned with the mission of Developmental Pathways: Capacity Building, Respite, Transportation, and the 3+ Initiative. This funding ensures that Pathways will continue to build long term solutions for the individuals we serve for the years to come. For more detail on each initiative, please visit our website.

| Capacity Building | Respite | Transportation | 3+ | Youth Housing |
|--|--|--|--|--|
| NEED | NEED | NEED | NEED | NEED |
| Evaluate & act on space & staffing needs to serve increasing enrollments into waiver programs | Educate caregivers about benefits of respite & increase provider options | Increase & support convenient, affordable, sustainable & efficient transportation | Connect families with children aging out of EI to funding & resources | Expand capacity & housing for youth who require out of home placements |
| ACTIVITIES | ACTIVITIES | ACTIVITIES | ACTIVITIES | ACTIVITIES |
| <ul style="list-style-type: none">Renovated the 3rd floor of Inverness officePlaned for an Increasing Mobile WorkforceRedefined Meeting RoomsCreated Innovative Phone Rooms | <ul style="list-style-type: none">Gave Provider GrantsHosted Respite EventsCreated Educational Video SeriesConsolidated Lists of Respite OpportunitiesImproved RFP ProcessSent Newsletters & Bi-Annual Resource Fairs | <ul style="list-style-type: none">Established Volunteer Driver ProgramFacilitated Nonprofit Ticket Program with RTDSent RFP for Route ExpansionExpanded Travel TrainingGave Provider GrantsImplemented Route Software for Providers | <ul style="list-style-type: none">Hosted Online Parent GroupsDiscounted Group TherapyTrained Parents, Teachers, & ProvidersGave Provider GrantsHosted Preschool Inclusion Conference | <ul style="list-style-type: none">Established Community PartnersDetermined PASA Housing ProviderFacilitated Behavioral Cross Training with Community Partners |
| WINS | WINS | WINS | WINS | WINS |
| <ul style="list-style-type: none">Increased Desk Spaces from 77 to 110Increased Available Meeting Room Spaces from 2 to 10Added 3 New Leadership Offices | <ul style="list-style-type: none">\$100,000 in Grants ApprovedRespite Gaps Research CompleteTwo Respitability EventsNew Respite and Camp Guide | <ul style="list-style-type: none">\$38,000 in Grants ApprovedNew Travel Training PartnershipFormed 2 Internal WorkgroupsDeveloped Contract for Volunteer Driver Program | <ul style="list-style-type: none">254% Increase in Enrollments220 Preschool Teachers Trained16 Community Organizations Financially Supported90 Schools Supported | <ul style="list-style-type: none">Partnered in Grand Opening of Bernie's PlaceInstalled Smart Home TechnologyTrained 8 EmployeesBuilt Capacity to House 6 PeopleFully licensed |

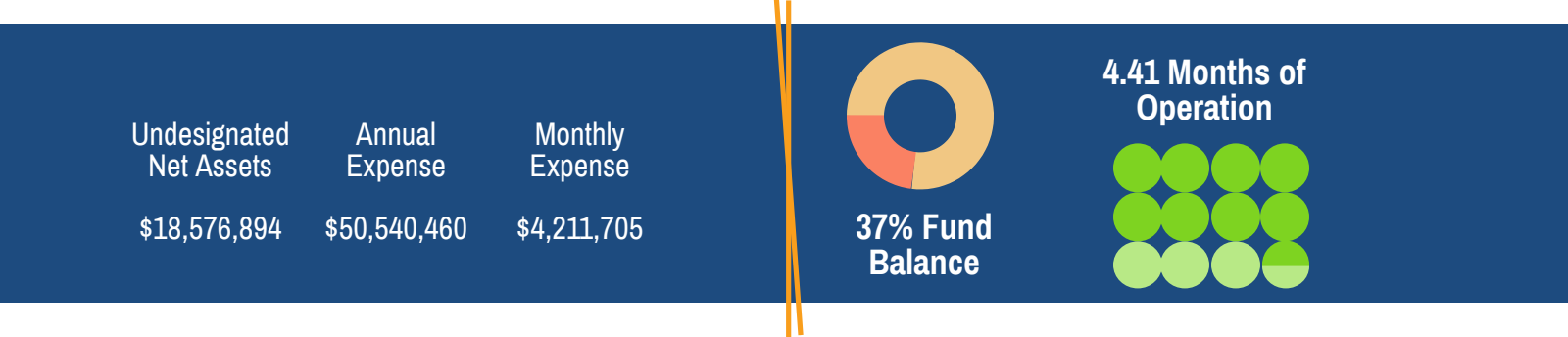


REASONABLE CHOICE

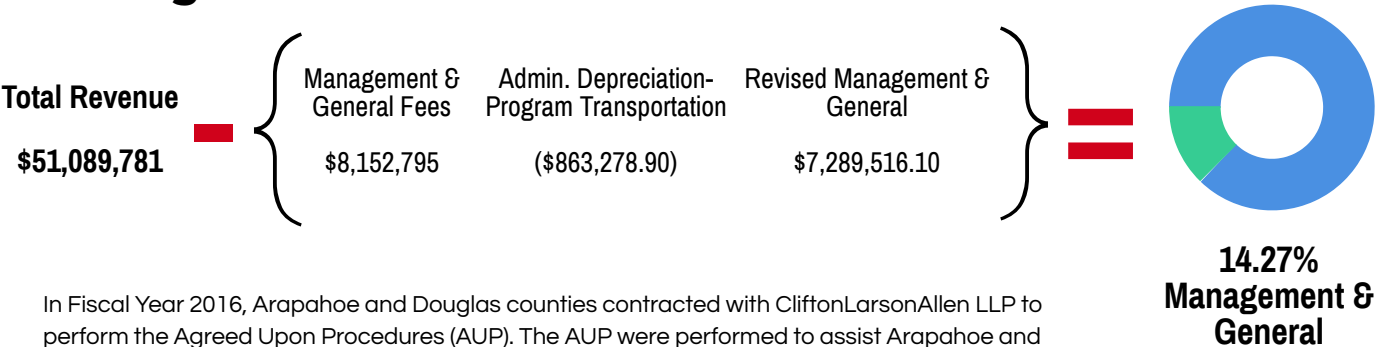
Developmental Pathways actively demonstrates Conflict Free Case Management through our placement procedures. When an individual needs supports through the Case Management Department, a non-identifying Request for Proposal (RFP) is sent to all service agencies in our area. On occasion, an individual/family 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. Developmental Pathways also sends out a weekly newsletter to inform families of community resources available to them.

UNRESTRICTED FUND BALANCE

The unrestricted fund balance represents the number of months that Developmental Pathways could operate without further local, state, or federal dollars. These funds provide the individuals and families we support with financial security and peace of mind that Developmental Pathways could 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 enables us to continue to provide needed services during these payment delays.



Management & General Fees



In Fiscal Year 2016, Arapahoe and Douglas counties contracted with CliftonLarsonAllen LLP to perform the Agreed Upon Procedures (AUP). The AUP were performed to assist Arapahoe and Douglas counties in determining the compliance of Developmental Pathways' administrative and program expenses to contract requirements. CliftonLarsonAllen presented the results of the AUP to the Arapahoe County and Douglas County Commissioners. To review the complete AUP, please visit the Commitment to Transparency page of our website.



MANAGEMENT & GENERAL

We rely on supporting departments to perform necessary functions that enable us to serve the community.

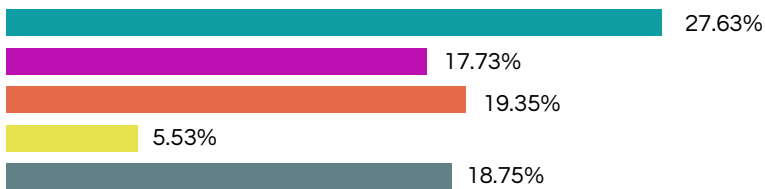
Learning & Organizational Development

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

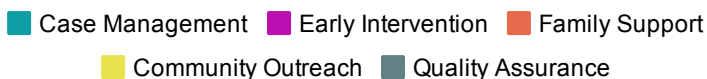
Human Resources

Mill levy funds help aid retention practices and further our staff support efforts. In 2017, employee benefits were enhanced to include: chiropractic and massage care, wellness events, and Discovery Sessions.

FY17 Turnover by Department



Total Turnover: 20.47%



Information Technology

This department provides insurmountable support by giving Case Managers and Coordinators access to information and data at their fingertips. Services such as staffing a help desk, streamlining systems, & implementing collaborative online tools allow employees to work more efficiently.

Finance

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

Properties

This team supports the organization by helping to utilize 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.





ACCOMPLISHMENTS

Each team at Developmental Pathways reports on their previous year's accomplishments. We chose a few highlights that directly contribute to the emphases laid out in the mill levy contract.

Serving Folks on Waitlists

- ✓ SUN Foundation distributed more than \$246,000 to fulfill unmet needs identified by families in the Community Outreach Department.
- ✓ Community Outreach collected nearly \$36,000 of in-kind donations to provide food & household items for 46 families served by DP. Special events using these donations impacted 574 people served by DP.
- ✓ The Case Management & Community Outreach departments each developed policies to distribute additional Mill Levy funding to individuals & families in critical need.

\$1.6M
dollars

Distributed by Community Outreach to individuals & families whose needs are not completely met.

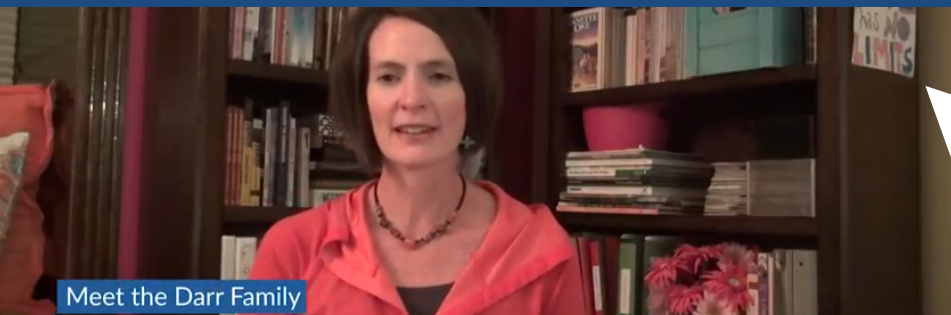
4,600
people

Reached by the weekly Community Outreach newsletter which shares opportunities to connect with other families & engage in community activities.

544
people

Served by the Community Outreach Program in FY2017. These folks are waiting for waiver services and/or experiencing unmet needs.

MEET THE DARR FAMILY



Watch Here!

<https://www.dpcolo.org/about-us/community-impact/>

Mandi Darr has 3 children with Sensory Processing Disorders (SPD). In this short video, she shares her family's story from struggling to understand her children to seeing them thrive thanks to interventions made possible by Developmental Pathways.



ACCOMPLISHMENTS

Raising Quality of Services

- ✓ Met more emergency health & safety concerns than ever before:
 - Managed 138 requests, supporting 104 unique individuals and families.
 - Provided management-level support in 166 unstable or crisis situations.
 - Supported 41 individuals in obtaining emergency enrollment onto DD Waiver.
 - Allocated \$240,000 to fulfill otherwise unmet concerns.
 - Implemented new CM on-call phone coverage system for after hours to support individual/families in urgent or crisis situations.
- ✓ Early Intervention received a \$10,000 grant from the Rose Foundation to implement the BABIES model NICU taskforce. 13 therapists & 3 service coordinators are being trained to address urgent issues for premature and/or special needs infants.
- ✓ Our Early Intervention team was selected to be part of EI Colorado's Global Outcomes for Children and Toddlers (Go4IT) Initiative- a program designed to positively impact quality early intervention practices.
- ✓ We're actively participating in the No Wrong Door (NWD) pilot, including attending person-centered training, joining the ALTSS/NWD Advisory Board, and designating/training staff members as NWD Options Counselors.

Improving Service Infrastructure

- ✓ Remodeled 3rd floor of Inverness office, increasing workspaces from 77 to 196 & meeting spaces from 2 to 10 with overall goal of creating a more collaborative & functional working area.
- ✓ Conducted a company-wide Employee Engagement Survey with Mountain States Employer's Council (MSEC), receiving an overall "Very Positive" rating (3.9 out of 4.0).
- ✓ The Case Management team provided technical assistance, orientation, & welcome packages for 40+ Program Approved Service Agencies (PASAs) new to the CCB system to promote choice for people in service.
- ✓ The Learning & Organizational Developmental team provided 6,540 direct training experiences and supported 924 other learning experiences, serving a broad range of audiences from PASAs, our Board of Directors, & internal staff.
- ✓ Our Case Management team navigated a significant change to the State's new PAR & service planning database, (called "Bridge"), which increased staff workloads by 300%. Staff helped coordinate solutions for provider billing issues & fostered collaborative relationships with all stakeholders to maintain consistent communication.



CONCLUSION

Developmental Pathways meets the agreement requirements of the mill levy funding by:

- Protecting & assisting individuals with intellectual/developmental 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 & job training.
- Providing day programs & other services to seniors with developmental disabilities so working families can care for them at home.
- Actively reducing the long waitlists of children & adults who need services.
- Reaching out to the community to assess needs & connecting our individuals to new resources.
- Achieving these ends through existing county-authorized agencies.
- Identifying unmet needs in the community & developing long-term solutions to meet those needs or challenges.

Looking for more great stories? Find them here:

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our website**



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Vimeo**



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**Developmental
Pathways**

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