



Developmental Pathways

MILL LEVY REPORT

Douglas & Arapahoe Counties

JULY 1, 2019 - JUNE 30, 2020

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Developmental Pathways

We are a hub of information & resources, propelled by a team of passionate staff, dedicated to serving a community of diverse abilities.

Developmental Pathways (DP) is the largest Community Centered Board (CCB) in Colorado, serving more than 8,000 individuals with intellectual and developmental disabilities/delays (I/DD) in Arapahoe and Douglas counties, and the City of Aurora. The State of Colorado created CCBs in 1964 to transition the support of people with I/DD from institutions to the communities in which they live and participate. There are currently 20 CCBs across the state serving individuals and families from birth to end of life.

At DP, we partner with people in their pursuit of a meaningful life through advocacy, education, connection, & support. We strive to be a central resource for anyone with a developmental disability seeking additional help: if we can't meet your need, we know someone in the community who can. Our programs are primarily funded by federal, state, and county dollars as well as private philanthropy that supports the unmet needs of many connected to our organization.



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** | To actively & transparently collaborate with government & community partners
- **Innovation** | To join our community in the innovation & implementation of person-centered practices
- **Partnership** | To be a customer-service focused agency, both internally & externally
- **Stewardship** | To optimize resources by stewarding financial & human capital well

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 (25.5-10-206(6) 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.

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. 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 through:

- ***Prioritizing assistance for those waiting for services and/or with unmet needs***
- ***Raising service quality for people with I/DD***
- ***Stabilizing service infrastructure, specifically by investing in staff training & retention***
- ***Supporting the providers of last resort***

This report provides a brief summary of the programs, quality of services, and infrastructure supported by mill levy funding this past fiscal year (7/1/2019—6/30/2020).

Developmental Disabilities & Delays

An Introduction

Disability

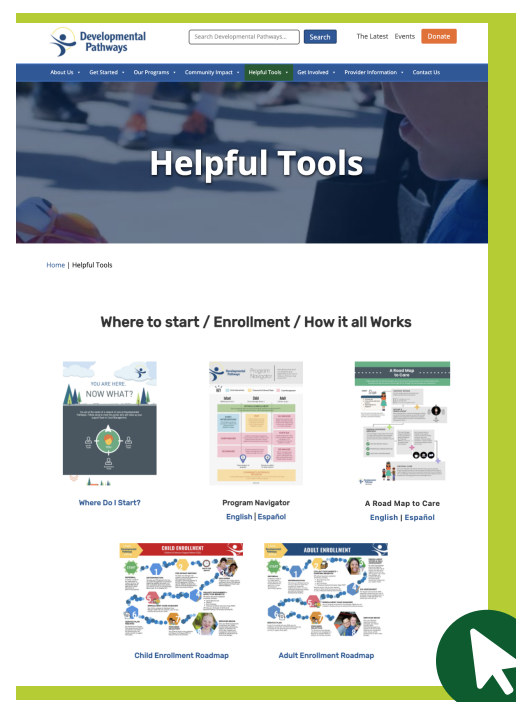
A developmental disability (DD) is defined by Colorado state statute 25.5-10-202: (26); (a) "Intellectual and developmental disability" means a disability that manifests before the person reaches twenty-two years of age, that constitutes a substantial disability to the affected person, and that is attributable to an intellectual and developmental disability or related conditions, including Prader-Willi syndrome, cerebral palsy, epilepsy, autism, or other neurological conditions when the condition or conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with an intellectual and developmental disability. Unless otherwise specifically stated, the federal definition of "developmental disability" found in 42 U.S.C. sec. 15001 et seq., does not apply. (b) "Person with an intellectual and developmental disability" means a person determined by a community-centered board to have an intellectual and developmental disability and includes a child with a developmental delay. Often, developmental disabilities are identified at birth, but sometimes they are not identified until later. A person who meets the criteria above must have a medical diagnosis verifying their disability and undergo testing to be eligible for services. (25.5-10-202)

Accessing Services

Programs for eligible adults and children with developmental disabilities/delays are funded through Medicaid, Medicaid Waivers, state funds, Federal Part C of IDEA, 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 qualified providers such as Program Approved Service Agencies (PASAs) using program funds as authorized through the individual's plan. For more information on accessing programs, see the graphics in our **Addendum** or visit the redesigned [Helpful Tools page](#) on our website (right).

Delay

Colorado state statute (CCR 2509-10 7.901) defines developmental delay: (c) "Child with a developmental delay" means: (I) A person less than five years of age with delayed development as defined by rule of the state board; or (II) A person less than five years of age who is at risk of having an intellectual and developmental disability as defined by rule of the state board. A delay is evaluated by failing to meet developmental milestones such as speech acquisition or coping behaviors. Other children exhibit factors that put them at a high risk of having a developmental disability or are born with a DD such as Down Syndrome or Fragile X. Both delays and disabilities in children under 5 years must be verified by Early Intervention criteria for a child to qualify for services. For a complete list of established conditions that qualify a child, please see the [Early Intervention Colorado website](#).



FY 2020 IN REVIEW

Finances

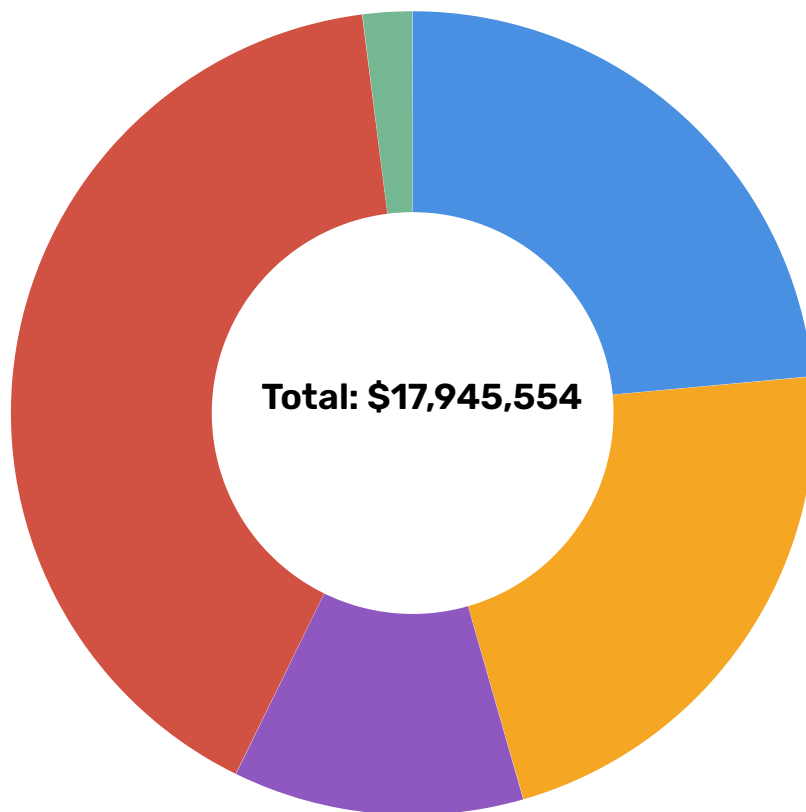
Community Impact

Successes

Who We Served

Expenditure Summary

Mill levy dollars support the success of programs provided by Developmental Pathways as well as funding direct supports to individuals and families we serve, sponsoring and supporting I/DD community providers, and developing additional resources for services for individuals.



41%
PASAs & Programs
supported by DP

23%
Case Management &
Program Quality

22%
Fund
Balance

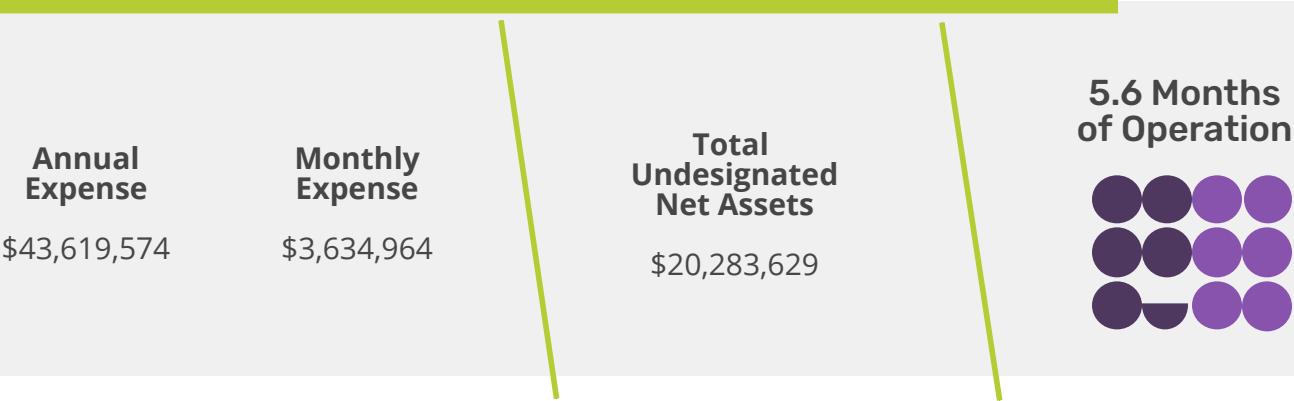
12%
Community
Outreach
& Family Support

2%
Other

"Other" includes: Youth Housing + Management & General

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 people we support with financial security and peace of mind that our company could sustain itself under unforeseen financial challenges. These undesignated net assets are in line with industry best practice which recommends nonprofits maintain 3-6 months of operating reserves.



Management & General Expenses



12%
of total revenue

M&G Expenses

\$6,062,702

Depreciation Expense

\$397,401

Revised M&G Expenses

\$5,665,301

Mill Levy Impact in the Community

COVID Relief

Although the COVID-19 pandemic only affected the final four months of FY2020, it demanded prompt action to bolster supports for people with I/DD and staff. Our agency completed several activities to support our community during the early months of the pandemic.

Remote Workforce

Zoom technology and additional equipment made available to all staff to perform virtual case management and coordination.

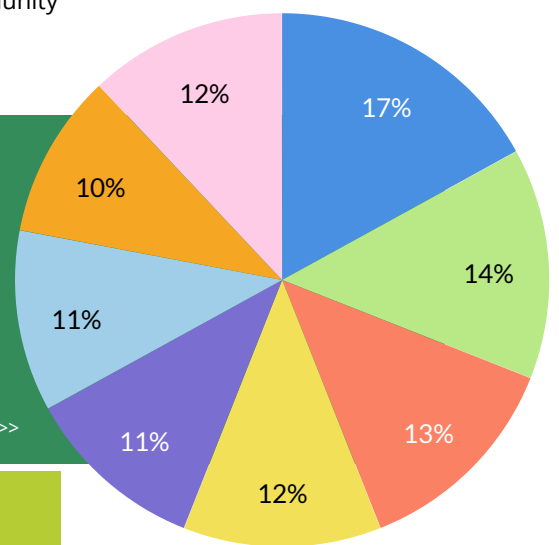
Needs Survey

In late March 2020, DP surveyed program participants to identify unmet needs related to COVID-19.

unmet needs survey results >>>

New Resources

Once staff transitioned to remote work and community needs were identified, we shifted resources to better meet the needs of our families. This included new resources in our weekly newsletter and funds designated specifically for families experiencing hardship because of the pandemic.



**Medical needs, equipment, PPE, hygiene products*

\$45k

in Mill Levy funds given directly to **families in need**



Participated in Douglas County COVID-19 Taskforce & Douglas County Human Needs Response Team

~85%

of EI families participated in **telehealth services**



Followed up with participants who reported unmet needs to connect them to resources

\$3k

in Mill Levy funds given directly to **community providers**



Created a resource page on our website that is updated weekly
[COVID Resources Page](#)

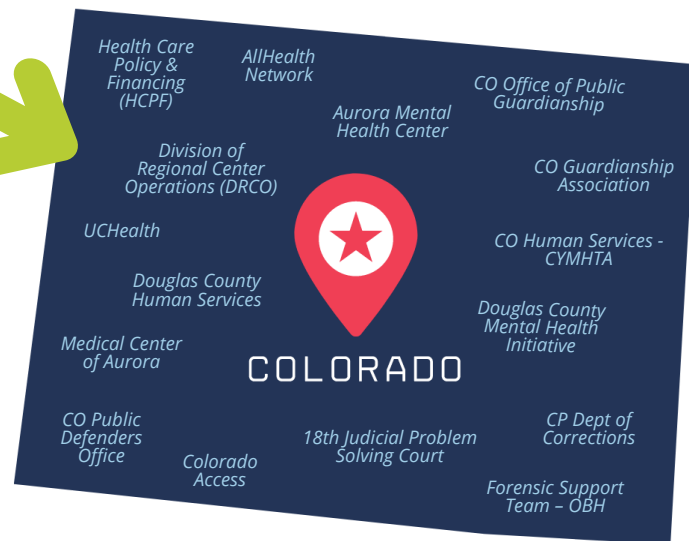
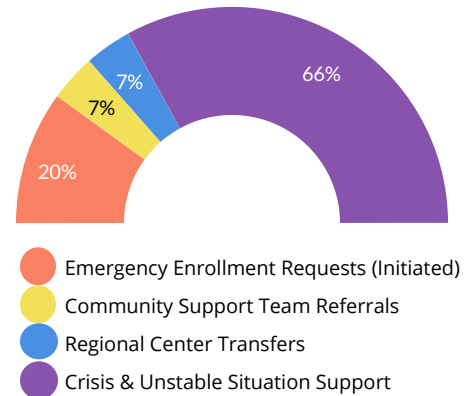
Crisis Support

In 2016, the Case Management department expanded its team to include mill levy-funded crisis supports. The staff members supporting this work provided hands-on and in-depth support for people navigating complex and crisis-level needs, such as homelessness, abuse, exploitation, and neglect.

Activities Completed by Crisis Team

- Providing 1:1 guidance to staff supporting individuals in crisis situations
- Partnering with Health Care Policy & Financing (HCPF) and Denver Human Services (DHS) on emergency enrollment requests, Community Support Team referrals, Regional Center placements and de-institutionalizations, and complex placements
- Developing relationships with community and state resources
- Supporting ongoing referral and placement committee work including identifying resource gaps
- Delivering ongoing crisis training to other teams
- Collecting and analyzing data on crisis situations
- Curating crisis manuals and emergency resources for internal and external use

Crisis Supports Provided



Success

One of our favorite stories from last year had a very complicated beginning and (to date) a beautiful ending. A young adult with an I/DD diagnosis, who had never enrolled in the I/DD support system, was enduring a complicated and unhealthy home life.

While living with parental figures and siblings, this person was largely without basic supports (such as dependable access to food) and facing ongoing exploitation, abuse, and neglect. Adult Protective Services (APS) contacted our agency for help and our intake, crisis, and enrollment teams rallied around the individual to help find the right supports. The road was long and tumultuous and fraught with complex issues to navigate (including resolving likely social security exploitation, complex and abusive family dynamics, and mental health issues). In the end, the individual was safely enrolled into the HCBS-DD waiver with access to much needed long-term 24/7 support. The individual has since been thriving and is leading a meaningful life that *is self-directed*.

Benefits Team

Developmental Pathways has a small team of staff members whose roles support individuals and their families in navigating benefits related to long-term care, including accessing Medicaid and supporting education around Social Security Benefits.

This team also:

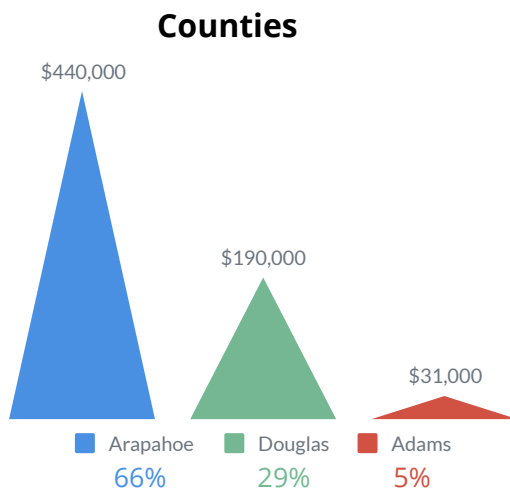
- Develops and presents agency training and resources on Medicaid and SSA eligibility benefits
- Fosters collaborative relationships with departments of human services and community partners
- Supports provider agencies with finding solutions to open benefit issues
- Provides benefits-related technical assistance to a growing internal workforce



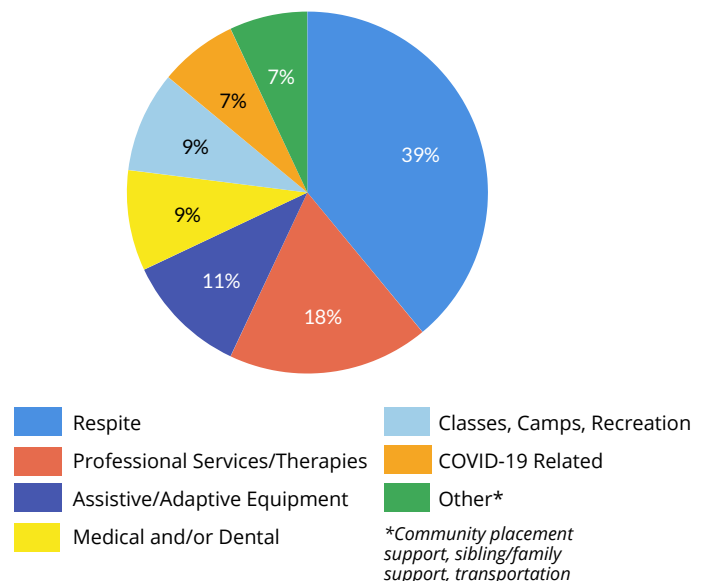
Individual Unmet Needs

This past year, we distributed funds to individuals and families with unmet needs through both our [former] Community Outreach department and our Case Management/Program Quality departments. While the departments run individual budgets to meet these needs, the supports are guided by our agency policy, which underscores our goal to protect and assist people with I/DD in leading healthy, safe, person-centered, and integrated lives.

! approximately **\$661,000** in authorized funding to directly support people with I/DD and their families



Category of Support



Feedback + Successes

This is Kendra M. who used **Family Support** funds to get the new bike she is riding in the picture!

Mom, Audrey, says:

Kendra is a petite 17-year-old who is autistic, nonverbal, and has developmental delays. Kendra is also a loving, outgoing girl who speaks volumes with her gestures and smile. Kendra loves being outdoors, but as a single parent, I wasn't able to afford all of the needed adaptive equipment she needed to have the best quality of life for a child of her disability. In comes Developmental Pathways, the day I heard from them was a blessing. When I sat with Kendra's case manager, she knew exactly how to help me and navigate me through everything that would improve Kendra's quality of life.

DP has shown me that even with her disability she can enjoy some of the same activities that children her age enjoy. Who knew that she would love the trampoline park or be able to ride a tricycle by herself, or use an iPad to not just communicate, but also listen to music and watch shows!

The beautiful thing about DP is that they not only help the client but they help the family as a whole.

Respite services allow me as the main caregiver a moment to relax without worry while DP puts together family-centered events that cater to our special needs children. Unless you are a special needs parent, you have no idea how often people will look at your child and pull their "regular" kids away, so they don't catch something. DP allows our children to relax, have fun, go see the Nutcracker or see Santa and know he will take his time with them. I could go on and on about DP and the amazing things that they are able to do for Kendra and our family. We are so thankful for everything they do!!!

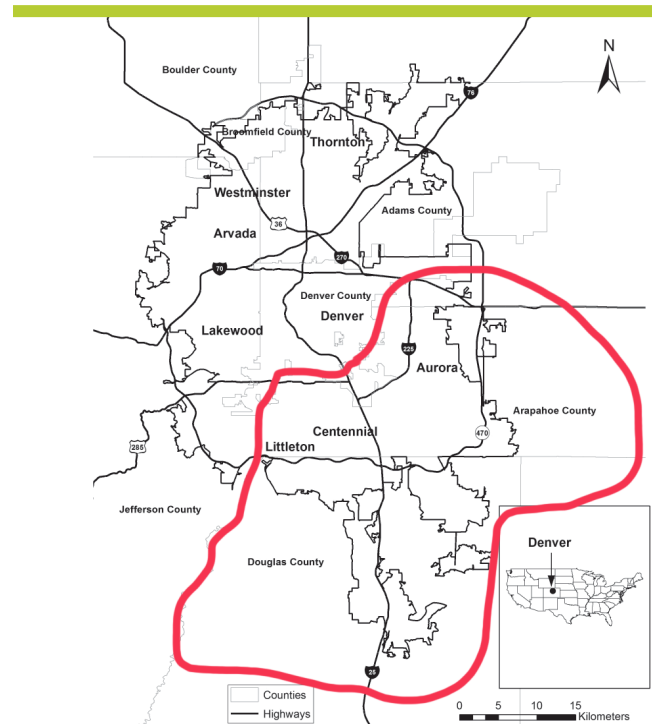
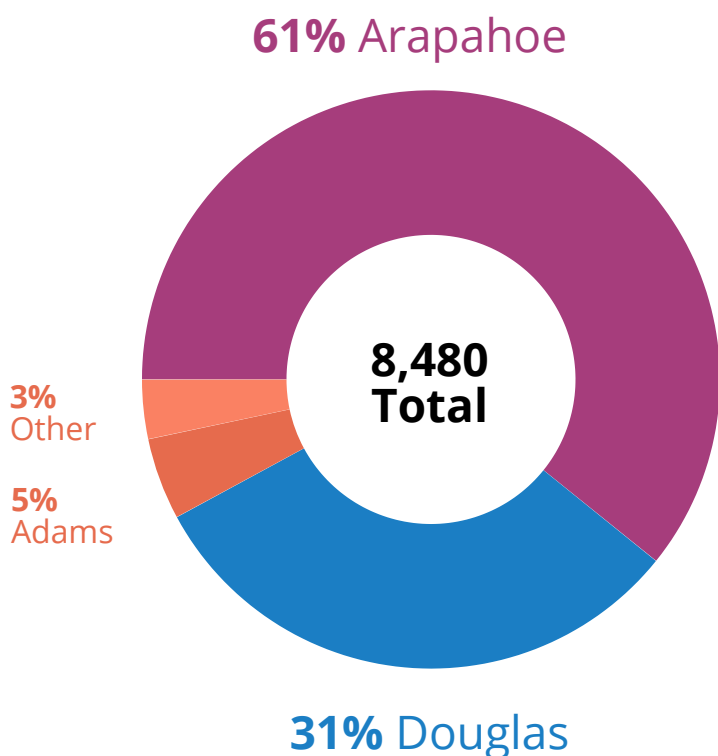


"Virtual speech therapy through Developmental Pathways has been amazing. It's afforded our family the opportunity to be part of the process and to learn how to coach and encourage Charlie seven days a week. We could not be happier with the experience and his week over week improvements."

- Katie (Early Intervention parent)

Who We Served

Developmental Pathways served nearly 8,500 people with I/DD in FY20. What's not quantified in this number is the families of supported individuals who benefited from our services as well. From respite care to therapy delivered in-home, we are committed to caring for the entire ecosystem of people that surround someone with an I/DD diagnosis. This is what our vision to ***Enrich Lives and Strengthen Communities*** means.



Our Catchment area since 1964

Of the 20 community centered boards in Colorado, we serve the largest number of people given our geographically expansive area and the population growth that's occurred throughout the Denver area in the past 20 years.

The Impact of Population Growth

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. 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 expect that trend to continue due to the increasingly high growth rates for Douglas and Arapahoe counties, 23% and 15%, respectively, over the past 10 years (<https://www.census.gov/quickfacts>).

How we served Adams County

Over the years, the support we provide to people with I/DD residing in the portion of Aurora within Adams County has grown. Beginning in 2019, Developmental Pathways received direct local funds from Adams County to support these individuals. Arapahoe and Douglas County mill levy funds are not used to support Adams County residents.

Demographics



GENDER

64% Male
36% Female



AGE

74% 0-18 yrs. old
26% 18+ yrs.



ETHNICITY

42% White	10% Black
27% Unknown	4% Asian
12% Hispanic	5% Other



PROGRAMS

44% Early Intervention	9% CES Waiver
20% Community Outreach	4% FSSP
11% SLS Waiver	1% State SLS
11% DD Waiver	



MAJOR DIAGNOSES

22% Significant Brain Abnormality	8% Developmental Delay (EI)
18% Chromosomal Abnormality	8% Autism
11% Developmental Disability	3% Seizure Disorder/Epilepsy

*Remaining percentages spread over various diagnoses

EARLY INTERVENTION



Staff Count

95 staff members

Our Work

The Early Intervention (EI) program (Part C) provided services and supports for families who have a child up to age 3 with a 25% delay in one or more areas of development or have a child with a qualifying diagnosis. The EI team is composed of service coordinators, intake & referral specialists, therapists, and data & billing specialists who partner with families to:

- Support each family's success and capacity to promote the development of their child
- Deliver services and supports in a family-centered way by identifying a family's concerns and priorities
- Deliver services and supports through a parent/family coaching model within a child's natural environment through everyday activities and routines

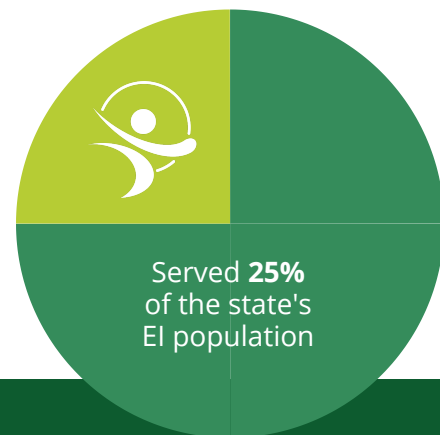
How We Used Mill Levy Funds

Mill levy funds enhanced Early Intervention's focus on strengthening community and family education, school partnerships, and staff development efforts in the following ways:

- Funded ongoing training and professional development opportunities to promote employee retention and increased family satisfaction
- Educated schools, families, and community partner organizations on eligibility, referral and the long-term benefit of early intervention

FY2020 Wins

EI staff demonstrated **extraordinary resilience & teaming** through the multiple transitions required to create a successful remote work environment and the delivery of virtual service coordination and telehealth services. The EI team navigated significant changes to program operation and delivery due to the impact of COVID-19.



"Thank you again for helping my family and me through this whole process. I appreciate the way you explained everything, but more importantly, the way you made me feel so supported."

- an EI parent

COMMUNITY OUTREACH



Staff Count

25 staff members

Our Work

The Community Outreach department includes a Pathways-specific program by the same name that assisted people whose needs were not fully met by other programs. Often, support came in the form of monetary resources and connections to other community organizations. The many functions of this team include:

- Service coordination
- Community partnerships
- Provider of resources
- Fund unmet needs
- Lead initiatives

We also administered these programs:

- Community Outreach Program (CO)
- Exceptional Family Member Program (EFMP)
- Family Support Services Program (FSSP)
- Housing Choice Voucher (HCV)

How We Used Mill Levy Funds

Our department was created by mill levy funding in 2012 to serve people waiting for state & federally funded programs. With the exception of FSSP, EFMP, & HCV (listed at right), mill levy funding supplements all of our activities to support people in Douglas & Arapahoe counties with unmet needs. We do this by:

- Directly funding needs that meet specific criteria
- Partnering with organizations to provide discounted services
- Coordinating the care of people waiting for services
- Spearheading community initiatives
- Offering training & support to community partners
- Funding parent & sibling support groups

FY2020 Wins



2,200
individuals
served



114
organizations
supported



\$260k*

\$100k Arapahoe
\$80k Adams
\$80k Douglas

distributed to community partners to support events & sponsorships that directly benefited individuals & families in areas such as:

Emergency COVID Support

We supported the [All Stars Club](#) in Highlands Ranch to support free virtual activities throughout the pandemic. With our funding, they provided virtual events and vital errands for families who could not leave their houses.

Building Community

[The Autism Community Store](#) is a social enterprise with a focus on community support. We provided financial support for a garage door that will open up their community room to the outside and allow them to host larger events.

*Unaudited figure

CASE MANAGEMENT + PROGRAM QUALITY



Staff Count

165 staff members

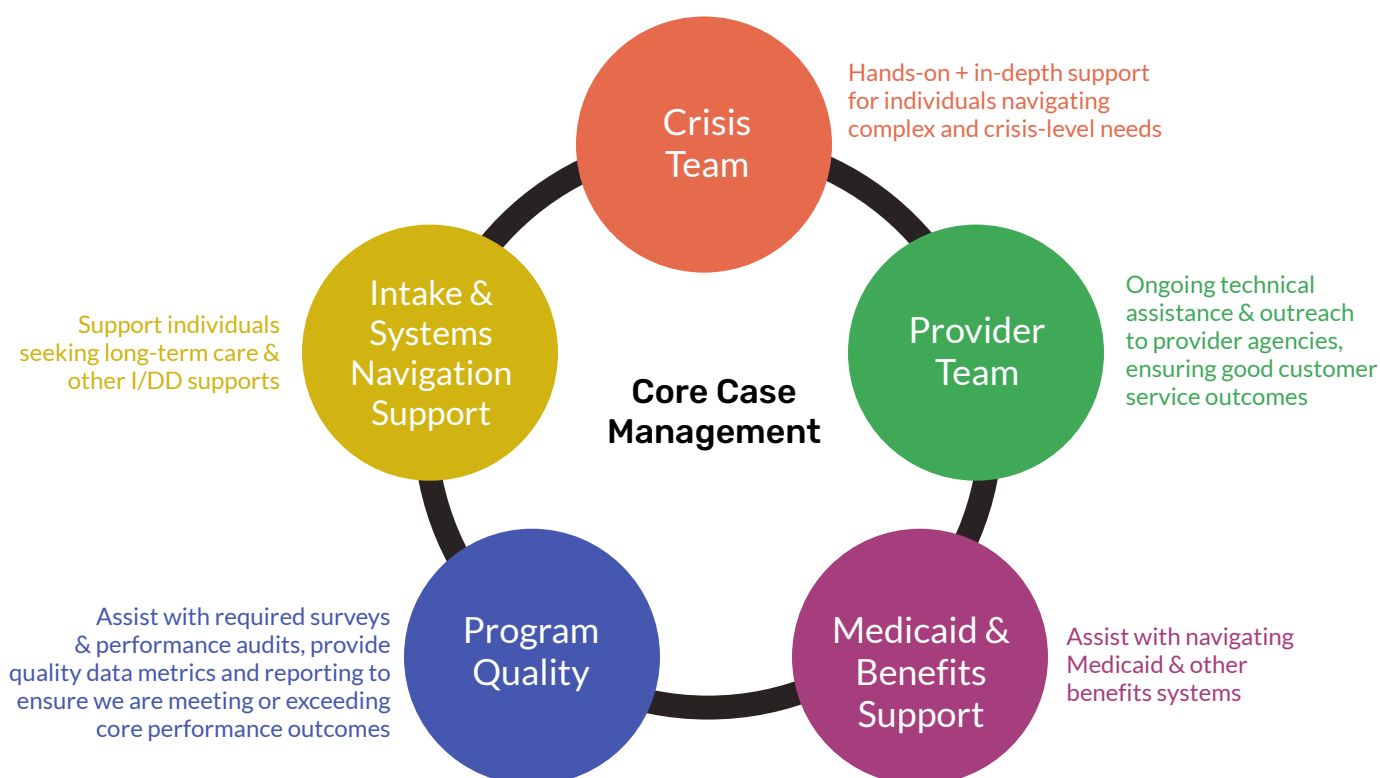
How We Used Mill Levy Funds

Mill levy funds supplemented the following support teams: Crisis, Intake and Systems Navigation, Provider Liaison, Program Quality, and Benefits/Medicaid. Each of these teams plays an ancillary role in ensuring that people with I/DD and their families receive quality care in the most seamless way possible. We also used mill levy to directly fund needs that meet specific criteria under our Unmet Needs Policy and Procedures for health, safety, medical, behavioral, and professional service needs not otherwise met.

Our Work

The Case Management & Program Quality department assisted people with I/DD enrolled in a state or federally funded program including State SLS, SLS waiver, DD waiver, CES waiver, & CHRP waiver*. State and federal Medicaid pays for 4 core functions of case management: Assessments, Service Planning, Referrals to external service providers, & Monitoring visits. However, many more functions are necessary to fully meet an individual's needs. Because of that, we've developed supporting teams that receive mill levy funding to ensure there are no service gaps for anyone served by us. Together, our teams supported people through each step of their process to receive care.

**See a full list of our programs on page 22 in the Addendum*



Staff Development + Engagement

How we're investing in our workforce

One of our perennial emphases with mill levy funding is to train, develop, & retain staff to ensure high-quality outcomes for the people we serve. The global pandemic not only threatened business continuity, but also the health and well-being of our employees, many of whom worked directly with a high-risk population. Below are the ways in which we've invested in staff in FY2020.

Protecting our Employees

Our organization acted quickly to move large portions of our workforce remote in April. This required a massive operational shift, particularly in distributing technology resources and moving manual processes to digital formats to ensure employees could effectively meet the needs of those they serve. For employees needing to enter the building to perform necessary job functions, CDC and OSHA recommended safeguards were put into place to ensure a safe work environment.

Stabilizing the Workforce

To assist staff in balancing a conflated work and home life, the HR team administered governmental supports such as the CARES Act and FFCRA. To supplement this aid, we implemented programs to further stabilize our workforce by providing a PTO advance with a payback agreement, temporarily paying for medical insurance premiums for employees with reduced hours and accommodating flexible work schedules. We also directed staff to existing mental health resources through the Employee Assistance Program and our Health Insurance provider. These coordinated employee supports provided a safety net for employees, which, in turn, ensured continuity of service to the individuals and families we serve.



Redefining the Employee Experience

We implemented several procedures and tools to assist staff in adjusting to the new norm of remote work. The Training team released a series on managing a remote team for leaders which included guides on how to productively work and communicate in a virtual setting. To combat isolation, leadership initiated a series of engagement efforts, including frequent CEO communications and Zoom-based team gatherings.

Staff indicated in a June 2020 survey that they were “highly satisfied” (4.2/5) with the amount and clarity of leadership communication and felt “very supported” (4.5/5.0) by their leaders.

Turnover: 25.89%

Turnover for FY20 was down 5.05% from FY19. This is primarily the result of increased ambiguity within the external job market due to COVID coupled with employee stabilization efforts. No employee within DP was separated from their employment as a result of the economic downturn triggered by COVID. **From an employment perspective, revenue shortages due to COVID were offset by various tactics, including managing natural employee attrition, adjusting employee workloads, eliminating non-essential benefits, and freezing salary increases at leadership levels.**

LOOKING AHEAD

Challenges

Future of Mill Levy

Conclusion

Challenges

Responding to COVID

Every year presents myriad challenges in supporting and serving the needs of individuals with I/DD and their families, both in our area and statewide. FY2020 introduced the extraordinary challenge of a pandemic that impacted funding, service delivery, and working conditions, to name just a few. We've navigated these challenges through strong community partnerships as well as engagement at the local, state, and federal levels.

Tech & Comms Solutions

- Zoom licenses for virtual meetings
- Cell phones for mobile teams
- Repurposed equipment for mobile work
- Website updates with COVID resources
- Additional communication to staff & families with COVID resources

EI Impact

- Programmatic shift to 100% virtual service delivery & coordination
- Decreased referrals as families limited interactions with referral partners and/or opted to wait for in-person services
- At the end of FY20, significant change to program eligibility criteria due to state budget shortfall

We're monitoring children who no longer meet updated eligibility to connect them with community supports

Changing Processes

Our teams worked to implement nearly 50 operational and policy memos from State and Federal Medicaid offices between March-June 2020. Some changes are expected to remain in place indefinitely, including:

- Eliminating annual Professional Medical Information Page for ongoing waiver services
- Telehealth option for case management & service coordination under health and safety conditions
- Permission for digital signature processes
- Changes to delivery method for various services, including Day Habilitation



Funding for Core Services, Case Management, & Service Coordination

At the end of FY20, significant contract changes around eligibility and rates impacted both EI Service Coordination & I/DD waiver/state general fund programming. We're working to understand the long-term impact of these changes.



Long Term Services & Supports (LTSS) System Redesign

Our State Medicaid office is overhauling the way long-term services are delivered in Colorado, with a target implementation date of July 2024. Myriad changes to statute, regulations, provider requirements, and other infrastructure will change the way services are delivered.



Conflict Free Case Management

As a component of the overall LTSS redesign, the State is moving toward full separation of direct services and case management functions for Waiver and other Medicaid-funded supports. For metro CCBs, full separation must occur by July 2024.

Future of Mill Levy

A New Way Forward

Since the initial discussions of Conflict Free Case Management began in 2014, we've recognized a need to reevaluate the way we provide services to people with I/DD, including how we use local mill levy dollars. To better meet the needs of the people we serve, our community partners, and the government agencies we work with, we've made several changes to our mill levy usage. More changes to come as case management and service provision become fully separate endeavors by 2024.

Referendum 4A Priorities

1. Protect & assist people with I/DD
2. Avoid out-of-home placements
3. Help to find employment
4. Provide day care & services for seniors
5. Work with children to minimize long-term impacts of developmental delays
6. Reduce waitlists for services
7. Achieve these ends without expanding government

Our Approach

- Prioritize assistance for those waiting for services and/or with unmet needs
- Raise service quality for people with I/DD
- Stabilize service infrastructure, specifically by investing in staff training & retention
- Support the providers of last resort



Research + Development

Exploring program options to develop a more nimble, person-centered approach to distributing funds to individuals and families to meet their unique needs.

Increasing Transparency

Top priorities in the coming years:

1. Accounting for the use of local funds.
2. Determining the best uses of those funds.

To that end, we're continuing to engage our county partners and local stakeholders in conversations to chart the course of future mill levy spending priorities.

Community Engagement Department

We created a new department in 2020 charged with quantifying how we spend mill levy internally and externally. Included in this department is a full-time financial analyst to oversee mill levy spending and better account for each county's contribution. This department's goal is to get more funding directly to the people who need it and track funds efficiently.

Community Grants

Refining the mill levy grant process to increase and diversify funding, with the goal of adding capacity and options for people with I/DD.

Conclusion

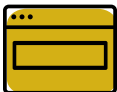
Developmental Pathways is committed to continuing to act in strong partnership with our county funders, not only by meeting the core requirements outlined under mill levy funding, but also in ensuring innovation in our approaches to doing so.

In FY2020 we continued to:

- Protect & assist individuals with intellectual/developmental disabilities in ways that help keep families together.
- Help prevent the costly price of out-of-home placements through strong system relationships, crisis management, quality case management/service coordination, and unmet needs funding.
- Support adults with developmental disabilities in leading their most integrated and meaningful lives.
- Support infants with developmental delays and their families.
- Help adults with developmental disabilities acquire employment & job training.
- Provide day programs & other services to seniors with developmental disabilities so working families can care for them at home.
- Work to reduce the long waitlists of children & adults who need services.
- Coordinate with the community to assess needs & connect our individuals to new resources.
- Support community providers in building and maintaining quality supports and resources to serve our clients and families.
- Identify unmet needs in the community & develop long-term solutions to meet those needs or challenges.
- We also rallied behind individuals in service, their families, and our staff during an unprecedented modern-day pandemic and participated in statewide strategic planning around the future of long-term care services.

Looking for more great stories? Find them here:

Check out our
[website](#)



Watch us on
[Youtube](#)



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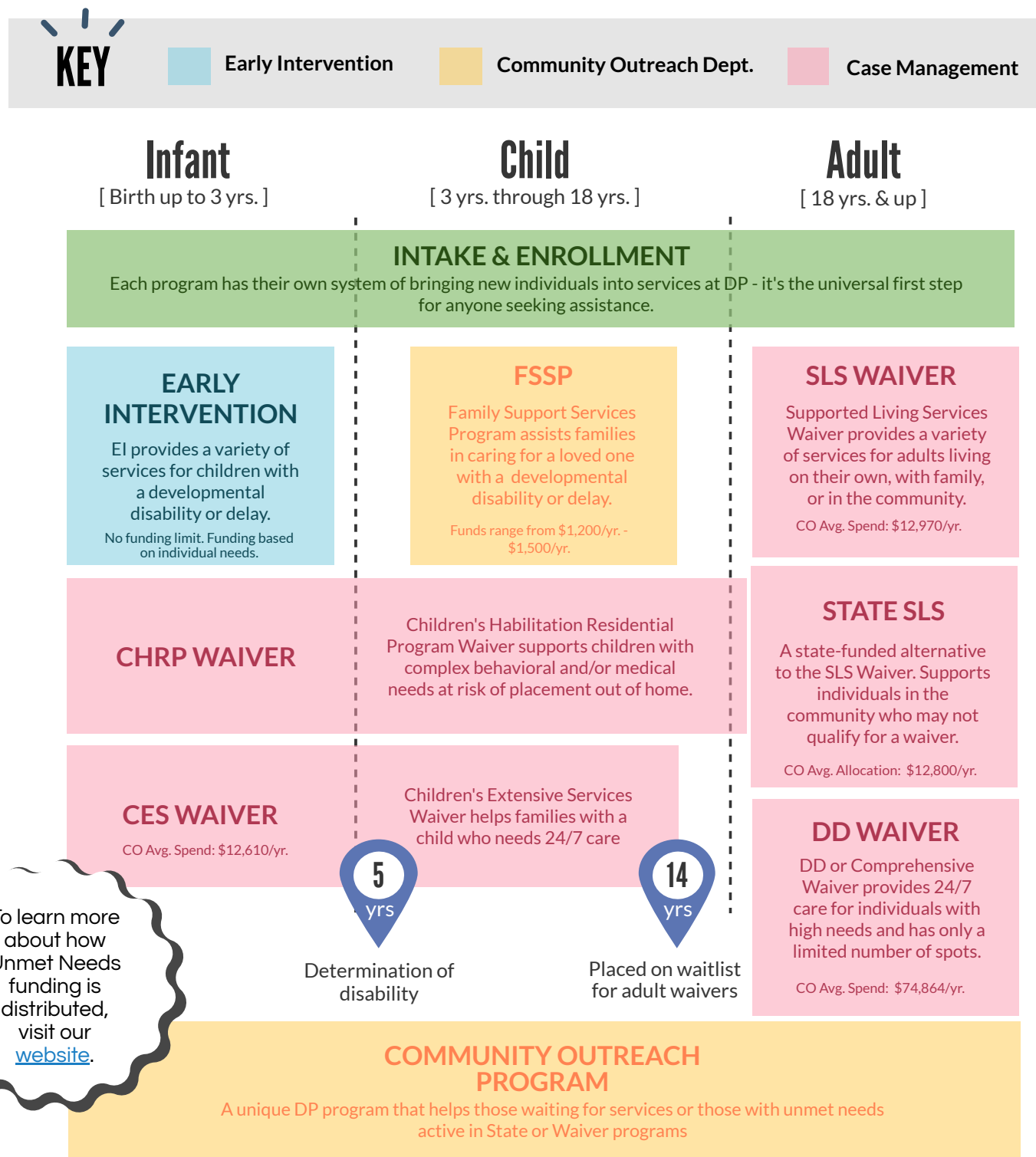


ADDENDUM

Program Navigator
Roadmap to Care
Referrals & Enrollments
Understanding Waitlists

Developmental Pathways Programs

We offer services spanning an individual's lifetime, including case management and coordination through our 3 core program areas: **Early Intervention**, **Case Management/Program Quality**, & **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.



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 through the Case Management/Program Quality department.

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

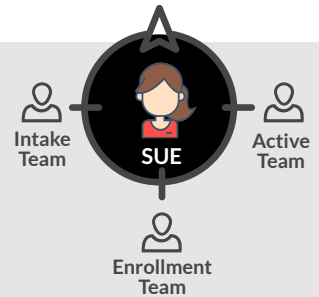
So, Sue's family reaches out to their local CCB to see how they can be served.



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

INTAKE & ENROLLMENT

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



PERSON-CENTERED 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 & she, along with her family, 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.



Understanding Referrals & Enrollments

459
FY 20 new enrollments

After reaching a peak in FY15, enrollments into the I/DD Medicaid Waiver programs have continued at a steady pace with the most notable growth occurring in the HCBS-DD waiver. This growth is primarily due to newly authorized DD enrollments from the statewide waitlist. In FY20, DP enrolled 130 people onto the DD Waiver, a slight decrease from the previous year, but still a significant increase from prior years.

1

REFERRAL

A referral or resource call is simply someone looking for human services in the community. Of the nearly 2,000 referral calls fielded in FY20, most were seeking support other than I/DD-related resources.

2

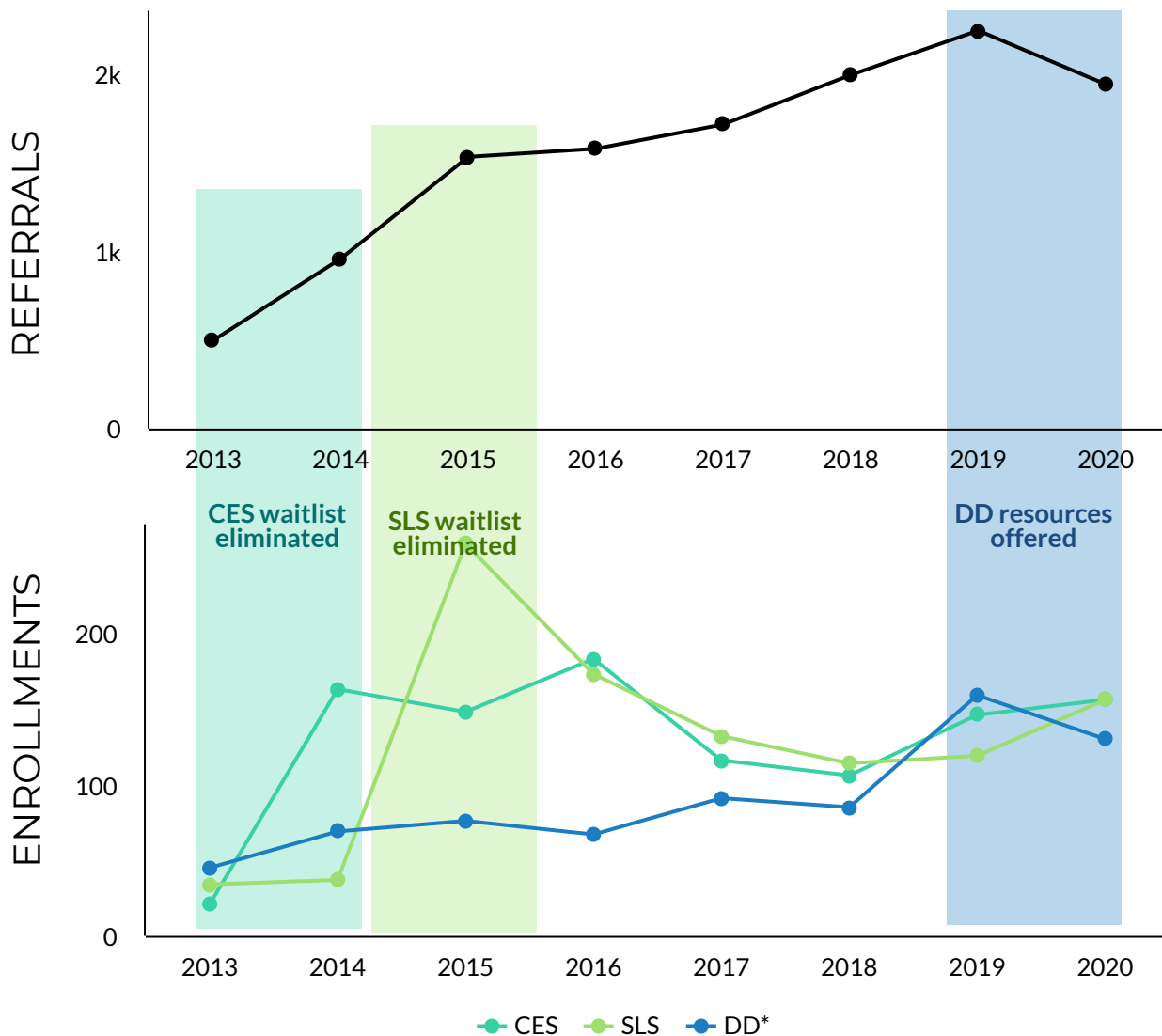
DD DETERMINATION

People who may meet I/DD criteria complete the Intake process with us and apply for a Developmental Disability (DD) Determination.

3

ENROLLMENT

Enrollment is defined as the start of services for one of the following programs: HCBS waivers (CES, DD, SLS), State SLS, and/or OBRA. These enrollment numbers only include CES, DD, & SLS waivers.



*DD enrollments reflect individuals who were likely served on other waivers (SLS, CES) who transition into the DD waiver. For more information on waitlists and how people transition from waiver services, see the next page.

Understanding I/DD Waitlists

What is a waitlist?

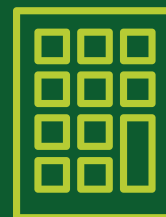
A backlog of people waiting to enroll in a program because a) the government ran out of spots or b) the General Fund ran out of money for additional spots or a combination of the two.

How many waitlists are there?

It depends on the aforementioned factors. Currently, there are 3 I/DD programs with waitlists: HCBS-DD waiver, FSSP, & State SLS. Waitlists were eliminated for HCBS CES & SLS Medicaid waivers.

Let's talk timelines

A timeline is a marker of a person's needs and preferences regarding the program they're waiting for. There are 3 main timelines that describe a person's level of need:



Why Waitlist Numbers are Tricky

It's possible for one person to wait for multiple programs at the same time.

EX: someone waiting as "See Date" for both the SLS and DD waivers because they're not yet 18 yrs. old and unsure of which program they will be able to enroll in.

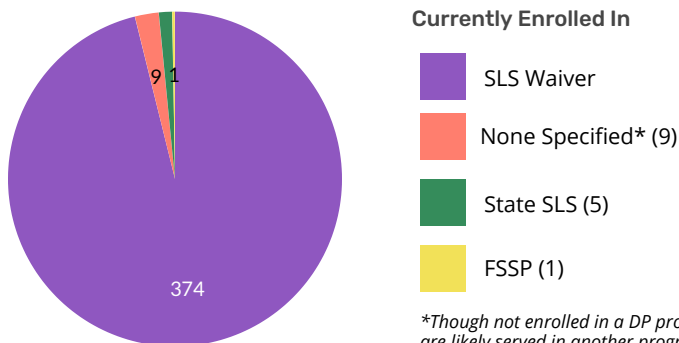
It's also possible for a person to be enrolled in a program & on the waitlist for another.

EX: A child who is currently enrolled in CES (no waitlist) and waiting for the DD waiver as "See Date," meaning they will be eligible to enroll once they turn 18.

So, what's the takeaway?

It's probably most helpful to focus on people who are waiting with a timeline of ASAA because they are expressing desire for a different level of support than they're currently receiving. Take the DD Waiver as an example, which has historically had quite a long waitlist. **There were 389 people waiting for "ASAA" for the DD waiver as of June 2019. Of those people, 380 were receiving services in another I/DD program.**

Waiting ASAA for DD Waiver



You may be asking, "Why is the DD Waiver so hard to get onto?"

Great question. The HCBS-DD waiver provides access to 24-hour care for individuals with very high needs. Because of this, people enrolled in this waiver should have access to as much funding as needed. Because the funding required is substantial, and no state legislature has committed to fully providing it, there are traditionally limited slots. 468 new DD waiver spots were opened in 2018 because of House Bill 18-1407 and other waitlist management efforts. DP received authorization to enroll 100+ out of the total resources opened. This was the largest increase Colorado had seen in the number of authorized DD waiver enrollments in a long time.

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