



Developmental Pathways

ANNUAL REPORT

JULY 1, 2020 - JUNE 30, 2021

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Developmental Pathways

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

Developmental Pathways (DP) serves more than 8,000 individuals with intellectual and/or developmental disabilities and delays (I/DD) of all ages in Arapahoe, Douglas, and Elbert counties, and the City of Aurora, which includes parts of Adams County.

Much of our work focuses on care coordination for individuals and families in need of help navigating the complex world of disability services, but we also actively build, support, and partner with community resources to meet the needs of our community. We contract with multiple state and local partners and are an integral part of accessing I/DD services in our community.

At DP, we partner with people in their pursuit of a meaningful life through advocacy, education, connection, and support. We strive to be a central resource for individuals and families seeking additional help, and if we can't meet your need, we likely 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.

Developmental Disabilities & Delays Definitions

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)

Delay

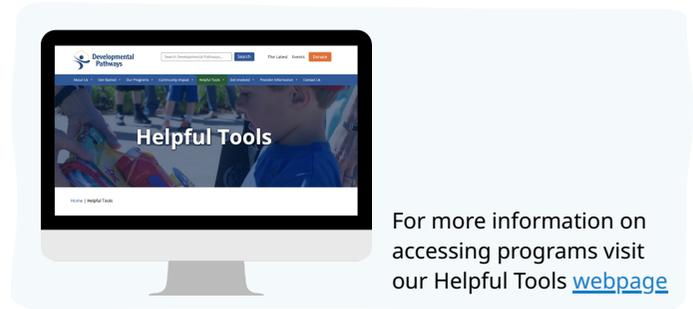
Colorado State Statute (CCR 2509-10 7.901) defines developmental delay: (c) "Child with a developmental delay" means: (I) A person less than five years of age with delayed development as defined by rule of the state board; or (II) A person less than five years of age who is at risk of having an intellectual 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.

Please see the Early Intervention Colorado [website](#) for a complete list of established conditions that qualify a child.

I/DD 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 on identifying and prioritizing 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.



Our Programs

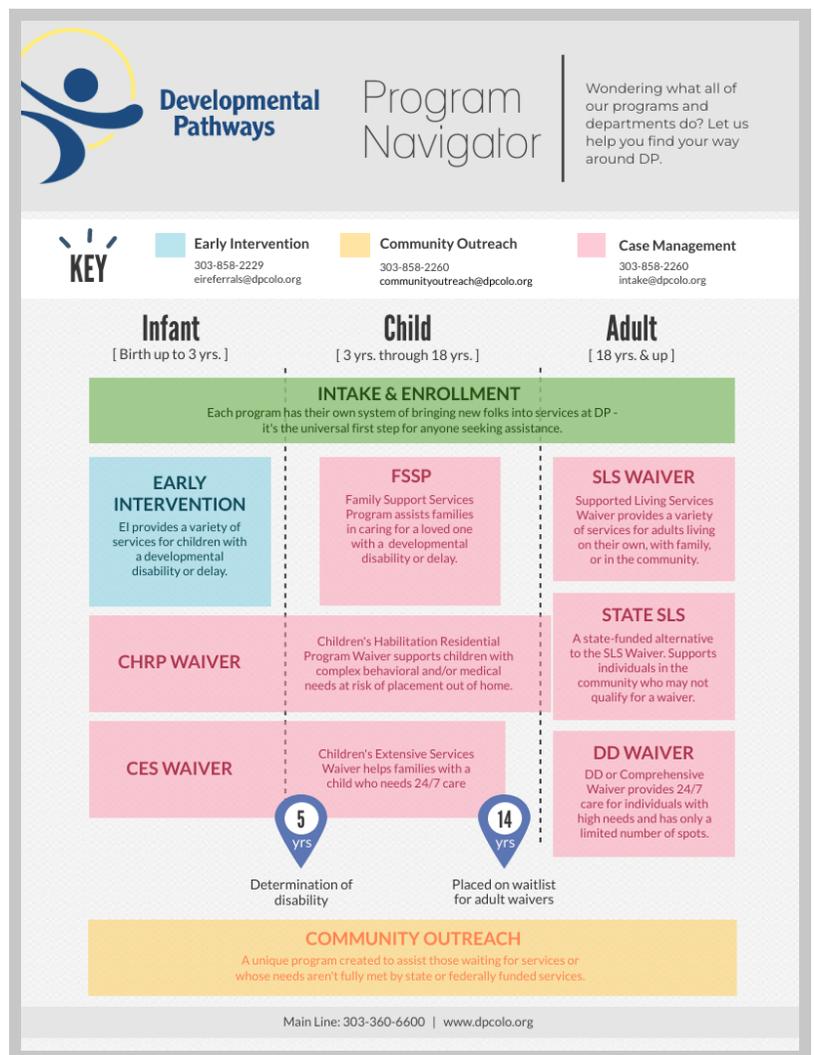
We offer services spanning an individual's lifetime.

The **Case Management & Program Quality department** assist people with I/DD enrolled in a state or federally funded program, including State SLS, Family Support Services, SLS waiver, DD waiver, CES waiver, and CHRP waiver. State and federal Medicaid pays for four core functions of case management: Assessments, Service Planning, Referrals to external service providers, and 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 help people receive care through each step of their process.

The **Early Intervention (EI) program (Part C)** provides services and supports for families who have a child up to age 3 with a 33% 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 and referral specialists, therapists, and data and 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



The [Program Navigator](#) graphic 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.

Care Coordination

Our teams play a critical role in ensuring that people with I/DD and their families receive quality care in the most seamless way possible.



Our contracts with our state partners define core case management and service coordination work, including basic intake/referral, needs assessment, service planning, and service monitoring and evaluation.

Additionally, at DP, care coordination includes

The development and maintenance of

- Appropriate community connections, including partnerships with integral disability partners
- System information and resources for staff members, community members, and individuals/families served

And the establishment and management of

- Community education and outreach resources for staff members, community members, and individuals/families served
- Continuous systems redesign, systems engagement, and quality improvement across all programs

Staff Development & Engagement

How we're investing in our workforce



Redefining the Employee Experience

- Like the national 'great resignation' trend, we face turnover in critical positions, and therefore, clear communication and active succession planning remain key areas of focus
- Reconfigured training courses to address needs identified via an organizational assessment
- Decided to sell the Inverness office building and pivot to a hybrid model with headquarters operating out of the Jewell office location. Our future planning includes a satellite office in Douglas County.

Staff indicated in a November 2021 survey:

- *93% are more if not equally productive working from home*
- *90% of staff receive just enough or more than enough communication from leadership*
- *98% of staff have regular 1:1s and team meetings*

We will continue to survey staff regularly regarding internal communication, staff engagement, and hybrid working (remote & in-office) and adjust accordingly.

Diversity, Equity & Inclusion

As a notable investment in our workforce and community, our staff-led [Diversity, Equity, and Inclusion \(DEI\) Committee](#) worked with our consultant, The Equity Project, to create an Equity Blueprint. Just as a traditional blueprint guides the construction of a cohesive and functional building, our Equity Blueprint will guide the complex work of building an equitable and inclusive community and advancing a culture of shared purpose and belonging.

Turnover: 20.42%

Efforts to stabilize our workforce appear to be working, though the global pandemic leaves a lot of unanswered questions about the long-term impact on the workforce.

Last year, we worked hard to help teams balance work and home life:

- Administered governmental supports such as the CARES Act & FFCRA
- Provided PTO advances with a payback agreement, temporarily paid for medical insurance premiums for employees with reduced hours, & accommodated flexible work schedules
- Directed staff to mental health resources through the Employee Assistance Program and our health insurance provider

This coordinated staff support effort, in turn, ensured continuity of service to the individuals and families we serve.

- Over 46% of staff departures were related to people moving out of state (20%), returning to school (10%), or other personal and family-related reasons, including retirement (16%).
- No staff departures were related to the economic downturn triggered by COVID-19.



Impact of Population Growth

Over the past several years, DP has processed between 300-400 new intakes and enrollments each year.

This is a significant jump from previous years when we only enrolled 50-100 people annually.

According to the Administration for Community Living, 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.

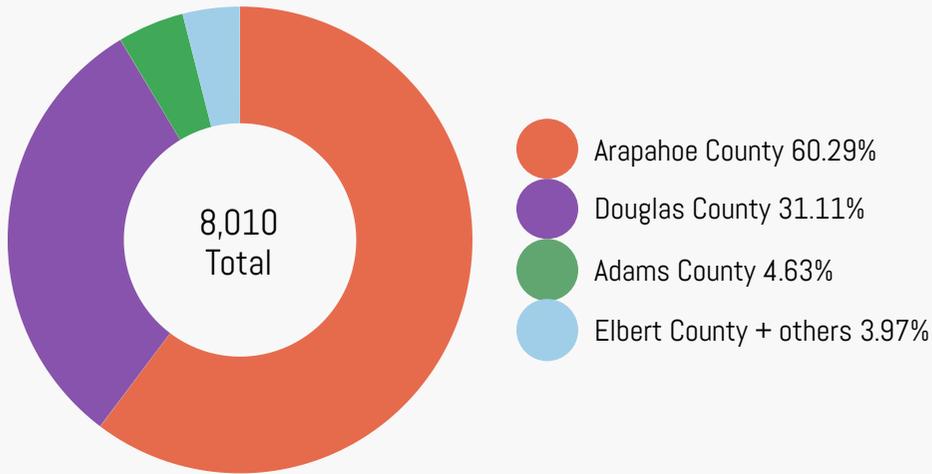
For more information, please visit

- Census Quick Facts: <https://www.census.gov/quickfacts>
- Administration for Community Living: <https://acl.gov/>



Demographics

Population Served



GENDER

Arapahoe County

36.6% Female

63.4% Male

Douglas County

37% Female

63% Male



AGE

Arapahoe County

68.8% 0-18 yrs. old

31.2% 18+ yrs.

Douglas County

80.37% 0-18 yrs. old

19.63% 18+ yrs.



ETHNICITY

Arapahoe County

63.3% White **4.2%** Asian
13.8% Black **3.8%** Other
13.2% Hispanic **1.7%** Unknown

Douglas County

80% White **5.1%** Asian
3.4% Black **4.1%** Other
5.5% Hispanic **1.8%** Unknown



PROGRAMS

Arapahoe County

39.98% EI **15.53%** DD
17.74% CO **11.42%** SLS
9.22% CES **0.9%** State SLS
0.4% CHRP **4.81%** FSSP

Douglas County

46.85% EI **5.8%** DD
19.42% CO **10.51%** SLS
11.01% CES **0.2%** State SLS
0.3% CHRP **5.91%** FSSP



MAJOR DIAGNOSES

Arapahoe County

20% Chromosomal Abnormality
15.2% Developmental Disability
10.7% Autism
9.2% Developmental Delay (EI)

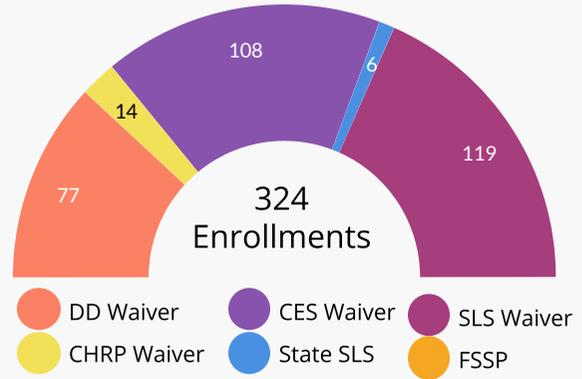
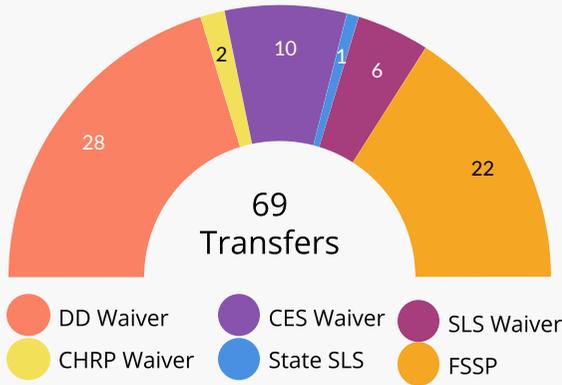
Douglas County

26.4% Chromosomal Abnormality
10.3% Developmental Disability
11.3% Autism
11.5% Developmental Delay (EI)

Remaining percentages spread over various diagnoses

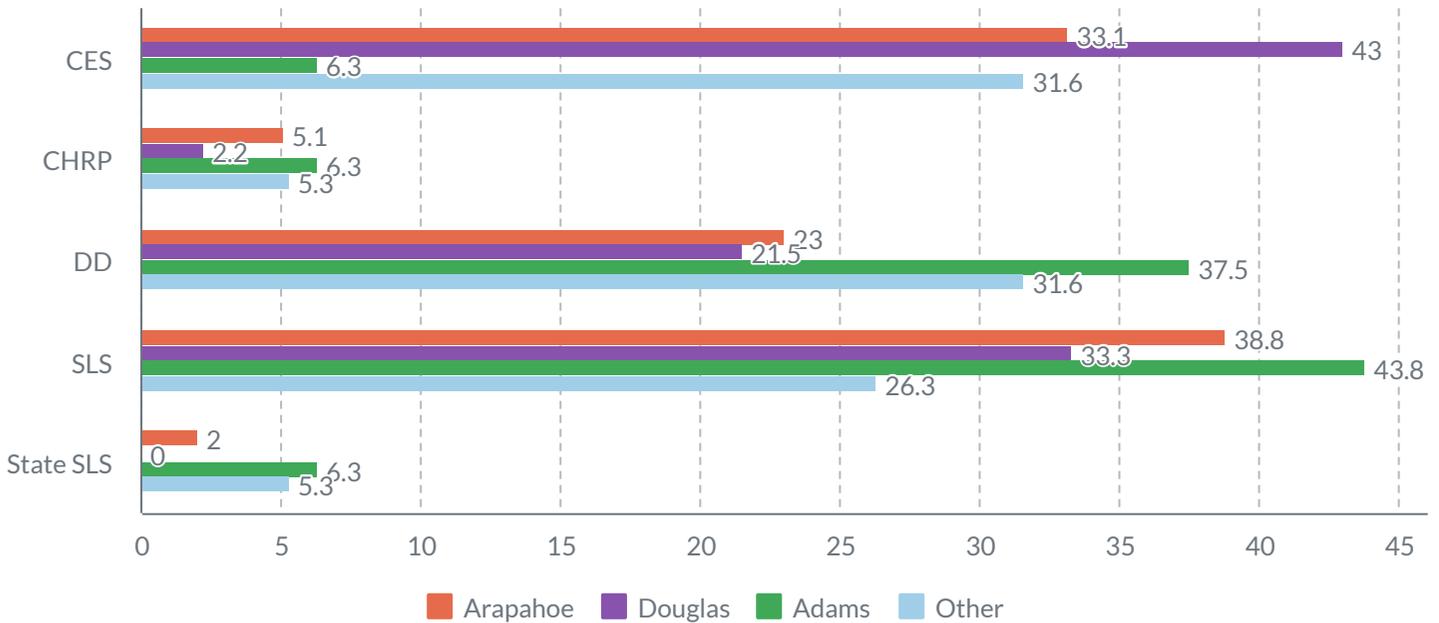
FY21 Services by County

Transfers & Enrollments

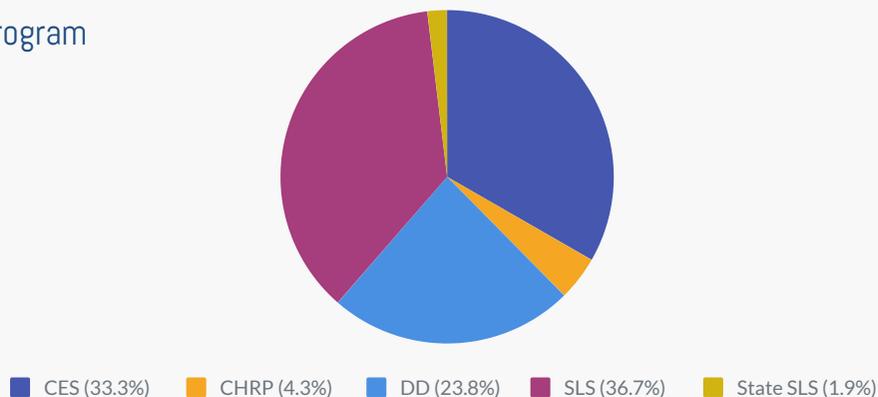


Enrollments by County

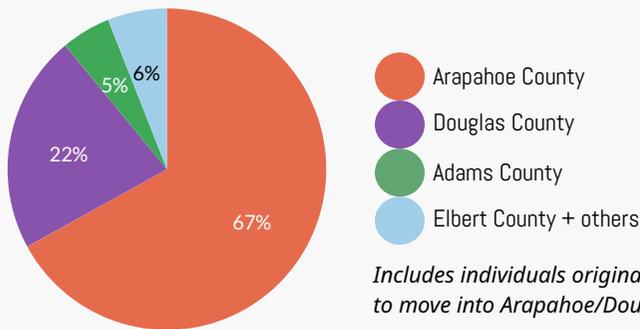
Enrollments by program as a total percent of all enrollments; excludes transfers for this chart; excludes EI and FSSP



Enrollments by Program

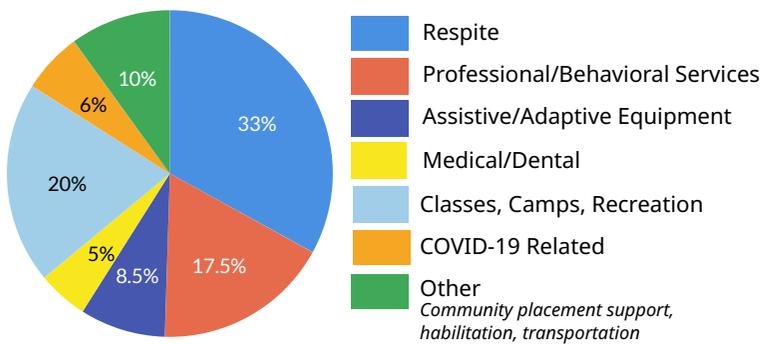


Crisis by County

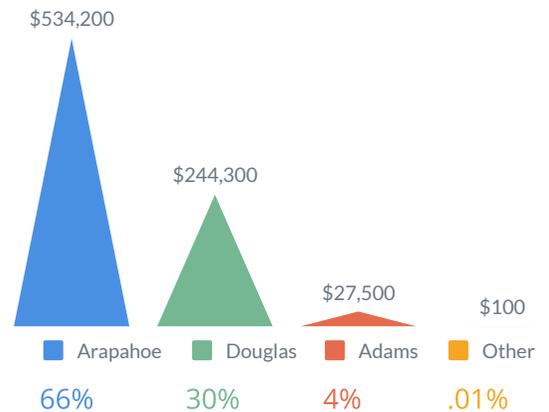


Individual Unmet Needs

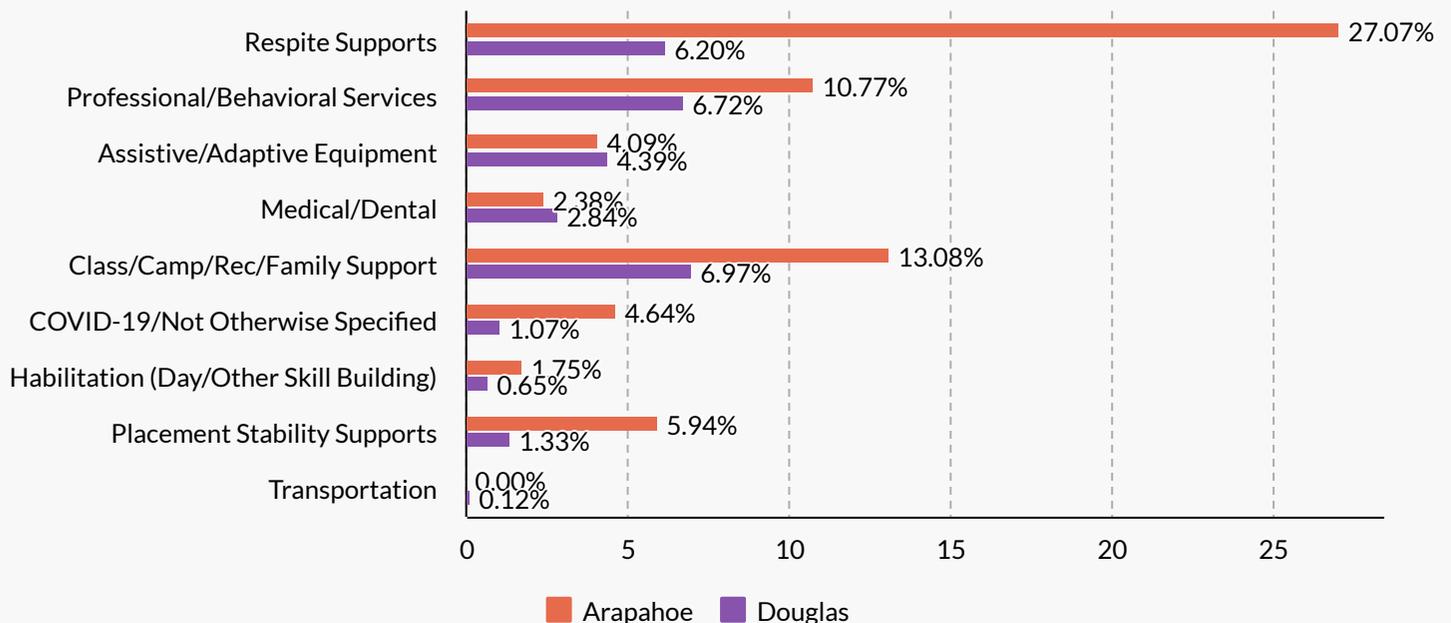
Category of Support



Funding by County



Unmet Needs by County



Arapahoe County

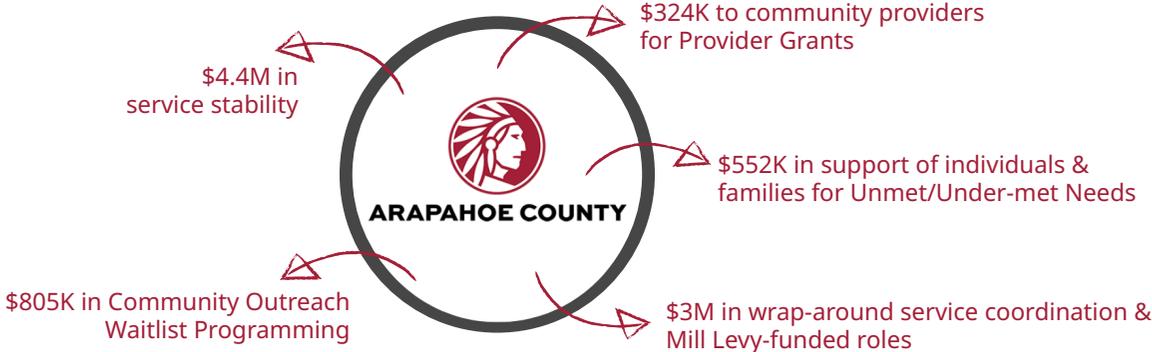
Investment in I/DD Services

Total Individuals Served: 4,829  **About \$2,500 per individual***

**Per Capita 1: based on amount invested/total served*

Top 3 Programs Accessed: Early Intervention **40%**
 Community Outreach Waitlist **18%**
 HCBS-DD (Residential) **15.5%**

Community Investment Highlights



Top 4 Areas of Unmet/Under-met Needs

(numbers as % per request by county)



Community Wins

- 196 enrollments into HCBS Waiver + State SLS programming: 52 Children / 144 Adults
- About 76 unstable and crisis situations supported by our Crisis team
- 189 individuals and families received benefits team supports to ensure continuity of long-term care benefits*
- Real Life Colorado Grant Funding (temporary funding to support educational gaps through COVID-19)

**Due to the Public Health Emergency & the guarantee of ongoing long-term care Medicaid throughout the year, benefit issues dropped in FY21*

Douglas County

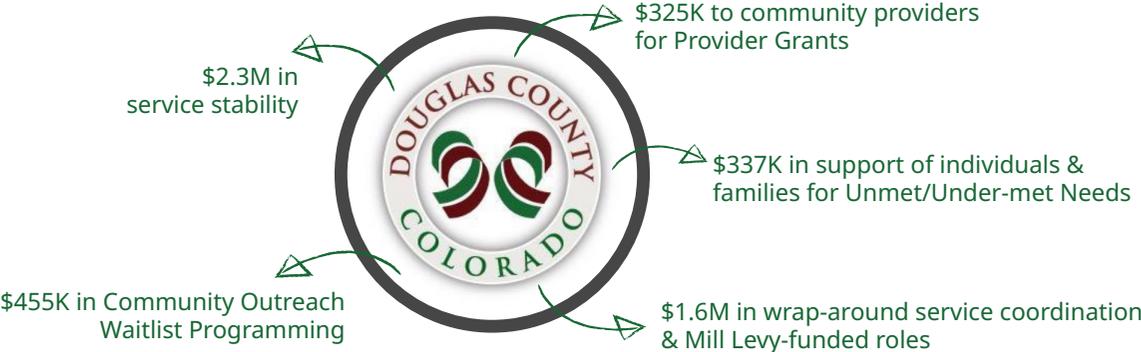
Investment in I/DD Services

Total Individuals Served: 2,495  **About \$2,700 per individual***

*Per Capita 2: based on amount invested/total served

Top 3 Programs Accessed: Early Intervention **47%**
 Community Outreach Waitlist **19%**
 HCBS-SLS **11%**

Community Investment Highlights



Top 4 Areas of Unmet/Under-met Needs

(numbers as % per request by county)



Community Wins

- 93 enrollments into HCBS Waiver programming: 39 Children / 54 Adults
- About 25 unstable and crisis situations supported by our Crisis team
- 70 individuals and families received benefits team supports to ensure continuity of long-term care benefits*
- Wellspring Expansion Grant Funding
- Promise Ranch Supported Employment Grant Funding

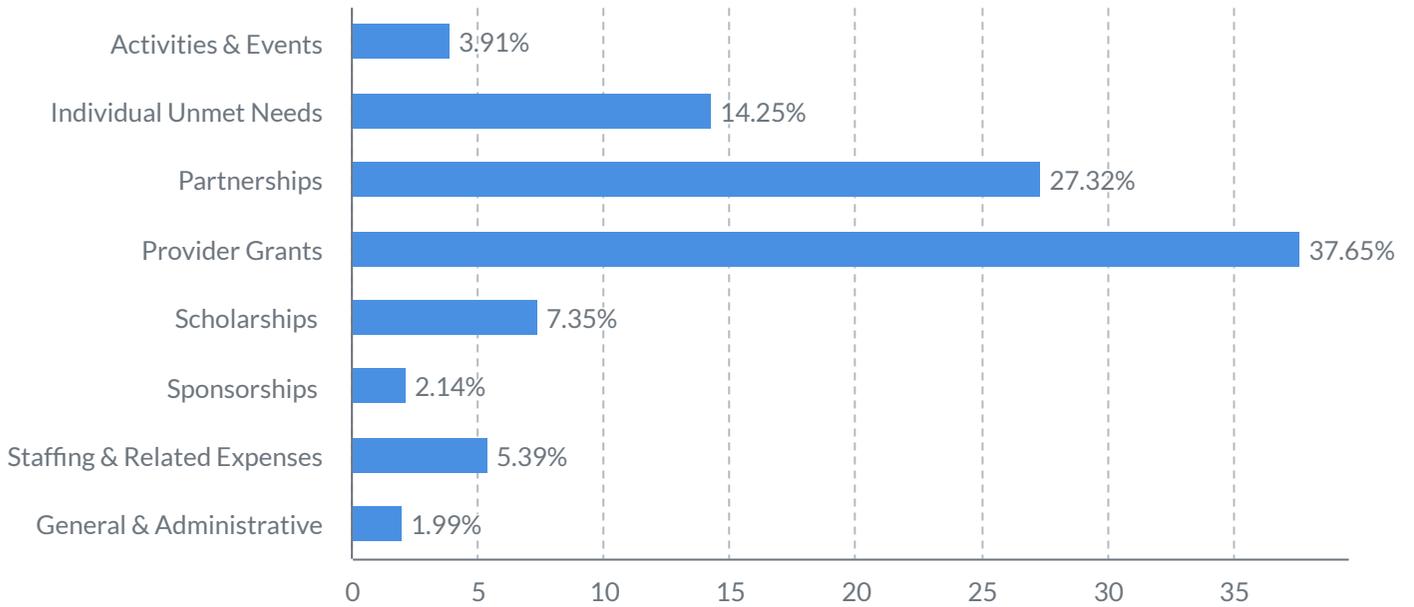
*Due to the Public Health Emergency & the guarantee of ongoing long-term care Medicaid throughout the year, benefit issues dropped in FY21

Adams County

Adams County residents account for five percent of the total number of people served by DP. Over the years, the support we provide to the people with I/DD residing in the portion of Aurora within Adams County has grown. In 2019, DP 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.

Local Funds Used For

- Direct monies to individuals, families, and providers [Direct Supports in the community]
- Agency-level work to strengthen I/DD outcomes for our community [Care Coordination]



Adams County Impact

- 36 Providers received a total of \$102,000 in grant funds for Adams County residents
- 13 Unmet Needs requests approved for \$38,600

County Liaisons

DP collaborates with Arapahoe and Douglas County Social Services by staffing and supervising two full-time Case Manager positions funded by local funds through Developmental Pathways. These positions help both agencies through interagency collaboration and coordination for children and youth, as well as parents with disabilities. While these positions help enroll and determine eligibility for services and supports, they also attend many interdisciplinary team and creative solutions meetings to brainstorm and implement solutions to help children and their families.

In addition to focusing on supporting teams with specific children in need of support, these liaisons regularly connect with DHS teams and community partners to provide training, education, and resources. They have presented to community partners such as school district employees and Children and Youth Mental Health Treatment Act providers. Our liaisons are dedicated to helping teams manage and integrate treatment, supports, and resources to benefit children and families in need of help across a span of multi-agency services.

Arapahoe County Impact

- 20 intake applications submitted
- 3 foster care to DD enrollments
- 20 CHRP enrollments
- 5 CES enrollments
- 25+ active cases supported (mostly CHRP, but a few CES)

Douglas County Impact

- 33 Disability determinations completed
- 4 CHRP enrollments
- 1 prioritized DD enrollment
- 2 youth transitions
- 9 active cases supported (including CHRP, CES and Care Compact cases)



Success

- As a result of the liaison positions, six individuals were able to return home from out-of-state placements, with five of these individuals doing well in their placements or at home with the supports and services made available to them through the Children's Habilitation Residential Program (CHRP) waiver.
- Our liaisons have increased referrals to our intake team, which leads to more children and adults getting the services they need.
- They have led discussions at an agency and a State level regarding CHRP reunification practices, ensuring that children in out-of-home placement with CHRP are engaged in team discussions around a return-to-home plan.

Successes

Meet Miguel

Miguel was about 14 years old when the global COVID-19 pandemic began. His parents worked in the medical field and were up against service limitations and waiver caps while trying to wrangle respite and youth day services. At the same time, they navigated the rough terrain of caring for a kiddo enrolled in the Children's Extensive Support waiver (CES) while working long hours to support their family and community. Individual Unmet Needs was able to step in to provide gap supports pending additional waiver services.

Note: name changed for privacy

"Developmental Pathways continues to exceed our expectations. They have a wealth of knowledge and resources that we never knew existed. They're understanding, empathetic and personable. Our lives have changed for the better and our son is thriving because of the love and passion that each individual within the DP community has given us."

- parent

"DP has given me the confidence in supporting Sullivan and his unique development path. Our providers have taught me how to help Sullivan in his exercises to get stronger. They have also helped Sullivan make wonderful progress!"

- Lauren (parent)

[Click here](#) to read more about Lauren & Sullivan's story

"Aileen, our case manager, is always quick to respond, be a kind and gentle ear when things are hard, and celebrates with us as our girl meets some pretty amazing milestones!"

- Brandy (parent)



Meet Saul

Saul is a teenager with moderate supervision needs that increased significantly upon adolescence and family changes. Saul and his family came to DP's Intake team in late 2020. While our Crisis team worked to complete a rush enrollment into a waiver, we helped the family access Medicaid Buy-In to cover the expense of behavioral supports, and Saul enrolled in our Community Outreach Waitlist Services Program. Additionally, Saul accessed our Unmet Need Funds and scholarships to pay for attendance at specialized camps and inclusive activities. Our enhanced local programming ensured Saul immediately had the necessary therapies and resources that would have otherwise taken much longer to receive solely through the state disability system.

Note: name changed for privacy

LOOKING AHEAD

Challenges
System Issues
Local Issues
Community Input
Conclusion

Challenges

Every year presents a myriad of challenges in supporting and serving the needs of individuals with I/DD and their families, both in our area and statewide. We've navigated these challenges through strong community partnerships as well as engagement at local, state, and federal levels.



The Issue: Responding to COVID-19

In 2021, we are still dealing with the far-reaching impacts of the pandemic. Our leadership team continues to take swift action to address COVID-related issues for the individuals and families we serve and our staff. Our staff also continues to adeptly navigate a changing regulatory landscape of mandates, rules, and safety protocols.

Our Efforts

We continue to implement and improve critical technologies to enhance communication with individuals, families, members of the community, and stakeholders. We have strengthened our collaboration with community partners including provider agencies to share related information and coordinate responses. We continue efforts with county partners to include people with developmental disabilities and/or delays in the county-level responses. There are still many operational and policy memos from State and Federal Medicaid offices to implement. These memos and changes range from short-term solutions to long-term innovations. In addition to adapting to the changing regulatory landscape, DP continues to deliver required case management services in a person-centered way allowing individuals and/or guardians to meet virtually vs. in person for monitoring and service plan meetings. This ongoing flexibility enables us best to serve individuals and families in the most meaningful way and, more importantly, assures feelings of well-being for participants.

Our Community Engagement (CE) team worked with service providers and community partners to deliver virtual programming, including yoga, storytimes, and other activities to help family caregivers. Our Early Intervention (EI) program continued to deliver services and coordination virtually.

As we transition from the height of the pandemic to the ongoing daily challenges of COVID-19, we look to strengthen community partnerships and pursue innovative and inclusion solutions and services for individuals with developmental disabilities and/or delays, their families, our staff, and the disability community.



The Issue: Long Term Services & Supports (LTSS) System Redesign

Our Efforts

Health Care Policy and Financing (HCPF) is overhauling how long-term services are delivered in Colorado, with a target implementation date of July 2024. A myriad of changes to statute, regulations, provider requirements, and other infrastructure will impact the families and individuals that we support. As one of the larger CCBs in Colorado, DP participates heavily in conversations about CM Redesign with our State and CCB partners. We provide ongoing feedback on operationalizing these changes with the least disruption for our families. We are also staffing up to ensure we have in-house expertise and "aces in their places" for the imminent systems redesign deadline. We are developing a communication strategy for what these changes mean to Developmental Pathways and the people we support.



The Issue: Funding for Core Services, Case Management, & Service Coordination

Our Efforts

We continue to manage the rate changes, eligibility, and contract changes to EI Services Coordination, HCBS I/DD waivers, and the state general fund programming. With additional funding through the American Rescue Plan Act (ARPA) and other changes at the state level, such as the transition of EI evaluations from the Department of Education to the Department of Human Services and the creation of the Department of Early Childhood, we will continue to work with our state partners to advocate for the individuals and families we support across their lifespan.



The Issue: System Capacity

Our Efforts

In FY21, Developmental Pathways continued to work on systems capacity issues. With the Colorado Legislature funding additional HCBS-DD Waiver slots, DP expects to enroll about 200 individuals off the DD waitlist. Through our collaborative and cross-systems work, we endeavor to ensure access to emergency placements when a family is in crisis. Health Care Policy and Financing (HCPF) also worked to expand SLS capacity through a budget request to better support individuals who live at home with family caregivers by expanding respite and other interventions that would minimize crisis enrollments and work to support and stabilize individuals and families with additional funds. Finally, we are eager to partner with HCPF and leverage ARPA dollars to innovate and improve systems capacity.



The Issue: Recruiting & Retaining Staff

Our Efforts

In the post-COVID-19 world, staffing continues to be an issue across industries; however, we continue to see acute challenges for case management and direct services. There remains a growing divide between the rising annual cost of living, inflation, and the state-approved rate increases, which challenge our ability to hire and retain qualified staff. We partner with Health Care Policy and Financing (HCPF) through their work with the Direct Workforce Collaborative and advocate with elected officials on these issues. As an organization, we recently completed a compensation review and have adjusted our compensation to better deal with the market realities and retain staff. Workforce shortages in the direct care space also exacerbate the invisible waitlist where individuals may be enrolled in a waiver program, but there are no providers that can deliver services.



The Issue: Diversity, Equity, and Inclusion

Our Efforts

Over the last year, the work of the Diversity, Equity, and Inclusion Committee has been to frame and articulate our organization's DEI aspirations and create a strategy for sustainable and transformative change. Collecting input from all staff, leadership, and our consultant, The Equity Project, has led to the creation of an Equity Blueprint. Just as a traditional blueprint guides the construction of a cohesive and functional building, our Equity Blueprint will guide the complex work of building an equitable and inclusive community and advancing a culture of shared purpose and belonging.

To learn more about our DEI efforts, please visit our website: <https://www.dpcolo.org/about-us/inclusion-and-diversity/>.

System Issues Impacting our Designated Service Area

Mental Health

At both a state and local level, this is a persistent issue that affects our community. There continues to be a lack of access to mental health services and supports, especially for individuals in crises/emergency and those with dual diagnoses. We need better solutions to address emergency and systemic barriers. We continue to partner with our local counties and are optimistic about creating the Behavioral Health Administration's blueprint. Additionally, we hope that federal dollars coming in through the American Rescue Plan Act (ARPA) will help innovate and break down silos that continue to bar access to much-needed care.

Employment

People with I/DD can be employed in their communities, but significant barriers exist. Unemployment and underemployment are the results of many factors. The lack of adequate ongoing support (funding) in their job is the primary component contributing to unemployment. Additionally, there isn't a culture/expectation of work for people with I/DD. Arranging a community employment placement is often a long process, discouraging, and frequently presents scheduling challenges (varies week to week, nights, weekends, etc.). Other contributing factors are inadequate funding, COVID-19 restrictions, job loss due to economic issues, and systemic issues, particularly loss of benefits, which cause fear and uncertainty for individuals and their families. Placing persons with complex behaviors in community employment continues to be a challenge. Another factor that impacts work for people with I/DD is the workforce shortages of direct service providers to help individuals find, train, and maintain competitive integrated employment.

Funding

Navigating what various federal, state, and local funding streams pay for can be overwhelming to families. It can also be challenging to determine if specific functions are adequately reimbursed, underfunded, or not funded. Systems Redesign and Conflict Free Case Management may further exacerbate some of this confusion.

Respite

For individuals receiving federal and state funding and those waiting for services, there continues to be a need for coordinated wellness and respite services. Currently, there are not enough qualified providers to support the combined psychiatric, behavioral, and personal support needs of individuals eligible for services at all ages. The lack of qualified and coordinated care only increases the drain on caregivers who experience frequent provider turnover, affecting the need for specialized respite care. This service may also be limited or unavailable due to program location. COVID-19 and the workforce crisis have exacerbated many of these issues and increased caregiver burnout.

Regional Centers

Navigating Regional Center placements through a complex statutory and regulatory scheme proves difficult, time-consuming, and costly. Staffing shortages at the Regional Centers that have comprised access have further complicated this issue.

Legal System

Interactions within the legal system continue to be a challenge. The lack of facilities and access for persons with pending criminal charges is a substantial issue impacting our service area. Concerns over interactions with law enforcement continue to worry some individuals with I/DD and their families.

Child Residential Options

There continues to be a lack of available (and appropriate) out-of-home placement options for children, particularly those with high behavioral needs.

COVID-19

We continue to monitor the long-term impacts of COVID-19, specifically isolation, caregiver burnout, and vaccines. We also monitor the changing regulatory landscape of local, state, and federal health and safety rules.

American Rescue Plan Act (ARPA)

We are optimistic about the innovation and support that the influx of ARPA dollars represents to the state of Colorado, especially the impact to the disability community.

Local Area Issues



Population Growth

The population continues to grow in the counties that we serve, with even more significant growth in previously undeveloped areas. We anticipate this growth to continue, which increases the number of eligible people applying and placed on waitlists. Ongoing flexibility is needed to support service coordination, systems navigations, and access to services and supports.



Transportation

Transportation is a challenge for some regions of Douglas County, such as Parker and Castle Rock. Many typical transportation providers will not travel to these remote areas. Therefore, families have created programs, gathering groups of families together in the area, to ensure their child in services can access the community. Unfortunately, this severely limits the availability of provider choices for these individuals. We anticipate similar issues as we expand our coverage to Elbert County.



Affordable Housing

For adults with I/DD, affordable and inclusive housing continues to be a challenge in our catchment area. Many of the individuals we support are on fixed incomes that do not adequately cover the increasing housing costs in the Denver metro area. Additionally, moving further outside the city and away from their natural supports is not always feasible. With inflation on the rise and Colorado still recovering from the pandemic recession, this issue continues to grow.



Lack of Providers

Infrastructure strain on the existing provider base is evident based on the welcomed influx of enrollments into programs. A lack of providers creates an invisible waitlist that delays and disrupts services for individuals and their families.



Emergency Needs

There are increasing prospects of emergency needs for individuals within SLS or individuals waiting for services. We are optimistic that the SLS waiver exception review process will help address some of these issues. Still, the inability to access regional centers may also impact emergency and crisis needs.



Cultural Diversity Isolation

Many culturally diverse individuals and families who have arrived from other countries, need even more specialized because of cultural and language barriers.



Mental Health

Similar to issues at the state level, we continue to work on accessing mental and behavioral health resources at a local and state level. Innovative county partnerships and strengthening our county liaison positions continue to help brainstorm solutions for individuals with dual diagnoses.



Transitions

Transitions are an ongoing challenge for individuals with developmental disabilities and/or delays and their families. A person will have many transitions throughout their life. Funding streams or supports will also change during many of these changes, adding confusion, uncertainty, and stress to an already new situation.



COVID-19

COVID-19 has impacted our community, funding streams, and resources. We continue to anticipate changes in support needs for families and affect our service providers and staff.

Community Input

Each year, Developmental Pathways seeks input from our community on new ideas and ways to do better. Due to COVID-19, we virtually hosted our annual Community Conversation public dialogue event.

[Click here](#) to watch the recording.

Additionally, we solicited feedback through ongoing surveys and research tools, enhanced our website for user feedback, shared our strategic plan online, and held virtual board meetings, which the public may attend and address the board.

We value ongoing communication with members of our community and local leaders.



A New Way Forward

Since the initial discussions of Conflict Free Case Management (CFCM) and Case Management Redesign (CMRD) began, we've recognized a need to reevaluate how we provide services to people with I/DD, including how we use local funding.

In fiscal year 2021, we continued to:

- Protect and assist individuals with I/DD 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 individuals with disabilities in leading their most integrated and meaningful lives.
- Support infants with developmental delays and their families.
- Help adults with disabilities acquire employment and job training.
- Work in partnership with our state partners to continue reducing programmatic waitlists for children and adults who need services while also working with direct service providers to reduce waitlists driven by provider capacity.
- Coordinate with the community to assess needs and 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 and develop long-term solutions to meet those needs or challenges.
- Rally behind individuals in service, their families, and our staff during an unprecedented modern-day pandemic.
- Participate in statewide strategic planning around the future of long-term care services.

Our goals are to

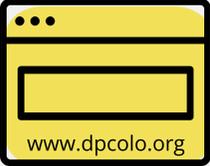
- safeguard the programming that works
- refine programming to better meet the needs of our individuals and families in services, our community partners, and government agencies
- innovate with our community partners to fill system gaps

Our vision is to continue to enrich lives and strengthen communities.



We are committed to the disability community & are excited about the future.

For more information about Developmental Pathways, check out our [website](http://www.dpcolo.org) and connect with us on social media.



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