

*COLORADO DEVELOPMENTAL
DISABILITIES SERVICES*

ACCOUNTABILITY FOCUS SERIES:

*OUTCOMES OF SERVICES AND
SUPPORTS*

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Martha Perske is a freelance illustrator. Her lifelike artwork was selected by the U.S. Postal Service for a 1981 stamp commemorating the International Year of Disabled Persons. Her husband, Robert Perske, is widely known for his work on behalf of people with disabilities and he has authored several books that have been illustrated by Martha. In these warm and thoughtful books, they offer many true stories and issues to ponder concerning persons with disabilities.

Books by Robert Perske that are illustrated by Martha Perske include:

Circle Of Friends

Hope for the Families

New Life in the Neighborhood.

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INTRODUCTION

Great strides have been made towards achieving widespread recognition of new visions for people with developmental disabilities. There are rising expectations that people be provided more opportunities for choice and control over their lives; to be included in their community and to make friends. Colorado is one of many states to adopt legislation that embodies these outcome expectations. Additionally, new support models are being developed across the nation to implement these visions.

LEGISLATIVE GOALS

Colorado Revised Statutes (CRS 27-10.5-102-30-a) sets several expectations regarding the outcomes to be achieved through the delivery of services and supports to persons with developmental disabilities in Colorado. Specifically, this legislation defines services and supports as activities provided to “enable persons with developmental disabilities to:

- ❖ make increasingly responsible choices,
- ❖ exert greater control over their lives,
- ❖ experience presence and inclusion in their communities,
- ❖ develop their competencies and talents,
- ❖ maintain relationships, foster a sense of belonging, and
- ❖ experience personal security and self-respect.”

“innovations include allowing people with disabilities to choose where and how they want to live and in what activities they want to participate, empowering families and consumers to take an active role in decisions affecting their lives, and emphasizing support for people in natural settings.”

Wright and King, National Conference of State Legislatures, February 1991



MEASUREMENT OF OUTCOMES OF SERVICES

Given these legislative goals and new approaches to service delivery, it is important to determine if services and supports for people with developmental disabilities are resulting in outcomes which are aligned with the goals set through legislation.

Developmental Disabilities Services (DDS) of the Colorado Department of Human Services (CDHS) has developed a process to evaluate service against the values embodied within legislation and to assess:

- ❖ if progress is being made,
- ❖ if new service models are more effective, and
- ❖ where improvements are needed.

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This outcome measurement process involves interviewing a stratified random sample of adults receiving services, their families, advocates and support staff using the Core Indicators Consumer tool. It is acknowledged that this process does not fully answer all questions about service outcomes, but it is an important step to tracking major indicators of those outcomes. (This process is described in more detail in the Methodology section of this report).

OUTCOMES – ONE ASPECT OF ACCOUNTABILITY

Accountability is the cornerstone of all financial and programmatic reporting in government. "Accountability requires governments to answer to the citizenry to justify the raising of public resources and the purposes for which they are used" (Government Accounting Standards Board, 1987).

The aim of programmatic accountability is to assure that people are safe and that quality services are delivered using acceptable practices that result in personal growth and other positive outcomes.

The aim of fiscal accountability is to assure proper and efficient use of public funds. Performance measures are a way of determining if programmatic and fiscal accountability mechanisms are achieving their aims.

The focus of this report is on the outcomes of services provided for adults with developmental disabilities in Colorado. However, it is important to note that outcome measurement is just one of many aspects of accountability and quality assurance. A summary listing of fiscal and programmatic accountability mechanisms implemented by DDS include:

Broader List of Accountability Measures That are Outside the Scope of This Report

1. Combined Programmatic and Fiscal Accountability Measures:

- ❖ Key indicators of performance that summarize results from several areas of accountability to give an overall picture of the health of the system. These measures are primarily based on a national effort undertaken by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and Human Services Research Inc. (HSRI). More details are provided later in this section.

2. Programmatic Accountability Measures:

- ❖ Outcomes Oriented Measures
 - **Core Indicators Outcomes Survey** - a random sample of consumers, their families, advocates and service providers

are interviewed to determine satisfaction with services and mission-related outcomes, including involvement in decision-making, participation in community activities, social relationships, employment, restrictions, access, and involvement in service planning. **The results of this survey are the focus of this report.**

- A family satisfaction survey was conducted for the Family Support Services Program (FSSP) and Children's Extensive Supports (CES).
- Requirements for Agency Satisfaction Surveys - a technical assistance paper was issued by DDS regarding how primary contract agencies [i.e. Community Centered Boards (CCBs)] should conduct their satisfaction surveys. Satisfaction measures are also part of the two DDS surveys mentioned above.
- ❖ Rules and regulations, guidelines, and advices issued that define acceptable practices.
- ❖ On-site monitoring by DDS of services provided by CCBs and their sub-contract agencies against health and safety standards (based on formal rules and regulations) including:
 - Program Administration: e.g., rights, due process, investigations of allegations of abuse, etc., personnel hiring and training, and records,
 - Services and Supports: e.g., implementation of training and habilitation requirements for individuals, therapies, use of psychotropic medications, general support provisions, and
 - Program Specific Areas: e.g., living environments, safety, medical care, medications and nutrition for Individual Residential Services and Support; emergency/safety provisions, transportation issues and level and quality of services provided in Day Habilitation Services and Supports, and support services management for Support Services.
 - Case management monitoring to assure that planning processes are in place to identify needs and services to address those needs, and to monitor implementation of those plans.

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- ❖ Due process mechanisms, including appeal and complaint resolution processes to ensure that persons receiving services and their families and advocates can have a fair hearing when things go wrong; a human rights committee to safeguard the legal rights of persons receiving services.
- ❖ Mediation Service - Consumers and their families can request an impartial mediator to assist in resolving disputes with service providers at the local level.
- ❖ Incentives for Best Practices - Incentives were implemented during FY 1999-2000 to encourage jobs in the community.
- ❖ Self-determination mechanisms – Guidelines require CCBs to have a choice of providers (within funding restrictions) and to prioritize services and supports within the Supported Living Services (SLS) program to enable consumers to define how best to direct limited resources towards meeting their needs. Additionally, under SLS, a consumer can choose to have a consultant who provides assistance in making decisions and arranging for services in line with the individual's choice.
- ❖ Annual Designation of the community service agencies with which DDS contracts (i.e. CCBs). Designation is based on factors including quality of services and supports provided for persons with developmental disabilities.
- ❖ Program Approvals to establish that providers meet requirements and are qualified to provide specified programs of services.

3. Fiscal Accountability Measures:

- ❖ Contract Performance Standards that define state expectations and contractor obligations that must be met by CCBs in order to earn contracts.
- ❖ Utilization Review - A concurrent and retrospective process has been implemented to monitor adherence of CCBs to the above contract performance standards and utilization of funds.
- ❖ Overhead limitations to ensure that the proportion of CCB funds that go towards direct services is maximized.
- ❖ Financial audits of CCBs (conducted by an auditing firm under contract to DDS) to ensure that funds are being utilized and accounted for in a manner that is acceptable.

- ❖ Service Rates – CCBs are required by contract to make information, including rates, providers, and payment options available to consumers and their families. DDS reviews rates to ensure that they are reasonable.
- ❖ Claims and Encounter Data – CCBs submit monthly information to DDS via a data base called Community Contract and Management System (CCMS) to document billings.

KEY INDICATORS OF PERFORMANCE

Key indicators have been identified that summarize results from several areas of accountability to give an overall picture of the health of the system. (Again, this report on the outcomes of services is just one portion of the accountability areas summarized by these key indicators.) A separate report will be issued on these key indicators of performance. To the extent possible when selecting these key indicators, DDS maintained consistency with a national effort undertaken by the National Association of State Directors of Developmental Disabilities Services (NASDDDS).

The key indicators being tracked by DDS include:

1. Effectiveness and Outcomes - Are key outcomes occurring for consumers?
 - ❖ Employment - percentage of adults who are employed and average number of hours worked
 - ❖ Integration - percentage of adults receiving services in integrated settings

“The aim of this project is to formulate for state system managers a field-tested set of indicators and related norms and standards that will enable them to gauge system performance... A national project would avoid having each state attempt to ‘reinvent the wheel’.”

Gary Smith, NASDDDS and John Ashbaugh, HSRI, 1996

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- ❖ Satisfaction - percentage of adults and their families who are satisfied with services
 - ❖ Choice/Decision-Making - percentage of adults making choices on key service areas
 - ❖ Stability - frequency of changes in residential settings.
2. Standard of Care - Are programs meeting critical requirements established for health and safety purposes? Do services conform to standards of care regarding health, safety, and accepted practices?
- ❖ Appeals - number of appeals filed at the Department level
 - ❖ Health/Safety Requirements - number and percentage of programs meeting critical health/safety requirements
3. Contract Performance Standards and Efficiency - Are service agencies meeting or exceeding their service level obligations? Are funds being spent efficiently?
- ❖ Minimum Number Served - number of persons served compared to contract requirements.
 - ❖ Member Month - number of months (or days) of service provided compared to contract requirements.
 - ❖ Overhead - adherence to overhead limits (percentage of revenues spent on overhead)
4. Accessibility - Are people able to access services? Is service accessibility comparable across the state?
- ❖ Waiting list - percentage of demand met.
 - ❖ Growth in Services - number of additional persons served.
 - ❖ Equitability - number of service types and levels provided are similar proportionally to those in other service regions. number of resources per service region relative to general population in that region.
5. Organizational Stability - Do service organizations have stable staff?
- ❖ Staff Stability - low turnover rate
 - ❖ Wage Equity - How do wages compare between private community providers, state-operated providers and other employers in Colorado?

DDS is continuing to stay abreast of the progress of the National Core Indicators project. That national project may provide a source of additional measures,

refinements, and/or comparison nationwide for the above measures.

HOW DOES THIS OUTCOME REPORT RELATE TO THE ABOVE KEY INDICATORS OF PERFORMANCE?

This Outcome Report provides a detailed look at the results of the most recent Core Indicators outcome survey. Summary data from this outcome report will be used within a separate Key Indicators report. That Key Indicators report will pull summary data from many sources, including (1) from the CCMS (Community and Contract Management System) computer data system to pull key indicators for contract performance standards, efficiency and accessibility; (2) from quality assurance surveys for standard of care indicators, (3) from workforce crisis surveys for organizational stability surveys, and (4) from this Outcome report to summarize outcome indicators.

OUTCOME ANALYSES

In analyzing outcomes of services, DDS makes the following four basic comparisons within this report:

- ❖ comparison of outcomes across various service approaches to determine the relative effectiveness of these service approaches for achieving legislative goals,
- ❖ comparison of outcomes from previous surveys to see if there are system-wide improvements in outcomes that demonstrate progress across time,
- ❖ comparison of outcomes by characteristics of persons in services, including demographic characteristics and support needs, and
- ❖ comparison of actual service performance against a performance target, which is the general population of Colorado.

Each of these comparisons is discussed in more detail below.



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COMPARISONS OF SERVICE APPROACH

Since there are some readers who may be unfamiliar with services for persons with developmental disabilities in Colorado, a description of these services is provided below.

There are two principal service systems that focus on persons with developmental disabilities in Colorado:

- (1) the community service system provided through Community Centered Boards (CCBs), and
- (2) the state-operated service system provided through Regional Centers (RCs).

CCB Community Service System

The State contracts with twenty CCBs to manage community-based services for persons with developmental disabilities. CCBs are private non-profit organizations that are the single entry point into the long-term service and support system for persons with developmental disabilities. Each has a non-overlapping geographic service region of one to ten counties serving from 80 to 1,600 individuals each. They may provide services directly and/or purchase services from other agencies.

Adult services offered through CCBs include Comprehensive Services and Supported Living Services (SLS). As of June 30, 2000, the community service system was providing services to 6,535 adults with developmental disabilities through Comprehensive Services (3,070) and SLS (3,465).

Each of these programs is described below.

1. **Comprehensive Services** - Comprehensive services are aimed at adults with developmental disabilities who cannot live safely without substantial supports and supervision and for whom only limited outside supports are available. Persons receive residential services with access to 24-hour supervision and other supports, training and habilitation based on an individualized plan.
 - a. **Individualized Settings** - provide individualized services and supports in smaller settings of 3 or fewer unrelated adults with developmental disabilities living in an apartment or living with a host family in their home.
 - b. **Group Homes** – these are larger settings of 4 or more unrelated adults with developmental disabilities living in a home in the community.
2. **Supported Living Services (SLS)** - SLS offers a variety of individualized and flexible supports to

enable adults to live in their own homes or in their family home (i.e. with relatives). This service sometimes is the most appropriate service for the adult. However, sometimes comprehensive services are more appropriate and then SLS may be provided until comprehensive services become available.

SLS augments already available supports for adults who either can live independently with limited supports or who, if they need extensive support, are principally supported from other sources, such as their family. These supports may include personal assistance for daily care or homemaking needs, employment or other day type services, community integration services, assistance with decision-making, assistive technology, home modification, professional therapies, transportation, and twenty-four hour emergency assistance.

Regional Center Service System

Regional Centers (RCs) are state-operated facilities whose role is to serve individuals with developmental disabilities who have needs that cannot be appropriately met in a community setting by a private provider. There are three RCs and they are administered under the Office of Rehabilitation and Disabilities Services of the Colorado Department of Human Services (CDHS).

Colorado attempts to serve individuals in the least restrictive setting possible for addressing their needs. Colorado has made great strides over the past decade in moving persons from the more intensive and costly facilities like RCs to Medicaid Waiver community based comprehensive services when appropriate for meeting their needs.

As of June 2000, the RCs were serving 6% of adults receiving services and the community CCB service system was serving 94% of the adult DD service population. (See Figure 1.) As this census has reduced, the RCs have come to serve a more difficult population, in terms of behavioral, legal, and medical issues.

Figure 1: Number of Adults Served by CCBs and RCs*

	# Adults	% of Total
CCBs	6,535	94.1%
RCs	411	5.9%
Total	6,946	

*Source of Data – CCMS June 2000

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TYPES OF SERVICE APPROACH COMPARISONS

By comparing outcome results across major service approaches, we can determine if some models are more successful than other models. The service approach comparisons made within this report include:

1. **CCB to RC** – Comparison of outcomes of adults who receive services through the private community system (i.e., CCBs) to those receiving services from state-operated providers (i.e., RCs).

The reader must be cautioned that comparisons of outcomes for adults served by CCBs and RCs often may be misleading, since the individuals residing at the state operated RCs typically have significantly greater support needs than do those at CCBs. Thus, outcomes are impacted not just by opportunities provided but also by the ability of the individual to partake in those opportunities. When possible, ANOVA analyses are conducted to help adjust for those differences in support needs.

When responses to individual questions are compared, the reader must realize that the average RC consumer may often show lower activity levels, relationship opportunities or involvement in decision-making than the average CCB consumer since, on the average, the RC consumer either (1) has significantly lower adaptive skills, (2) may live further from family (since there are only 3 RC clusters in the state) which affects their interactions with family, and (3) may have restrictions placed on their independence (decision making and community activities) due to past criminal, sexual offenses or other behaviors that put their own or the public's safety at risk.

2. **CCB SLS to Comprehensive Services** – outcomes of adults in Supported Living Services (SLS) who receive more limited supports to live independently or with relatives as compared to those receiving Comprehensive Services (residential).
3. **CCB Comprehensive Service Setting Size** – comparison of the smaller individualized (3 person or less) residential setting to the larger community group homes of 4 or more persons.
4. **RC Setting Size** – comparison of the larger, campus RC programs to the smaller community integrated RC group homes and apartments.

COMPARISON OF PROGRESS ACROSS TIME

This report compares the results of a survey conducted in 1993 to the most recent survey conducted in 2000. This enables us to determine what changes are occurring in outcomes for people receiving services. Note, that these surveys were not conducted on the same samples, but rather on stratified random samples pulled separately at those two points in time.

COMPARISON OF CHARACTERISTICS OF PERSONS

Outcomes are also compared by demographic factors, including age, gender, ethnicity, and living in an urban or rural settings. Additionally, the impact of the need level of the adult on the outcomes that are achieved in different services approaches is determined.

COMPARISON TO THE GENERAL POPULATION OF COLORADO

Since Wolfensberger (1972) coined the term "normalization", the concept has been widely embraced nationwide as a goal for services offered to persons with developmental disabilities. The "normalization" principle is that persons should be provided services that enable them to live lives that are as similar as possible to the patterns of everyday life for persons without disabilities. Therefore, the lives of adults in the Colorado general population can serve as a baseline against which the lives of adults with developmental disabilities may be compared to see if the services being funded by DDS are affording similar opportunities to adults with

"...the habits and lifestyles of the general public can assist us in achieving social validity in our services to persons with developmental disabilities. It is easy to lose perspective on what might be considered quality of life without a yard stick that can provide a guide for programmatic and service decisions."

Kozleski and Sands, 1992

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developmental disabilities as are enjoyed by other adults within the state.

Other investigators have recognized the importance of anchoring quality of life or service measures for persons with developmental disabilities to a baseline provided by the general public (Richardson, Katz, & Koller, 1993; Kozleski & Sands, 1992; Rosen & Burchard, 1990). Kozleski & Sands (1992) suggest that such information can “establish a yardstick by which outcomes of services to individuals with developmental disabilities could be measured”.

To develop that baseline, DDS asked many of the same questions of a random sample of adults in the Colorado general population as were asked of adults receiving services. In 1992, 1000 adults in the general population survey were surveyed and in 1993, 692 (due to sample attrition) persons were surveyed. That baseline continues to be used to make comparisons to the lives of persons with developmental disabilities in services today.

The general population interviews were conducted by Standage Accureach, Inc., a marketing research firm under contract to DDS. They utilized a list of telephone numbers that were randomly generated within all of the Colorado extensions. This allowed all adults who have telephones to have an equal chance to be surveyed, regardless of whether they have their telephone number listed in a directory or not. Up to four calls were made to the same number to increase the likelihood of reaching someone at that number.

One of four age and gender categories was randomly assigned to these telephone numbers to control against a bias regarding who within a household answers the telephone. These categories were: youngest adult male, oldest adult male, youngest adult female and oldest adult female. The purpose of the study was explained to the person answering the telephone and the need to interview someone within the specified age and gender category was also explained.



OUTCOME SURVEY METHODOLOGY

OUTCOME SURVEYS USING CORE INDICATOR TOOL

DDS conducts surveys of service outcomes for a random sample of adults receiving services using the Core Indicators consumer tool. This tool is designed to measure mission-related outcomes, including satisfaction, involvement in decision-making, participation in community activities, social relationships, employment, restrictions, access to services, and involvement in service planning.

The form was developed in conjunction with the Core Indicators Project co-sponsored by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI). This tool is also based on the COPAR survey form used previously in Colorado.

CYCLE OF CORE INDICATOR OUTCOME STUDIES

These surveys are generally conducted in cycles. While these cycles have varied, typically in the first year, information is collected on a new stratified random sample of adults with developmental disabilities who receive services funded by DDS. In the second year, analyses are conducted on the 1st year data. In some cases, surveys are conducted in a longitudinal fashion (meaning that the same sample of individuals is studied for more than one year) generally to track the impact of some change implemented to the service system. In that case, sample attrition can occur across survey years, due to a change in who is receiving services, the service approaches used for those individuals, and/or moves out of state.

Most recently, surveys were conducted in three consecutive years to provide baselines for System Change. This report will concentrate on the results of the most recent survey conducted in Spring, 2000

that included a stratified random sample of 734 adults in services.

SAMPLING

The stratified random sample uses major service agency as the strata, with a sample size of 10% or 30 adults (whichever is greater) being drawn from each of those agencies (i.e. from each Community Centered Board and Regional Center). The sample is tested for statistical representativeness of the population from which it was drawn based on age, gender, ethnic status, adaptive skill level, residential setting, service program, and funding type. Sample weights are used for each stratum (i.e. each agency) to combine them into the full sample for the state. This is a statistical procedure used to ensure that each agency's data is represented at the same proportion in the full sample as its total consumer population is within the statewide total consumer population.



“Among the actions legislators and program administrators can take to help ensure quality in their programs are the following:...establish a mechanism to monitor services, service outcomes, and consumer satisfaction...”

Wright and King, National Conference of State Legislatures, February 1991

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INTERVIEW PROCESS

The Core Indicator Consumer tool is broken into four sections. Section I contains satisfaction questions that can only be completed through interview with the person receiving services. Section II contains decision-making and community activity questions that can be completed through interviewing the person in services or another individual who provides supports to the consumer. Section III contains questions about involvement in the planning process and problems with services that must be completed only through interview with an advocate for the consumer. Generally speaking, at least 3 individuals must be interviewed to complete the Core Indicators form. Standage Accureach, Inc., a private marketing research firm, has conducted these interviews under contract to DDS. They were selected through a competitive bid process.

Section IV contains questions related to work, guardianship, health and legal issues that can be completed through reference to records by the service agency. DDS mails this section to CCBs and RCs requesting them to complete that section for the individuals in their sample.

CONTROLLING FOR RESPONSE BIAS

Research has demonstrated that individuals with mental retardation have two major tendencies when responding to interviews: acquiescence and recency (Rosen, Floor, & Zistein, 1974) (Sigelman, Budd, Spanhel, & Schoenrock, 1981) (Spanhel, Sigelman, Schoenrock, Winer, & Hromas, 1978). Acquiescence is the tendency to respond with a "yes" to questions. Recency is the tendency to select the last choice presented.

To ensure that persons understood the questions asked and that they were not being affected by the tendencies mentioned above, two sets of paired questions occur within the satisfaction section, each of which asks the same information in two manners. One set reverses the order of two choices to test for recency. In the other set, a "yes" response is equivalent to a "no" response to test for acquiescence. The surveyor was also asked to indicate if, in their opinion, the consumer understood most of the questions. There was 91.6% agreement between the two ways of determining if questions were being understood (i.e. the consistency questions and the surveyor judgment). All portions of the Core Indicators tool that relied on interviews with persons receiving services were discarded if it appeared questions were not being understood.

SAMPLE ATTRITION FOR QUESTIONS ANSWERED DIRECTLY BY THE CONSUMER

Of the 734 adults sampled in 2000, 373 (50.8%) of those adults were included in the satisfaction analysis that is contained in the following section of this report.

The reasons for which attrition occurred for the satisfaction sample (that portion of the survey that relies solely on consumer responses) are detailed in Figure 2.

Figure 2: Reasons for Attrition in the Satisfaction Sample

	Number of Adults in the Sample	% of Total Sample
Total Sample Size	734	100%
Removed from Satisfaction Sample:		
➤ Could not be understood	240	32.7%
➤ Were unwilling to be interviewed	28	3.8%
➤ Could not schedule interview	3	0.4%
➤ Responded inconsistently to the paired questions for acquiescence and recency	87	11.9%
➤ Remaining sample at RCs that was too small to use	3	0.4%
Final Sample for Satisfaction Questions	373	50.8%

Since a large proportion of the sample was discarded, it is important to determine changes in the characteristics of the satisfaction sample as compared to the total adult sample. Figure 3 compares the proportion of individuals in the total sample and in the satisfaction sample based on their overall support need level. (The overall support need category is based on the highest support level provided to address their needs in the areas of daily living, behavioral, mental health, medical, and legal.)

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Figure 3: Comparison of Support Need Levels of the Satisfaction and Total Sample

Support Need Level	Total Sample	Satisfaction Sample
Extremely High	19.0%	9.0%
High	29.1%	20.3%
Moderate	23.9%	25.3%
Low	21.9%	34.7%
Follow-along	6.1%	10.8%

Figure 3 indicates that the satisfaction sample has a smaller proportion of individuals who have extremely high or high overall support needs than does the sample as a whole. Conversely, the satisfaction sample has a higher proportion of adults in the moderate, low and follow-along support need levels than does the total sample.

It is also important to note that an insufficient number of persons remained in the state-operated RC portion of the satisfaction sample (3), so that results presented within this report for the satisfaction sample will not include any adults from RCs.

STATISTICAL SIGNIFICANCE LEVEL

Statistical tests are used to calculate the probability of mistakenly concluding that observed differences can be generalized from a sample to the population from which it was drawn, when no differences actually exist. "Significance level" is the term applied to this probability. Significance levels are commonly stated as fractions; for example, a level of .0001 would be interpreted as only 1 chance out of 10,000 that the sample results do not apply to the population. Obviously, it is desirable to minimize the probability of mistakenly concluding that there are differences. Therefore, results of statistical test are generally only considered to be statistically significant when at a level of 5 out of 100 (.05) or less. The smaller the fraction, the stronger is the case for a difference. The tables within this report will indicate, whenever available, whether or not the differences observed in comparisons are statistically significant.

OUTLINE OF THE REMAINDER OF THIS REPORT AND LIMITATIONS OF THE SURVEY

The remaining sections of this report analyze data from the Core Indicators survey to summarize findings in the outcome areas listed below. As was mentioned earlier, this survey does not attempt to answer all questions about service outcomes. To do so, would require a more extensive survey beyond the monetary resources of DDS. Instead, it focuses on core indicators of outcomes that were identified

through a steering committee at the national level sponsored by the National Association of State Directors of Developmental Disabilities Services (NASDDDS).

The principle limitations of this survey are listed below for each of the outcome areas presented within this report.

Satisfaction with Services - The questions presented in the following Satisfaction section are those identified at the national level as being the most critical for states to answer. There are also many other questions that could have been asked about satisfaction with services. Due to consumers who did not participate (see sample attrition discussion above), the resultant satisfaction sample primarily represents individuals with developmental disabilities who have good communication skills and who are served through the CCBs. This was about 50% of the total sample of individuals.

Decision-Making – This portion of the evaluation concentrates on the numbers and types of decisions in which people with developmental disabilities are involved and their level of involvement. No information is available to address issues such as how choices are presented; whether people are provided choices, if they are unable or unwilling to make these choices; or whether the decisions being made are responsible ones. There are also many other types of decisions that individuals may be involved in that are not a part of this survey. The underlying assumptions within this section of the report is that having greater involvement and in more decisions is an indicator of having greater control over one's life and is a desirable outcome of services.

Community Inclusion – This section of the report presents information related to whether adults receiving services have participated in each of 55 activities within the last two weeks). Thus, it only looks at the types and numbers of activities. No information is collected to determine whether individuals like these activities, or whether they wish they could participate more often, less often or in different activities. No information is available regarding whether they participate in these activities individually or in groups. The underlying assumption implicit in this section of the report is that participation in more activities is indicative of greater inclusion in community life and is a desirable outcome of services.

Relationships and a Sense of Belonging – This section of the report presents satisfaction questions related to friendships as well as decision making and activities that involve to social relationships. The satisfaction, decision making, and community inclusion (activity) information have the same

Outcomes of Services and Supports for Persons with Developmental Disabilities

drawbacks as already mentioned above under those sections.

Community Supported Employment – This section presents information from the Core Indicators survey augmented by information from the Community Contract and Management System (CCMS) billing system regarding community integrated employment trends for persons with developmental disabilities in Colorado. It concentrates on enrollment, jobs in the community, hours worked, wages and job settings. It does not have any details regarding whether consumers like these jobs, would like different jobs and/or would like to work more hours. These questions were already addressed within the Satisfaction section of the report.

Challenges Identified by Advocates – This section of the report asks advocates to identify system problems that affect consumers and to rank how big of a problem they pose for consumers. No information was collected from advocates regarding how best to address these problems. A few advocates mentioned other challenges, beyond those listed on the form for rating. These will be used to improve the question in future surveys.