

Department of Developmental Services

Fact Book

Sixth Edition



Prepared by DDS Information Services Division
October 2003

Department of Developmental Services
1600 Ninth Street, Room 220
Sacramento, CA 95814

Preface

The Fact Book is a collection of pertinent data about the individuals served by the Department of Developmental Services (DDS). The Fact Book provides an overview of services and trends in California. We hope you find this information useful in better understanding the developmental services system and the persons served.

DDS is responsible for administering the Lanterman Developmental Disabilities Services Act and the Early Intervention Services Act. These laws ensure the coordination and provision of services and supports to enable persons with developmental disabilities to lead more independent, productive and integrated lives. In addition, these laws ensure the delivery of appropriate services to infants and toddlers at risk of having developmental disabilities and their families. DDS carries out its responsibilities through 21 community-based, non-profit corporations known as “regional centers” (RC) and State-operated facilities, including five State developmental centers (SDC) and two smaller facilities. For purposes of this publication, the two smaller facilities will be included in numbers reported for SDCs.

A “developmental disability” is a condition that originates before an individual reaches age 18; continues, or can be expected to continue indefinitely; and constitutes a substantial impairment. Developmental disabilities include mental retardation, epilepsy, cerebral palsy, autism, and disabling conditions closely related to mental retardation or requiring treatment similar to that required by people with mental retardation. The service delivery system includes individuals with developmental disabilities, their families and/or legal representatives, advocacy and professional organizations, the State Council on Developmental Disabilities, direct service providers, SDCs, RCs, and DDS.

The following pages offer a look at the demographics and characteristics of persons served by DDS. The Fact Book and other pertinent information is available on the DDS home page at www.dds.ca.gov. Questions may be directed to the DDS Data Request Line at (916) 651-7435. Information in this publication was derived from data reported electronically to DDS Headquarters and compiled by the Data Extraction Unit.

Artwork on cover reprinted by permission of Martha Perske from
Perske: Pencil Portraits 1971-1990 (Nashville: Abingdon Press, 1998).

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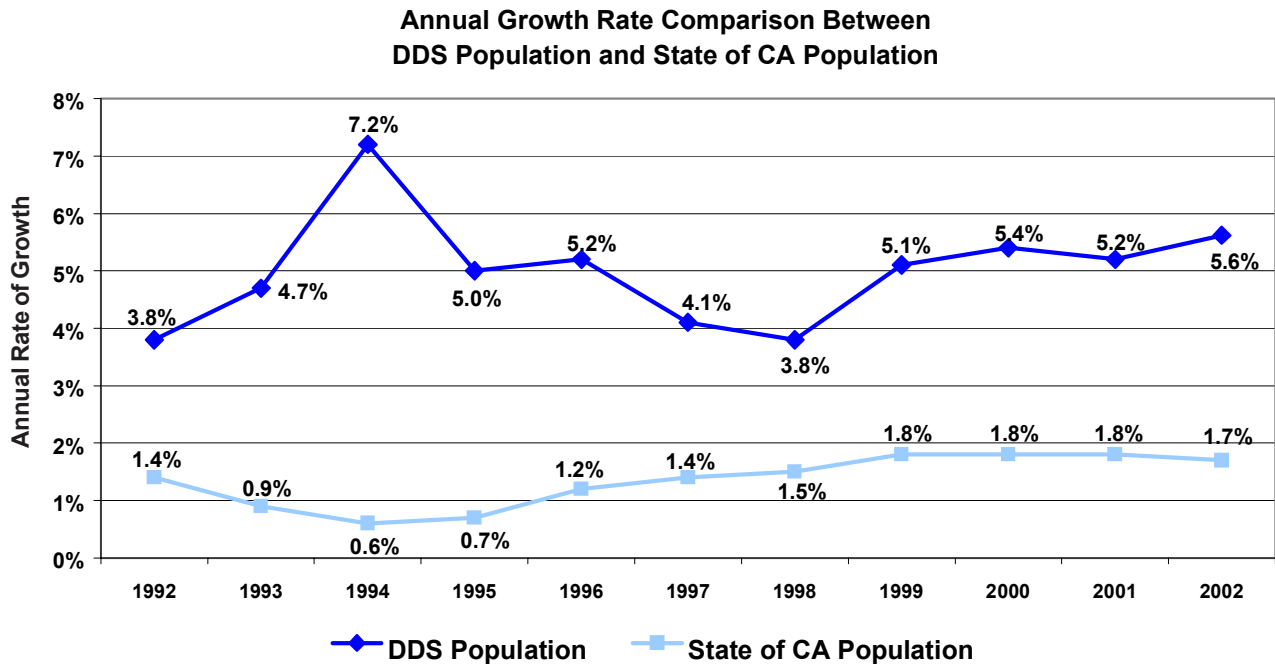
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Whom DDS
Serves

Caseload

The number of persons served by DDS increased 70.6 percent from January 1992 through December 2002. According to Department of Finance estimates, California's general population grew 15.8 percent between January 1992 and January 2003. About 0.52 percent of California's population was being served by DDS in January 2003.

While the total DDS population (i.e., persons with status codes 1, 2 and 8 on the Client Master File (CMF)¹) and the general population in California both increased in numbers each year during the period displayed below, the annual rate of growth differed significantly in these two populations.



From January 1992 through December 2002, the number of individuals served by DDS in the community (i.e., persons with status codes 1 and 2) increased 78.2 percent. During this same period, the SDC population (i.e., persons with status code 8) decreased 45.8 percent.

¹The source of the data depicted in the Caseload charts is the [Client Master File \(CMF\)](#). Information on a person is initially entered into the CMF at the time of application for RC services. The CMF is the primary source for demographic, case status and service coordinator information. The definitions of active status codes are as follows:

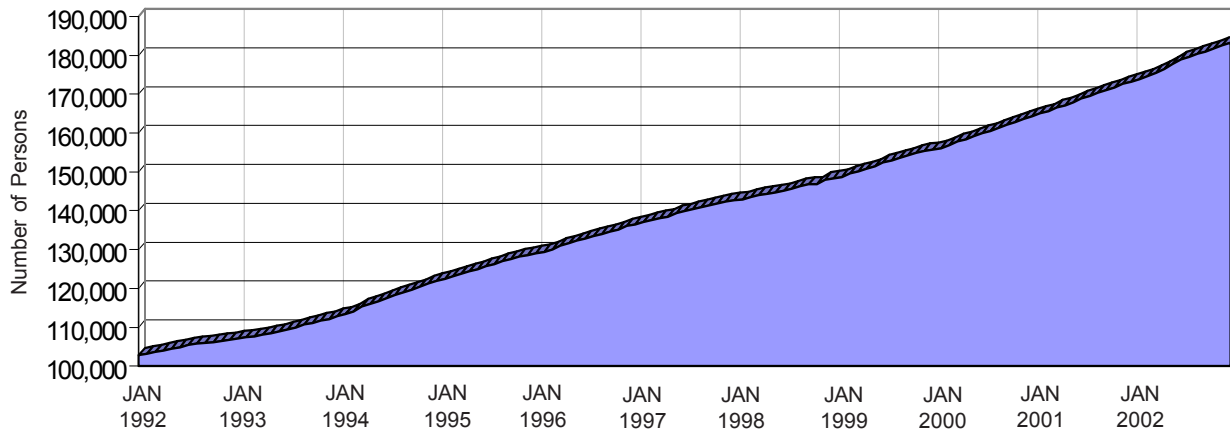
Status Code 1: Children birth to age three who are at risk of having a developmental disability or who have a developmental delay but have not been diagnosed as having a developmental disability. Persons with a status code 1 qualify for early intervention and prevention services.

Status Code 2: Persons diagnosed as having a developmental disability and being served in the community (not in an SDC).

Status Code 8: Persons diagnosed as having a developmental disability and being served in an SDC.

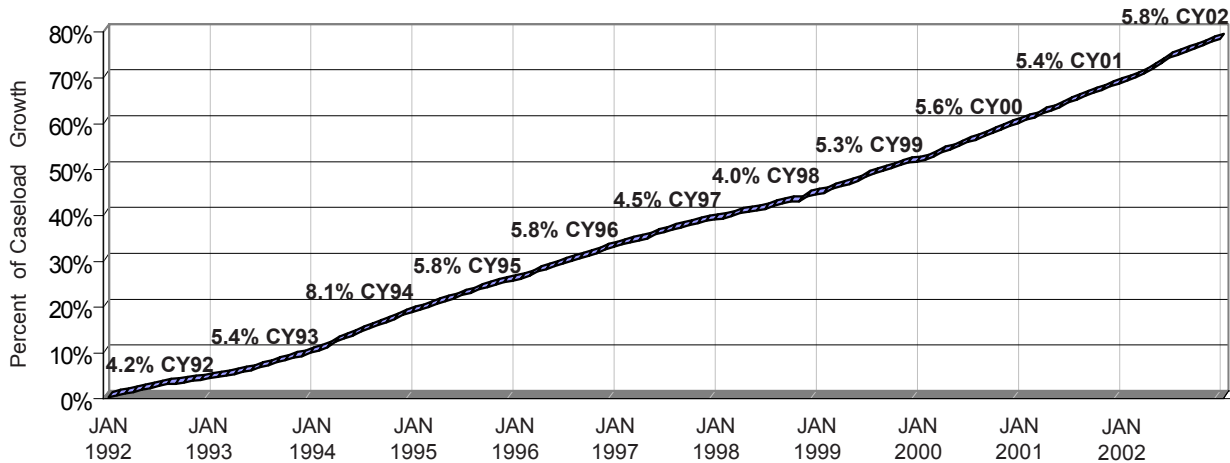
Community Caseload

Caseload Growth*
1/92 thru 12/02



*Persons with status codes 1 and 2.

Cumulative Percent of Caseload Growth*
with Annual Percent Changes Noted
1/92 thru 12/02

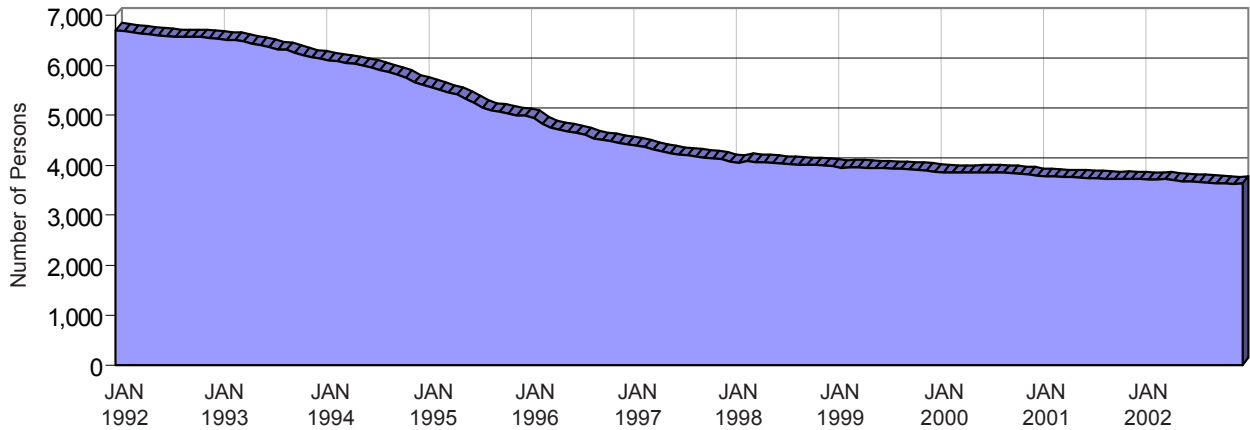


*Persons with status codes 1 and 2.

Note: In graph above, CY means Calendar Year.

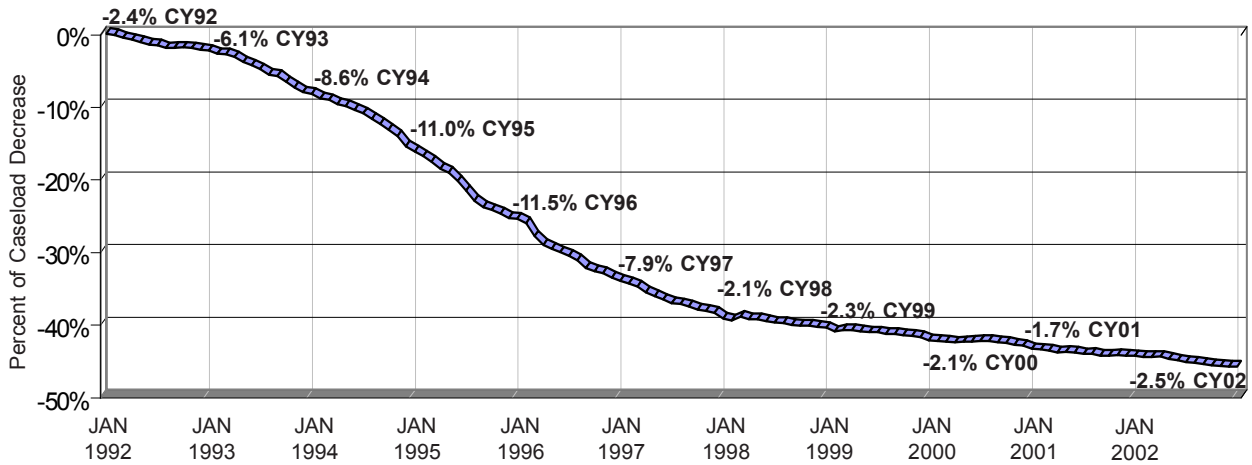
State Developmental Center Residents

Decline in Number of Residents*
1/92 thru 12/02



*Persons with status code 8.

Cumulative Percent in SDC Residence*
with Annual Percent Changes Noted
1/92 thru 12/02



*Persons with status code 8.

Note: In graph above, CY means Calendar Year.

Demographics of Persons Served by DDS

In the pages that follow, demographic information is provided on the gender, age, residence types and ethnicity of persons with status codes 1, 2, and 8 as of December 2002. To obtain a more complete picture of the demographic changes that have occurred in the population served by DDS since December 1993, please refer to prior editions of the Fact Book (available at www.dds.ca.gov/factsstats/factbook.cfm).

The trend in the gender distribution of persons served by DDS continued in 2002 with males increasing in numbers relative to females. In December 1993, 56.4 percent of persons served were male versus 43.6 percent female. In December 2002, the gap widened to 59.4 percent male versus 40.6 percent female.

Age distribution trends for persons served by DDS also continued. With 56.3 percent of the population under 22 years of age in December 2002 as compared to 49.4 percent in this age group in December 1993, the DDS population is becoming increasingly younger.

Changes in the residence types of the population are also worth noting. While 62.6 percent of persons resided in the home of a parent or guardian in December 1993, 70.3 percent had this residence type in December 2002. During this same period, decreases continued in the proportion of persons living in community care settings (19.9 to 14.6 percent) and developmental centers (5.1 to 1.9 percent).

The predominant trend in the ethnic makeup of the population continued in 2002. Hispanics are the fastest growing segment of the DDS population increasing from 23.9 percent in December 1993 to 30.1 percent in December 2002.

Definitions of Residence Types

Own Home-Parent: Home of a family member or guardian.

Community Care: Setting such as a Community Care Facility (CCF) and other community settings, not including home of family member or guardian, ILS/SLS, and SNF/ICF.

ILS/SLS: Independent Living Setting (ILS) or Supported Living Setting (SLS).

SNF/ICF: Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF). ICF includes ICF/Developmentally Disabled (ICF/DD), ICF/Developmentally Disabled-Habilitation (ICF/DD-H), and ICF/Developmentally Disabled-Nursing (ICF/DD-N).

Developmental Center: State developmental center (SDC) operated by DDS.

Demographics of Persons Served by DDS

Persons with Status Codes 1, 2 and 8

Based on Client Master File as of December 2002

Gender	Number of Persons	Percentage of Total
Female	75,904	40.6%
Male	110,962	59.4%
Total	186,866	100.0%

Age	Number of Persons	Percentage of Total
Birth - 2 Yrs.	20,532	11.0%
3 - 13 Yrs.	54,626	29.2%
14 - 21 Yrs.	30,033	16.1%
22 - 31 Yrs.	26,136	14.0%
32 - 41 Yrs.	23,254	12.4%
42 - 51 Yrs.	18,820	10.1%
52 - 61 Yrs.	9,123	4.9%
62 & Older	4,342	2.3%
Total	186,866	100.0%

Residence Type	Number of Persons	Percentage of Total
Community Care	27,260	14.6%
Developmental Center	3,603	1.9%
ILS/SLS	15,960	8.5%
Own Home-Parent	131,350	70.3%
SNF/ICF	8,693	4.7%
Total	186,866	100.0%

ILS/SLS: Independent Living Settings/Supported Living Settings.

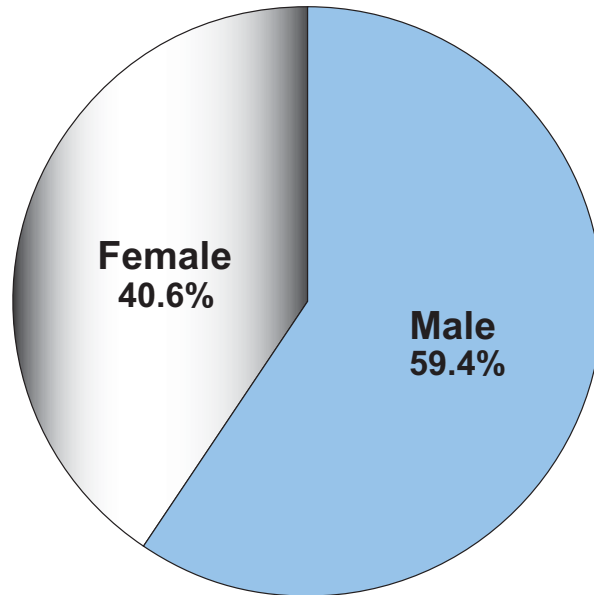
SNF/ICF: Skilled Nursing Facility/Intermediate Care Facility.

ICF includes ICF/DD, DD-H, and DD-N.

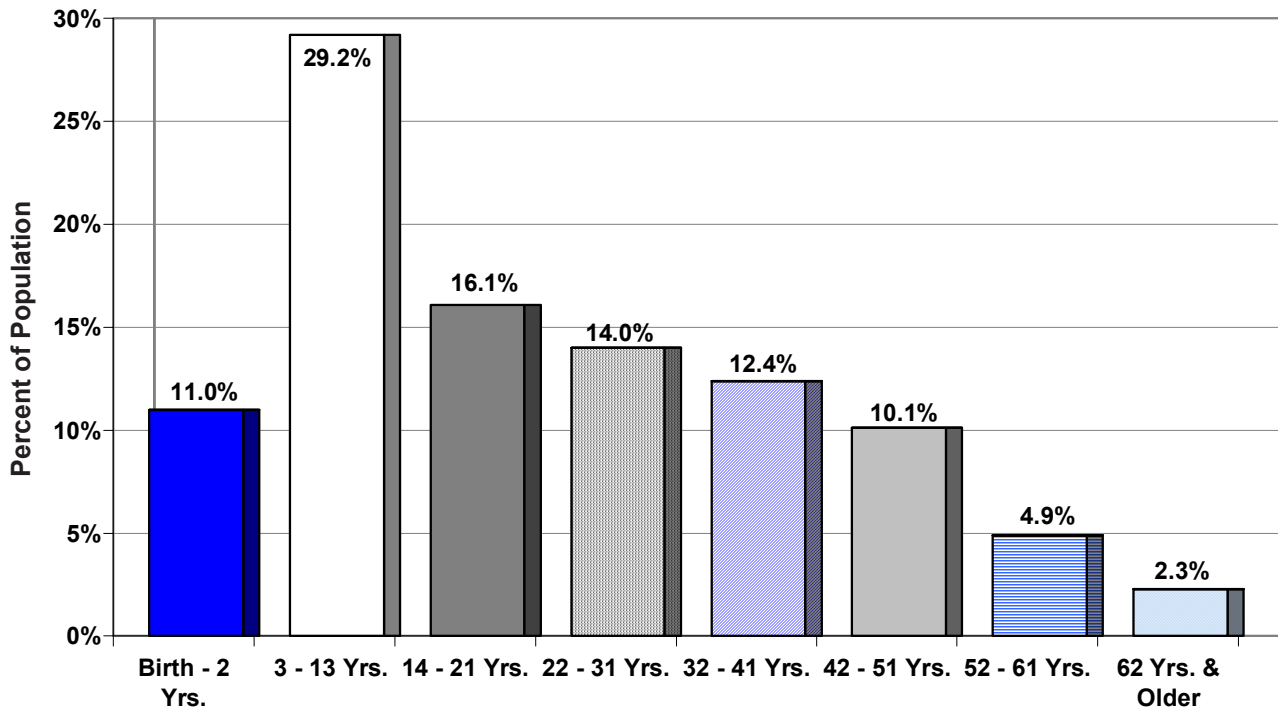
Ethnicity	Number of Persons	Percentage of Total
White	80,560	43.1%
Hispanic	56,313	30.1%
Black	19,254	10.3%
Asian	9,089	4.9%
Filipino	3,382	1.8%
Native American	733	0.4%
Pacific Islander	376	0.2%
Other	17,159	9.2%
Total	186,866	100.0%

Note: The source of the data depicted in the "Demographics of Persons Served by DDS" tables and charts is the Client Master File (CMF). Please refer to page 1 for the definitions of the CMF and status codes.

Gender of Individuals Served by DDS*

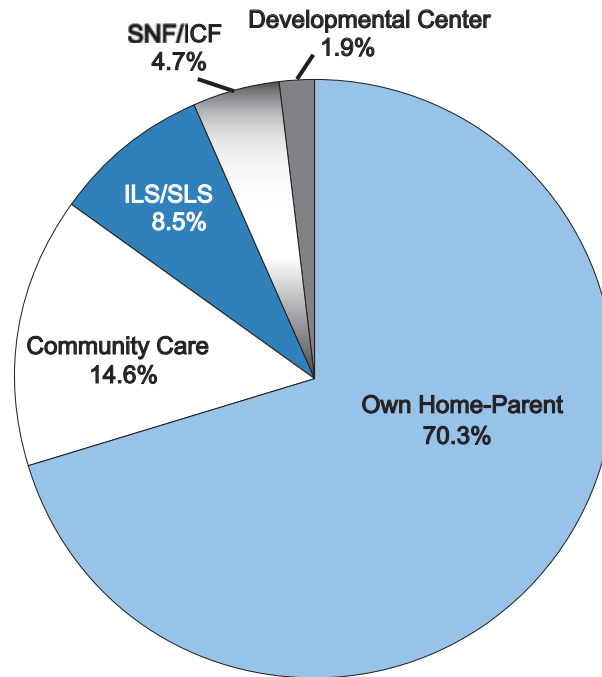


Age of Individuals Served by DDS*

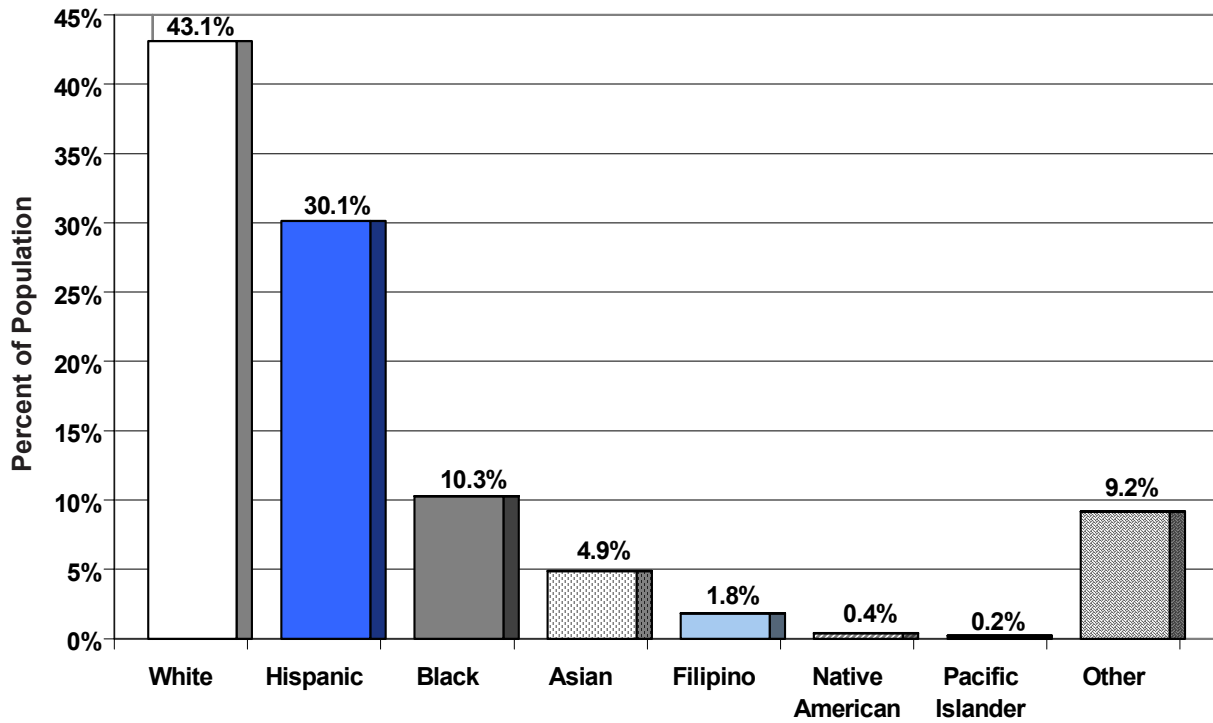


*Persons with CMF Status Codes 1, 2 and 8

Residence of Individuals Served by DDS*



Ethnicity of Individuals Served by DDS*



*Persons with CMF Status Codes 1, 2 and 8

Residence Types of Persons with Developmental Disabilities by Age Group in December 1997 and December 2002

During the period from December 1997 through December 2002, the percentage of persons served by DDS in both the “Birth through 17” and “18 and Older” age groups increased for those residing in the home of a parent, guardian or conservator (labeled “Own Home-Parent” in the tables below) and decreased for those residing in community care settings and developmental centers. These changes are consistent with the high priority the Lanterman Act places on providing opportunities for children with developmental disabilities to live with families and for people of all ages to live in home-like environments.

The percentage of persons 18 years of age and older residing in independent and supported living settings also increased between December 1997 and December 2002. This change also follows the Lanterman Act’s direction to provide “opportunities for individuals with developmental disabilities to be integrated into the mainstream of life in their home communities, including supported living and other appropriate community living arrangements.”

Individuals Ages Birth through 17				
Residence Type	as of Dec. 1997		as of Dec. 2002	
	Number of Persons	Percentage of Total	Number of Persons	Percentage of Total
Own Home-Parent	59,794	89.7%	84,240	92.9%
Community Care	5,963	8.9%	5,693	6.3%
SNF/ICF	733	1.1%	639	0.7%
Developmental Center	153	0.2%	82	0.1%
ILS/SLS	28	0.0%	7	0.0%
Total	66,671	100.0%	90,661	100.0%

Individuals Ages 18 and Older				
Residence Type	as of Dec. 1997		as of Dec. 2002	
	Number of Persons	Percentage of Total	Number of Persons	Percentage of Total
Own Home-Parent	36,618	46.0%	47,110	49.0%
Community Care	19,839	24.9%	21,567	22.4%
ILS/SLS	12,156	15.3%	15,953	16.6%
SNF/ICF	7,243	9.1%	8,054	8.4%
Developmental Center	3,709	4.7%	3,521	3.7%
Total	79,565	100.0%	96,205	100.0%

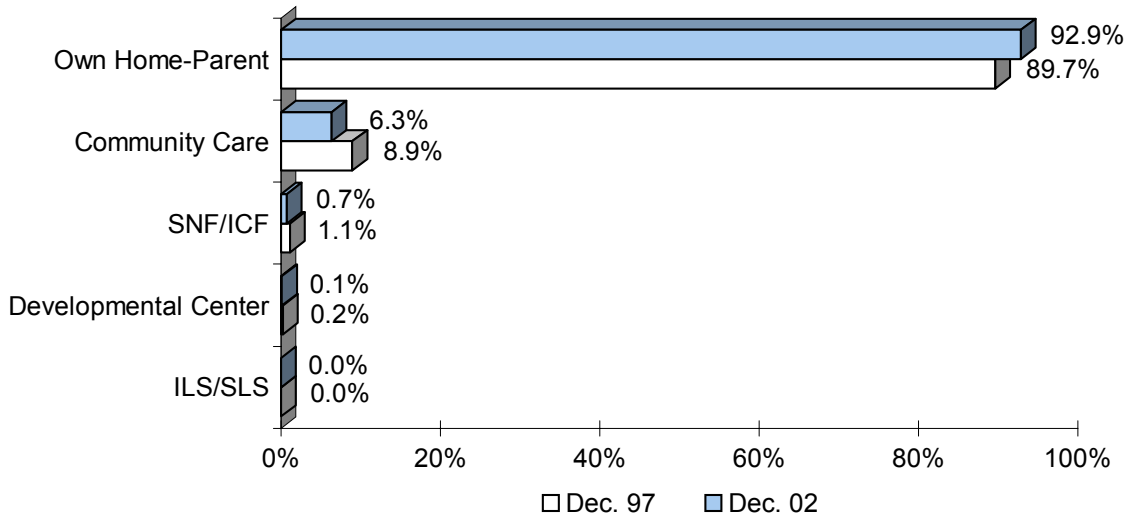
Note: The tables above include only persons with status codes 1, 2 and 8.

ILS/SLS: Independent Living Settings/Supported Living Settings.

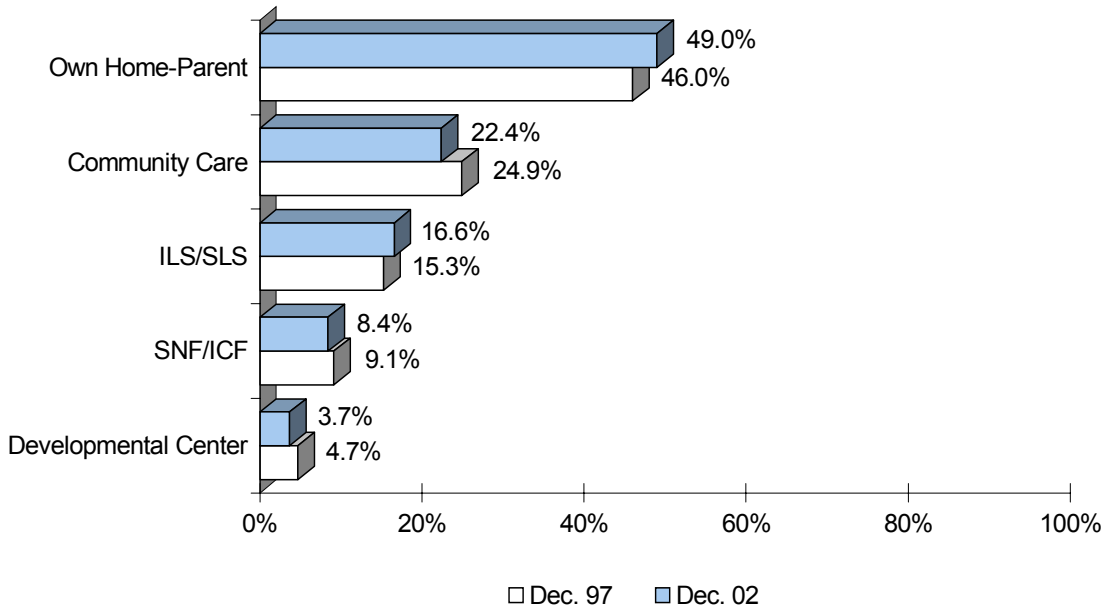
SNF/ICF: Skilled Nursing Facility/Intermediate Care Facility.

ICF includes ICF/DD, DD-H and DD-N.

Individuals Ages Birth Through 17*



Individuals Ages 18 and Older*



*Persons with CMF Status Codes 1, 2 and 8

Age of Persons at Time of Intake Into Developmental Services System and Demographics of Persons Engaged in the Intake and Assessment Process

The age of individuals at the time of intake (based on the first CMF date) was analyzed for persons who entered the developmental services system during the ten-year period of December 1992 through December 2002. The following patterns were found:

- 53 percent of persons entering the developmental services system were under three years of age. Almost 66 percent were five years of age or younger.
- Entries into the developmental services system declined during the typical school ages but increased as individuals “aged out” of the school system at around age 18.
- Another peak in the number of persons entering the developmental services system was found as individuals reached their mid 30s. A possible explanation for this increase is that parents, guardians or conservators may be less able to continue providing the same level of support as they and their adult children grow older.

Information relating to the gender and age of persons engaged in the intake and assessment process in December 2002 is provided on the next page.² Comparisons across the years may indicate changes are occurring in the gender and age distribution of persons involved in the intake and assessment process. However, because the numbers for each year are based on only one point in time, a more complete study would be required to draw conclusions.

In December 1993, the percent of males to females engaged in intake was far closer (59% male to 41% female) than the percent found in December 2002 (64.8% male to 35.2% female). In age distribution, the largest differences for persons engaged in intake in December 1993 compared to December 2002 was in the age ranges of 3 through 13 years and 22 through 41 years. Persons ages 3 through 13 years represented 30.9 percent of the intake population in December 1993 versus 39.7 percent in December 2002. Individuals in the 22 through 41 age range composed 10.5 percent of the intake population in December 1993 compared to 5.5 percent in December 2002.

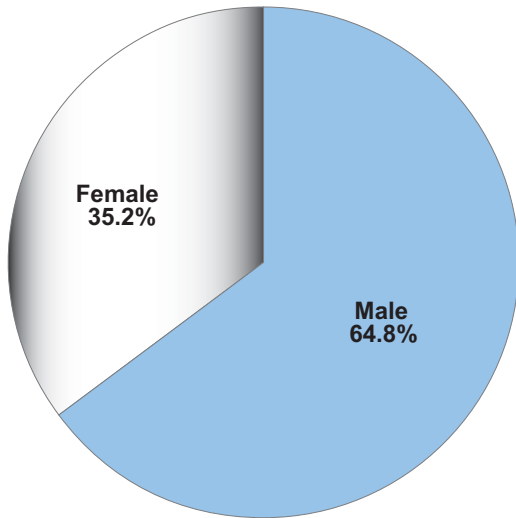
Of the 6,703 persons who received intake and assessment services in December 2002, 49.3 percent were determined eligible to receive services and given a “high risk infant” status (code 1) or an active status (codes 2 or 8) on the CMF as of July 7, 2003.

²Prior editions of the Fact Book offer similar information for other years.

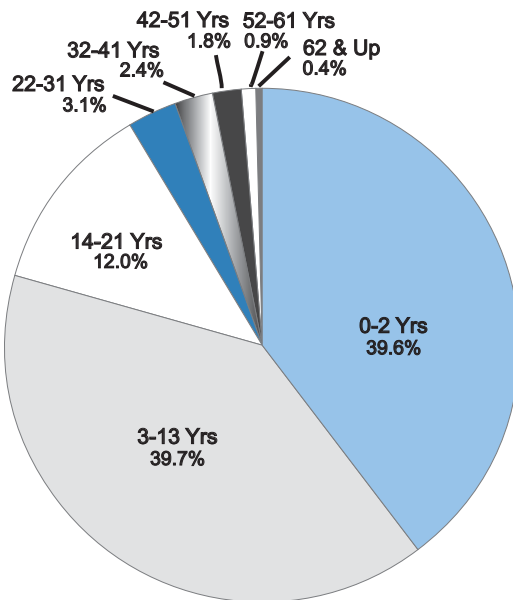
Demographics of Persons Engaged in the Intake and Assessment Process

Persons with Status Code 0

Based on Client Master File as of December 2002



Gender	Number of Persons	Percentage of Total
Male	4,345	64.8%
Female	2,358	35.2%
Total	6,703	100.0%



Age	Number of Persons	Percentage of Total
Birth to 2 Yrs	2,655	39.6%
03 to 13 Yrs	2,662	39.7%
14 to 21 Yrs	806	12.0%
22 to 31 Yrs	210	3.1%
32 to 41 Yrs	161	2.4%
42 to 51 Yrs	120	1.8%
52 to 61 Yrs	62	0.9%
62 and Older	27	0.4%
Total	6,703	100.0%

Note: The source of the data depicted in the "Demographics of Persons Engaged in the Intake and Assessment Process" tables and charts is the CMF. Please refer to definition on page 1.

Characteristics of Persons with CDERs³ on File as of December 2002

DDS collects data on the characteristics of the persons it serves. In the tables and charts that follow, information on four of the major types of developmental disabilities of persons served by DDS are presented for December 2002.⁴ Similar data have been reported for other years in prior editions of the Fact Book.

The composition of the population by type of developmental disability shows some significant shifts from December 1993 to December 2002. For example, only 11.6 percent of the population served had “No Mental Retardation” recorded on their CDERs in December 1993. But by December 2002, the percent with “No Mental Retardation” had grown to 20.2 percent. During this same time period, the percentage of persons reported to have “Moderate”, “Severe” or “Profound Retardation” continued to decline from a collective 45.4 percent to 34.6 percent. The percent of the population with epilepsy and the percent with cerebral palsy also declined over this period from 26 to 21.8 percent for epilepsy and from 24.4 to 20.2 percent for cerebral palsy. The only developmental disability type that showed an overall increase as a percentage of the population was autism, which grew from 4.8 percent in December 1993 to 12.4 percent in December 2002.⁵

The accumulated growth rates spanning December 1994 through December 2002 for the four major types of developmental disabilities are compared on page 16. In addition, the graph on page 17 displays information on the combinations of developmental disabilities that persons served by DDS have.

³Only persons with a Client Development Evaluation Report (CDER) on file are included in the “Characteristics of Persons” article, tables and graphs. The CDER file contains diagnostic and evaluation data including developmental, cognitive, behavioral and medical information that is recorded when a person is given a client development evaluation. All persons diagnosed with a developmental disability who have active status in the DDS system should have a CDER on file. For children under three years of age, a different, age-appropriate assessment tool called the Early Start Report is used instead of the CDER.

⁴As of September 2002, two changes occurred that resulted in increases in the number of persons with CDERs on file. A system problem was corrected that resulted in 3,220 more CDER records being transmitted from the RCs to DDS Headquarters. In addition, a DDS policy change was made to allow information from CDERs not updated within three years to be included in statistical reports, as long as the related persons had active status in the DDS system. This change resulted in another 1,464 CDER records being added to the CDER reporting archive system.

⁵For detailed analyses regarding persons with autism who are served by DDS, please refer to the 2003 DDS Autism Report available on-line at www.dds.ca.gov/autism/autism_main.cfm.

Mental Retardation		
Level of Mental Retardation	Number of Persons	% of Total
Not MR	33,070	20.2%
Mild	64,407	39.3%
Moderate	30,081	18.4%
Severe	14,861	9.1%
Profound	11,597	7.1%
Unknown	9,776	6.0%
Total	163,792	100.0%

Mental Retardation is characterized by significantly subaverage general intellectual functioning (i.e., an IQ of approximately 70 or below) with concurrent deficits or impairments in adaptive functioning and onset before 18 years of age. Levels of retardation are reported as mild, moderate, severe, profound, or as not present or unknown.

Epilepsy		
Has Epilepsy	Number of Persons	% of Total
No	128,103	78.2%
Yes	35,689	21.8%
Total	163,792	100.0%

Epilepsy is defined as recurrent, unprovoked seizures. Seizures can cause loss of muscle control, tremors, loss of consciousness and other symptoms. A modification of “International Classification of Epileptic Seizures” is employed for describing seizures.

Cerebral Palsy		
Has CP	Number of Persons	% of Total
No	130,721	79.8%
Yes	33,071	20.2%
Total	163,792	100.0%

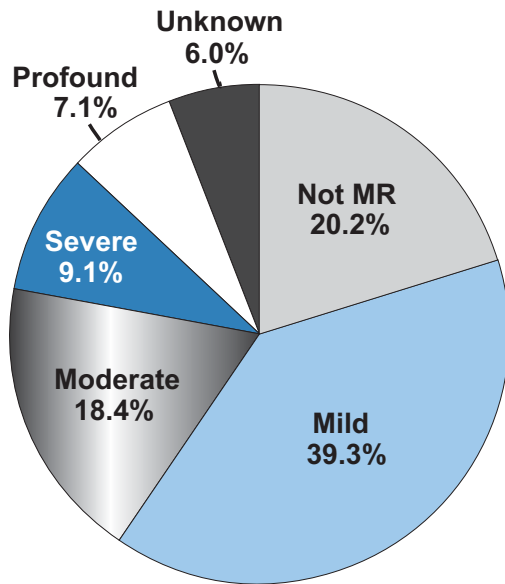
Cerebral Palsy includes two types of motor dysfunction: (1) nonprogressive lesion or disorder in the brain occurring during intrauterine life or the perinatal period and characterized by paralysis, spasticity, or abnormal control of movement or posture which is manifest prior to two or three years of age, and (2) other significant motor dysfunction appearing prior to age 18.

Autism		
Has Autism	Number of Persons	% of Total
No	143,415	87.6%
Yes	20,377	12.4%
Total	163,792	100.0%

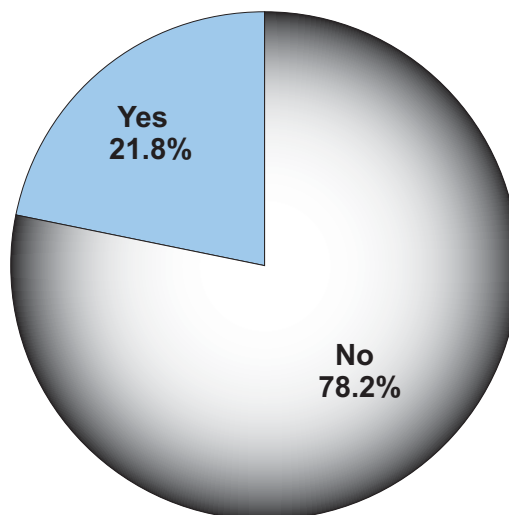
Autism is a neurodevelopmental disorder with multiple etiologies defined as a syndrome causing gross and sustained impairment in social interaction and communication with restricted and stereotyped patterns of behavior, interests, and activities that appear prior to the age of three. This item includes only those individuals diagnosed with Autistic Disorder as classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

Note: Most children 0 - 3 years of age do not have a CDER and therefore are not reported.

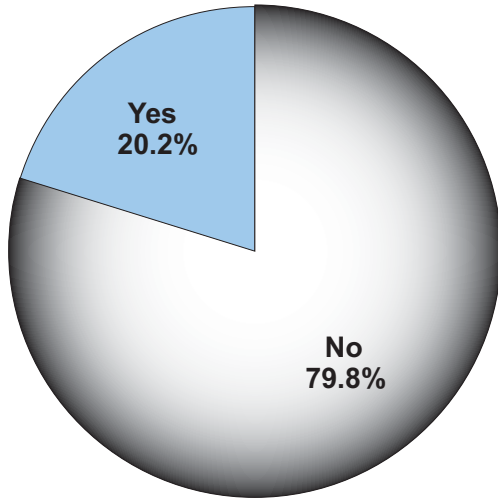
Level of Mental Retardation



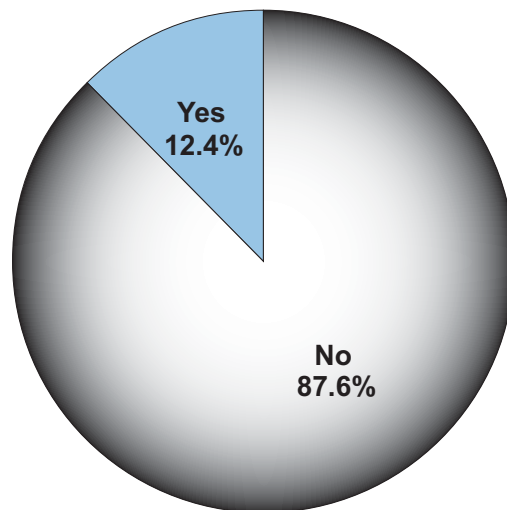
Epilepsy or Seizure Disorder



Cerebral Palsy or Similar
Motor Dysfunctions

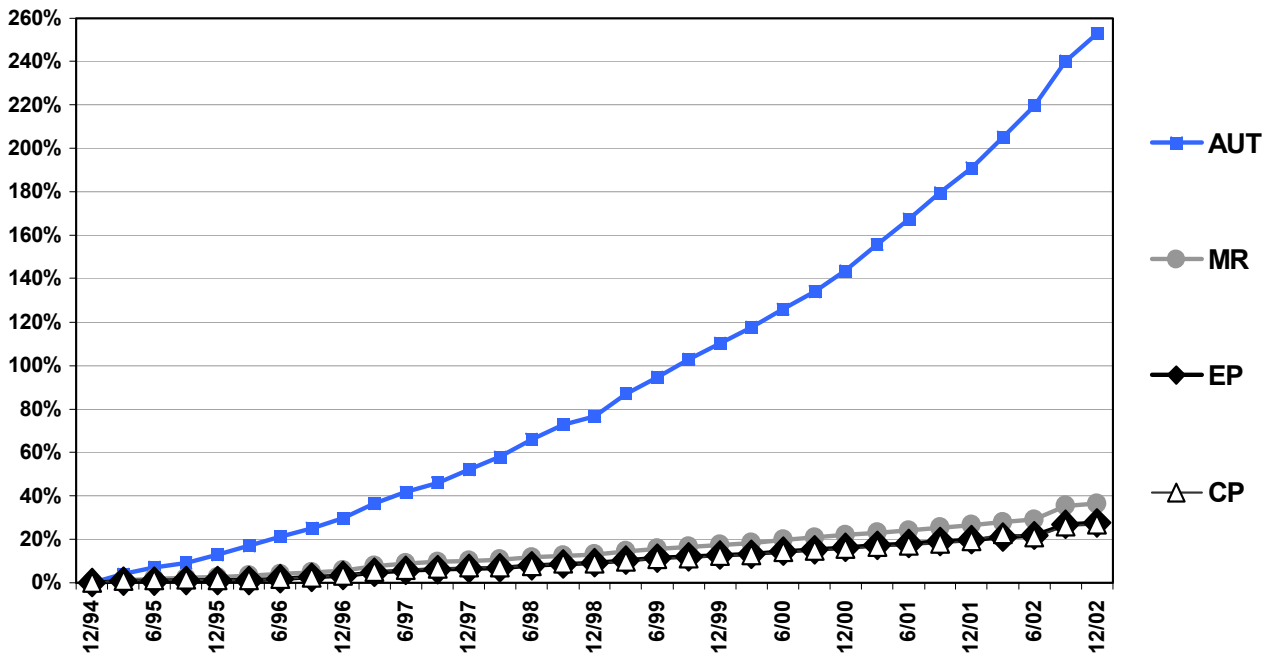


Autism



Trends of Four Major Developmental Disabilities Compared *Population Growth from December 1994 through December 2002* *Based on CDERs at Quarterly Intervals*

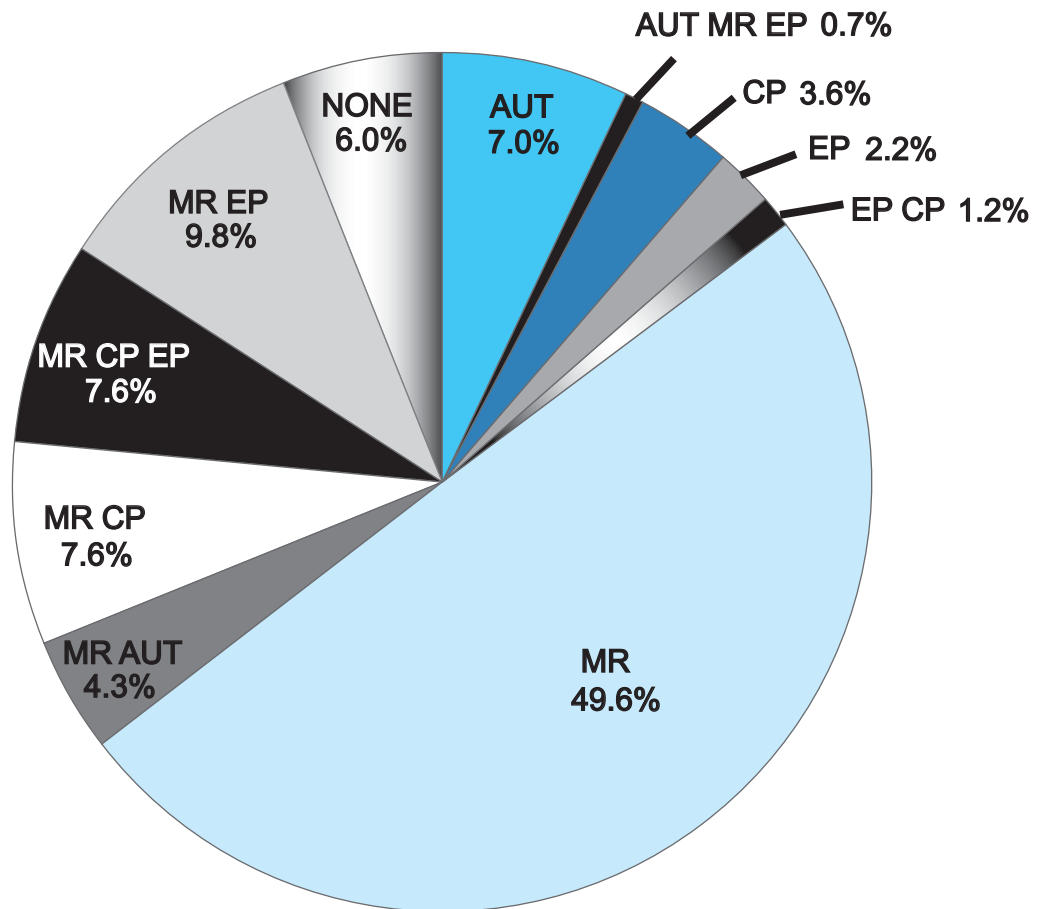
An examination of growth in the population served by DDS (defined here as persons who have a CDER on file) for each of the four primary types of developmental disabilities over an eight-year period, from December 1994 through December 2002, reveals a significant rate of growth for those with autism compared to the other three types of developmental disabilities. While the total number of persons with current CDERs increased 50 percent (109,359 to 163,792), the number of persons with autism recorded on their CDERs grew 253 percent (5,775 to 20,377) from December 1994 through December 2002. During this same period, the other types of developmental disabilities showed the following growth: 1) mental retardation, 36 percent (95,773 to 130,722 persons); 2) epilepsy, 28 percent (27,972 to 35,689 persons); and 3) cerebral palsy, 27 percent (26,087 to 33,071 persons). As shown on the next page, individuals may have more than one type of developmental disability. Population numbers for each type of developmental disability mentioned above should not be added together, because there is duplication of persons across categories.



Note: MR = Mental Retardation; AUT = Autism; EP = Epilepsy/Seizure Disorder; CP = Cerebral Palsy.

Information on Developmental Disability Combinations

Based on December 2002 CDER



Note: The four major types of developmental disabilities have been abbreviated in the chart above as follows--Autism (AUT), Cerebral Palsy (CP), Epilepsy/Seizure Disorder (EP), and Mental Retardation (MR). The chart segment labeled "None" represents the fifth category of developmental disability defined as a disabling condition closely related to mental retardation that requires similar treatment. Five developmental disability combinations were omitted from the chart above because the percent of people who fell in these categories was so small. The combinations and percents are as follows--AUT/EP=0.2%, AUT/MR/CP=0.1%, AUT/CP=0.0%, AUT/EP/CP=0.0% and AUT/MR/EP/CP=0.1%.

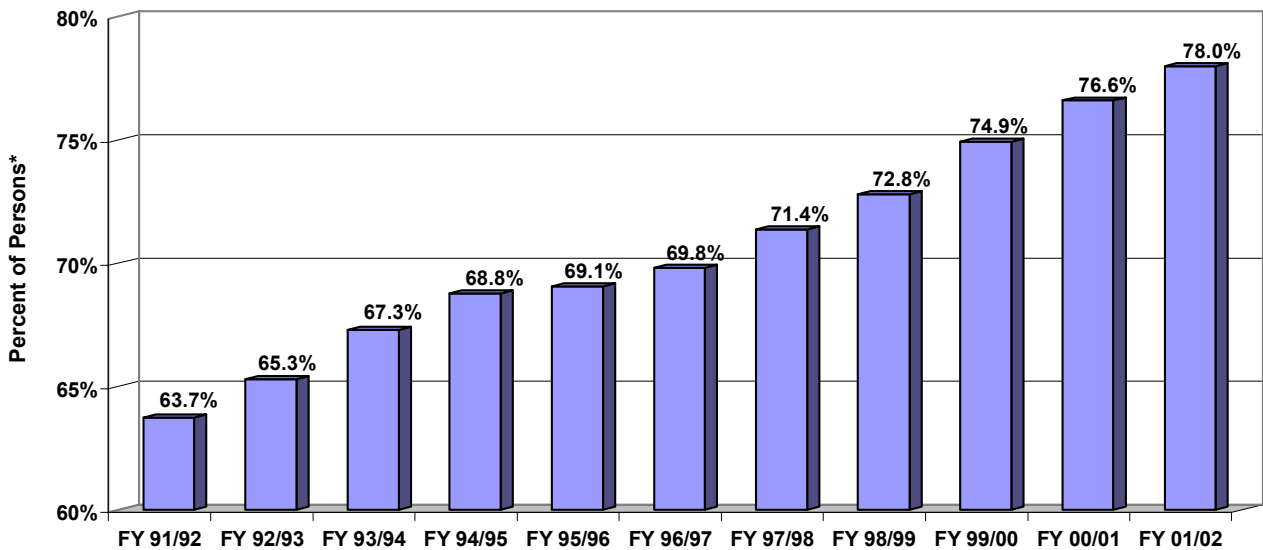
What People Receive

Percent of Persons Served by DDS in the Community Who Received One or More RC-funded Service(s), Fiscal Years 1991/92 Through 2001/02

All persons served by DDS receive case management services through their local regional center (RC), however, not all persons receive purchased services. RCs are required by law to provide or secure services in the most cost-efficient way possible. They must use all other resources, including those provided by other agencies, before using any RC funds. When alternate sources are not available, the RC purchases services as specified in the person's Individual Program Plan (IPP) or the Individualized Family Service Plan (IFSP).

While RCs are required to exhaust other resources available before purchasing services for individuals, the percent of the population served in the community (defined as persons with status codes 1 or 2 on the CMF) who received RC-funded services increased steadily from fiscal year (FY) 1991/92 through 2001/02. Of the 105,076 individuals served in June 1992, about 64 percent (66,974 persons) received one or more service(s) purchased by an RC during FY 1991/92. Of the 179,028 persons served by RCs in June 2002, 78 percent (139,590 individuals) received one or more service(s) purchased by an RC in FY 2001/02.

Percent of Persons Served by DDS* Who Had RC-funded Services

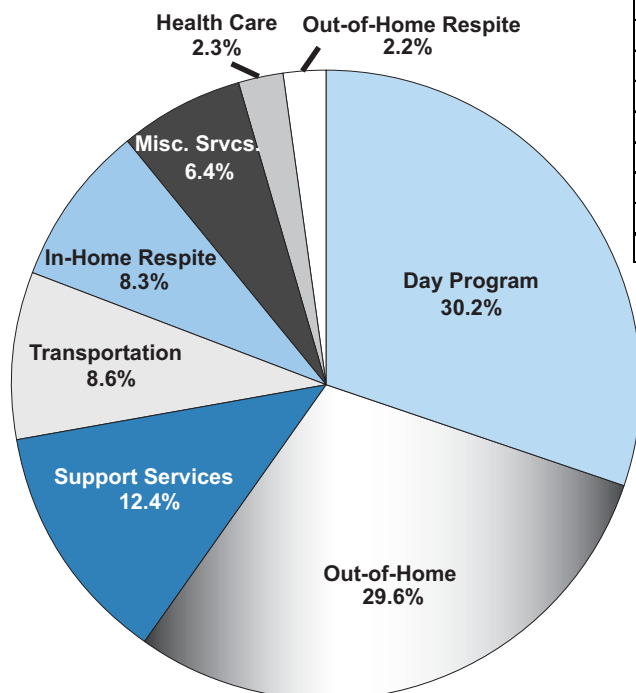


* Based solely on persons who had a status code 1 or 2 on CMF in June of the respective fiscal year.

Purchase of Service (POS) Expenditures by Budget Category Fiscal Year 2001/02

POS budget categories include Out-of-Home, Day Programs, Transportation, and Other Services. Included in each category are the following services: “Out-of-Home”--care, supervision and training for individuals in community care facilities; “Day Programs”--community-based training, e.g., behavior management, self-help/self-care skills, community integration, and infant development programs; “Transportation” --transportation provided by transportation companies, residential facilities, day programs, public transportation, family members, friends or ambulances. “Other Services” are broken into five sub-categories, namely Health Care, In-Home Respite, Out-of-Home Respite, Support Services, and Miscellaneous Services. “Support Services” includes community integration training, adaptive skills training, community activities support, supplemental residential, day services or program support, behavior management consulting, and supported living services. “Miscellaneous Services” includes the services of tutors, special education teachers, recreational therapists, counselors, infant development specialists, and speech pathologists.

In fiscal year (FY) 2001/02, expenditures for these services totaled more than 1.6 billion dollars. In total dollars spent, each category increased from FY 2000/01 to 2001/02. However, certain budget categories decreased in terms of their relative share of total POS dollars between these years, while others increased. Support Services and In-Home Respite increased the most, from 10.5 and 7.7 percents respectively in FY 2000/01 to 12.4 and 8.3 percents in FY 2001/02. The budget categories with the largest decrease between these years were Out-of-Home (from 31.3 to 29.6 percent) and Day Program (from 30.9 to 30.2 percent).

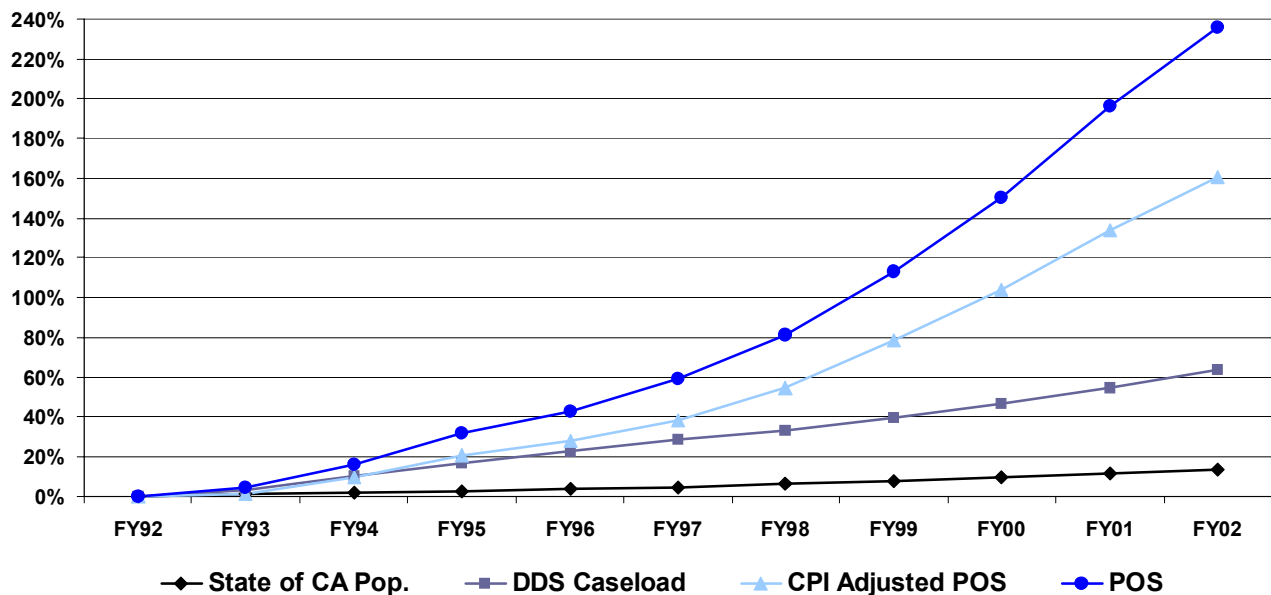


Budget Category	POS Dollars	% of Total
Day Program	\$500,637,862	30.2%
Out-of-Home	490,825,148	29.6%
Support Services	205,577,190	12.4%
Transportation	142,958,977	8.6%
In-Home Respite	138,487,355	8.3%
Misc. Services	106,951,489	6.4%
Health Care	38,367,199	2.3%
Out-of-Home Respite	36,262,480	2.2%
Total	\$1,660,067,701	100.0%

POS Growth Compared to DDS Caseload and State of California Population Growth - Fiscal Years 1991/92 through 2001/02

The cumulative rate of growth for POS expenditures over the period of FY 1991/92 through FY 2001/02 totaled 236 percent. Even when adjusted by the Consumer Price Index (CPI)⁶, the cumulative growth rate over the period totaled 160 percent. By comparison, the DDS caseload (persons with status codes 1, 2 or 8 on the Client Master File in June of each FY) grew 64 percent over this time period. The population for the State of California from January 1992 through January 2002 grew 14 percent (based on Department of Finance's estimates).

Comparison of Cumulative Growth in POS, CPI-adjusted POS, DDS Caseload, and State of California Population
Fiscal Years 1991/92 Through 2001/02



Fiscal Year	State of CA Pop (DOF Jan. Estimates)		DDS Caseload (CMF Status 1, 2 & 8)		CPI Adjusted POS		POS Expenditures	
	Number of Persons	Cumulative Growth	Number of Persons	Cumulative Growth	1913 Base Dollars	Cumulative Growth	Dollars	Cumulative Growth
1991/92	30,723,000	0	111,641	0	\$357,156,726	0	\$493,590,596	0
1992/93	31,150,000	1.39%	115,462	3.42%	\$361,212,300	1.14%	\$514,908,133	4.32%
1993/94	31,418,000	2.26%	123,088	10.25%	\$392,156,512	9.80%	\$573,528,899	16.20%
1994/95	31,617,000	2.91%	130,535	16.92%	\$432,168,973	21.00%	\$649,982,136	31.68%
1995/96	31,837,000	3.63%	137,032	22.74%	\$457,218,854	28.02%	\$706,403,130	43.12%
1996/97	32,207,000	4.83%	143,502	28.54%	\$493,809,786	38.26%	\$784,663,750	58.97%
1997/98	32,657,000	6.29%	148,625	33.13%	\$552,399,052	54.67%	\$893,505,467	81.02%
1998/99	33,140,000	7.87%	155,840	39.59%	\$638,909,059	78.89%	\$1,051,324,857	113.00%
1999/00	33,753,000	9.86%	163,953	46.86%	\$729,798,018	104.34%	\$1,235,548,044	150.32%
2000/01	34,367,000	11.86%	172,763	54.75%	\$838,816,134	134.86%	\$1,468,767,051	197.57%
2001/02	35,000,000	13.92%	182,697	63.65%	\$930,359,434	160.49%	\$1,657,900,511	235.89%

⁶The CPI-U index was used to adjust POS dollars for inflation. This index reflects the spending patterns for all urban consumers. This index is the best measure to translate retail sales and hourly or weekly earnings into "real" or inflation-free dollars. CPI-U figures reported by the Bureau of Labor Statistics date back to 1913.

POS Expenditure Changes Fiscal Years 1998/99 through 2001/02

With only one exception, each of the service categories increased in terms of POS dollars spent in FY 2001/02 compared to 1998/99. "Mobility Training" was the exception with slightly fewer dollars spent on this service in FY 2001/02 than in 1998/99. Another service category with little growth (less than three percent) between these years was "Activity Center".

The service category with the highest expenditure growth (225 percent) between FY 1998/99 and 2001/02 was "Environmental & Vehicle Modification". Other categories that showed large gains were "Social Recreational Activities" (166 percent), "Non-Medical Therapy Services" (159 percent), and "Other 'Look-Alike' Day Programs" (145 percent). By comparison, total POS expenditures increased 58 percent between FY 1998/99 and 2001/02.

While the expenditure growth rate for a given service category may be large, the difference in actual POS dollars spent may be relatively small. For example, the POS expenditure change for "Environmental & Vehicle Modification", which in terms of percentage was the highest of all service categories between FY 1998/99 and 2001/02 (225 percent), represented an increase of only \$1.2 million. Conversely, POS expenditures for "Residential Services" that grew 55 percent over this same period represented an increase of over \$170 million.

The relative share of total POS dollars that a service category represents also deserves attention. For example, the combined POS dollar amount in FY 2001/02 for the three service categories with the highest growth rates between FY 1998/99 and 2001/02 (i.e., "Environmental & Vehicle Modification", "Social Recreational Activities", and "Non-Medical Therapy Services") represented only one percent of the total POS dollars. In contrast, "Residential Services" and "Adult Day Programs", two service categories with expenditure growth rates below the growth rate of total POS dollars during the four year span, together represented over half of all POS dollars spent (29 percent and 27 percent, respectively) in FY 2001/02.

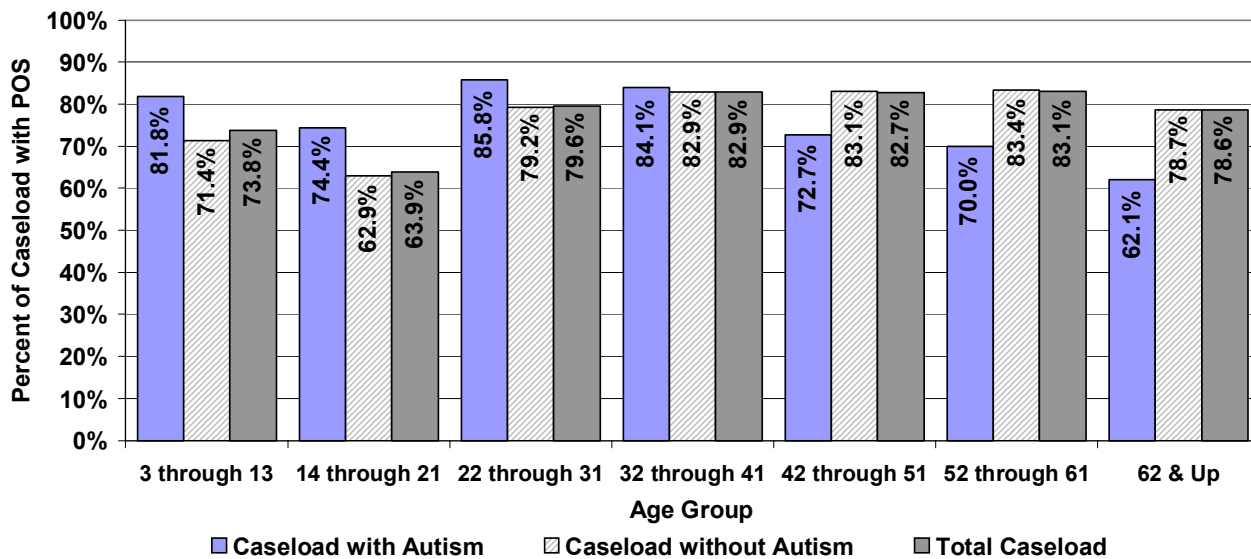
Note: Regional centers have up to three years (the given fiscal year and two years thereafter) to submit purchase of service claims to DDS headquarters (HQ). As such, the POS file may not have final dollar amounts for a given fiscal year until two years later. The POS file at DDS HQ is updated monthly. Reports created using the POS file one month may reflect different dollar amounts than reports created in another month for the same fiscal year. Because POS-related articles featured in this Fact Book originated at different points in time, dollar amounts reflected from one article to another may not be comparable.

POS Expenditures by Fiscal Year (Dollars in Thousands)					
Service Category	FY 98/99	FY 99/00	FY 00/01	FY 01/02	FY 98/99 to FY 01/02 % Change
Residential Services	\$309,331	\$386,175	\$451,699	\$479,919	55.15%
Adult Day Programs	\$324,140	\$353,249	\$405,703	\$442,051	36.38%
Activity Center	\$41,322	\$41,201	\$42,946	\$42,432	2.68%
Adult Development Center	\$158,469	\$174,513	\$200,319	\$213,340	34.63%
Behavior Mgmt. Program	\$68,667	\$76,355	\$89,523	\$99,805	45.35%
Independent Living Program	\$42,840	\$46,279	\$53,389	\$57,929	35.22%
Social Recreation Program	\$2,184	\$2,049	\$2,081	\$2,482	13.66%
Other "Look-Alike" Programs	\$10,659	\$12,852	\$17,446	\$26,063	144.53%
Supported Living & Related Svs.	\$74,233	\$91,628	\$122,524	\$153,212	106.39%
Respite	\$75,782	\$94,283	\$119,429	\$144,912	91.22%
Transportation	\$106,448	\$114,366	\$126,912	\$142,939	34.28%
Infant Program Services	\$45,843	\$53,796	\$65,592	\$75,445	64.57%
Medical Care & Services	\$28,261	\$36,137	\$43,670	\$51,675	82.85%
Behavioral Services	\$20,953	\$23,178	\$28,232	\$38,731	84.85%
Day Care	\$15,259	\$18,824	\$23,972	\$29,513	93.41%
Supplemental Program Support	\$13,677	\$16,963	\$21,170	\$26,172	91.36%
Social/Recreational Activities	\$4,241	\$4,947	\$6,825	\$11,294	166.29%
Medical & Adaptive Equip./Supplies	\$4,189	\$4,364	\$5,321	\$5,950	42.04%
Non-Medical Therapy Services	\$2,136	\$2,853	\$3,410	\$5,530	158.96%
Camps	\$2,295	\$2,671	\$3,282	\$3,763	63.96%
Environmental & Vehicle Mod.	\$547	\$678	\$1,175	\$1,777	224.97%
Mobility Training	\$598	\$659	\$604	\$597	-0.15%
All Other Services	\$23,391	\$30,775	\$43,084	\$46,587	99.17%
TOTAL	\$1,051,325	\$1,235,548	\$1,472,604	\$1,660,068	57.90%

Persons Who Received POS-paid Services--Comparison Between Persons with Autism and Persons without Autism, with Detail by Age

In fiscal year 2001/02, persons with autism served by DDS were more likely to receive POS-paid services in the age groups spanning three through forty-one years than persons without autism. However, beginning with the age group “42 through 51” and older, the percent of persons without autism who received POS-paid services was higher than the percent for persons with autism. The unique characteristics of persons with autism may be contributing factors in this shift. While there is no known cure for autism, early intervention services are known to mitigate the effects of autism in some instances. POS-paid services received in the earlier years may diminish or eliminate the need for services later in life.

Percent of Caseload with Autism, Percent of Caseload without Autism, and Percent of Total Caseload Who Receive POS-paid Services, with Break Out by Age Group



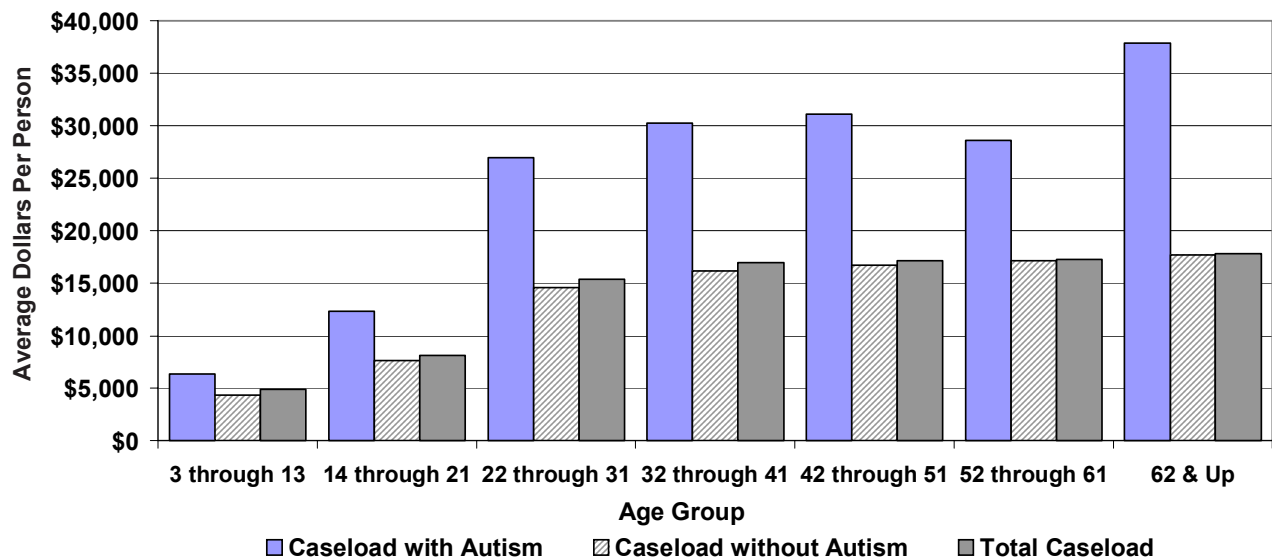
Age Group	Autism Caseload with POS	Autism Total Caseload	No Autism Caseload with POS	No Autism Total Caseload
3 through 13 Yrs	10,114	12,370	29,176	40,887
14 through 21 Yrs	1,871	2,515	16,711	26,557
22 through 31 Yrs	1,272	1,482	19,207	24,244
32 through 41 Yrs	1,044	1,242	18,263	22,034
42 through 51 Yrs	468	644	14,707	17,698
52 through 61 Yrs	105	150	7,130	8,554
62 Yrs & Up	18	29	3,325	4,225
TOTAL	14,892	18,432	108,519	144,199

Note: Only persons with status code 1, 2 or 8 on the CMF in June 2002 were included in this article. Also, individuals under age three were excluded because children under age three seldom have a CDER, the data source used to identify persons with autism.

Average Per Capita POS Dollars Spent for Persons with Autism Compared to Persons without Autism, with Details By Age

For persons who received POS dollars in fiscal year 2001/02, the average per capita dollars spent for persons with autism was higher in every age group than the average per capita spent for persons without autism. The largest variance in per capita POS dollars was for the age group "62 Yrs & Up" in which \$20,171 more, on average, was spent on persons with autism than on persons without autism. The smallest difference in per capita POS occurred in the age group of "3 through 13" years, where persons with autism received on average \$1,991 more in RC-funded services than did persons without autism.

Comparison of Average Dollars in FY 2001/02 by Age Group for Caseload with Autism, Caseload without Autism, & Total Caseload



Age Group	Autism - Dollars	Autism - Persons	Avg \$s per Person
3 through 13	\$64,424,298	10,114	\$6,370
14 through 21	\$23,030,519	1,871	\$12,309
22 through 31	\$34,302,298	1,272	\$26,967
32 through 41	\$31,577,794	1,044	\$30,247
42 through 51	\$14,547,902	468	\$31,085
52 through 61	\$3,002,859	105	\$28,599
62 & Up	\$681,720	18	\$37,873
Autism - All Ages	\$171,567,390	14,892	\$11,521
Age Group	No Autism - Dollars	No Autism - Persons	Avg \$s per Person
3 through 13	\$127,760,156	29,176	\$4,379
14 through 21	\$127,882,730	16,711	\$7,653
22 through 31	\$280,454,462	19,207	\$14,602
32 through 41	\$295,933,995	18,263	\$16,204
42 through 51	\$245,515,060	14,707	\$16,694
52 through 61	\$122,242,761	7,130	\$17,145
62 & Up	\$58,858,780	3,325	\$17,702
No Autism - All Ages	\$1,258,647,944	108,519	\$11,598

Note: Only persons with status code 1, 2 or 8 on the CMF in June 2002 were included in this article. Also, individuals under age three were excluded because children under age three seldom have a CDER, the data source used to identify persons with autism.



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