### **Department of Developmental Services**

# Fact Book Ninth Edition



Prepared by DDS Information Services Division June 2007

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

#### **Preface**

The Fact Book presents pertinent data about the individuals served by the Department of Developmental Services (DDS), including an overview of services and trends in California. We hope you find this information useful in better understanding California's 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 in three or more areas of major life activity.¹ 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, which offers personalized supports, 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 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.

**Cover Art**: "California Vineyard" is a painting created by artists who worked on this collaborative art project at Southside Art Center (SSAC) in Sacramento, California. SSAC is a nonprofit organization serving individuals with developmental disabilities through art, personal development and community integration programs. "California Vineyard" was commissioned by and is on display at the California Department of Food and Agriculture's Buy California Bistro located at 1220 "N" Street in Sacramento.

<sup>&</sup>lt;sup>1</sup>Areas of major life activity include self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. Substantial impairment reflects the person's need for a combination of special, interdisciplinary, or generic support services.

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## Whom DDS Serves

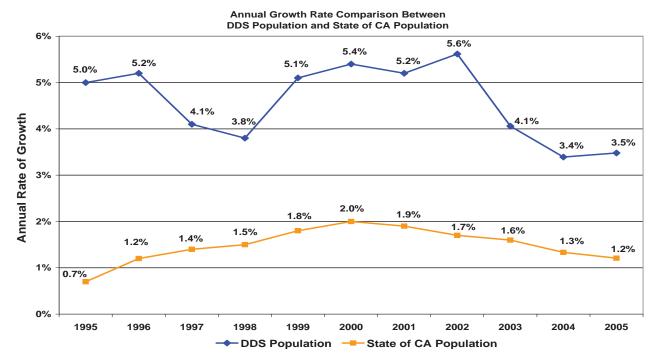


"People in Stained Glass" is a colored pencil on paper artwork by artist Anna Johnson. Anna has worked at Short Center South for many years, participating in all areas of the Center's curriculum. Her past artworks include fine pencil drawings, intricate crafts and a series of watercolor and acrylic paintings. Anna's artwork depicting groups of people and delicate patterns have been included in dozens of group exhibits as well as a two person show at Dublirer Gallery in 1997. Short Center is a nonprofit fine arts program in Sacramento that provides a studio-like setting for persons with developmental disabilities to create art.

#### Caseload

The number of persons served by DDS increased 63.1 percent from January 1995 through December 2005. According to Department of Finance estimates, California's general population grew 17.6 percent between January 1,1995 and January 1, 2006. About 0.56 percent of California's population was served by DDS as of 2005 year end.

While the total DDS population (i.e., persons with status codes 1, 2 and 8 on the Client Master File (CMF))<sup>2</sup> 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 1995 through December 2005, the number of individuals served by DDS in the community (i.e., persons with status codes 1 and 2) increased 68.0 percent. During this same period, the State developmental center (SDC) population (i.e., persons with status code 8) decreased 45.2 percent.

<sup>&</sup>lt;sup>2</sup>The source of the data depicted in the Caseload charts is the <u>Client Master File</u> (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:

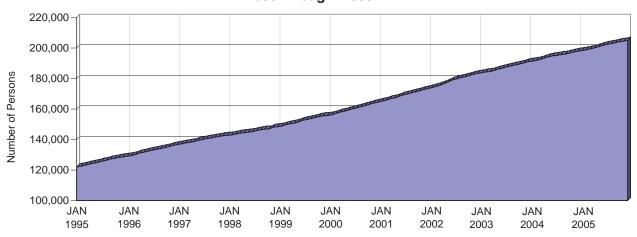
**Status Code 1:** Children birth to age three who are at risk of having a developmental disability or who have a developmental delay but have not been diagnosed as having a developmental disability. Persons with a status code 1 qualify for early intervention and prevention services.

**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.

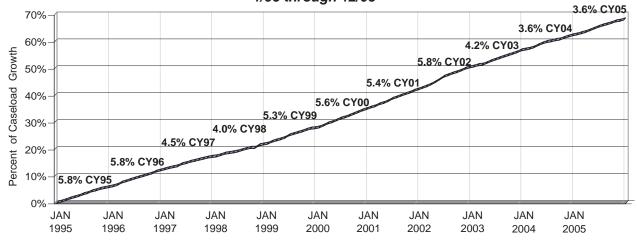
### **Community Caseload**

### Caseload Growth\* 1/95 through 12/05



<sup>\*</sup>Persons with status codes 1 and 2.

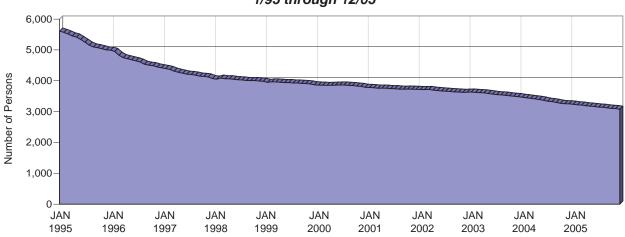
#### Cumulative Percent of Caseload Growth\* with Annual Percent Changes Noted 1/95 through 12/05



<sup>\*</sup>Persons with status codes 1 and 2. Note: In graph above, CY means Calendar Year.

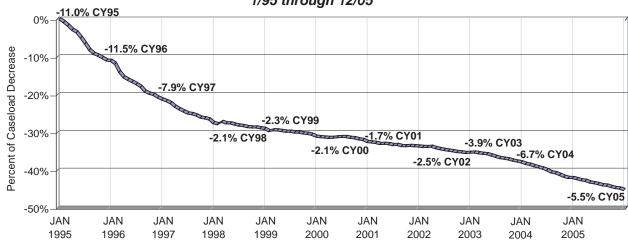
### State Developmental Center Residents

#### Decline in Number of Residents\* 1/95 through 12/05



<sup>\*</sup>Persons with status code 8.

#### Cumulative Percent in SDC Residence\* with Annual Percent Changes Noted 1/95 through 12/05



<sup>\*</sup>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 by gender, age, residence types and ethnicity of persons with status codes 1, 2, and 8 in December 1995 as compared to December 2005. To obtain demographic information on the population served by DDS for other years, 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 2004 with males increasing in numbers relative to females. In December 1995, 57 percent of persons served were male as compared to 43 percent female. In December 2005, the gap widened to 60.6 percent male compared to 39.4 percent female.

Age distribution trends for persons served by DDS also continued. With 57.1 percent of the population under 22 years of age in December 2005 as compared to 51.6 percent in this age group in December 1995, the DDS population is becoming increasingly younger.

Changes in the residence types of the population are also worth noting. While 65 percent of persons resided in the home of a parent or guardian in December 1995, 72.1 percent had this residence type in December 2005. During this same period, decreases continued in the proportion of persons living in community care settings (17.9 to 12.7 percent) and developmental centers (3.7 to 1.5 percent).

The predominant trend in the ethnic makeup of the population continued in 2005. Hispanics remain the fastest growing segment of the DDS population increasing from 25.2 percent in December 1995 to 32.2 percent in December 2005. Over this same period, the white population decreased from 48.8 percent to 41.6 percent.

#### **Definitions of Residence Types**

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

**Community Care:** Settings such as a Community Care Facilities (CCF), Foster Homes for Children, and Family Homes for Adults (FHA).

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.

**Other:** Settings such as hospitals, community treatment facilities, rehabilitation centers, psychiatric treatment centers, correctional institutions, and other settings in the community.

### Demographics of Persons Served by DDS

Persons with Status Codes 1, 2 and 8 on Client Master File as of December 1995 Compared to December 2005

#### December 1995

#### December 2005

Gender	Number of Persons	Percentage of Total
Female	57,350	43.0%
Male	76,147	57.0%
Total	133,497	100.0%

Gender	Number of Persons	Percentage of Total
Female	57,350	43.0%
Male	76,147	57.0%
Total	133,497	100.0%

Gender	Number of	Percentage of
	Persons	Total
Female	82,001	39.4%
Male	126,047	60.6%
Total	208,048	100.0%

Number of Descentage of

Age	Number of Persons	Percentage of Total
Birth - 2 Yrs.	14,323	10.7%
3 - 13 Yrs.	35,948	26.9%
14 - 21 Yrs.	18,668	14.0%
22 - 31 Yrs.	23,499	17.6%
32 - 41 Yrs.	21,126	15.8%
42 - 51 Yrs.	12,031	9.0%
52 - 61 Yrs.	4,773	3.6%
62 Yrs. & Older	3,129	2.3%
Total	133,497	100.0%

Age	Number of Persons	Percentage of Total
Birth - 2 Yrs.	24,726	11.9%
3 - 13 Yrs.	58,718	28.2%
14 - 21 Yrs.	35,323	17.0%
22 - 31 Yrs.	29,501	14.2%
32 - 41 Yrs.	22,414	10.8%
42 - 51 Yrs.	20,796	10.0%
52 - 61 Yrs.	11,401	5.5%
62 Yrs. & Older	5,169	2.5%
Total	208,048	100.0%

Residence Type	Number of Persons	Percentage of Total
Own Home-Family	86,789	65.0%
Community Care	23,930	17.9%
ILS/SLS	10,088	7.6%
SNF/ICF	7,091	5.3%
Developmental Center	4,937	3.7%
Other	662	0.5%
Total	133,497	100.0%

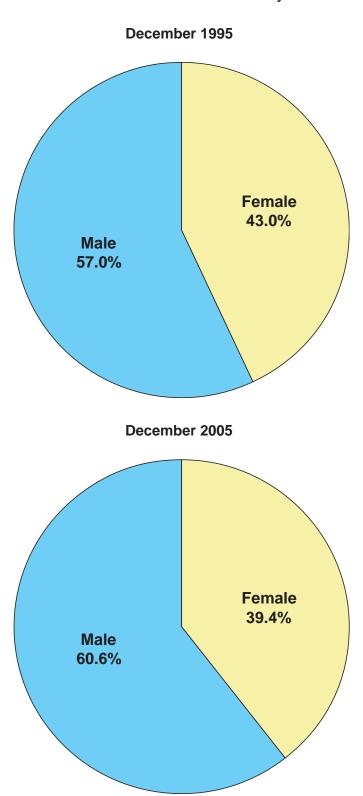
Residence Type	Number of Persons	Percentage of Total
Own Home-Family	150,069	72.1%
Community Care	26,496	12.7%
ILS/SLS	18,115	8.7%
SNF/ICF	8,833	4.2%
Developmental Center	3,054	1.5%
Other	1,481	0.7%
Total	208,048	100.0%

Ethnicity	Number of Persons	Percentage of Total
White	65,102	48.8%
Hispanic	33,654	25.2%
Black	14,199	10.6%
Asian	5,870	4.4%
Filipino	2,080	1.6%
Native American	566	0.4%
Pacific Islander	219	0.2%
Other	11,807	8.8%
Total	133,497	100.0%

Ethnicity	Number of Persons	Percentage of Total
White	86,488	41.6%
Hispanic	67,026	32.2%
Black	20,940	10.1%
Asian	11,790	5.7%
Filipino	4,165	2.0%
Native American	822	0.4%
Pacific Islander	458	0.2%
Other	16,359	7.9%
Total	208,048	100.0%

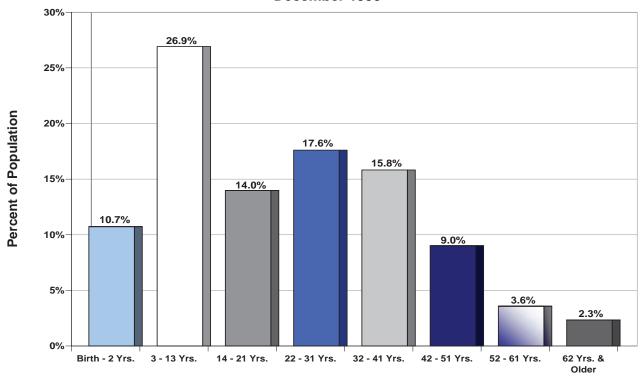
Note: The source of the data depicted in the "Demographics of Persons Served by DDS" tables and charts is the Client Master File (CMF). Please refer to page 1 for the definitions of the CMF and status codes.

### Gender of Individuals Served by DDS\*

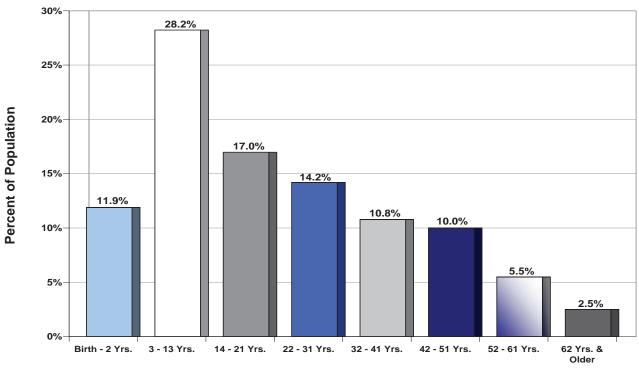


### Age of Individuals Served by DDS\*

#### December 1995

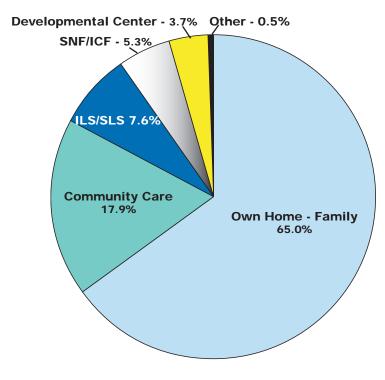


#### December 2005

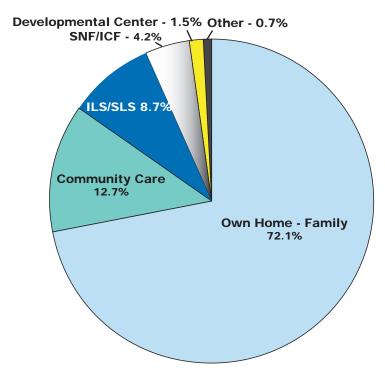


### Residence of Individuals Served by DDS\*

#### December 1995

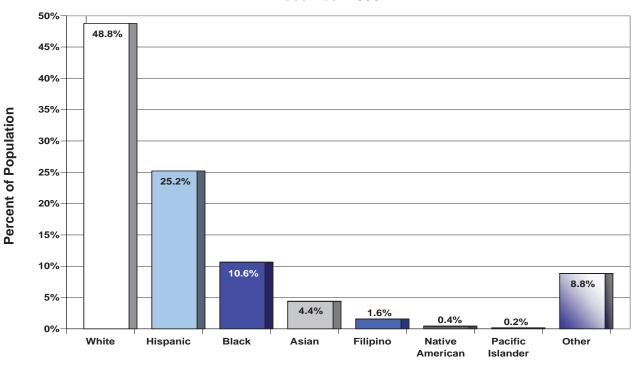


#### December 2005

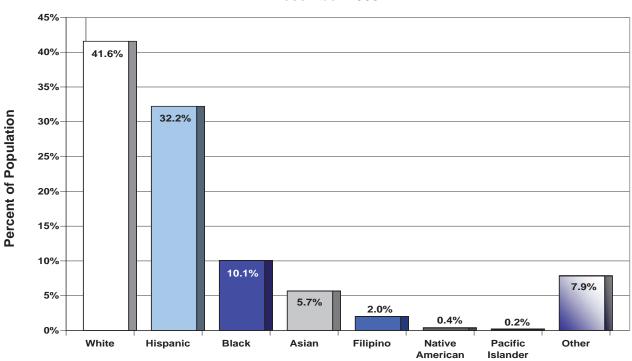


### Ethnicity of Individuals Served by DDS\*

#### December 1995



#### December 2005



# Residence Types of Persons with Developmental Disabilities by Age Group in December 1995 and December 2005

During the period from December 1995 through December 2005, 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-Family" 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 1995 and December 2005. 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."

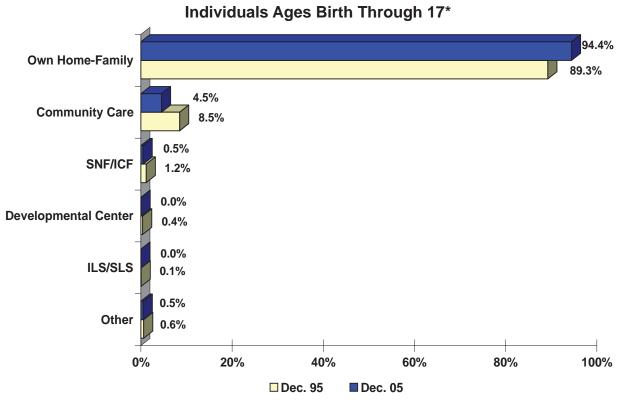
Individuals Ages Birth through 17				
	as of Dec. 1995 as of Dec. 2005			ec. 2005
	Number of	Percentage	Number of	Percentage
Residence Type	Persons	of Total	Persons	of Total
Own Home-Family	53,123	89.3%	96,443	94.4%
Community Care	5,061	8.5%	4,618	4.5%
SNF/ICF	699	1.2%	487	0.5%
Developmental Center	235	0.4%	44	0.0%
ILS/SLS	41	0.1%	2	0.0%
Other	357	0.6%	528	0.5%
Total	59,516	100.0%	102,122	100.0%

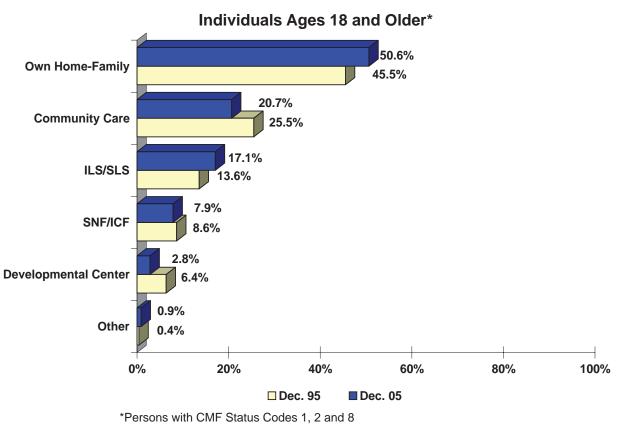
Individuals Ages 18 and Older				
	as of Dec. 1995 as of Dec. 2005			
	Number of	Percentage	Number of	Percentage
Residence Type	Persons	of Total	Persons	of Total
Own Home-Family	33,665	45.5%	53,626	50.6%
Community Care	18,869	25.5%	21,878	20.7%
ILS/SLS	10,047	13.6%	18,113	17.1%
SNF/ICF	6,392	8.6%	8,346	7.9%
Developmental Center	4,702	6.4%	3,010	2.8%
Other	304	0.4%	953	0.9%
Total	73,979	100.0%	105,926	100.0%

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

For a description of status codes, see page 1.

For a description of residence types, see page 4.





# 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 from the end of December 1995 through December 2005. The following patterns were found:

- Sixty percent of persons entering the developmental services system were under three years of age. Seventy-one 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.
- Another peak in the number of persons entering the developmental services system was found as individuals reached their mid 30s.

Information relating to the gender and age of persons engaged in the intake and assessment process in December 1995 and December 2005 is provided on the next page.<sup>3</sup> 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.

The percent of the population engaged in intake who were male increased from 62 percent in December 1995 to 67 percent in December 2005. In age distribution, the age group of birth through two years was the segment of the intake population with the largest increase, growing from 36 percent in December 1995 to 50 percent in December 2005. The combined age group of persons 14 through 31 years declined the most from 19 percent of the intake population in December 1995 to 12 percent in December 2005.

Of the 7,324 persons who received intake and assessment services in December 2005, 53 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 1, 2006.

<sup>&</sup>lt;sup>3</sup>Prior 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 in 1995 and 2005

December 1995

December 2005

	Number of	Percentage	Number of	Percentage
Age	Persons	of Total	Persons	of Total
Birth to 2 Yrs	2,154	36.0%	3,649	49.8%
03 to 13 Yrs	2,201	36.8%	2,524	34.5%
14 to 21 Yrs	760	12.7%	665	9.1%
22 to 31 Yrs	391	6.5%	197	2.7%
32 to 41 Yrs	251	4.2%	105	1.4%
42 to 51 Yrs	117	2.0%	94	1.3%
52 to 61 Yrs	66	1.1%	58	0.8%
62 and Older	45	0.8%	32	0.4%
Total	5,985	100.0%	7,324	100.0%

December 1995

December 2005

	Number of	Percentage	Number of	Percentage
Gender	Persons	of Total	Persons	of Total
Male	3,687	61.6%	4,921	67.2%
Female	2,298	38.4%	2,403	32.8%
Total	5,985	100.0%	7,324	100.0%

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

### Characteristics of Persons with CDERs⁴ on File as of December in 1995 and 2005

DDS collects data on the characteristics of the persons it serves. In the tables and charts that follow, information on four of the major categories of developmental disabilities of persons served by DDS are presented for December 1995 and December 2005. 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 1995 to December 2005. For example, only 13.1 percent of the population served had "No Mental Retardation (No MR)" recorded on their CDERs in December 1995. By December 2005, the percent with "No MR" had grown to 22.8 percent. During this same time period, the percentage of persons reported to have "Moderate", "Severe" or "Profound" mental retardation declined from a collective 42.8 percent to 32.0 percent. The percent of the population with epilepsy and the percent with cerebral palsy also declined over this period from 25.0 to 20.6 percent for epilepsy and from 23.4 to 19.0 percent for cerebral palsy. The only category that showed an overall increase as a percentage of the population was autism, which grew from 5.8 percent in December 1995 to 16.2 percent in December 2005.<sup>5</sup>

The accumulated growth rates spanning December 1995 through December 2005 for the four major categories of developmental disabilities are compared on page 18. In addition, the graph on page 19 displays information on the combinations of developmental disabilities that persons served by DDS have.

<sup>&</sup>lt;sup>4</sup>Only persons with a <u>Client Development Evaluation Report</u> (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.

<sup>&</sup>lt;sup>5</sup>For 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.

Mental Retardation						
	Dec. 1	1995	Dec. 2005			
Level of						
Mental	Number of	% of	Number of	% of		
Retardation	Persons	Total	Persons	Total		
No MR	14,851	13.1%	41,259	22.8%		
Mild	42,497	37.6%	70,248	38.8%		
Moderate	23,840	21.1%	31,707	17.5%		
Severe	12,920	11.4%	15,012	8.3%		
Profound	11,629	10.3%	11,190	6.2%		
Unknown	7,310	6.5%	11,775	6.5%		
Total	113,047	100.0%	181,191	100.0%		

Mental Retardation is characterized by significant limitations both in intellectual functioning (i.e., an IQ of approximately 70 or below) and in adaptive behavior as expressed in conceptual, social and practical adaptive skills. Levels of retardation are reported here as mild, moderate, severe, profound, no MR (i.e., mental retardation is not present), or unknown.

	E Dec. 1	pilepsy 1995	Dec. 2	2005
Has Epilepsy	Number of Persons	% of Total	Number of Persons	% of Total
No	84,825	75.0%	143,890	79.4%
Yes	28,222	25.0%	37,301	20.6%
Total	113,047	100.0%	181,191	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.

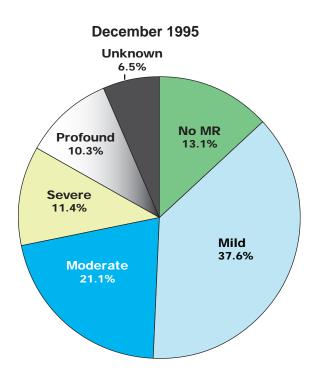
		bral Pals	Sy Dec. 2	2005
	Dec. 1995		Dec. 2	2003
	Number of	% of	Number of	% of
Has CP	Persons	Total	Persons	Total
No	86,632	76.6%	146,837	81.0%
Yes	26,415	23.4%	34,354	19.0%
Total	113,047	100.0%	181,191	100.0%

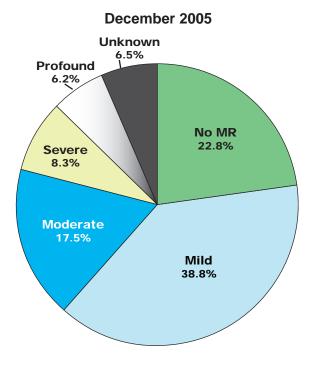
Cerebral Palsy includes two types of motor dysfunction: (1) nonprogressive lesion or disorder in the brain occurring during intrauterine life or the perinatal period and characterized by paralysis, spasticity, or abnormal control of movement or posture which is manifest prior to two or three years of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

	A	Autism		
	Dec. 1	1995	Dec. 2	2005
	Number of	% of	Number of	% of
Has Autism	Persons	Total	Persons	Total
No	106,520	94.2%	151,767	83.8%
Yes	6,527	5.8%	29,424	16.2%
Total	113,047	100.0%	181,191	100.0%

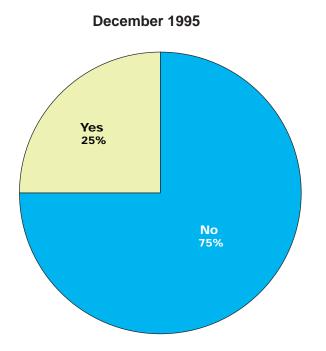
**Autism** is a neurodevelopmental disorder with multiple etiologies defined as a syndrome causing gross and sustained impairment in social interaction and communication with restricted and stereotyped patterns of behavior, interests, and activities that appear prior to the age of three. The number of persons reported with Autism include both the diagnosis of Autism-Full Syndrome and the diagnosis of Autism-Residual State, as recorded on CDER.

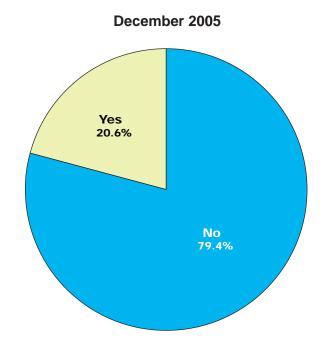
#### Level of Mental Retardation



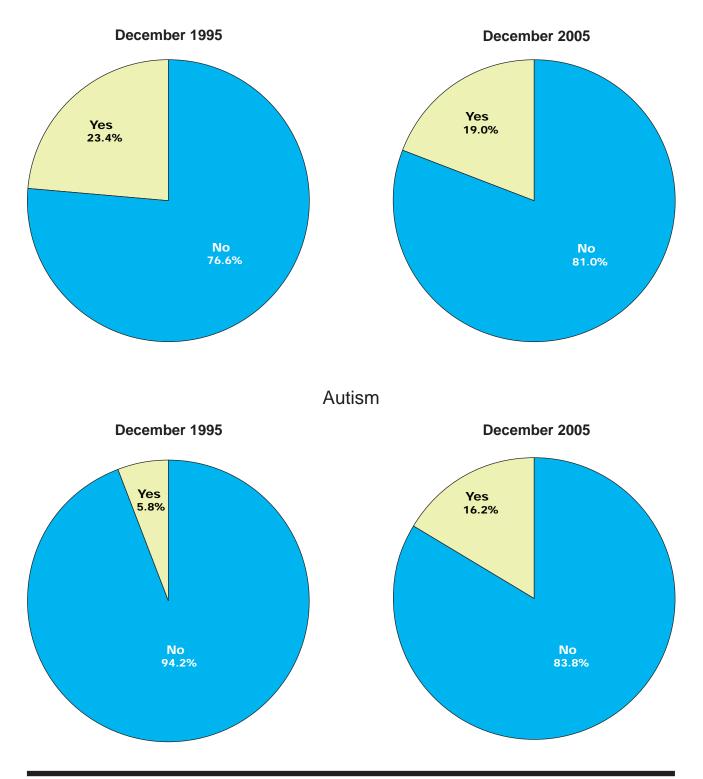


Epilepsy or Seizure Disorder





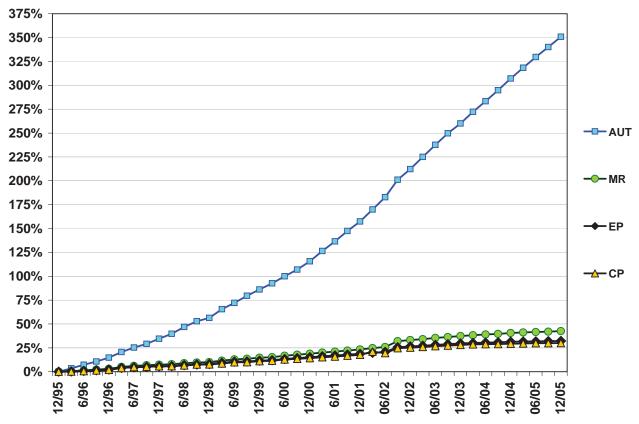
### Cerebral Palsy or Similar Motor Dysfunctions



# Trends of Four Major Categories of Developmental Disabilities Compared

Population Growth from December 1995 through December 2005 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 categories of developmental disabilities over a ten-year period, from December 1995 through December 2005, reveals a significant rate of growth for those with autism compared to the other three categories of developmental disabilities. While the total number of persons with current CDERs increased 60 percent (113,047 to 181,191), the number of persons with autism recorded on their CDERs grew 351 percent (6,527 to 29,424) from December 1995 through December 2005. During this same period, the other categories of developmental disabilities showed the following growth: 1) mental retardation, 43 percent (98,196 to 139,932 persons); 2) epilepsy, 32 percent (28,222 to 37,301 persons); and 3) cerebral palsy, 30 percent (26,415 to 34,354 persons). As shown on the next page, individuals may have more than one developmental disability.

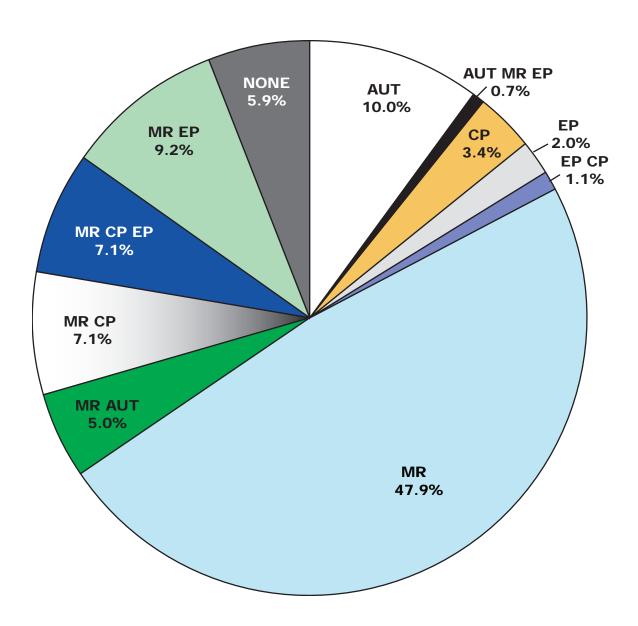


MR = Mental Retardation; AUT = Autism; EP = Epilepsy/Seizure Disorder; CP = Cerebral Palsy

Note: Population numbers for each category of developmental disability identified above should not be added together, because there is duplication of persons across categories.

### Information on Developmental Disability Combinations

Based on December 2005 CDER



Note: The four major categories 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 small. The combinations and percents omitted from the chart are as follows--AUT/EP=0.2%, AUT/MR/CP=0.1%, AUT/CP=0.1%, AUT/EP/CP=0.0% and AUT/MR/EP/CP=0.1%.

# What People Receive

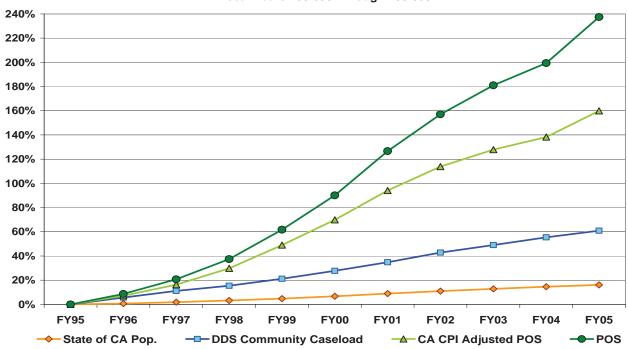


"Scene with Bicycle" is a mixed media on paper art work created by artist Jean McElvane. A talented artist whose creativity ranges from abstract art to realism, Jean uses a variety of art mediums such as recycled trash, clay, pastels and paint in her works. She began studying art and music at age 18 at a community college and attended National Institute of Art and Disabilities (NIAD) during the summers. Jean counsels others to "have patience with themselves, knowing they are here in this world giving out glory". Jean's art has been shown widely in NIAD exhibits and other galleries. NIAD is an innovative visual art center that serves adults with developmental and physical disabilities."

### POS Growth Compared to DDS Caseload and State of California Population Growth - Fiscal Years (FY) 1994/95 through 2004/05

The cumulative rate of growth for Purchase of Service (POS) expenditures from FY 1994/95 through FY 2004/05 totaled 237 percent. The cumulative growth rate of POS dollars adjusted by the California Consumer Price Index (CA CPI)<sup>6</sup> totaled 160 percent. By comparison, the community caseload (persons with status codes 1 and 2 on the CMF in June of each FY) grew 61 percent over this period. The State of California population from January 1995 through January 2005 grew 16 percent (based on Dept. of Finance estimates).

# Comparison of Cumulative Growth in POS, CA CPI Adjusted POS, DDS Community Caseload, and State of California Population Fiscal Years 1994/95 Through 2004/05



	State of (DOF Jan. I			aseload :us 1 & 2)	CA CPI Adjus	ted POS	POS Expen	ditures
Fiscal	Number of	Cumulative	Number of	Cumulative		Cumulative		Cumulative
Year	Persons	Growth	Persons	Growth	Dollars	Growth	Dollars	Growth
1994/95	31,617,000	0	125,312	0	\$424,824,925	0	\$649,982,136	0
1995/96	31,837,000	0.70%	132,411	5.67%	\$455,156,656	7.14%	\$706,403,130	8.68%
1996/97	32,207,000	1.87%	139,321	11.18%	\$494,120,749	16.31%	\$784,663,750	20.72%
1997/98	32,657,000	3.29%	144,619	15.41%	\$551,546,585	29.83%	\$893,505,467	37.47%
1998/99	33,140,000	4.82%	151,926	21.24%	\$633,328,227	49.08%	\$1,051,324,857	61.75%
1999/00	33,753,000	6.76%	160,091	27.75%	\$721,704,353	69.88%	\$1,235,557,853	90.09%
2000/01	34,442,000	8.94%	169,022	34.88%	\$824,781,936	94.15%	\$1,473,060,538	126.63%
2001/02	35,089,000	10.98%	179,028	42.87%	\$908,473,643	113.85%	\$1,670,683,029	157.04%
2002/03	35,691,000	12.89%	186,763	49.04%	\$968,094,009	127.88%	\$1,826,793,395	181.05%
2003/04	36,245,000	14.64%	194,769	55.43%	\$1,012,336,263	138.29%	\$1,945,710,298	199.35%
2004/05	36,728,000	16.17%	201,614	60.89%	\$1,104,329,030	159.95%	\$2,193,197,453	237.42%

<sup>&</sup>lt;sup>6</sup>The source of the California CPI index is the California Department of Finance (DOF). DOF calculates the index using a formula developed by the California Department of Industrial Relations.

# Purchase of Service Expenditures by Budget Category Fiscal Year 2004/05

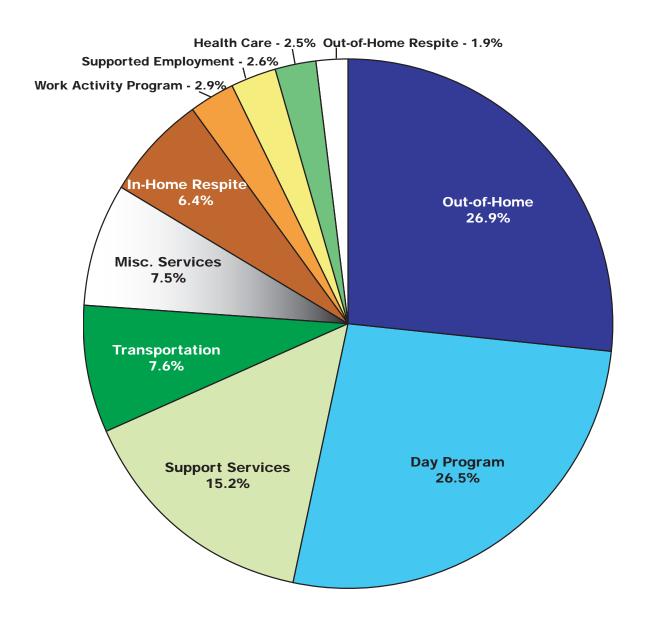
Due to the transfer of Supported Employment Programs (SEP) and Work Activity Programs (WAP) from the Department of Rehabilitation (DOR) to DDS, two new POS budget categories were added in Fiscal Year (FY) 2004/05. SEP services include Individual Supported Employment programs, where individuals have paid employment in an integrated setting with the support services of an individual job coach, and Group Supported Employment programs, where a group of three to eight persons perform paid work in an integrated setting where they receive support services from a job coach. WAP services are normally provided in non-integrated settings where individuals are paid for their work and receive other vocational training to help them achieve their highest level of vocational functioning.

In FY 2004/05, POS expenditures totaled nearly 2.2 billion dollars. While most categories increased in terms of total dollars between FY 2003/04 and 2004/05, the category of In-Home Respite decreased in total dollars by 7.8 million. Support Services grew the most in terms of dollars, increasing over \$35 million between FY 2003/04 and 2004/05, but Miscellaneous Services grew the most in terms of the percent of dollar increase, rising 19.4 percent. Other service categories with large increases in dollar amounts were Out-of-Home and Day Program, but their percent of increase represented only 5.5 percent and 5.0 percent, respectively. After Miscellaneous Services, the two categories with the largest percentage increases were Support Services that grew 11.7 percent and Health Care that grew 10.8 percent in dollars between FY 2003/04 and FY 2004/05.

	Fiscal Year 2004/05	
Budget Category	POS Dollars	% of Total
Out-of-Home	\$590,314,898	26.9%
Day Program	581,307,817	26.5%
Support Services	334,407,911	15.2%
Transportation	167,449,189	7.6%
Misc. Services	163,814,879	7.5%
In-Home Respite	139,591,088	6.4%
Work Activity Program	62,594,498	2.9%
Supported Employmnt	57,866,923	2.6%
Health Care	54,636,548	2.5%
Out-of-Home Respite	41,213,703	1.9%
Total	\$2,193,197,453	100.0%

Note: Regional centers can submit purchase of service claims to DDS years after the services have been delivered. Dollar amounts are recorded in the POS file according to when the services were rendered, not when the claims were received. As such, the POS dollar amounts reflected for prior years continue to change as additional vendor billings are received for services delivered during previous years. The POS file at DDS HQ is updated monthly. While all of the POS-related articles in this Fact Book edition are based on the POS file as updated in July 2006, dollar amounts reported for prior years may not agree with the dollar amounts reported for the same years in previous editions of the Fact Book.

#### Fiscal Year 2004/05 POS Dollars



# POS Expenditure Changes Fiscal Years 2000/01 through 2004/05

While most service categories increased in total POS dollars spent in FY 2004/05 compared to 2000/01, the percentage change in dollars over the period varied considerably from one service category to the next. Two service categories that had fewer POS dollars in FY 2004/05 than in FY 2000/01 were "Mobility Training" that decreased 17 percent and "Activity Center" that decreased 2 percent.

The highest growth category in terms of the percentage change in POS dollars over the five years was "Behavioral Services" (increased 215 percent). Other high growth categories over this time span included "Other Look-Alike Programs" (increased 210 percent) and "Social Recreational Activities" (increased 167 percent). By comparison, total POS expenditures increased 49 percent between FY 2000/01 and 2004/05.

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, between FY 2000/01 and 2004/05 POS dollars spent for "Non-Medical Therapy Services" increased 122 percent, but in terms of dollars, gained about \$4 million. Conversely, POS expenditures for "Residential Services" over this five year period grew about 28 percent but the dollar increase totalled over \$124 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 2004/05 for the three service categories with the highest growth rates between FY 2000/01 and 2004/05 (i.e., "Behavioral Services", "Other Look-Alike Programs", and "Social Recreational Activities") represented about seven 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 for total POS dollars during the five year span, together represented over half of all POS dollars spent (26 percent and 24 percent, respectively) in FY 2004/05.

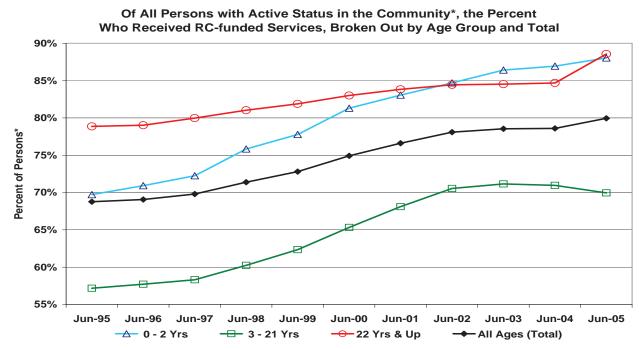
POS Expend	itures by	Fiscal Ye	ar (Dollar	s in Thou	sands)	
						FY 00/01 to FY 04/05
Service Category	FY 00/01	FY 01/02	FY 02/03	FY 03/04	FY 04/05	% Change
Residential Services	\$451,943	\$479,943	\$514,882	\$547,594	\$576,320	27.5%
Adult Day Programs	\$405,712	\$442,398	\$480,579	\$509,193	\$530,432	30.7%
Activity Center	\$42,946	\$42,448	\$42,482	\$42,296	\$41,965	-2.3%
Adult Development Center	\$200,327	\$213,595	\$225,123	\$238,434	\$247,683	23.6%
Behavior Mgmt. Program	\$89,523	\$99,864	\$108,011	\$115,291	\$122,376	36.7%
Independent Living Program	\$53,386	\$57,952	\$60,772	\$59,673	\$61,361	14.9%
Social Recreation Program	\$2,087	\$2,486	\$2,860	\$2,975	\$3,051	46.2%
Other "Look-Alike" Programs	\$17,444	\$26,053	\$41,331	\$50,524	\$53,996	209.5%
Supported Living & Related Svcs	\$122,542	\$153,810	\$181,840	\$209,023	\$231,997	89.3%
Transportation	\$126,911	\$143,639	\$152,951	\$161,323	\$167,501	32.0%
Respite	\$119,433	\$145,811	\$154,867	\$153,573	\$144,439	20.9%
Infant Program Services	\$65,624	\$75,708	\$84,763	\$90,207	\$99,828	52.1%
Behavioral Services	\$27,684	\$38,353	\$49,927	\$71,773	\$87,126	214.7%
Medical Care & Services	\$43,628	\$51,827	\$58,148	\$61,048	\$64,212	47.2%
Work Activity Program	\$0	\$0	\$0	\$0	\$62,590	
Supported Employment Program	\$0	\$0	\$0	\$0	\$57,872	
Day Care	\$23,972	\$29,562	\$32,945	\$33,743	\$35,687	48.9%
Supplemental Program Support	\$21,171	\$26,264	\$29,256	\$30,122	\$33,617	58.8%
Social/Recreational Activities	\$6,824	\$11,395	\$13,783	\$14,075	\$18,226	167.1%
Non-Medical Therapy Services	\$3,405	\$5,537	\$6,937	\$7,209	\$7,563	122.1%
Medical & Adaptive Equip./Supplies	\$5,238	\$5,684	\$5,175	\$5,337	\$6,183	18.0%
Camps	\$3,286	\$3,843	\$4,478	\$3,886	\$3,868	17.7%
Environmental & Vehicle Modif.	\$1,143	\$1,680	\$846	\$1,208	\$1,379	20.7%
Mobility Training	\$604	\$599	\$630	\$580	\$501	-17.0%
All Other Services	\$43,939	\$54,631	\$54,986	\$57,171	\$63,858	45.3%
TOTAL	\$1,473,061	\$1,670,684	\$1,826,992	\$1,957,066	\$2,193,197	48.9%

# Percent of Persons Receiving RC-funded Services of All Persons Served by DDS in the Community, Fiscal Years 1994/95 through 2004/05

All persons served by DDS receive case management services through their local RC; regardless of whether they 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).

Of all persons served in the community (CMF status codes 1 or 2), the percent who received RC-funded services continued to increase over the years spanning fiscal year (FY) 1994/95 through FY 2004/05. As of June 1995, 69 percent of persons served in the community received RC-funded services during FY 1994/95; by June 2005, nearly 80 percent received RC-funded services in FY 2004/05.

During the years spanning FY 1994/95 through 2004/05, the percentages and growth rates varied widely across age groups. In general, the age 22 years and older group grew slowly in its percent of persons in the community receiving RC-funded services, but spiked during FY 2004/05. While the percentage of children under age three receiving RC-funded services was lower than that of the 22 years and older group during the years prior to FY 2001/02, their percent of recipients exceeded that of the older group in three of the last four years. In the last two years, the percent of recipients in the 3 to 21 age group has declined.



\*"Persons with Active Status in the Community" is defined as persons with status codes 1 or 2 on the Client Master File.

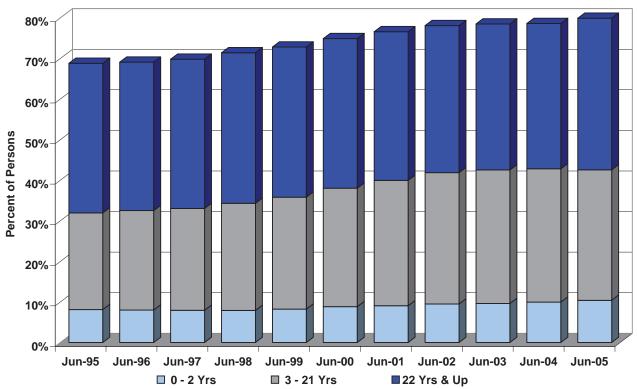
The data points in the graph above show, for each age group, the percentage who received RC-funded services out of all persons with active status in the community.

# Age Distribution of Persons Who Received RC-funded Services, Fiscal Years 1994/95 through 2004/05

The age distribution of the population who received RC-funded services over the past 11 fiscal years is also noteworthy. The top of each bar in the chart below reflects the percent of persons who received RC-funded services out of all individuals served in the community. The sections within each bar represent the distribution by age group of persons who received RC-funded services.

The distribution across age group of persons who receive RC-funded services has shifted over the years from FY 1994/95 through 2004/05. Persons ages 22 and over continue to comprise the largest segment of RC-funded service recipients. However, the age group that increased the most in its percentage of persons receiving RC-funded services during the eleven fiscal years was the 3 through 21 years age group (gaining of 8.3%). While individuals under age three represented the age group with the highest increase in the percentage of persons receiving RC-funded services of all persons with active status in the community (18% increase - see graph on page 26), this age group still represents a relatively small percentage of the population who received RC-funded services.

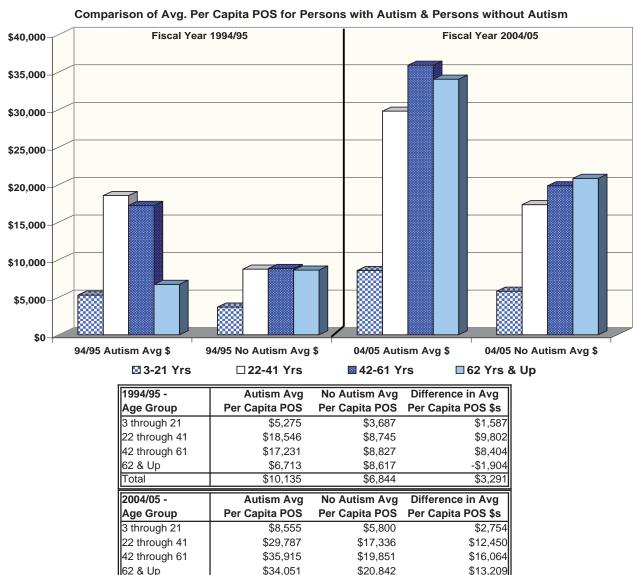




<sup>\*</sup> Includes only persons who received RC-funded services and had a status code 1 or 2 on CMF in June of the respective fiscal year.

# Average Per Capita POS Dollars Compared for Persons with Autism and Persons without Autism, with Details by Age

In both fiscal years (FY) 1994/95 and 2004/05, persons with autism, on average, received more expenditures than persons without autism in all age groups, except for the age group "62 & Up" in FY 1994/95. From FY 1994/95 to 2004/05, the differences in average per capita expenditures between persons with autism and persons without autism increased in all age categories. Interestingly, the overall average POS for persons with autism fell in comparison to the average POS for persons without autism. In FY 1994/95, persons with autism on average received \$3,291 more in POS than persons without autism. In FY 2004/05, POS expenditures for persons without autism on average exceeded those for persons with autism by \$953. The reason for this change is shown on the next page.



Note: Only persons with status codes 1 or 2 on the CMF in June1995 for FY 1994/95 and June 2005 for FY 2004/05 were included in the tables and graph above. 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.

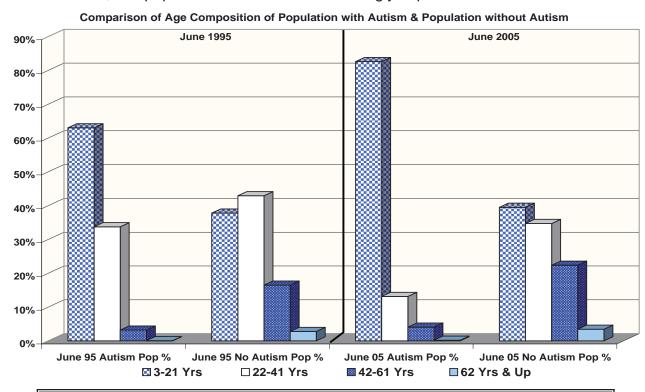
\$13,462

\$12,510

Total

## Age Composition for Population with Autism and Population without Autism Compared

The reason average POS expenditures for persons without autism, overall, now exceed those for persons with autism, overall, is that the age composition of these two populations has shifted. From June 1995 to June 2005, the autism population became younger. The "3 through 21" age group grew from 63 percent of the autism population in June 1995 to 83 percent by June 2005. Since children tend to live at home and use education services, serving them, on average, costs considerably less than serving adults. During this same period, the population without autism became older, causing their overall service costs to increase. As the autism population ages, if age related costs stay consistent with current cost structures, this population will become increasingly expensive to serve.



	June 95	% of Total Autism	June 95	% of Total No Autism
Age Group	Autism Pop w. POS	Pop w. POS	No Autism Pop w. POS	Pop w. POS
3 through 21	2,784	63.0%	27,048	37.8%
22 through 41	1,491	33.7%	30,721	42.9%
42 through 61	141	3.2%	11,810	16.5%
62 & Up	3	0.1%	2,003	2.8%
Total	4,419	100.0%	71,582	100.0%
	June 05	% of Total Autism	June 05	% of Total No Autism
Age Group	June 05 Autism Pop w. POS	% of Total Autism Pop w. POS	June 05 No Autism Pop w. POS	% of Total No Autism Pop w. POS
Age Group 3 through 21				
	Autism Pop w. POS	Pop w. POS	No Autism Pop w. POS	Pop w. POS
3 through 21	Autism Pop w. POS 18,173	Pop w. POS 82.6%	No Autism Pop w. POS 46,678	Pop w. POS 39.5% 34.7%
3 through 21 22 through 41	Autism Pop w. POS 18,173 2,889	Pop w. POS 82.6% 13.1%	No Autism Pop w. POS 46,678 41,021	Pop w. POS 39.5%

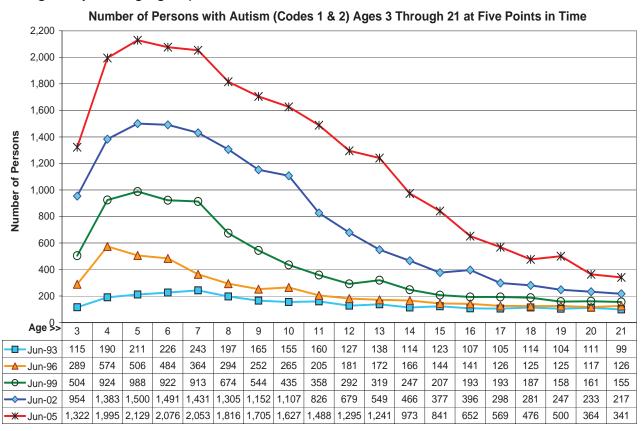
Note: Only persons with status codes 1 or 2 on the CMF in June 1995 for FY 1994/95 and June 2005 for FY 2004/05 were included in the tables and graph above. Also, individuals under age three were excluded because children under age three seldom have a CDER, the data source used to identify persons with autism.

# Population Trends by Year of Age for Children with Autism Ages 3 through 21

As of June 2005, 84 percent of all persons with autism served by DDS were 3 to 21 years of age, inclusive. Since this age group, on average, has lower per capita costs, there is increasing concern regarding cost implications for future years as this growing segment of the population ages. The chart below shows the distribution by age for children with autism ages 3 through 21 at five points in time. In June 1993, the distribution across these ages was relatively flat. Using June 1993 as the base year, the three ages with the highest cumulative growth rates from June 1993 through June 2005 were ages 3, 4, and 10.

However, when comparing one point in time to the next, the growth percentages show a different pattern. Between June 1996 and June 1999, the three ages with the largest increases in caseload were ages 7, 8, and 5. The highest caseload growth between June 1999 and June 2002 occurred with ages 10, 11, and 9. Meanwhile, the number of children ages 13, 15, and 14 increased the most between June 2002 and June 2005.

As these children grow older, the cost implications become significant. In FY 2004/05, the average per capita cost for individuals with autism ages 22 through 41 years of age was 248 percent higher than the average per capita cost for persons with autism in the 3 through 21 years age group.



Data Source: Information is drawn from files reflecting June month end data for 1993, 1996, 1999, 2002, and 2005. Data on autism is derived from the Client Development Evaluation Report and age is calculated based on birth dates found on the Client Master File.

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