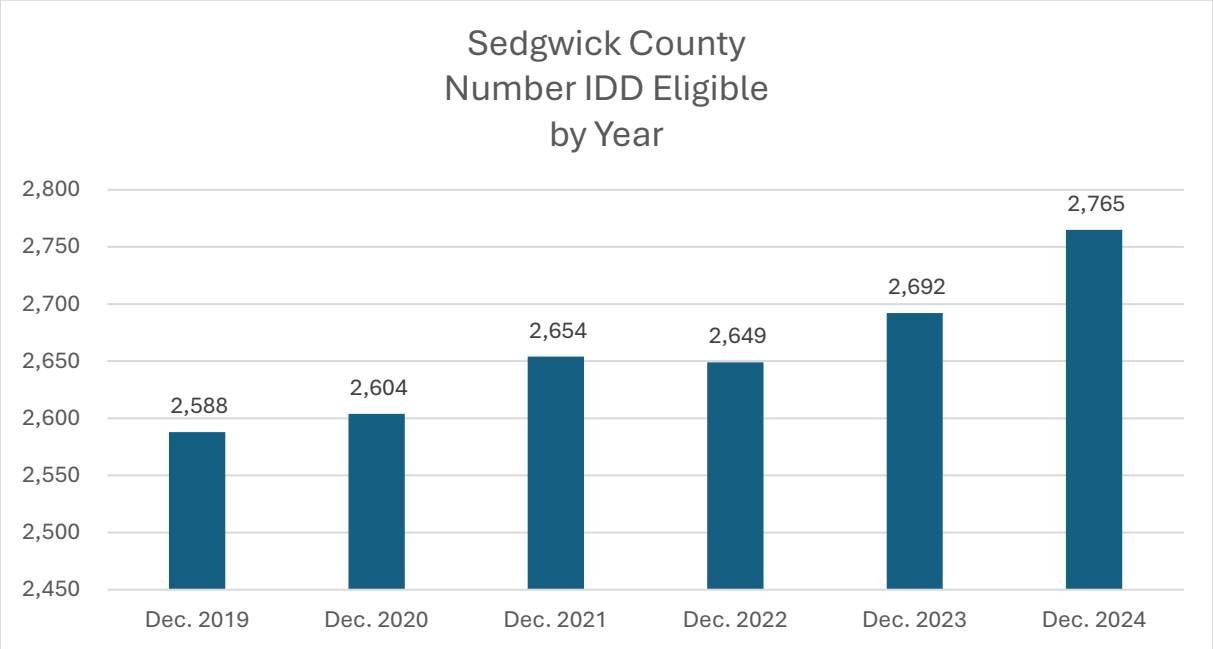
SEDGWICK COUNTY DEVELOPMENTAL DISABILITY ORG.
2024 CAPACITY REPORT

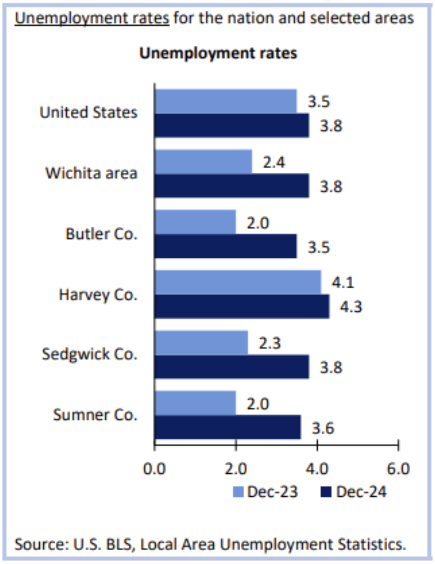
I. Service Area:

According to the US Census Bureau, Sedgwick County, KS had an estimated population of 531,570 in 2024. As of December 31, 2024, the Sedgwick County Developmental Disability Organization (SCDDO) had a total of 2,765 individuals determined eligible for the intellectual/developmental disability (IDD) system. Except for 2022 when there was a slight decrease, the number of individuals eligible for the IDD system has grown annually. Sedgwick County added a total of 73 individuals in 2024, which was the largest one-year increase in the last five years. On average, around 35 new individuals are determined eligible annually.



As of December 31, 2024, Sedgwick County had 1,621 individuals receiving Home & Community Based Services (HCBS). The December 2024 HCBS Monthly Summary on the Kansas Department of Aging and Disability Services' (KDADS) website indicates Kansas had a total of 9,399 individuals eligible for the IDD waiver program. The statewide waitlist was listed as 4,320. Sedgwick County's IDD eligible makes up 29% of the state total and 22% of the state's waiting list. See below system summary for more Sedgwick County IDD system information.

In 2024 progress was made in reducing the wait time for IDD Waiver services. The 2023 capacity report noted the wait time was over 10 years, but it was around 9 years by the end of 2024. The Kansas Legislature funded removing 500 individuals off the waiting list and capping the list at 4,800, which clearly had an impact in 2024. Sedgwick County received a total of 259 waiting list offers, only 65 waiting list offers were received in 2023. As of January 2025, the SCDDO has received confirmation that 121 individuals had accepted the offer. The number starting services in 2024 will be smaller. There are several reasons for the delay between accepting an offer and starting services. Many must apply for Medicaid, which generally takes at least 45 days. If the person did not have a targeted case manager (TCM) while on the waiting list, they will typically start with this service.



The Bureau of Labor puts Sedgwick County's 2024 unemployment rate at 3.8. While this is an increase over 2023's unemployment rate, it is still considered low and represents a competitive market for labor. The community unemployment rate has a direct impact on IDD providers ability to hire and maintain quality staff. A tight employment market places pressure on wages to increase. As the chart to the left shows, Sedgwick County's 2024 unemployment rate is lower than Harvey County's, but on par with the national and other surrounding counties.

2024 SEDWICK COUNTY IDD ELIGIBLE SYSTEM SUMMARY

TOTAL ELIGIBLE BY AGE	
Age 0 to < 5	12
Age 5 to < 18	641
Age >= 18	2112

WAITING LIST	
*Unserved - waiting for HCBS only - Under 18	490
*Unserved - waiting for HCBS only - 18 & Above	479
Total Unserved - waiting for HCBS only	**969**
HCBS Waiting list offers	259
HCBS Waiting list acceptance	102
Waiting for Non-HCBS (Local Waiting List - Tier 0)	26

TOTAL ELIGIBLE BY RACE & ETHNICITY	
American Indian/Native Alaskan	23
Asian	65
Black/African American	352
Hispanic (duplicative of other races)	335
Native Hawaiian/other Pacific Islander	2
Race Missing	6
Reporting 2 or More Races	73
Reporting Some Other Race	52
White - Hispanic	319
White - non-Hispanic	1873

SCDDO ACTIVITIES	
New Persons Added	196
Intakes Completed	187
Options Counseling Transactions	681
Functional Assessment	1970

CASE TRANSFERS	
In	43
Out	25

TARGETED CASE	
TOTAL TCM SERVED (unduplicated):	2149
# WITHOUT TCM SERVICES*:	616

*Once determined eligible, individuals may choose TCM. If they do not have Medicaid Title IX, the service would be private pay, and many choose to go without TCM. This does not reflect a waiting list for TCM services.

System terminations were down over last year, 120 from 161 in 2023. Significantly fewer individuals moved out of state, self-terminated or moved out of the county. Non-specified terminations were also down substantially. Unfortunately, the number of individuals leaving the IDD system for a nursing facility placement increased by 7 over the prior year. The number incarcerated was up slightly.

TERMINATIONS	
1-Deceased	21
7-Moved out of state	13
9-Self-termination	7
10-Moved out of county	19
11-Term by CDDO	4
12-Incarcerated	8
12-Non-Specified	31
12-State Hospital	1
12-Nursing Facility Placement	16
Total Terminated	**120**
GATEKEEPING	
Access request	0
Exits	1
Admits	1
Total # of persons in ICF	36

The number of persons in intermediate care facilities (such as Parsons State Hospital) has been decreasing over the years and was down to 36 in 2024. In 2022 there were 48 people from Sedgwick County in intermediate care facilities; it has been as high as 60 in 2017.

In addition to waiver services, the SCDDO utilizes 100% of its state aid funding for services for individuals. In 2024 an average of 1,787 individuals per quarter received state aid funded services (unduplicated numbers are reported quarterly to KDADS but there is duplication between quarters). Most of these services are delivered through grants to affiliated agencies or allocated via the SCDDO Funding Committee. A total of 11 people received state aid funded day, 10 state aid funded residential, 1 person had state aid funded supported employment, and an average of 12 people received state aid funded in-home supports during 2024.

II. Provider Network:

SEDGWICK COUNTY IDD PROVIDER NETWORK
2024 SUMMARY

Service	# of Providers at Beginning of 2024	# of Providers Added	# of Providers Quit	# of Providers at End of 2024	Net Change in Providers in 2024
Assistive Services	4	0	-2	2	-2
Day Supports (Full)	18	0	0	18	0
Day Supports (Limited)	3	+1	-1	3	0
Enhanced Care (AD*)	1	0	0	1	0
Enhanced Care (SD**)	7	+1	-1	7	0
Financial Management Services	7	+1	-1	7	0
Medical Alert Rental	4	+1	-1	4	0
Overnight Respite (AD)	1	0	0	1	0
Overnight Respite (SD)	7	+1	-1	7	0
Personal Care Services (SD)	7	+1	-1	7	0
Residential Supports (Full)	14	+2	-1	15	+1
Residential Supports (Limited)	4	0	-1	3	-1
Specialized Medical Care	4	0	0	4	0
Supported Employment	3	0	0	3	0
Supportive Home Care (AD)***	3	0	0	3	0
Targeted Case Management	10	0	0	10	0
Wellness Monitoring	7	0	0	7	0

*AD = Agency Directed

**SD = Self Directed

***Note, one Supportive Home Care provider limits participation to their program clients, one is limited to children which results in only one provider serving all ages.

While there was no net change to the total number of agencies providing IDD services in 2024, there was quite a bit of movement among agencies in the network. A limited licensed residential agency added day supports to their license at the first of the year but then closed in the Fall of 2024. The prior year, two agencies that provide self-directed services were purchased by the same holding company; in 2024, the two agencies were merged into one agency. One new residential agency (first licensed and affiliated in 2023) decided to close before they served anyone. A company providing medical alert rentals was purchased by an existing affiliated agency. Two agencies adjusted their affiliation agreements to no longer include assistive services, as that was not a service they provided.

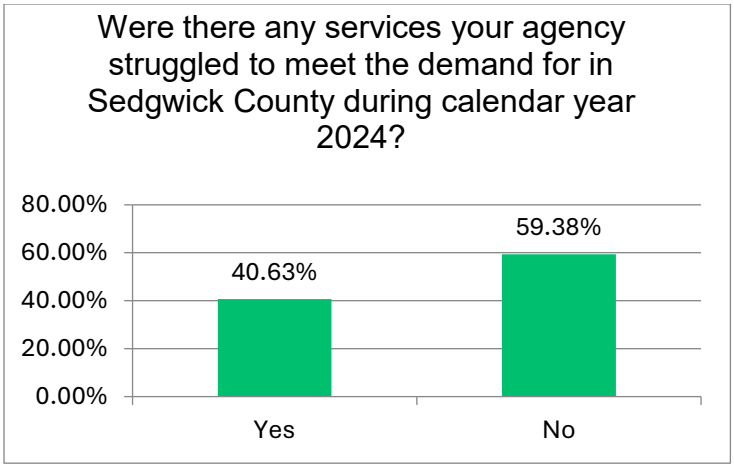
Two residential providers were added to the network in 2024. It is worth mentioning that neither of these new residential providers served persons in 2024. A company that provides self-directed services and one that provides medical alert rentals were also added to the Sedgwick County provider network.

Supportive home care is the one service without enough providers to allow choice for adults. There is just one agency that provides supportive home care to adults. Despite outreach to agencies that provide agency-directed personal care services for the WORK program, no new providers of supportive home care were added to the network. The self-directed service provider added to the network in 2024 delivers supportive home care (aka agency-directed personal care services) to other populations but declined to affiliate to provide the service for the IDD waiver. As KDADS looks to develop the Community Support Waiver, the limited capacity for agency-directed personal care services could be problematic. Not everyone is able to self-direct their services.

III. Key Indicators:

a. Access to Service

Around 40% of respondents indicated there were services they struggled to meet the demand for in 2024. This percentage is very close to what was indicated in 2023 (38%).



The specific services agencies struggled to meet are listed below. Residential and day supports were listed most often; however, it should be noted that nursing/specialized medical care is cited twice, and Sedgwick County only has three agencies that provided this service in 2024. Also worth mentioning is that meeting the needs of individuals with behavioral health challenges was identified as a struggle by two agencies. Transportation is frequently listed in our annual capacity surveys as a difficult service to meet demand. Agencies have not typically mentioned struggling to provide enhanced care, personal care services or wellness/coordination of healthcare in the annual capacity report.

Responses
TCM staffing challenges required requested holds. TCM services in Butler County were terminated.
SMC for IDD
Residential- Female sites Day- Behavioral Based sites
Residential in agency owned housing. We get several calls a week looking for agency-based housing. The process of purchasing or building a new home is a challenging process. Staffing shortages also impact expansion needs. We cannot build/purchase and staff enough housing options to cover all calls looking for openings.
supportive home care, and enhanced care services
TCM
1. Residential and day services for people with behavioral health challenges. 2. Wellnesses and coordination of healthcare. 3. Transportation
Day, Res, and TCM
Residential Supports
IDD PCS/FMS- felt some strain due to increase in clients from waitlist and new clients leaving existing FMS agencies
Nursing
residential and day

The below chart contains data from a query of the SCDDO electronic medical record system showing the number of days between the date options counseling is completed and sent to the agency, and when services started. A SCDDO staff person monitors this information, regularly following up with providers to get accurate start dates and understand why service access is delayed.

Service	Average # Days between Choice & Service Start Date
Assistive Services	0
Day Supports (Full)	80
Enhanced Care	57
Financial Management Services	68
Medical Alert Rental	-137
Overnight Respite	195
Personal Care Services	57
Residential Supports (Full)	104
Specialized Medical Care	10
Supported Employment	71
Supportive Home Care	120
Targeted Case Management (TCM)	9
Wellness Monitoring	err

While the above chart reflects the best data we have from our electronic medical record system, it does not tell the full story for service access. Currently our system does not differentiate between self-directed and agency-directed enhanced care or overnight respite. The negative number of days for medical alert rental indicates that some individuals were receiving services from the company prior to the options counseling occurring. Generally, the SCDDO expects agencies to serve individuals within an average of 60 days, but the worsening of the workforce crisis since the pandemic has made this goal less achievable.

b. Complex Needs

Individuals with complex support needs can present a challenge to IDD providers. Of the 1,621 individuals receiving HCBS services in Sedgwick County, 811 individuals in services had high medical needs (defined as a score of 9+ on health score and requires special health care procedures in Section 6 of the BASIS). A total of 1179 had interfering behaviors (defined as a score of 98+

on maladaptive health or 2+ questions answered true in Section 13 of the BASIS). Of persons served, 894 reported one or more co-occurring behavioral health diagnosis.

Complex Support Need	Number
High Medical Needs	811
Interfering Behaviors	1179
One or More Behavioral Health Diagnosis	894

A review of critical incident reports (CIR) indicates a 19% increase in reports since 2021 (see chart below). The increase is primarily attributed to more CIR's in the hospital category. A review of the hospital CIR's reveals emergency room visits due to a medical issue was largely responsible for the growth, increasing 53% since 2021. Of note, there was also a 103% increase in CIR's related to emergency room visits due to issues related to mental health (from 35 in 2021 to 71 in 2024). Interestingly there was a 4% decrease in psychiatric inpatient admissions during this timeframe.

CRITICAL INCIDENT REPORTS*
BY TYPE

Type	2021	2022	2023	2024	% Change
ANE	214	253	231	230	7%
Hospital	812	801	1031	1052	30%
Police	470	386	433	497	6%
TOTAL	1497	1439	1695	1779	19%

*Does not include Info. Only reports.

Despite the large numbers of individuals in the Sedgwick County IDD system with complex support needs, there are relatively few applications for extraordinary funding (EF). As outlined in KDADS' policy, EF is additional funding to support individuals with extraordinary support needs. In 2024 there were nine day and/or residential providers that applied for EF for a total of 36 individuals. Agencies reported a total of 34 EF applications were approved in 2024 (94% approval rate). While the numbers are low, there were more people receiving EF than reported in past years; in 2017 (first year EF tracked) there were 25 people receiving EF and agencies had a 76% application success rate. When asked to comment on the EF process, two agencies remarked on the long, extensive and time-consuming process. Another suggested a better process, not determined by the payor, is needed. There was a comment that the policy is too restrictive and the proposed changes to the funding structure were concerning. Additionally, an agency commented that one MCO's process was not consistent with the other MCO's.

c. Provider Workforce

The workforce crisis has been a driving force behind capacity concerns for IDD providers for many years. Anecdotally, 2024 seemed to have a slight easing of the workforce issues. The data, however, is somewhat more ambiguous. Starting wages continued to increase. Sedgwick County's average DSP wage (both agency and self-directed) remained under $15. The national average DSP wage was $15.79 in 2022 which is the most recent found (*The Case for Inclusion Data Snapshot*, see https://caseforinclusion.org). While there are significant variances between providers, the majority (58%) of providers started pay at $15 or more per hour for agency-directed DSP's. The lowest starting pay for agency-directed DSP's in 2024 was $11 per hour, which is up from $10.50 in 2023.

STARTING PAY PER HOUR

Type of Worker	2021	2022	2023	2024	% Change b/w 2021 to 2024
DSP - Agency	$11.37	$14.18	$14.31	$14.59	+28%
DSP – Self-Directed	$10.78	$12.67 nonexempt $16.16 exempt	$12.51	$14.19	+24%
TCM	$15.70	$17.04	$18.56*	$19.17*	+22%
RN	$25.13	$25.44	$25.24	$26.67	+6%
LPN	$21.13	$22.60	$22.94	$24.33	+15%

*Note: one TCM agency skipped this question.

The Case for Inclusion Data Snapshot indicates the national turnover rate for DSP's was 40.9% in 2022. This is very close to the reported 2024 turnover rate for Sedgwick County agency-directed DSP's (see chart below). There appears to a slight improvement in self-directed DSP turnover.

AVERAGE TURNOVER

Type of Worker	2020	2022	2023	2024
DSP – Agency	34%	32%	39%	42%
DSP – Self-Directed	33.5%	26%	32%	27%
TCM	30%	31.5%	42%*	33%*
Nurse (LPN & RN)	N/A	N/A	22.5%	21%

*One TCM agency chose to skip this question.

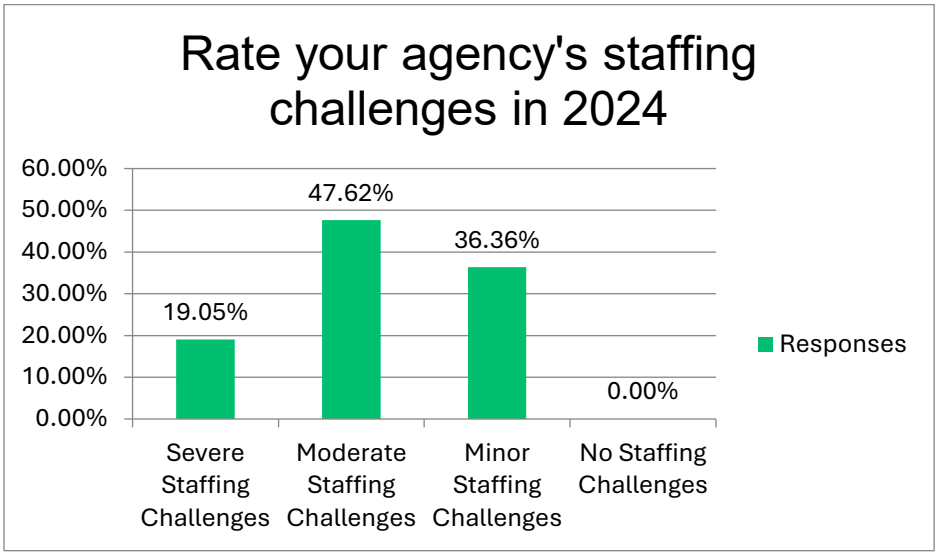
This was the first year turnover of nursing positions was analyzed by type of service. While residential and day programs hire nurses, turnover for agencies providing specialized medical services, where the nurse is the primary service provider, was significantly higher (43%). A full 70% of agencies employing nurses for their residential/day programs reported no turnover in 2024.

Type of Worker	Turnover Range	% of Agencies Reporting Turnover 50% or Higher
DSP – Agency	0 to 90%	46%
DSP – Self-Directed	12 to 50%	33%
TCM	0 to 66%	33%
Nurse (LPN & RN)	0 to 66%	23%

The system average data does not tell a complete story of the turnover struggle some agencies face. Nearly half (46%) of the agencies employing DSP's had turnover of 50% or higher in 2024. One respondent reported agency-directed DSP turnover of 90%. While average turnover of self-directed DSP's appears somewhat better in 2024, a full third of FMS agencies had turnover of 50%.

In an effort to compare Sedgwick County to national data as reported in ANCOR's *The State of America's Direct Support Workforce Crisis 2024*, two questions were added to the capacity survey (see chart below). While 90% of national respondents in ANCOR's annual report experienced moderate or severe staffing challenges in the prior year, about 64% of Sedgwick County providers indicated the same level of staffing challenges. Notably, zero Sedgwick County agencies indicated they had no staffing challenges in 2024. It should be mentioned that the Sedgwick County question on staffing

challenges included agencies with TCM's. For the full ANCOR report see: https://www.ancor.org/resources/the-state-of-americas-direct-support-workforce-crisis-2024/#



Sedgwick County providers were asked what staffing challenges required the agency to do in 2024 (see below). Respondents could select as many options as needed. This data broadly (not exactly) corresponds to the information reported by ANCOR in their national report (*The State of America's Workforce Crisis 2024).* Due to Kansas' IDD regulations requiring uniform access, Sedgwick County does not allow providers to turn away valid referrals, but they can put a hold on new referrals.

Sedgwick County		ANCOR	
None of the above	33%		
Put a hold on new referrals	24%	Turned away new referrals	69%
Discontinued or shrunk programs or services	14%	Discontinued programs/services	39%
Delayed launch of new programs or services	29%	Intended to delay the launch of new programs	64%
Considering further cuts to programs/services if recruitment & retention challenges fail to subside	10%	Considering further cuts to programs if recruitment & retention challenges failed to subside	34%
Individuals had to wait for services (longer than previously)	19%		
Other	9%		

Other
Had to provide services in locations where there were no regular staff employed. Staff from other locations had to work overtime to staff the location.
Do not have staffing to support our new location.
Challenges in service delivery
With the new day definitions in contrast with the service we currently provide we will not grow our capacity until the system stabilizes and we better understand the new day definitions and reimbursement rates.
DSP overworked and under paid

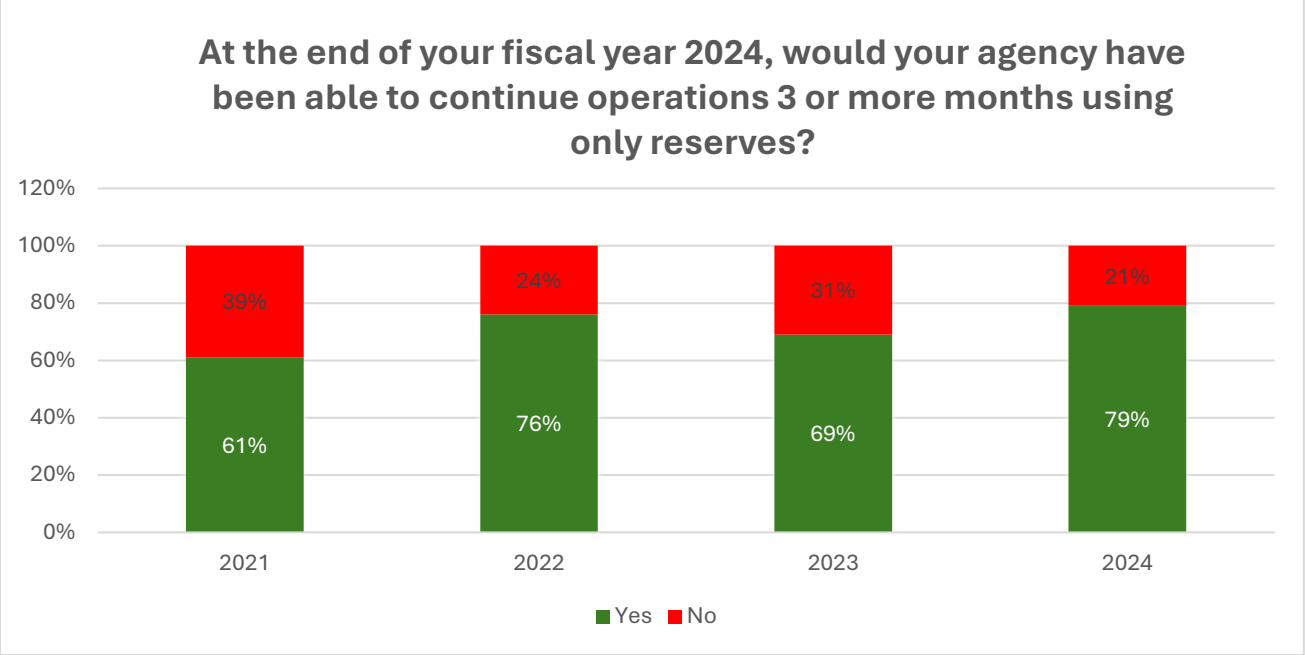
We are facing being out of office space

Six survey respondents listed other measures their agency took in 2024 due to staffing challenges (see above). It is worth pointing out that two providers had locations (presumably residential) they were unable to staff. One agency specifically identified uncertainty related to state-level changes as constraining service growth.

d. Financial Stability of Service Providers

Gauging the financial stability of the provider network is a complex task. The network is diverse. Some providers serve multiple waivers, a variety of populations and/or are part of much larger organizations. Nearly a quarter (24%) of responding agencies reported HCBS IDD Waiver and/or TCM state plan billing constitutes 100% of total revenue. A total of 44% of respondents indicated HCBS IDD and/or TCM billing was 90% or more of their agency's total revenue. This data would seem to indicate Sedgwick County IDD agencies are sensitive to any disruption to HCBS IDD and/or TCM billing.

Generally, the capacity survey data appears to indicate that IDD providers are doing better financially as fewer agencies are reporting they would be unable to continue operations for three or more months using only agency reserves. Over three-quarters (79%) indicated they could function on reserves for three or more months (see chart below). Those indicating they could not operate on reserves were mostly small agencies. Years 2021 and 2022 are certainly heavily influenced by the pandemic and pandemic-related financial resources. For comparison, in 2018 only 45% indicated they could continue operations for three months from reserve funds (i.e. 55% could not continue operations).



Individuals in services experiencing gaps in Medicaid coverage was first noticed as a significant issue impacting IDD providers when Medicaid renewals restarted after being paused during the pandemic. The SCDDO requires TCM's to report when someone loses Medicaid. In 2024 the SCDDO received

reports of Medicaid closures for 105 individuals. As of March 2025, 10 individuals have not had Medicaid restored. One person died without Medicaid coverage being restored. Over half (51%) of reported Medicaid closures had coverage re-established without a gap in service. This left 51 individuals with a gap in coverage. The average gap in coverage for those with coverage restored in 2024 was 30 days. Gaps ranged from 0 to 451 days for those with coverage restored in 2024. For those without coverage restored, the largest coverage gap is currently 604 days.

It should be noted that data on Medicaid coverage gaps for Sedgwick County is incomplete. The flaws in the data were evident when a residential provider raised the issue of the number of people they served whose Medicaid had lapsed. Checking our data, it became clear that none of that provider's clients without Medicaid were reported to the SCDDO. One of the persons had been without Medicaid for over a year. Additionally, in a recent conversation a residential provider mentioned it had been their experience that TCM closes as soon as Medicaid closes and individuals (particularly self-advocates) have no one to assist them to get it restored. In response to an email to all affiliated providers asking for details, many indicated they had experienced Medicaid gaps, but few tracked the amount lost. Interestingly, most residential and day providers do not seem to terminate services despite a lack of payment source. The SCDDO is aware of a handful of persons in residential services who have had services terminated or been notified of imminent service termination. FMS companies appear to have a process to pause services until coverage is reinstated.

IV. Analysis and Recommendations

Based on the information provided in the 2024 capacity survey, there are a lot of reasons to celebrate the Sedgwick County IDD system. Despite an increase in the number of individuals eligible for the IDD system, the wait time for services has decreased. A majority of providers now start DSP wages at $15 or more per hour. When compared to national turnover and staffing challenge data, Sedgwick County seems to be faring better than the country as a whole. It is also remarkable that 79% of IDD providers reported positive financial status. By these measures, the Kansas Legislature's investments in the IDD system seems to have paid dividends.

There are, however, reasons for caution. As the Legislature continues to whittle away at the waiting list, Sedgwick County is not seeing an increase in the number of IDD providers. Since at least 2021, Sedgwick County's provider network has not added more providers than it has lost. While new day, residential and FMS agencies have been added, there have been no new supportive home care (SHC) providers in at least 11 years. As mentioned each year, Sedgwick County (the second most populous county in Kansas) only has one agency that provides SHC for adults. There has been a recent influx of FMS affiliates, but not everyone can self-direct their services. In home supports appears to be a key service for the new Community Support Waiver (CSW). The lack of SHC could mean individuals can't be effectively served in the CSW and/or drive individuals to access more costly residential supports. The current inequity in rates between the IDD and Frail Elderly Waivers severely limits the provider pool. Several of the agencies that provide FMS in Sedgwick County provide SHC (aka agency-directed personal care services) on the FE Waiver but are unwilling to provide the service at the IDD rate.

While the system averages for turnover appear lower than corresponding national data, the impact varies significantly by agency. Turnover remains a serious issue, with nearly half of agencies reporting turnover at 50% or higher (one at 90%!). It does not bode well that two agencies opened new sites to meet service demand but must rely on overtime to staff the facilities. As mentioned in the 2023 capacity report, high turnover impacts the quality of services and even safety of persons in services. Research conducted by the Council on Quality and Leadership (CQL) has shown that higher turnover is associated with negative outcomes for persons in services (see Friedman, C. (2021). The impact of direct support professional turnover on the health and safety of people with intellectual and developmental disabilities. *Inclusion, 9*(1), 63-73. https://doi.org/10.1352/2326-6988-9.1.63). High turnover resulted in persons in services experiencing on average: 61% more emergency room visits, 60% more injuries and 68% more abuse/neglect cases. Likewise, the ACL research demonstrated a correlation between provider quality and persons in services achieving their personal outcomes. Below is a recap of the suggestions for reducing turnover listed in the 2023 report:

- Develop a pipeline of well-trained DSP's from high school: The "*Report to the President 2017 America's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the US Economy"* identified the DSPaths program from Ohio as a successful innovation to increase the number of DSP's. This program is implemented in junior and senior years of high school, has a credentialed curriculum and includes internships at agencies. Upon graduation, DSPaths participants are advanced credentialed DSP's ready to start employment.

- Increasing professional development and training of DSP's: DSP work is absolutely a *skilled* profession. The increasing number of people with complex support needs has intensified the need for high quality DSP training. No one stays long in a job they do not feel confident they have the appropriate training to do. Stress from the workforce crisis makes it difficult for providers to allocate DSP's time to training but it is self-defeating.

- Front-line supervisors play an outsized role in retaining quality DSP's: it's often said, people don't leave their job they leave their supervisor. It's not just DSP's who could benefit from additional professional development and training. Supervisors need to be skilled up to understand how to maintain a positive, yet accountable, work environment. Employers should implement systems to monitor supervisor performance and offer additional training when issues are identified.

- DSP's deserve respect and a say in decisions impacting their work: ANCOR's "*DSPs Speak Out: The Impact Training Can Have on Staff Retention,*" noted that DSP's want to be partners with their supervisors and upper management. DSP's may have ideas on how to best serve individuals and we would be well advised to listen.

- Showing appreciation for DSP's can impact turnover: DSP's need to know their hard work is appreciated, particularly when they go over and above the basic requirements.

- It may seem obvious, but IDD providers need to take time to hire the right people: with overtime adding up, it can be very tempting to hire any warm body. However, poor hiring decisions can be very costly. Good DSP's will grow frustrated working with someone who does not show the same level of commitment and skill. This is an area where credentials could assist. Ideally, IDD providers and MCO's would recognize the importance of well-trained DSP's by increasing wages and reimbursement for services provided by credentialed DSP's.

From the information provided, IDD providers' financial status has improved over the last several years. This is almost certainly due to the pandemic-related financial resources and recent rate increases. However, the impact of gaps in Medicaid coverage should not be overlooked as a threat to the health of the IDD provider network. Providers absolutely need better processes to track and address Medicaid closures when they happen. However, cutting off services can mean evicting someone into a homeless situation. KDADS and KDHE should review data to determine if there are systemic barriers for individuals with IDD that result in these Medicaid closures.

A key feature of Sedgwick County's IDD system is the sheer number of individuals with complex support needs. Co-occurring mental health conditions add a layer of complexity. The IDD system is fortunate to have the uniform access standard, but, without more specialized mental health supports, people in a mental health crisis are not well served by the system. The SCDDO contracted for an evaluation of the Sedgwick County mental health system and how well it works for individuals with IDD. The evaluation will be presented to the community for feedback April 7th. This evaluation had some surprising findings. Police were identified by individuals and parents/guardians as the resource most available for individuals with IDD in a mental health crisis. In 2023 there were over 800 police responses to IDD sites. Once the evaluation is finalized, the SCDDO will engage with partners to implement an evidence-based approach to reduce reliance on law enforcement for mental health care for individuals with IDD.

KDADS is currently working to implement many changes that will impact the IDD system and IDD providers. When asked about the changes in an Affiliate Directors meeting in December 2024, providers expressed concern that the combination of all the changes would harm network capacity and individuals in services. There was particular concern about the costs to providers of some of the changes, such as additional staff time for assessments and transportation related to more community inclusion. KDADS is currently gaining feedback on the proposed changes. SCDDO staff have served on several workgroups to assist with the process. The SCDDO appreciates our partnership with KDADS as we work to ensure the IDD system is stable, supports choice, independence and community integration.