

Department of Developmental Services

Fact Book Eleventh Edition



**Prepared by DDS Information Services Division
October 2008**

**Department of Developmental Services
1600 Ninth Street, Room 220
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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 people 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 people 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 people 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) 65 1-7435. Information in this publication was derived from data reported electronically to DDS Headquarters and compiled by the Data Extraction Unit.

¹Areas 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.

PLEASE NOTE: In January 2008, DDS began transitioning its Client Development Evaluation Report (CDER) database to a revised instrument with more current diagnostic standards and updated evaluation questions. This transition is taking place in phases with the full transition expected to be completed in 2011. As many of the articles in the Fact Book rely on CDER data, this will be the last Fact Book edition published until this transition is completed.

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Cover Art: This untitled, watercolor artwork depicting houses by the sea was created by artist Anthony Brown. Anthony's detail oriented work often focuses on impressionistic landscapes, cityscapes and floral still-lives. Brown has excelled in his art work at the Exceptional Children's Foundation's (ECF) Art Centers for over 20 years. ECF's Art Centers promote the personal development of adults with developmental disabilities through professional art training in studio facilities. Copies of Anthony Brown's artworks and those of other artists can be viewed on-line at www.ecf.net/programs/art-centers.

Whom DDS Serves

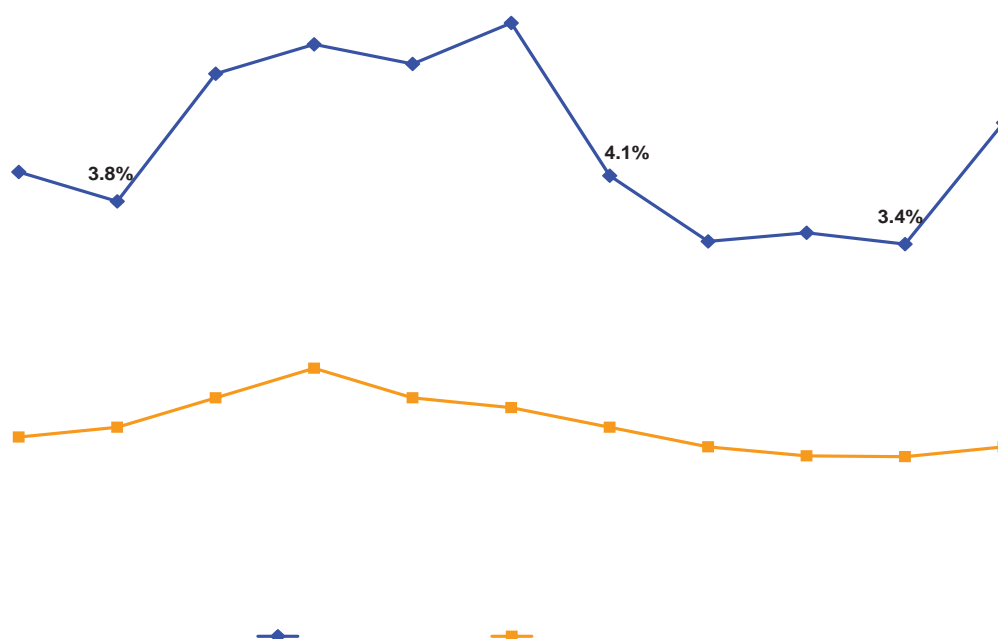


This untitled artwork depicting an adult and child fishing was created by artist Metrius Englin using pastel crayon on paper. Englin enjoyed drawing as a child but began serious work as an artist at age 22 when she came to National Institute of Art & Disabilities (NIAD). She appropriates imagery and subject matter from television, movies, history, magazines, and books, but also draws from her own memory. Englin is especially adept at portraits and has exhibited widely. Her popularity among art collectors points to a promising career for this artist. NIAD is an innovative visual art center that serves adults with developmental and physical disabilities. Copies of Metrius Englin's artworks and those of other artists can be viewed on-line at www.niadart.org.

Caseload

The number of people served by DDS increased 59.6 percent from January 1997 through December 2007. According to Department of Finance estimates, California's general population grew 18.1 percent between January 1, 1997 and January 1, 2008. About 0.59 percent of California's population was served by DDS as of 2007 year end.

While the total DDS population (i.e., people with status codes 1, 2 and 8 on the Client Master File (CMF))² 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 1997 through December 2007, the number of individuals served by DDS in the community (i.e., people with status codes 1 and 2) increased 62.8 percent. During this same period, the State developmental center (SDC) population (i.e., people with status code 8) decreased 39.1 percent.

²The 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:

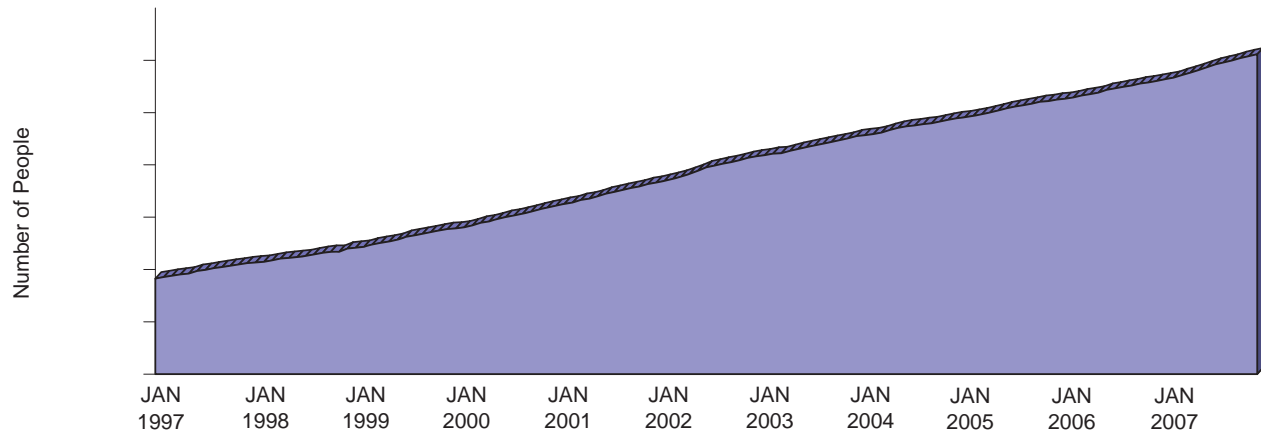
Status Code 1: Children birth to age three who are at risk of having a developmental disability or who have a developmental delay but have not been diagnosed as having a developmental disability. Children with a status code 1 qualify for early intervention and prevention services.

Status Code 2: People diagnosed as having a developmental disability who are served in the community (not in an SDC).

Status Code 8: People diagnosed as having a developmental disability who are served in an SDC.

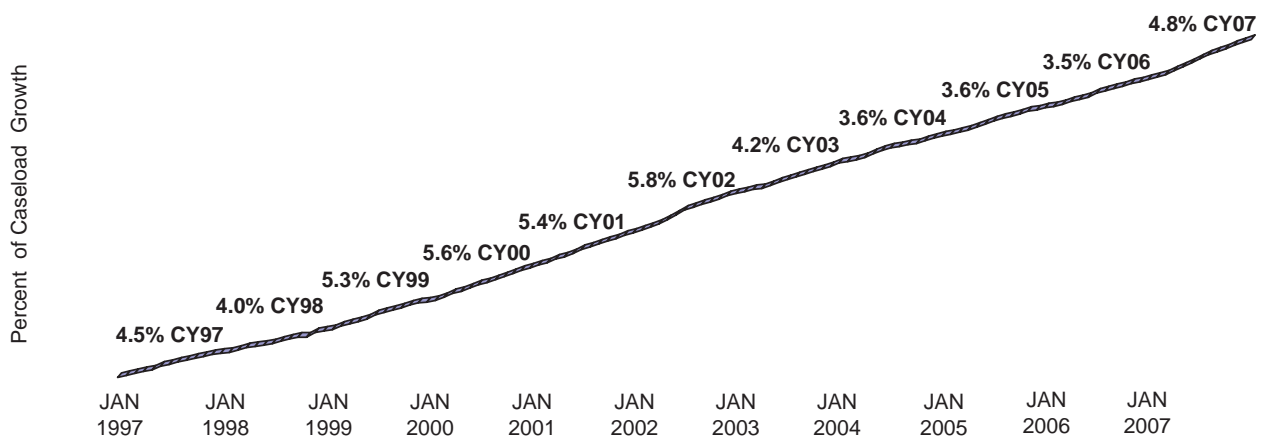
Community Caseload

Caseload Growth* 1/97 through 12/07



*People with status codes 1 and 2.

Cumulative Percent of Caseload Growth* with Annual Percent Changes Noted 1/97 through 12/07

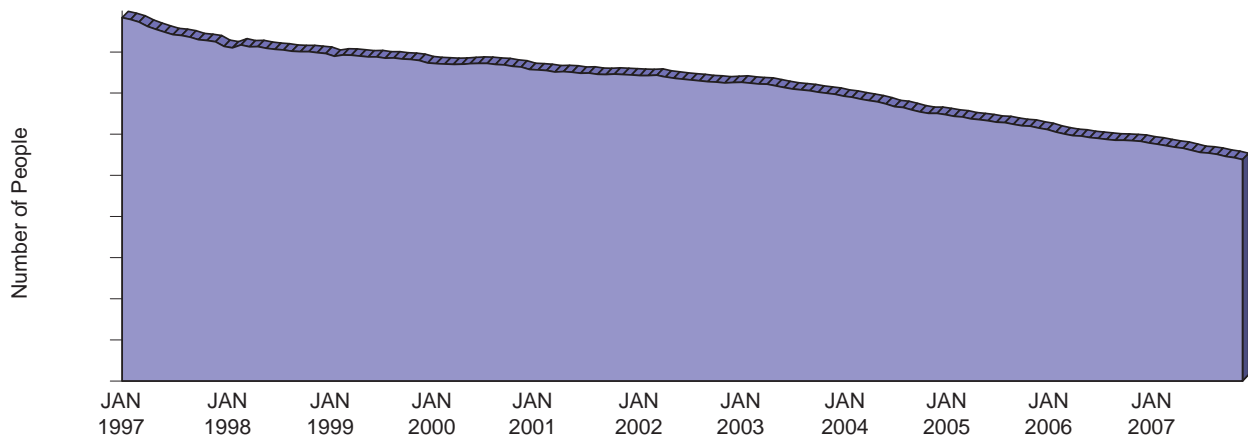


*People with status codes 1 and 2.

Note: In graph above, CY means Calendar Year.

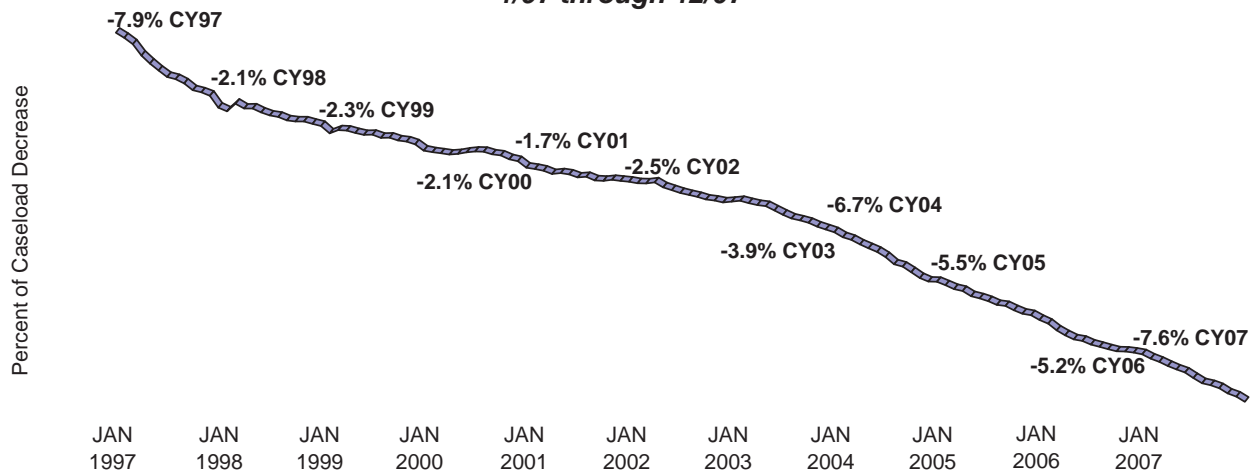
State Developmental Center Residents

Decline in Number of Residents*
1/97 through 12/07



*People with status code 8.

Cumulative Percent in SDC Residence*
with Annual Percent Changes Noted
1/97 through 12/07



*People with status code 8.

Note: In graph above, CY means Calendar Year.

Demographics of People Served by DDS

In the pages that follow, demographic information is provided by gender, age, residence types and ethnicity of people with status codes 1, 2, and 8 in December 1997 as compared to December 2007. 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 people served by DDS continued in 2007 with males increasing in numbers relative to females. In December 1997, 57.7 percent of the people served were male as compared to 42.3 percent female. In December 2007, the gap widened to 61.4 percent male compared to 38.6 percent female.

Age distribution trends for people served by DDS also continued. With 57.9 percent of the population under 22 years of age in December 2007 as compared to 52.7 percent in this age group in December 1997, the DDS population is becoming increasingly younger.

Changes in the residence types of the population are also worth noting. While 65.9 percent of the people resided in the home of a parent or guardian in December 1997, 73.5 percent had this residence type in December 2007. During this same period, decreases continued in the proportion of people living in community care settings (17.0 to 12.1 percent) and developmental centers (2.8 to 1.2 percent).

The predominant trend in the ethnic makeup of the population continued in 2007. Hispanics remain the fastest growing segment of the DDS population increasing from 25.9 percent in December 1997 to 33.2 percent in December 2007. Over this same period, the white population decreased from 46.8 percent to 39.7 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 People Served by DDS
**People with Status Codes 1, 2 and 8 on Client Master File
as of December 1997 Compared to December 2007**

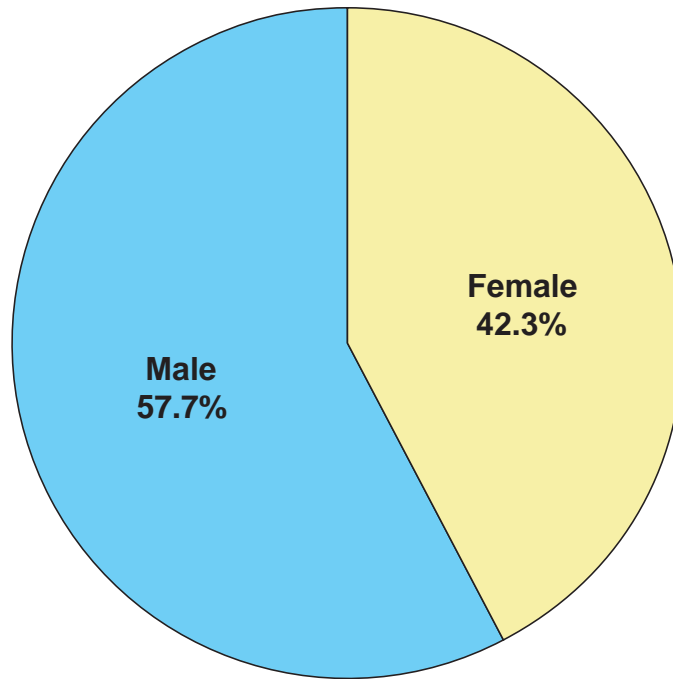
December 1997

December 2007

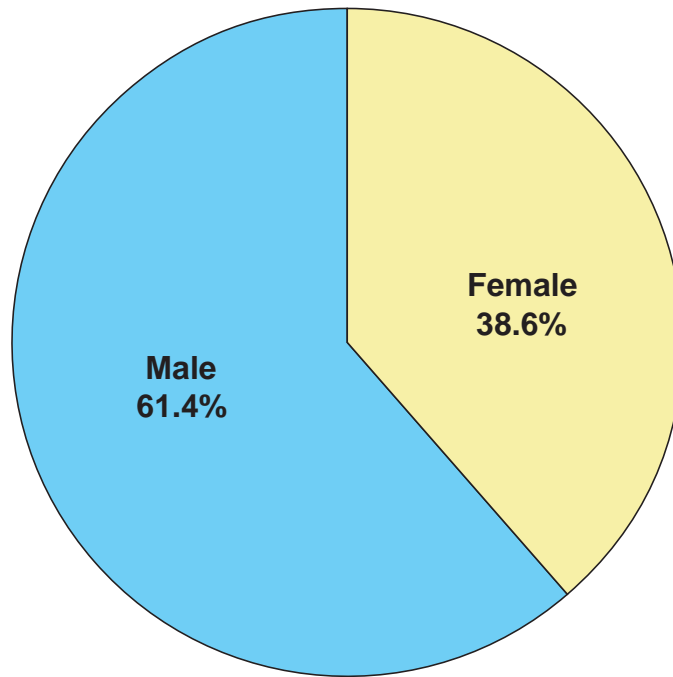
Note: The source of the data depicted in the “Demographics of People Served by DDS” tables and charts is the Client Master File (CMF). Please refer to page 1 for the definitions of the CMF and status codes.

Gender of Individuals Served by DDS*

December 1997



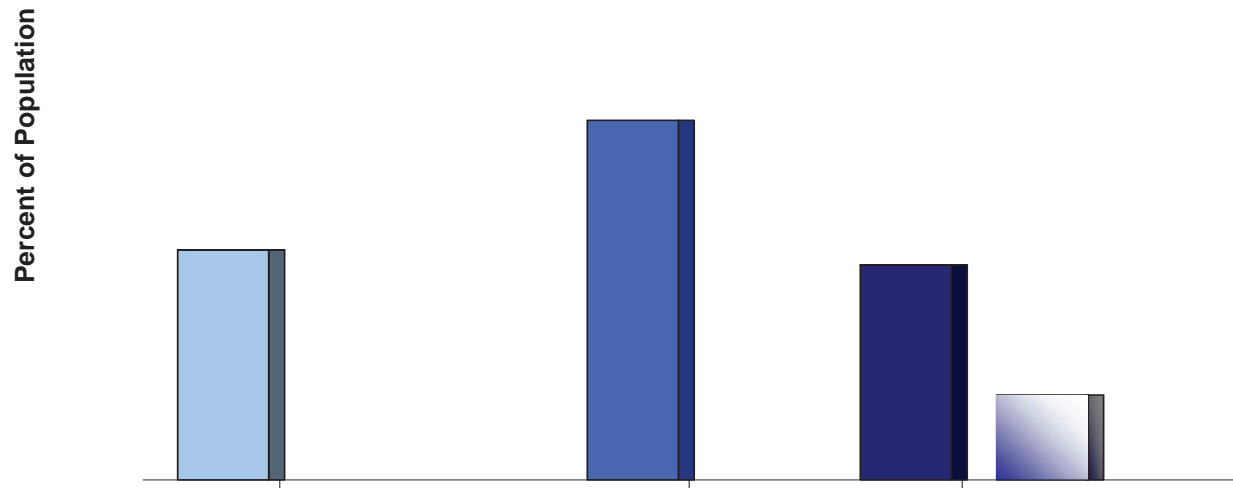
December 2007



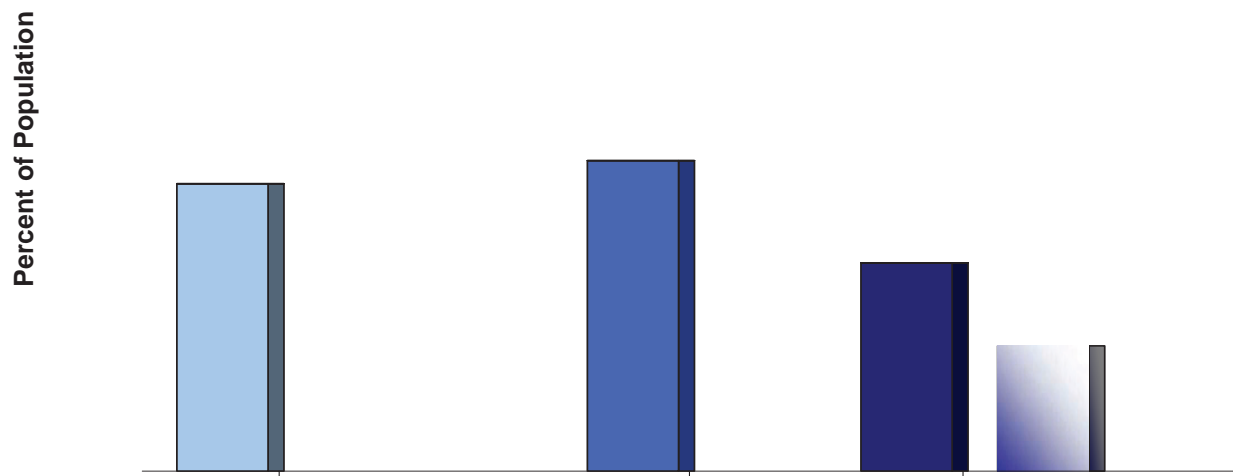
***People with CMF Status Codes 1, 2 and 8**

Age of Individuals Served by DDS*

December 1997



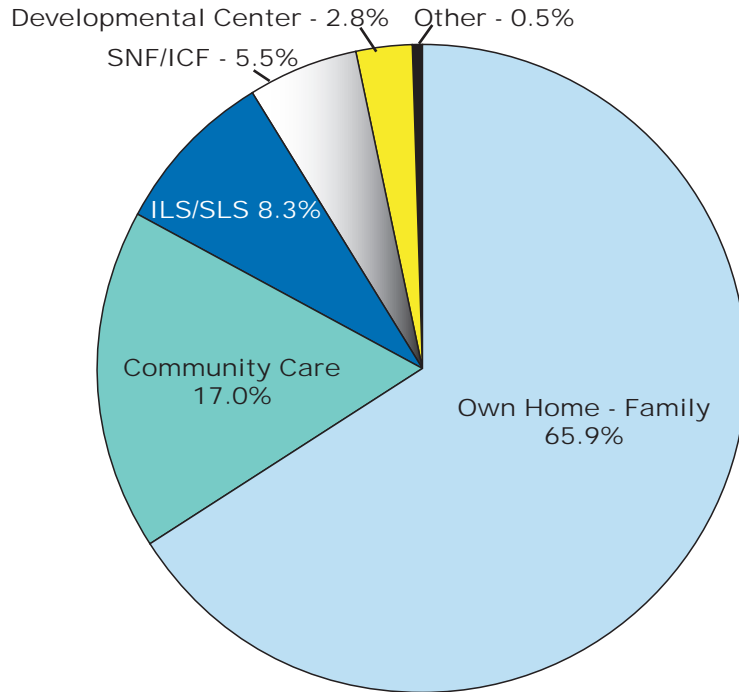
December 2007



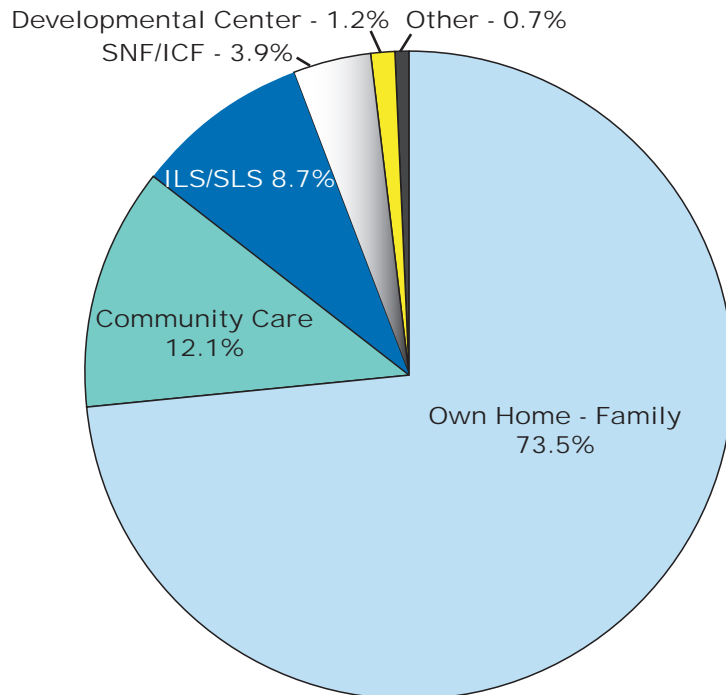
*People with CMF Status Codes 1, 2 and 8

Residence of Individuals Served by DDS*

December 1997



December 2007

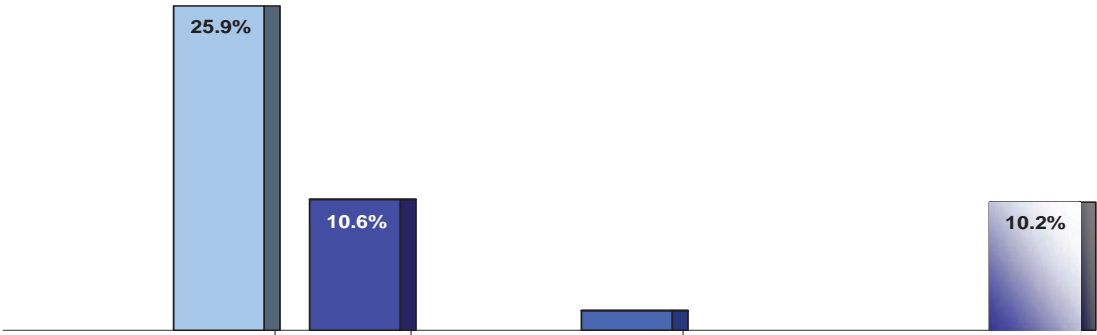


*People with CMF Status Codes 1, 2 and 8

Ethnicity of Individuals Served by DDS*

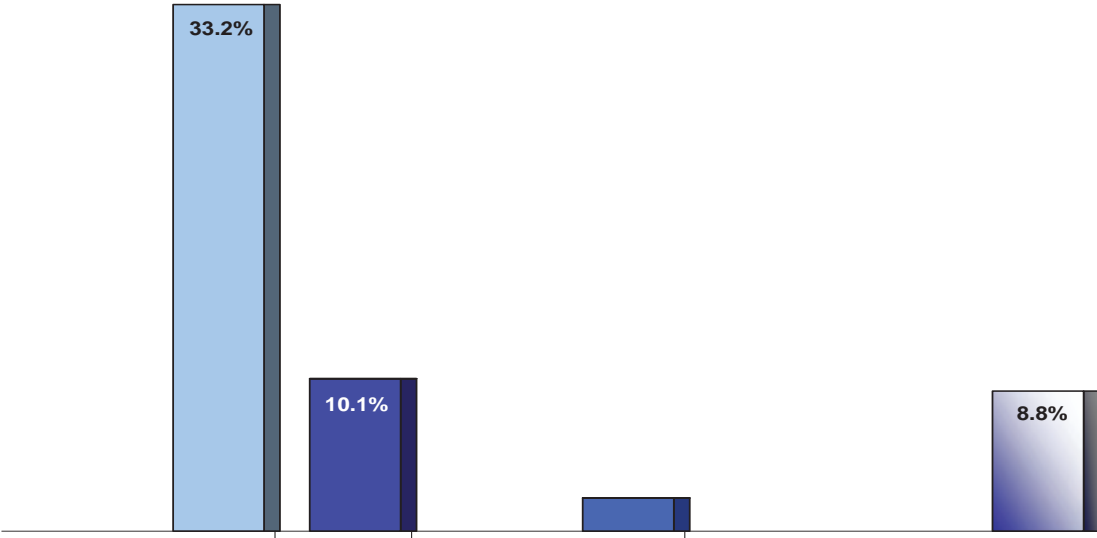
December 1997

Percent of Population



December 2007

Percent of Population



*People with CMF Status Codes 1, 2 and 8

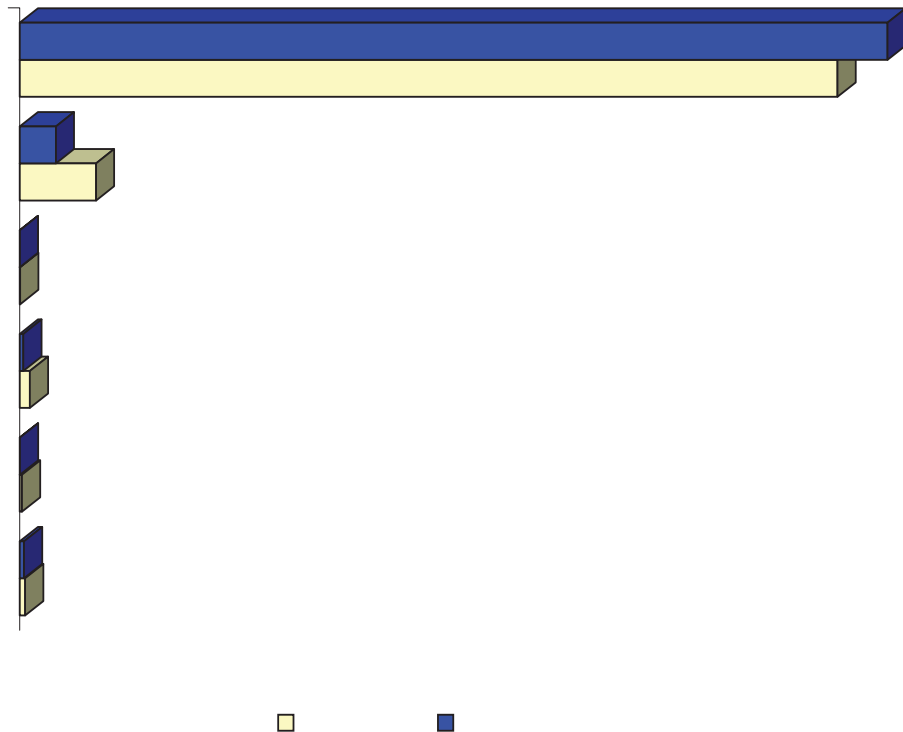
Residence Types of People with Developmental Disabilities by Age Group in December 1997 and December 2007

During the period from December 1997 through December 2007, the percentage of people 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.

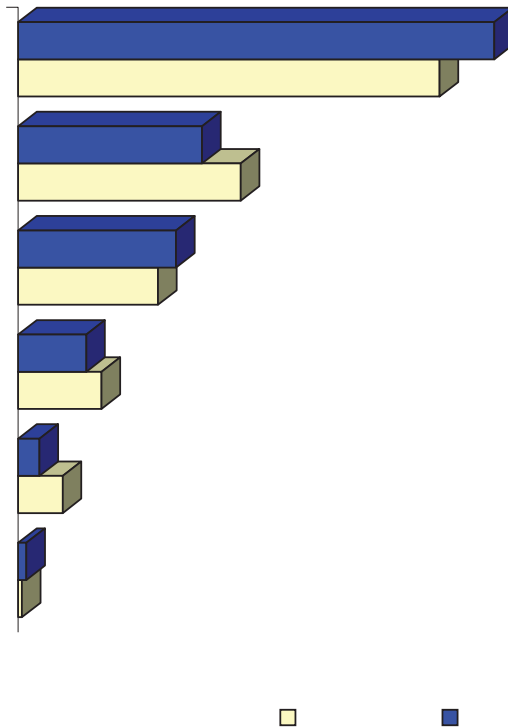
The percentage of people 18 years of age and older residing in independent and supported living settings also increased between December 1997 and December 2007. This change follows the Lanterman Act’s direction to provide “opportunities for individuals with developmental disabilities to be integrated into the mainstream of life in their home communities, including supported living and other appropriate community living arrangements.”

Note: The tables above include only people 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.

Individuals Ages Birth Through 17*



Individuals Ages 18 and Older*



*People with CMF Status Codes 1, 2 and 8

Age of People at Time of Intake Into Developmental Services System and Demographics of People 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 people who entered the developmental services system during the ten-year period from the end of December 1997 through December 2007. The following patterns were found:

- Sixty-five percent of people entering the developmental services system were under three years of age. Seventy-five 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 people entering the developmental services system was found as individuals reached their mid 30s.

Information relating to the gender and age of people engaged in the intake and assessment process in December 1997 and December 2007 is provided on the next page.³ Comparisons across the years may indicate changes are occurring in the gender and age distribution of people 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 61.6 percent in December 1997 to 68.7 percent in December 2007. In age distribution, the age group of birth through two years was the segment of the intake population with the largest increase, growing from 33.9 percent in December 1997 to 50.5 percent in December 2007. The combined age group of people 22 through 41 years declined the most from 10.1 percent of the intake population in December 1997 to 3.3 percent in December 2007.

Of the 9,008 individuals who received intake and assessment services in December 2007, 53.8 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, 2008.

³Prior editions of the Fact Book offer similar information for other years.

***Demographics of People Engaged in
the Intake and Assessment Process***

People with Status Code 0

Based on Client Master File as of December in 1997 and 2007

Note: The source of the data depicted in the “Demographics of People Engaged in the Intake and Assessment Process” tables is the CME. Please refer to definition on page 1.

Characteristics of People with CDERs⁴ on File as of December in 1997 and 2007

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 1997 and December 2007. 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 1997 to December 2007. For example, only 15 percent of the population served had “No Mental Retardation (No MR)” recorded on their CDERs in December 1997. By December 2007, the percent with “No MR” had grown to 25.6 percent. During this same time period, the percentage of persons reported to have “Moderate”, “Severe” or “Profound” mental retardation declined from a collective 40.4 percent to 30 percent. The percent of the population with epilepsy and the percent with cerebral palsy also declined over this period from 24 to 19.6 percent for epilepsy and from 22.5 to 17.9 percent for cerebral palsy. The only category that showed an overall increase as a percentage of the population was autism, which grew from 7.1 percent in December 1997 to 19.1 percent in December 2007.⁵

The accumulated growth rates spanning December 1997 through December 2007 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.

⁴Only people with a Client Development Evaluation Report (CDER) on file are included in the “Characteristics of People” 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 individuals 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.

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

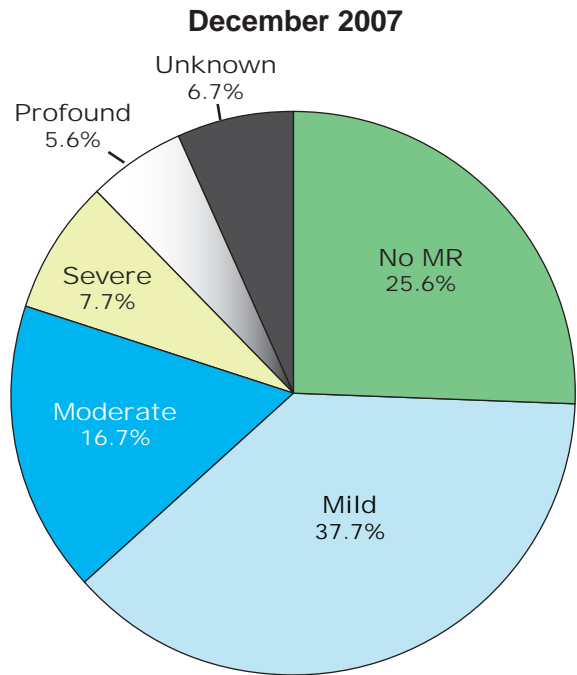
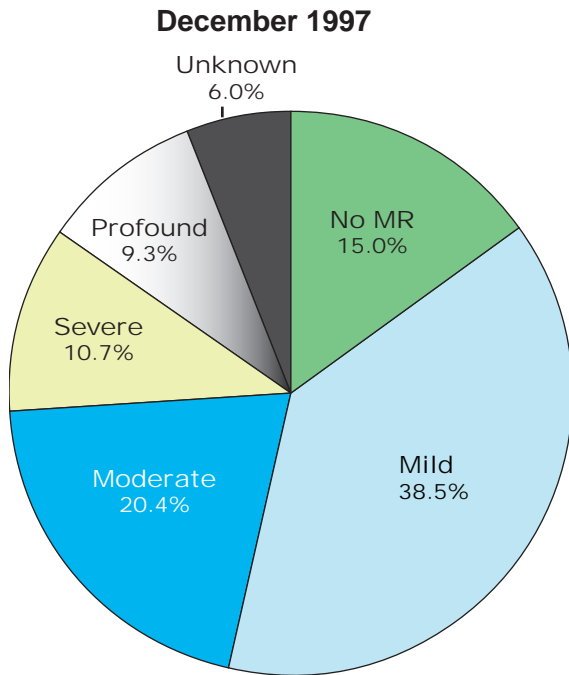
Mental Retardation is characterized by significant limitations both in intellectual functioning (i.e., an IQ of approximately 70 or below) and in adaptive behavior as expressed in conceptual, social and practical adaptive skills. Levels of retardation are reported here as mild, moderate, severe, profound,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

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.

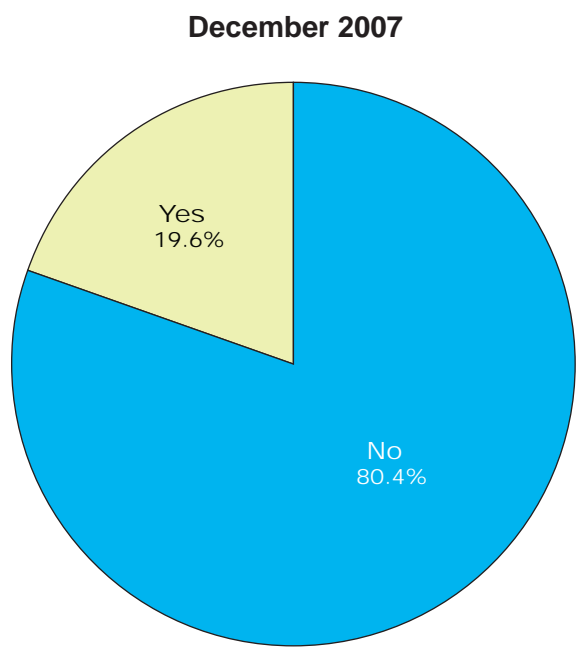
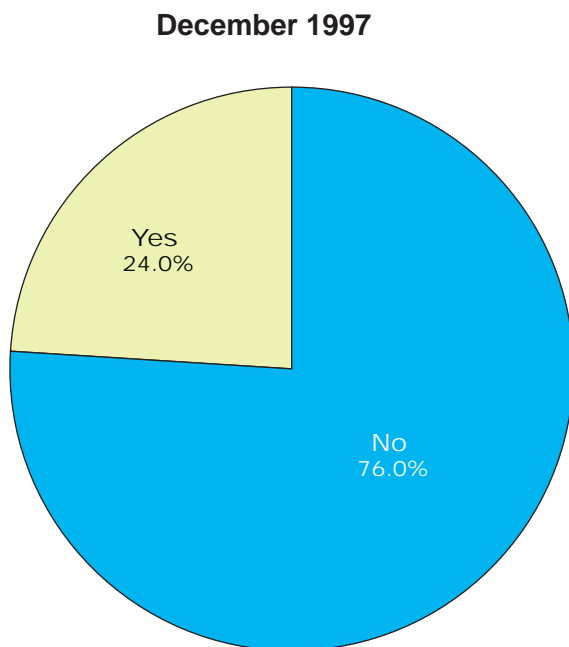
Cerebral Palsy includes two types of motor dysfunction: (1) nonprogressive lesion or disorder in the brain occurring during intrauterine life or the perinatal period and characterized by paralysis, spasticity, or abnormal control of movement or posture which is manifest prior to two or three years of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

Autism 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 people 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

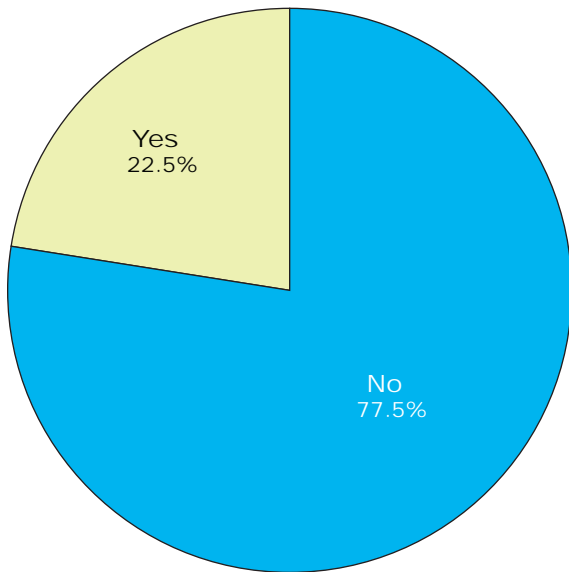


Epilepsy or Seizure Disorder

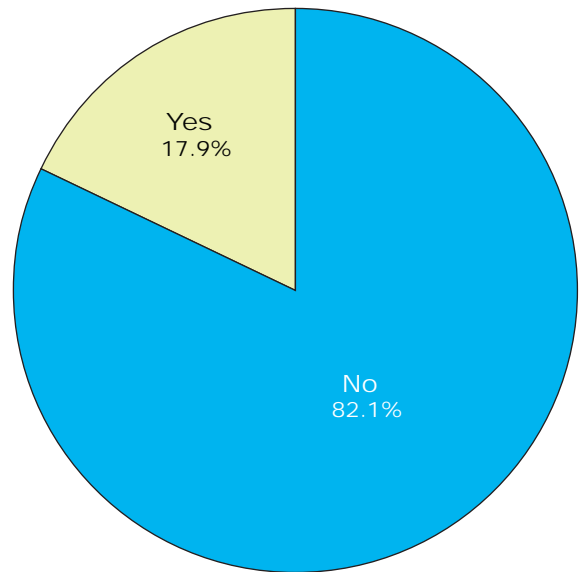


Cerebral Palsy or Similar Motor Dysfunctions

December 1997

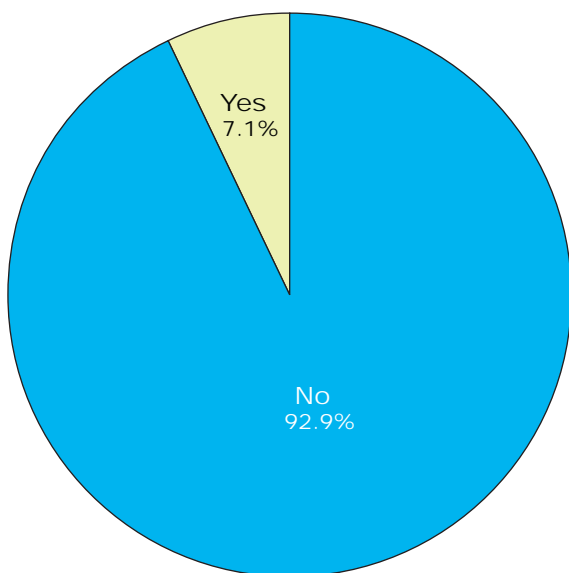


December 2007

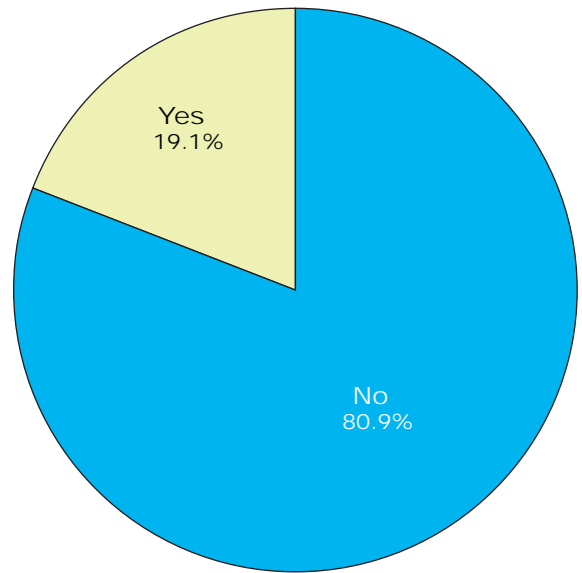


Autism

December 1997



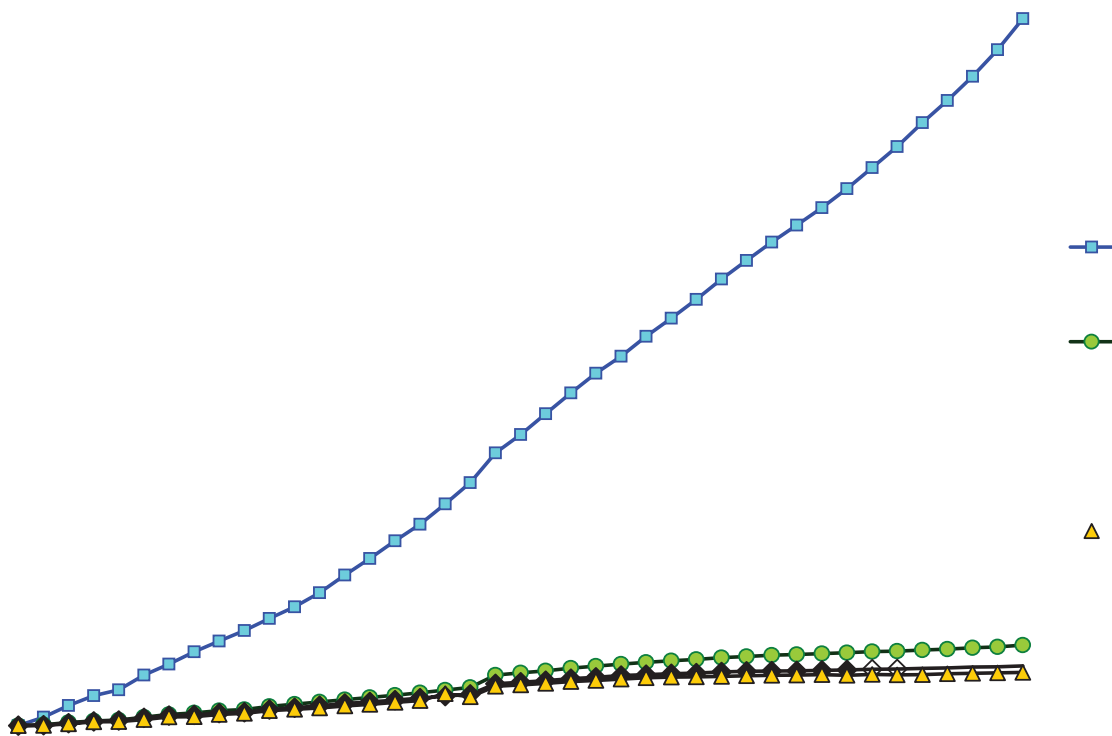
December 2007



Trends of Four Major Categories of Developmental Disabilities Compared

*Population Growth from December 1997 through December 2007
Based on CDERs at Quarterly Intervals*

An examination of growth in the population served by DDS with CDERs on file for each of the four primary categories of developmental disabilities over a ten-year period, from December 1997 through December 2007, reveals a significant rate of growth for those with autism compared to the other three categories of developmental disabilities. While the total number of people served with CDERs increased 56 percent (124,026 to 193,522), the number of people with autism on CDERs grew 321 percent (8,781 to 36,952) from December 1997 through 2007. During this same period, the other categories showed the following growth: 1) mental retardation, 37 percent (105,418 to 143,965 people); 2) epilepsy, 27 percent (29,813 to 37,887 people); and 3) cerebral palsy, 24 percent (27,907 to 34,646 people). As shown on the next page, individuals may have more than one developmental disability.

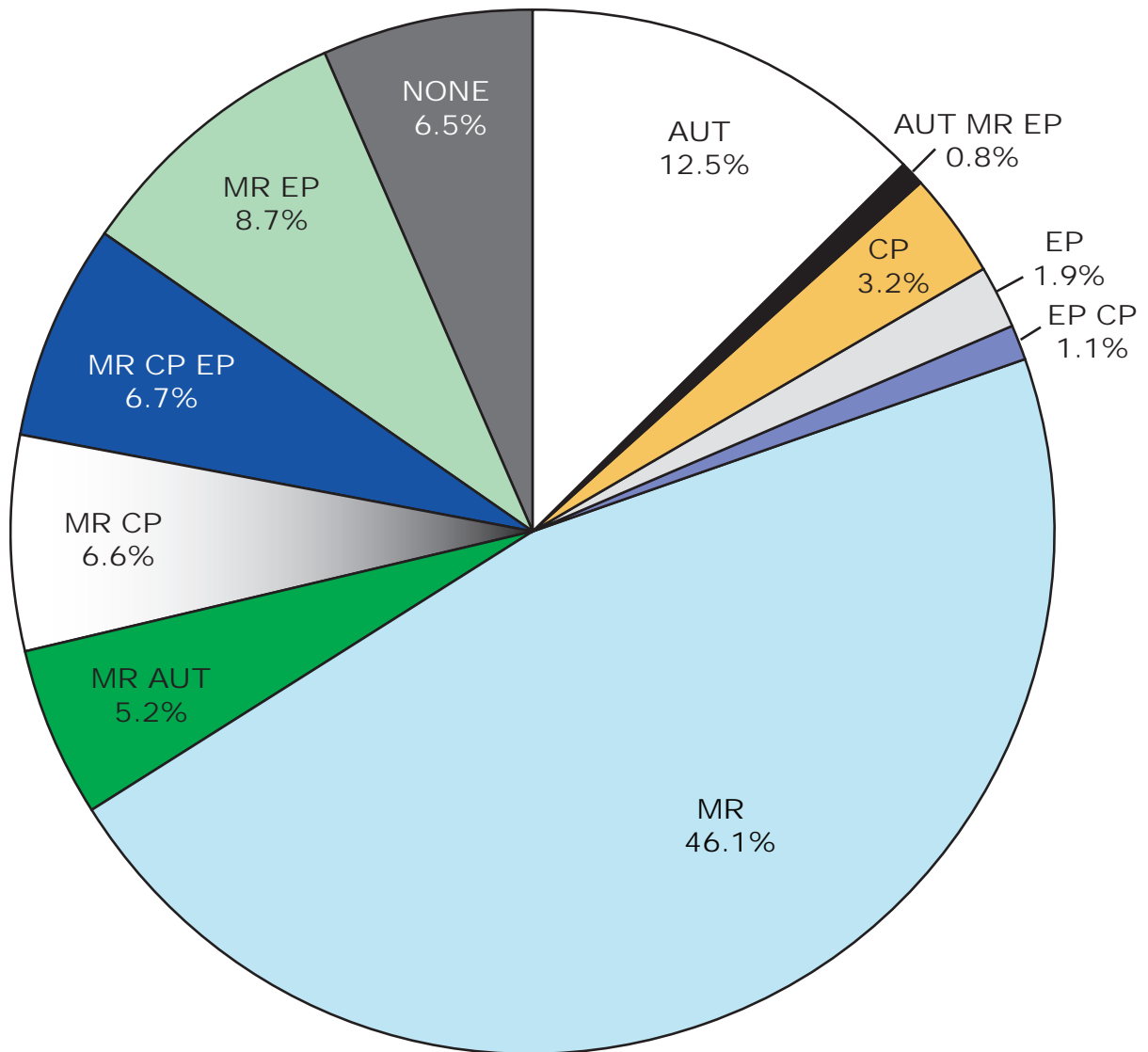


MR = Mental Retardation; AUT = Autism; EP = Epilepsy/Seizure Disorder; CP = Cerebral Palsy

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

Information on Developmental Disability Combinations

Based on December 2007 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=0.3%, AUT/MR/CP=0.1%, AUT/CP=0.1%, AUT/EP/CP=0.0% and AUT/MR/EP/CP=0.1%.

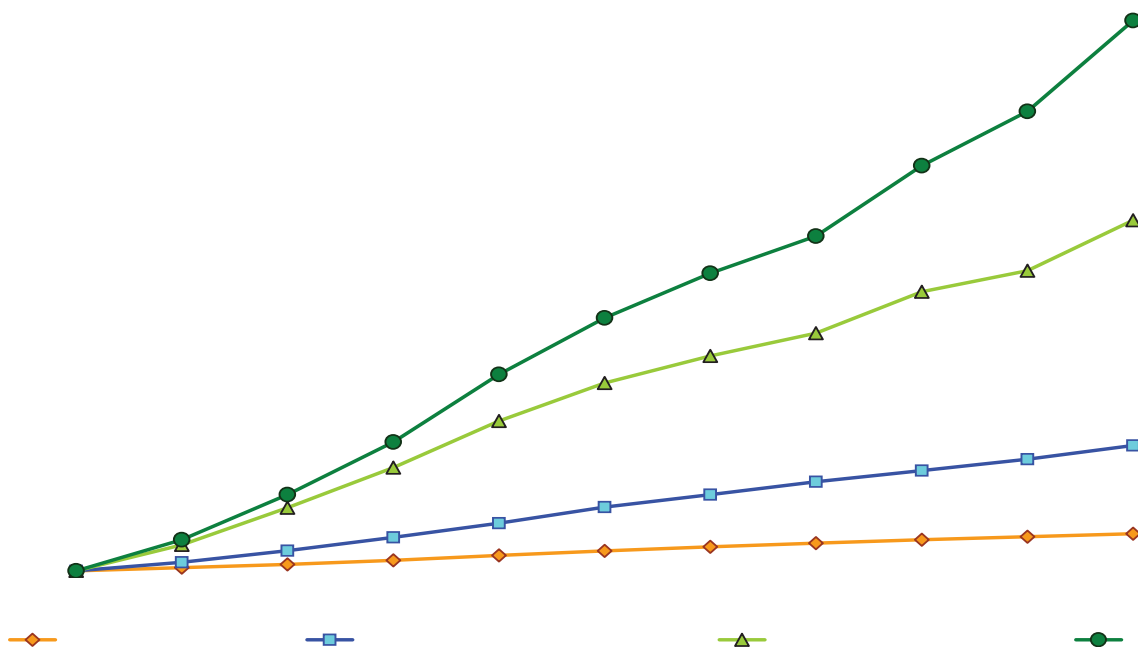
What People Receive



“San Francisco Victorians” is a digital print created by artist Kevin Roach. Born in 1957, Kevin has been a studio artist at Creativity Explored since 2004. Roach is extremely focused in creating his art, carefully planning each piece before he begins. His clean compositions often contain simplified figures and landscapes. Colored pencil, watercolor, textiles, ceramics, wood, and acrylics are just some of the various media Roach employs in his artwork. For over 25 years, Creativity Explored, a nonprofit visual arts center located in San Francisco, has been assisting artists with developmental disabilities to create, exhibit, and sell art. The art work of Kevin Roach and other artists can be viewed online at www.creativityexplored.org.

POS Growth Compared to DDS Caseload and State of California Population Growth - Fiscal Years (FY) 1996/97 through 2006/07

The cumulative rate of growth for Purchase of Service (POS) expenditures from FY 1996/97 through FY 2006/07 totaled 246 percent. The cumulative growth rate of POS dollars adjusted by the California Consumer Price Index (CA CPI)⁶ totaled 156 percent. By comparison, the community caseload (people with status codes 1 and 2 on the CMF in June of each FY) grew 56 percent over this period. The State of California population from January 1997 through January 2007 grew 17 percent (based on Dept. of Finance estimates).



⁶The 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.

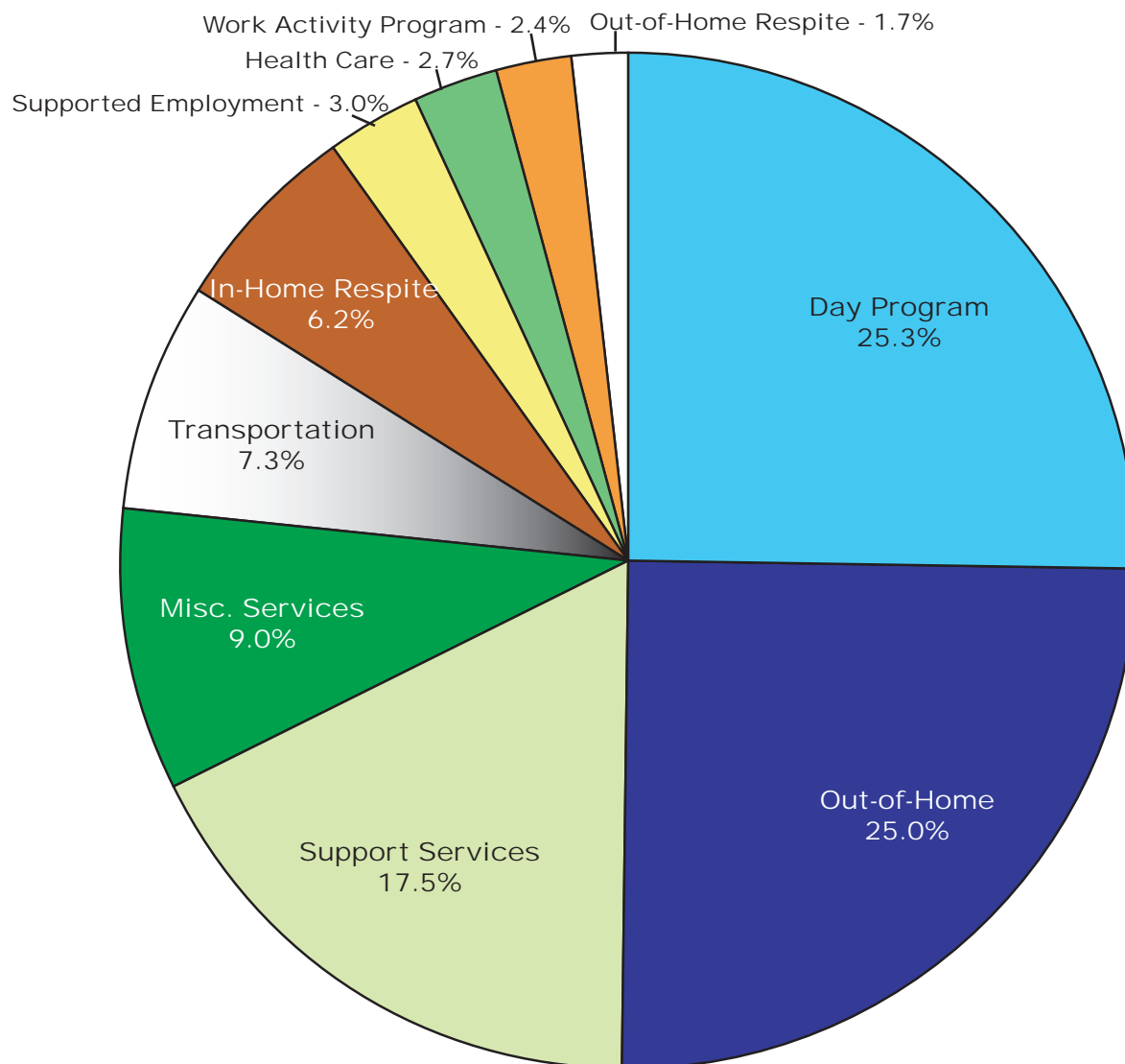
Purchase of Service Expenditures by Budget Category Fiscal Year 2006/07

POS budget categories include Out-of-Home, Day Programs, Work Activity Program, Supported Employment, and Other Services. The “Out-of-Home” category includes the care, supervision, and training for individuals in community care facilities. “Day Programs” include community-based training such as behavior management, self-help/care skills, community integration, and infant development programs. “Transportation” includes transportation services provided by transportation companies, residential facilities, day programs, public transportation, and family/friends. “Work Activity Programs” provide services normally in non-integrated settings where individuals are paid for their work and receive vocational training. “Supported Employment Programs” include individual and group services in integrated settings where paid workers are supported by job coaches. The “Other Services” category includes the sub-categories of Support Services, Miscellaneous Services, In-home Respite, Health Care, and Out-of-Home Respite.

In FY 2006/07, POS expenditures totaled over 2.7 billion dollars. Between FY 2005/06 and 2006/07, total POS expenditures increased 14.2 percent. The category of “Work Activity Program” showed the smallest percentage growth with an increase of 2.1 percent. The category of “Supported Employment” had the largest percentage increase, growing 30.7 percent between FY 2005/06 and FY 2006/07. The two categories that increased the most in terms of their share of total POS expenditures in FY 2006/07 compared to FY 2005/06 were Support Services (16.4% of FY 2005/06 total to 17.5% of FY 2006/07 total) and Supported Employment (2.6% of FY 2005/06 total to 3.0% of FY 2006/07 total).

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 2008, 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 2006/07 POS Dollars



POS Expenditure Changes Fiscal Years 2002/03 through 2006/07

While most service categories increased in total POS dollars spent in FY 2006/07 compared to 2002/03, 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 2006/07 than in FY 2002/03 were “Mobility Training” that decreased 45 percent and “Camps” 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 190 percent). Other high growth categories over this time span included “Environmental & Vehicle Modification” (increased 140 percent) and “Social/Recreational Activities” (increased 106 percent). By comparison, total POS expenditures increased 48 percent between FY 2002/03 and 2006/07.

While the expenditure growth rate for a given service category may be large, the difference in terms of actual POS dollars spent may be far less than the change in dollars for categories with smaller growth rates. For example, between FY 2002/03 and 2006/07, the POS dollars spent for “Environmental & Vehicle Modification” increased 140 percent, but in terms of total dollars, the gain was less than \$1.2 million. Conversely, POS expenditures for “Residential Services” over this five year period grew about 28 percent, but the dollar increase totalled over \$143 million.

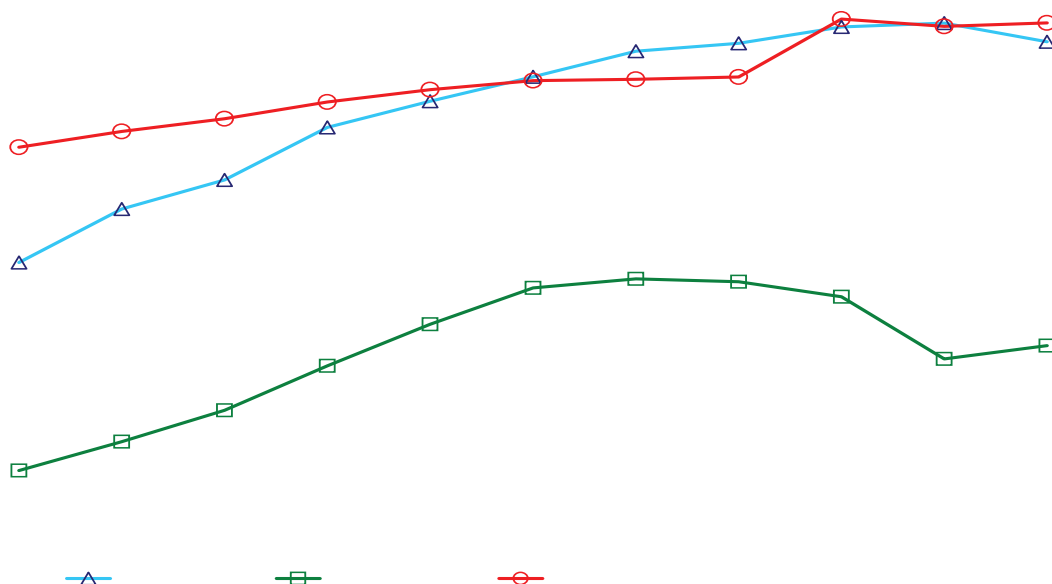
The relative share of total POS dollars that a service category represents also deserves attention. For example, the combined POS dollar amount in FY 2006/07 for the three service categories with the highest growth rates between FY 2002/03 and 2006/07 (i.e., “Behavioral Services”, “Environmental & Vehicle Modification”, and “Social/Recreational Activities”) represented less than 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 47 percent of all POS dollars spent (24 percent and 23 percent, respectively) in FY 2006/07.

Percent of People Receiving RC-funded Services of All People Served by DDS in the Community, Fiscal Years 1996/97 through 2006/07

All people 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).

The percentage of people receiving RC-funded services out of all people served in the community (CMF status codes 1 and 2) increased from fiscal year 1996/97 through 2004/05, growing from 69.8 percent of people served in the community in June 1997 to 79.9 percent in June 2005. The percent of recipients fell to 78 percent in June 2006 and increased slightly to 78.3 percent in June 2007.

Over the past eleven years, the percentage of people receiving RC-funded services varied widely across age groups. While the percent of children under age three receiving RC-funded services showed a steady growth pattern from 72.2 percent in June 1997 to 88.3 percent in June 2006, the percentage fell in June 2007 to 87 percent. Percentages for the other age groups have fluctuated more over the years. However, between June 2006 and June 2007, the percentages for both the "3-21 Yrs" and "22 Yrs & Up" age groups increased (from 65.8 to 66.7 percent and from 88.1 to 88.3 percent, respectively).

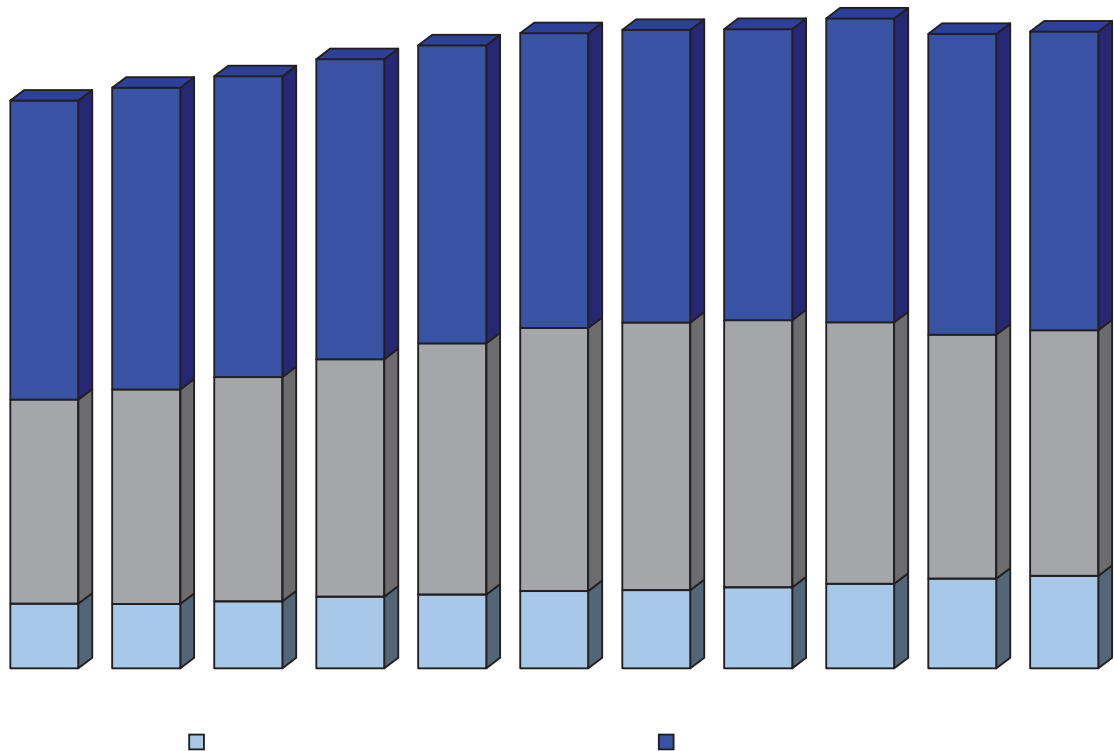


**"People with Active Status in the Community" is defined as individuals with status codes 1 or 2 on the Client Master File. The data points in the graph above show, for each age group, the percentage who received RC-funded services out of all people with active status in the community.

Age Distribution of People Who Received RC-funded Services, Fiscal Years 1996/97 through 2006/07

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 people 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 people who received RC-funded services.

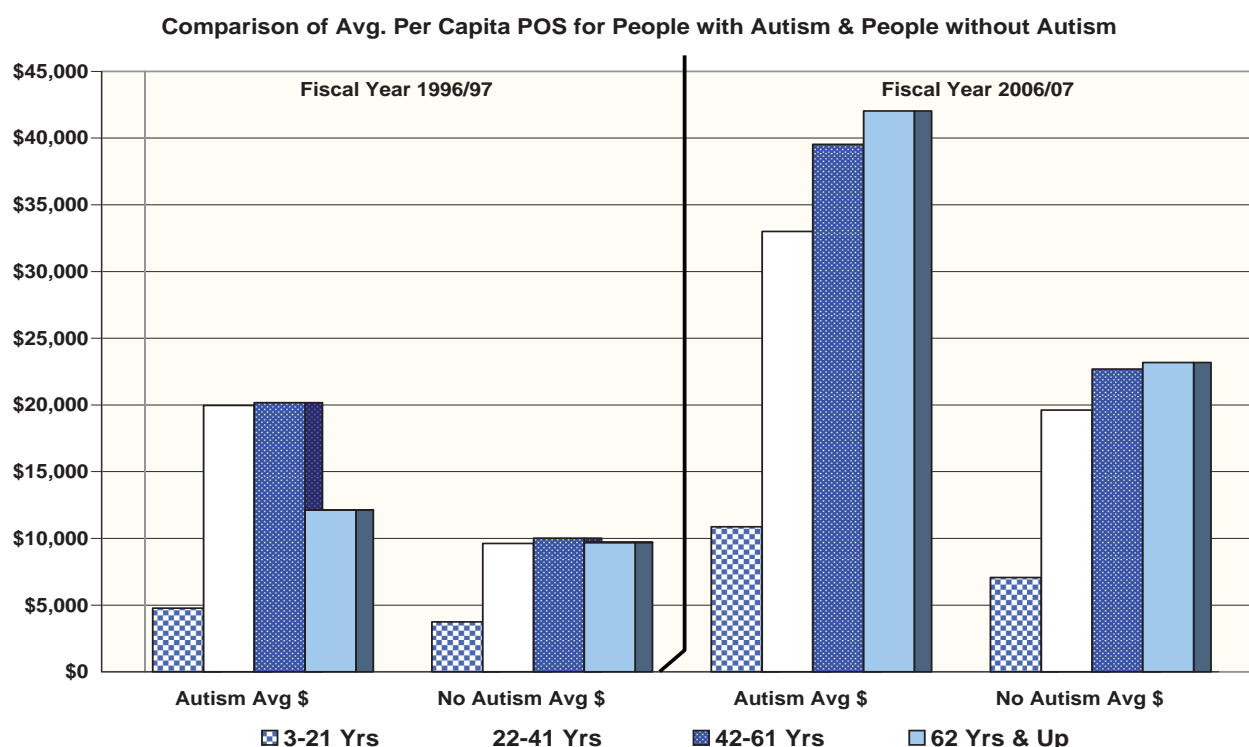
The distribution across age groups of people who receive RC-funded services has shifted over the years from FY 1996/97 through 2006/07. Individuals ages 22 and over continue to comprise the largest segment of the total population of RC-funded service recipients. However, in FY 2006/07, this age group represented a smaller percentage (46.9 percent) of the total population of RC-funded service recipients than it did in FY 1996/97 (52.7 percent). The age group that increased the most as a percent of the total population of RC-funded recipients was the 0 through 2 years age group, which grew from 11.4 percent of the recipient population in FY 1996/97 to 14.5 percent in FY 2006/07.



* Includes only people 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 People with Autism and People without Autism, with Details by Age

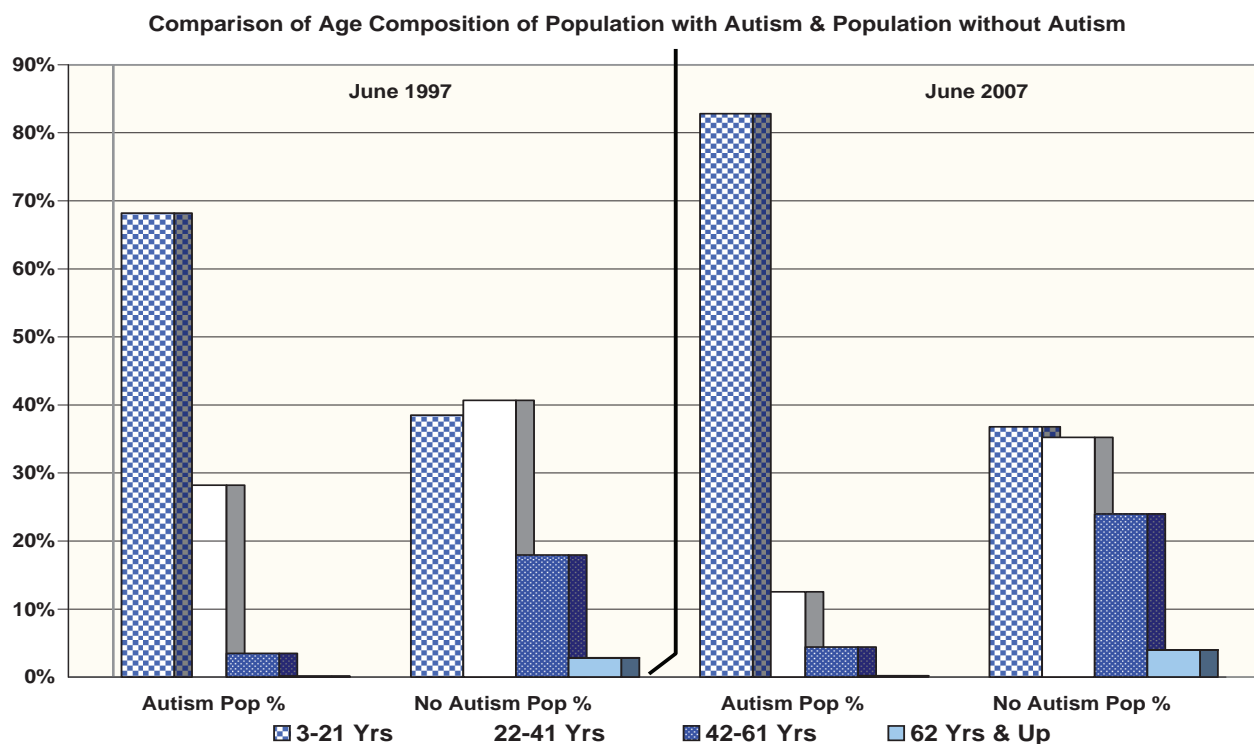
In both fiscal years (FY) 1996/97 and 2006/07, people with autism, on average, received more expenditures than people without autism in all age groups. From FY 1996/97 to 2006/07, the differences in average per capita expenditures between people with autism and people without autism increased in all age categories. Interestingly, in FY 2006/07, the overall average POS for people with autism (\$14,990) was lower than the overall average POS for people without autism (\$15,883). The reason average expenditures in FY 2006/07 for people with autism was higher than those for people without autism when broken out by age group, but not for the autism population overall is explained on the next page.



Note: Only people with status codes 1 or 2 on the CMF in June 1997 for FY 1996/97 and June 2007 for FY 2006/07 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 people with autism.

Age Composition for Population with Autism and Population without Autism Compared

Average POS expenditures for people without autism, overall, now exceed those for people with autism, overall, because the age composition of these two populations has shifted. From June 1997 to June 2007, the autism population became younger. The “3 through 21” age group with POS-paid services represented 68.2 percent of the autism population in June 1997, but 82.8 percent in June 2007. Since children tend to live at home and use education services, their costs, on average, are considerably less than those of adults. During this same period, the population without autism became older, causing their overall costs to increase. As the autism population ages, this group will become increasingly expensive to serve if age related costs stay consistent with current cost structures.



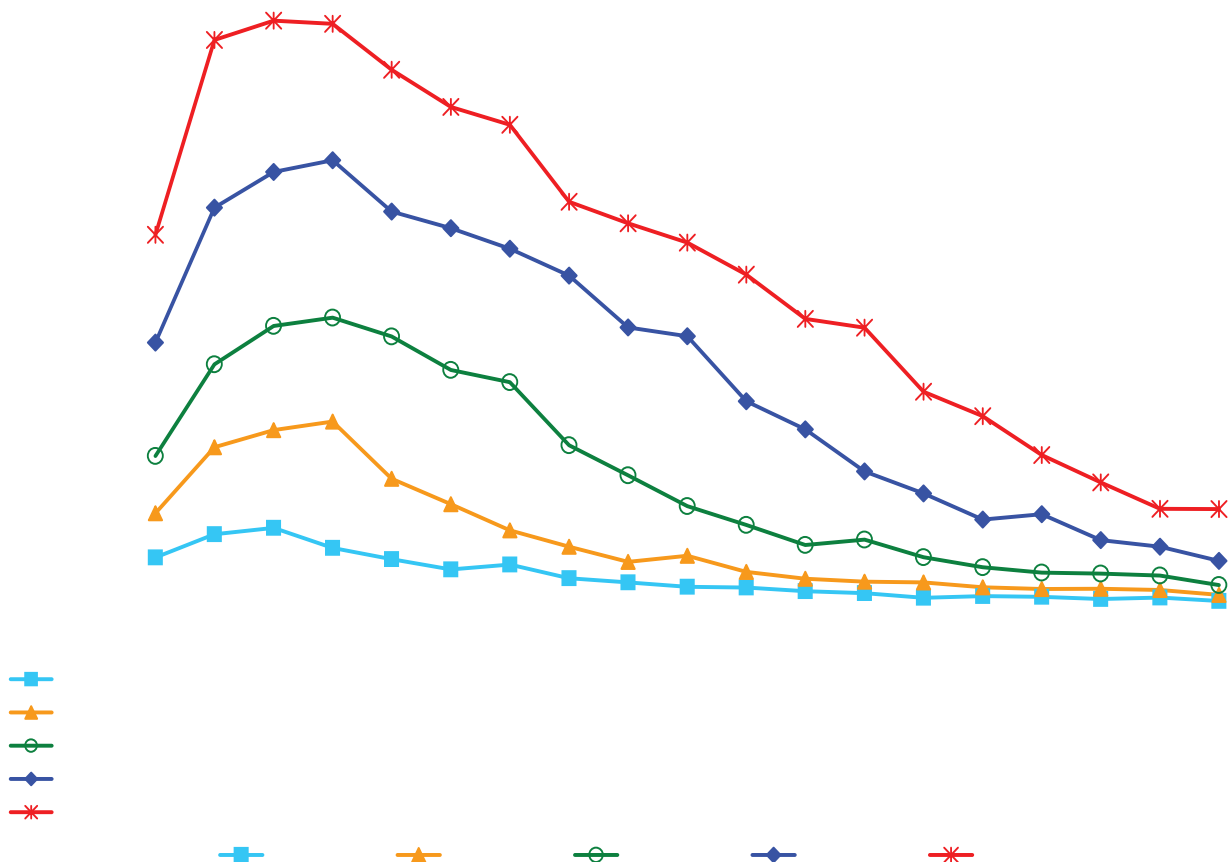
Note: Only people with status codes 1 or 2 on the CMF in June 1997 for FY 1996/97 and June 2007 for FY 2006/07 were included in the tables and graph above. Also, individuals under age three were excluded because children under age three seldom have a CDER, the data source used to identify people with autism.

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

As of June 2007, 84.5 percent of all people with autism served by DDS (including those without POS expenditures) were 3 through 21 years of age. 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 1995, the distribution across these ages was relatively flat. The three ages with the highest cumulative growth rates from June 1995 through 2007 were ages 12, 11, and 8.

Comparing one point in time to the next, the growth percentages show a different pattern. Between June 1998 and June 2001, the three ages with the largest increases in caseload were ages 9, 11, and 10. The highest caseload growth between June 2001 and June 2004 occurred with ages 14, 12, and 13. Meanwhile, the number of children ages 17, 15, and 21 increased the most between June 2004 and June 2007.

As these children grow older, the cost implications become significant. In FY 2006/07, the average per capita cost for individuals with autism ages 22 through 41 years of age was 203 percent higher than the average per capita cost for people with autism in the 3 through 21 years age group.





Artist Sandra Smith's love of nature is shown vividly in this artwork entitled "The Forgotten Nature Trail". She created this artwork using acrylic paints on paper. Sandra has been creating art on her own for many years but began working on art at Southside Art Center (SSAC) in July 2007. The opportunity to create art at SSAC five days a week has allowed Smith to be empowered financially through the sale of her art. Located in Sacramento, SSAC is a nonprofit organization serving individuals with developmental disabilities through art, personal development, and community integration programs. More information on SSAC can be found online at www.southsideartcenter.com.

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