Colorado Community Survey Data Results

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JFK Partners

Contents

Introduction

This report presents the findings of a statewide study commissioned by the Colorado Developmental Disabilities Council (CDDC) to understand the needs, characteristics, and day-to-day strategies of Coloradans with intellectual and developmental disabilities (IDD) and their families who are or are not using government-funded services. Building on Colorado's Employment First efforts and prior CDDC investments (e.g., transition and employer trainings and DB101 support), the Council engaged the Colorado Office of Employment First (COEF)/JFK Partners to conduct primary research that advances Goal 1.5 of the Council's State Plan: by 2026, fund research to learn how unserved Coloradans with IDD meet their needs. The work addresses a documented gap in comprehensive, credible data to guide the Council's next five-year plan and inform partners across the state.

A total of 503 survey responses were received, of which 288 were validated as clean data following a screening and verification process. Under this scope, the team designed and fielded a survey and interview protocol to reach a racially and ethnically representative sample of families and individuals with IDD; collected, cleaned, and analyzed quantitative and qualitative data; and produced a final report of findings. The approach reflects person-centered planning, cultural competence, and systems knowledge, aligning with federal grant requirements and the Council's standards for quality and timeliness.

Survey Results

Most Important Needs

Educational Materials and Resources

Priorities

Families, self-advocates, and providers point to a system that's hard to navigate, especially at life transitions. Top needs are succession planning for aging caregivers, building social networks after high school, affordable supported housing, faster access to behavioral health (including crisis-trained in-home help), reliable transportation, and clear step-by-step guidance on benefits and services. Rural access, provider shortages, insurance barriers, and inconsistent disability-competent care compound these challenges. People want respectful communication, supported decision-making (incl. Augmentative and Alternative Communication), and flexible, well-supported employment and education options.

Key Themes

- Succession planning & continuity of supports
- Social connection & community inclusion
- Affordable, supported housing options
- Behavioral health access (waitlists; crisis-trained in-home support)
- Navigation help (benefits, waivers, funding)
- Work/education with real training and accommodations
- Transportation & physical accessibility
- Supported decision-making, AAC, and respectful provider communication

Quotes from Community Survey

Below are selected quotes from community members describing their most pressing needs and priorities. These responses reflect a wide range of experiences across Colorado, highlighting accessibility, inclusion, transitions, and resource gaps.

Accessibility and Inclusion

- "The most important need is accessibility—not just physical, but cognitive, cultural, and practical accessibility. Information that is easy to understand. Family-centered support. Etc."
- "Physical access for wheelchair users (handicapped parking often full, doors without openers, sidewalks without curb ramps, public activities/tours not able to accommodate wheelchairs)."
- "Advocacy and self-awareness. How to support people with IDD in schools in kind, affirming ways. How to respect different forms of communication. Anything on real life experiences and the importance of not forcing people to do things."

Transitions and Family Support

- "Transition from youth to adulthood and all involved with guardianship is overwhelming."
- "Better schools and teachers. Helping parents with transition and older parents support."
- "Social transitions out of high school and navigating college."
- "Succession planning for parents. Continuity of support through host home resources."
- "HOUSING and TRANSPORTATION for adults. Help after leaving the school system succession planning."

Rural Access and Resource Gaps

- "These are all excellent examples of projects, programs, and services that are NOT available in rural Northwest Colorado, and that are DESPERATELY NEEDED."

Community Life and Information Access

- "Something to DO (and not just arts and crafts)."
- "Educating us about the realities of funding changes and if they will negatively impact our services."

Summary Insight

Respondents emphasized the urgent need for holistic accessibility, better transition planning, and resources beyond urban centers. Families seek practical information, inclusive education, and opportunities for meaningful engagement—underscoring the value of ongoing advocacy, communication, and systems navigation support.

Grant Making

Priorities

Respondents call for targeted investments that make everyday life safer, more accessible, and easier to navigate. Top questions include training for law enforcement/first responders on IDD, affordable and supported housing, reliable transportation, emergency preparedness, and workforce development (employers, job coaching, provider recruitment/retention). They want disability-competent training for teachers, clinicians, and case managers; simpler service navigation (clear, step-by-step guidance and conflict-free case management); and greater leadership by people with lived experience in designing and evaluating programs. Rural gaps, long waitlists, and paperwork/eligibility barriers are persistent pain points. Views on intentional/supported housing communities are mixed—some see them as essential; others view them as institutional and advocate for fully inclusive community living.

Key Themes

- First responder & public-facing training: police, fire/EMS, hospitals, teachers, and frontline staff.
- Housing: affordable, accessible, supported options; clearer paths to vouchers and non-institutional models.
- Transportation: safe, affordable, and usable systems; practical training on using transit and apps.
- Emergency preparedness: plans, tools, and training tailored to IDD households.
- Employment & providers: employer education, on-the-job coaching, provider pipelines, retention.

- Navigation & case management: centralized resource hubs, conflict-free support, simplified paperwork.
- Healthcare competence: autism/IDD-informed practice, respectful communication, adult interventions (OT/PT/ST, BH).
- Rural access: address distance, scarcity, and information gaps.
- Nothing about us without us: fund initiatives led by people with IDD and caregivers.

Quotes from Community Survey

Community members shared their perspectives on how grantmaking efforts can better advance equity, inclusion, and quality of life for individuals with intellectual and developmental disabilities (IDD). Themes emphasized the need for systemic change, meaningful leadership, inclusive training, and long-term sustainability.

Shifting Power and Building Inclusive Systems

- "Shifting power toward people with IDD and their families. Grantmaking focus shouldn't just fund programs for the IDD community but build and sustain systems that are inclusive, equitable, led or co-led by people with IDD, accountable to families and communities."
- "Interdependence as adults, finding community in the community."
- "Reducing stigma from early childhood onwards by being accepted by peers as early childhood."

Training, Awareness, and Workforce Development

- "Training for teachers and education staff. Training for getting and including students' input on IEPs and accommodations. Training for healthcare workers on working with people with IDD in a kind way. Resources to reference."
- "Training for law enforcement and first responders in working with people with IDD, research on intentional housing communities, and emergency preparedness for people with IDD."
- "Consistent and knowledgeable case management."

Independent Living and Community Integration

- "Independent living with supported resources beyond living at home. Find ways for transition beyond parents' lifespan."
- "Housing communities and social opportunities to make friends."
- "Emergency preparedness for all."

Accessibility and Environmental Design

- “I would like to see a handicapped placard system that separates designated parking spots for wheelchair users only and for those with limited mobility. I have a hard time when parking in a non-handicapped parking spot because of a lack of space for my ramp and also almost getting hit in parking lots because people can't see me when they're backing up when we have to park further out to be able to use my ramp.”

Summary Insight

Participants called for grantmaking that funds systems—not just services—to ensure accountability, leadership by people with lived experience, and sustainable inclusion. Priorities include training across sectors, accessible community design, peer and social connection, and long-term supports for independent living that continue beyond family caregiving years.

Advocacy & Policy Creation

Priorities

Respondents want policy efforts that protect civil rights (ADA/Section 504) and preserve Medicaid/Home and Community Based Services (HCBS) funding, while making civic participation accessible and led by people with IDD. Priorities include voter education, leadership and self-advocacy training (in plain language, bilingual, and multi-format), and clear, timely updates on bills. People asked to simplify bureaucracy (eligibility, paperwork, case-management ratios) and modernize rules (benefits “cliffs,” savings caps, Health Care Policy and Financing (HCPF) policies). Advocacy should also target affordable, inclusive housing, reliable transportation, disability-competent schools and healthcare, and fair employment (ending subminimum wage, employer education). A consistent theme: “Nothing about us without us”—ensure representation of people with IDD (including those who cannot self-advocate) in policy design, testimony, and oversight.

Key Themes

- Protect rights & funding: ADA/504 enforcement; protect Medicaid/HCBS and Mill Levy; oppose benefit cuts.
- Accessible civic engagement: voter education; plain-language bill summaries; legislative training with self-advocates (English/Spanish).
- Leadership & representation: center people with IDD in decision-making and testimony; include those needing guardian/family advocates.
- Simplify systems: reduce paperwork, clarify waivers, improve case-management ratios; conflict-free, accountable Case Management Agencies (CMAs).

- Modernize benefits & work policy: raise asset/savings limits; end subminimum wage; protect benefits while working.
- Education & early identification: stronger Special Education (SPED)/ Individualized Education Program (IEP) quality, neurodiversity and sensory-integration training; disability history in curriculum.
- Healthcare access: more providers accepting Medicaid; disability-competent care and communication.
- Housing & transportation: affordable, inclusive housing options; practical, safe, affordable transit.
- Transparency & updates: timely alerts on pending legislation; easy "how-to" guidance for contacting lawmakers and giving testimony.

Quotes from Community Survey

Participants emphasized the importance of equitable policy design, protection of essential supports, and direct involvement of people with intellectual and developmental disabilities (IDD) in advocacy and decision-making. Responses highlighted ongoing concerns about funding stability, accessibility, and the need to educate policymakers and the public.

Empowerment and Supported Decision-Making

- "End guardianship abuse and expand supported decision-making."
- "Projects such as leadership development with self-advocates, legislative training with self-advocates, voter education, and providing information and testimony on bills impacting people with IDD."
- "Access [on] demand is intimidating. We're facing the loss of it."

Legislative Advocacy and Policy Awareness

- "Legislative policy advocates. Example: ABLE program, flexible spending, favorable taxes."
- "Teaching/education for legislators and the general public."
- "Changes in policies and fear of cuts to programs."
- "That the government doesn't cut funding."
- "To make sure funding does not get taken away; having advocates."

Education Policy and School Safety

- "School-related policies to help children access the support and learning they need. Making schools a safer place for kids. Educating students on reporting bullying. What will happen to school complaints now that OCR isn't around?"

Accessibility and Infrastructure Policy

- “More accessibility for IDD people directly.”
- “The parking needs to be addressed as there continues to be increasing numbers of people getting handicapped placards as the baby boomers’ generation are aging, and parking is difficult with my wheelchair. I'm lucky, because my family can move the vehicle to load me in my wheelchair. There are people in wheelchairs who drive who can't access their vehicles if they are forced to park in non-wheelchair accessible spots and someone parks right next to their vehicle and can't put their ramps down to access their vehicles.”

Summary Insight
Respondents called for inclusive policymaking and direct participation of people with lived experience in legislative processes. Top priorities include ending guardianship abuse, expanding supported decision-making, protecting critical funding, and improving public and policymaker understanding of IDD issues. Education, accessibility, and leadership development for self-advocates were seen as essential to driving equitable systems change.

About You

Quantitative Findings

This section provides an overview of survey participation and respondent characteristics. **Most participants learned about the survey through email lists (36%)**, followed by **community organizations (20%)** and **social media (18%)**, showing that outreach efforts through established networks were most effective. The majority of responses came from **proxies (77%)**, including **41% responding on behalf** and **36% assisting**, while **22% were individuals with IDD** completing the survey themselves.

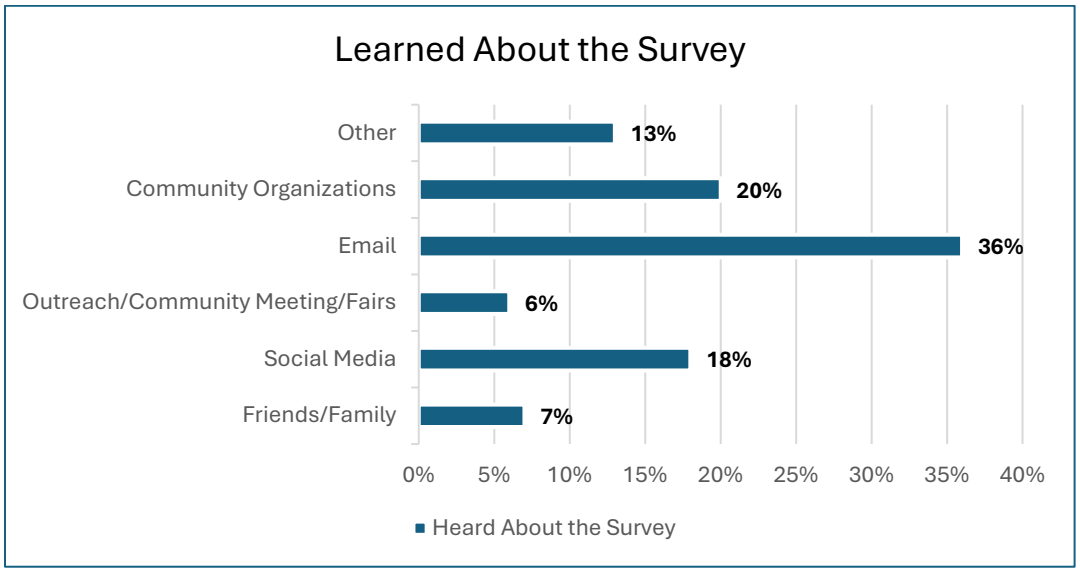
Family members—particularly **parents and guardians (67%)**—played a key role in facilitating participation, with smaller portions supported by **paid caregivers (12%)**, **professionals or service providers (8%)**, and **siblings (6%)**. This highlights the **central role of families in communication and service navigation** for individuals with IDD.

Nearly all respondents (**92%**) reported learning of the disability **before age 22**, consistent with the federal definition of developmental disability, while **8%** were identified later in life, reflecting delayed or evolving diagnoses. In terms of **daily life support needs**, respondents most often cited **independent living (76%)**, **economic self-sufficiency (74%)**, **self-direction (74%)**, and **self-care (73%)** followed by **communication (69%)** and **learning (68%)**. **Mobility (35%)** reflected moderate need.

Finally, **nearly all respondents (99%)** indicated that they **expect to need lifelong support**, underscoring the importance of sustained, person-centered systems of care across the lifespan.

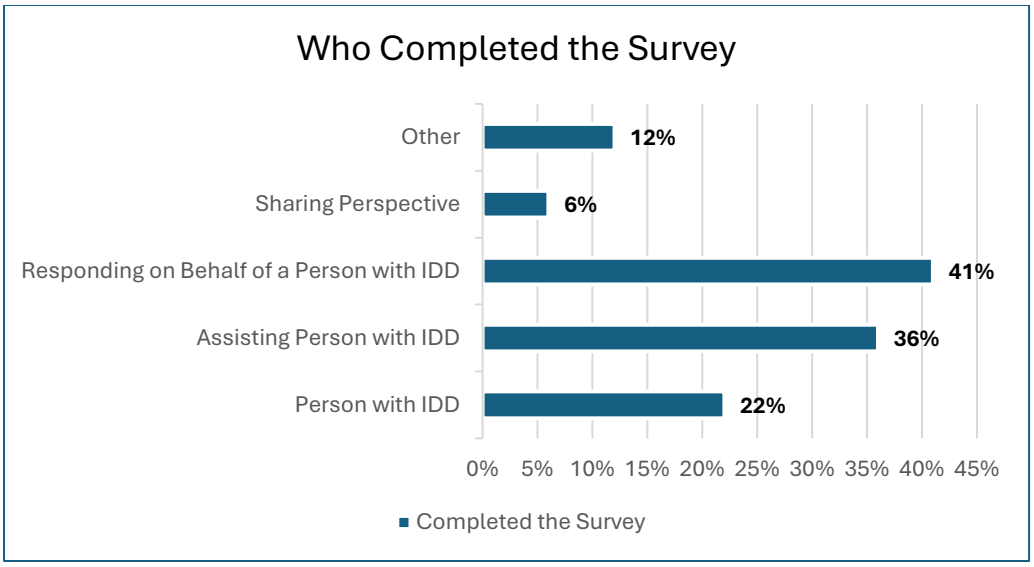
Q1: How did you learn about this survey?

Most participants learned about the survey through **email lists (36%)**, which served as the primary driver, followed by **community organizations (20%)** and **social media (18%)**. Smaller shares heard about it through **other sources (13%)**, **friends or family (7%)**, or **outreach events (6%)**.



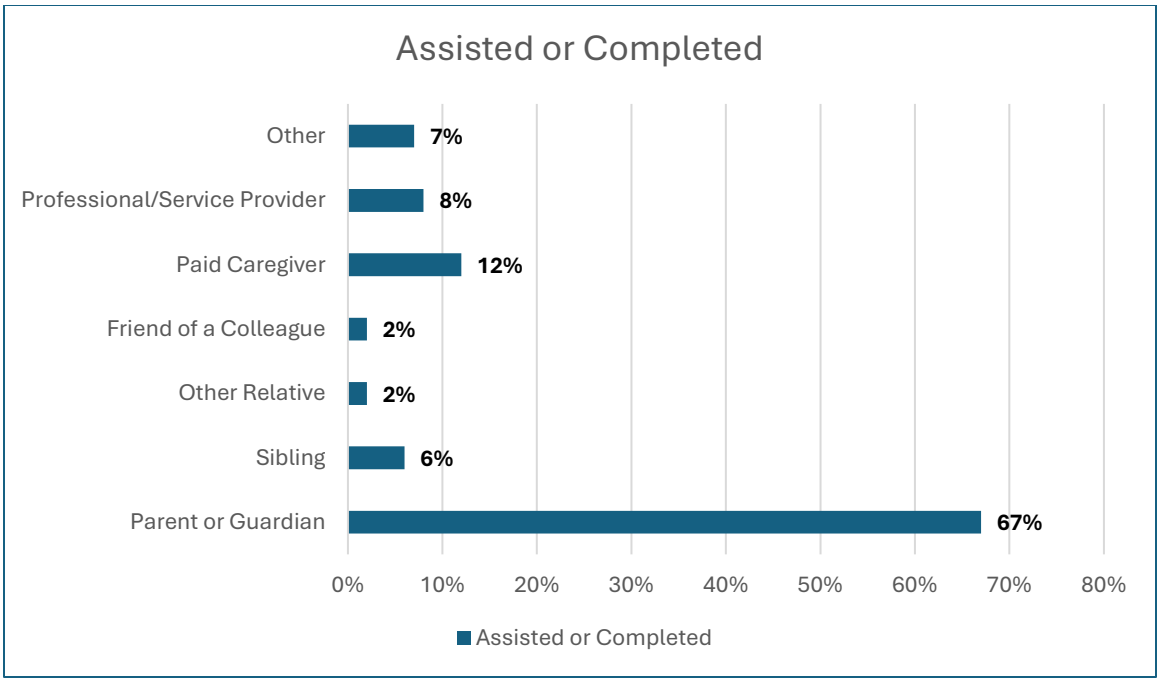
Q2: The person who completed this survey is (Please select all that apply):

Regarding who completed the survey, the majority of responses came from **proxies (41%)** responding on behalf and **36% assisting**, representing 77% of all responses. Meanwhile, **22% of respondents were individuals with IDD** completing the survey themselves, **6% shared a perspective** without directly assisting or responding, and **12% fell into other categories.**



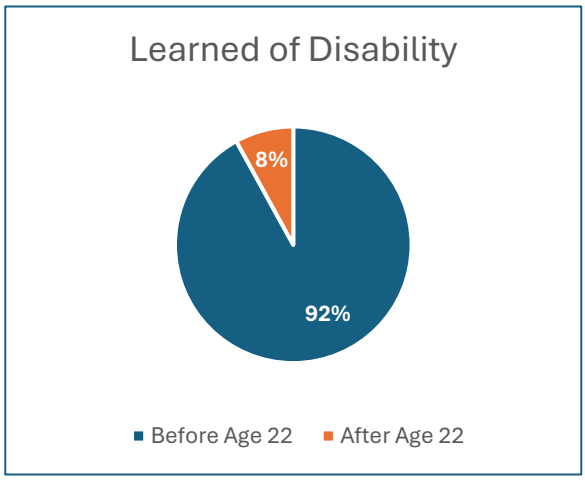
Q3: The person who is assisting or responding on behalf of a person with IDD is (Please select all that apply):

The majority of respondents were **assisted or had their survey completed by a parent or guardian (67%)**, reflecting the central role that family members play in supporting individuals with intellectual and developmental disabilities (IDD) in sharing their perspectives. Smaller portions of responses were supported by a **paid caregiver (12%)**, **professional or service provider (8%)**, or **sibling (6%)**. Only a few respondents received help from **other relatives (2%)** or a **friend/colleague (2%)**, while **7%** indicated **other sources of support**. Overall, these findings demonstrate that **parents and guardians are the primary facilitators of participation**, emphasizing the importance of family involvement in data collection and service navigation.



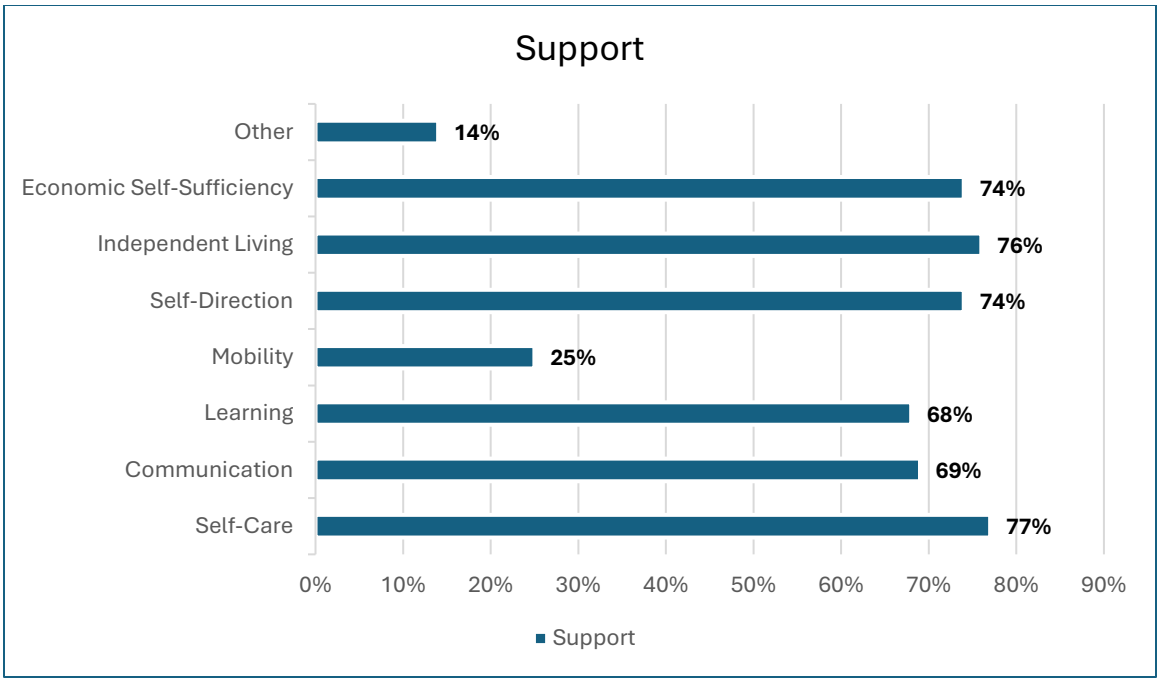
Q4: When did you/your loved one learn of your intellectual or developmental disability?

The vast majority of respondents **(92%)** reported that they or their loved one **learned of their intellectual or developmental disability before the age of 22**, which aligns with the standard federal definition of developmental disability. A smaller proportion, **8%**, indicated that the disability was identified **after age 22**, suggesting either later diagnoses, evolving conditions, or delayed access to evaluation and services.



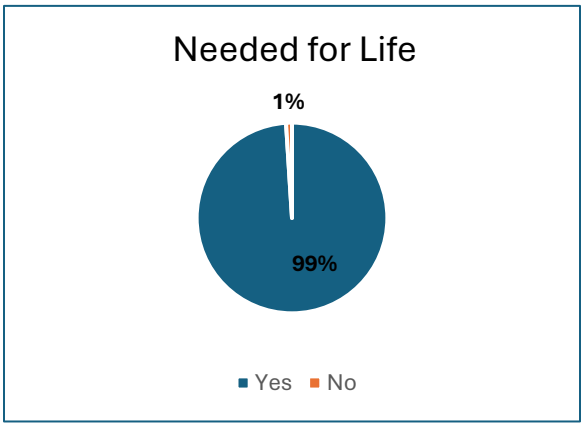
Q5: What areas of life do you feel you/your loved one need support within your daily activities? (Please select all that apply)

When asked about **daily life support needs** (multi-select), respondents most frequently identified **self-care (77%), independent living (76%), economic self-sufficiency (74%),** and **self-direction (74%)** as key areas of need. Additional areas with high responses included **communication (69%)** and **learning (68%)**, while **mobility (35%)** reflected a moderate level of need. Additionally, **14% selected "other"** to describe their support needs.



Q6: Do you or your loved one anticipate needing support with these daily activities for the rest of your life?

Finally, nearly all respondents (**99%)** reported that they **expect to need support throughout their lifetime**, with only **1% indicating otherwise**.



Qualitative Themes

The qualitative data revealed several interconnected themes that highlight the priorities, challenges, and strengths of individuals with intellectual and developmental disabilities (IDD) and their families.

Safety & protection: Protective oversight; scam/fraud awareness.
Transportation & access: Reliable options to reach work, services, and community.
Behavioral/mental health: Emotional regulation; access to appropriate care.
Employment & finances: Supported employment, job coaching; budgeting/benefits advocacy.

Independent living & self-direction: Executive-function support; hands-on navigation.
Person-centered, respectful services: Dignity in placements; trauma-informed practice.
Social connection: Friendships, peer engagement, inclusion.
Family & caregiving: Parenting supports; advocacy coaching (incl. legal help, service dogs).

Meaningful Life

Quantitative Findings

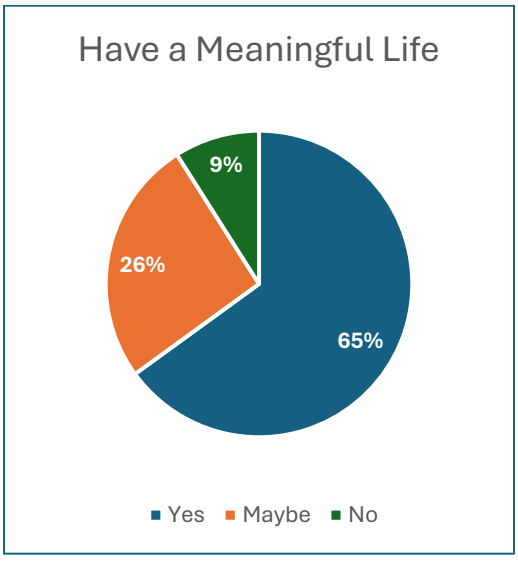
Overall, findings from this section reveal that most respondents experience a sense of fulfillment and purpose, though many continue to face challenges in autonomy, inclusion, and trust in policy systems. **Nearly two-thirds (65%)** of participants said they **are living a meaningful life**, while **26% were unsure** and **9% said no**, showing that over one-third may experience uncertainty or barriers to achieving a fulfilling life.

In related indicators, **64%** reported that they **feel free to make their own choices**, but **30%** disagreed. Similarly, **59%** said they **have meaningful relationships beyond their families**, though **28%** did not. A strong majority (**67%**) expressed that their **life has meaning and purpose**, suggesting personal fulfillment remains a strength. However, confidence in systems was notably lower—only **32%** of respondents believe that **policies and laws uphold their rights**, while **44%** said they do not.

Together, these findings point to a need for continued focus on **empowerment, social connection, and systemic reform** to ensure individuals with intellectual and developmental disabilities (IDD) experience meaningful, self-directed, and rights-affirming lives.

Q1: Overall, do you feel that you are living a meaningful life?

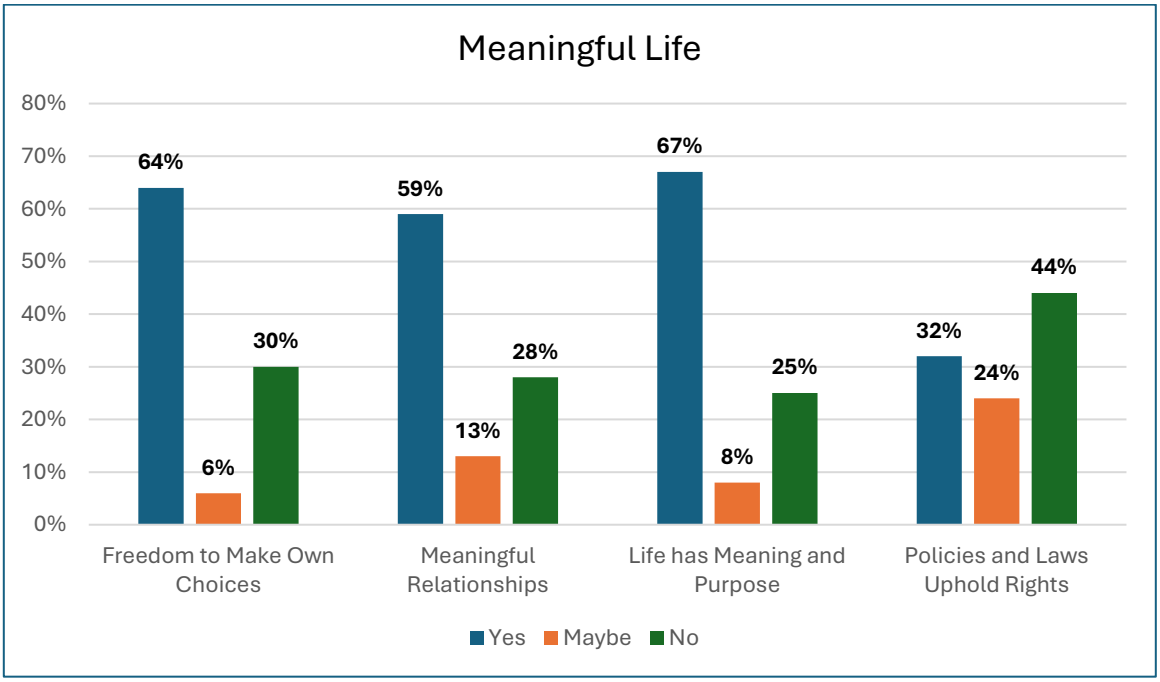
When asked whether they feel they are living a meaningful life, **65%** of respondents said **yes**, indicating that most participants experience a sense of fulfillment and purpose in their daily lives. However, **26%** were **unsure ("maybe")**, and **9%** said **no**, suggesting that over one-third of respondents may face barriers or uncertainty in achieving or sustaining a meaningful life.



Q2: Please answer the following questions yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more.

Overall, responses reflect a generally positive sense of personal meaning and purpose but also reveal significant areas for improvement in autonomy, inclusion, and policy trust. About **two-thirds (64%)** of participants said they **feel free to make their own choices**, while **30%** reported they do not. Similarly, **59%** said they **have meaningful relationships beyond their families**, though **28%** disagreed.

A majority (**67%**) believe their **life has meaning and purpose**, indicating strong personal fulfillment for many respondents. However, confidence in broader systems remains low—only **32%** feel that **policies and laws uphold their rights**, compared to **44%** who said they do not. These results highlight a need for both personal empowerment and systemic change to ensure individuals with IDD experience not only meaningful lives but also equitable recognition under the law.



Qualitative Themes

What makes life meaningful?

Respondents describe meaning as a mix of autonomy, safety, relationships, and contribution. Being able to decide for themselves ("Control"), feel safe, and have basic needs met are foundational. Many point to family and friends, friendships beyond family, and community involvement as core ("Family and friends"; "The ability to help others and be active in the community"). Personal interests and self-expression add joy—hobbies/technology, pets, and therapeutic recreation ("Playing with computers and

electronics, my dog"; "Being able to express myself"). Several emphasize being valued and functioning as independently as possible within a supportive community.

What helps you live a meaningful life?

People credit relationships and hands-on supports: caregivers/helpers, engaged family, and consistent programs/services (e.g., Private Duty Nursing (PDN), day programs, therapeutic recreation) that make community life possible ("Having a helper with me"; "PDN services and assistance to go into community"). Supported employment and understanding supervisors ("My boss") matter, as do sensory-friendly environments and mental health care that isn't about "fixing" ("Sensory friendly environments… ability to advocate"). Practical anchors—adaptive equipment, stable housing, pets, and everyday comforts—also support well-being ("My dog… and a home").

What makes it harder?

Barriers cluster around precarious supports, access, and stigma. People fear losing services or facing the future when parents age ("Fear of having support taken away by the state"; "How will I live when my parents are too old to care for me?"). Transportation and accessibility routinely get in the way—parking shortages, lack of curb ramps, and non-accessible activities ("When I don't have accessible transportation"). Staffing shortages and paperwork burdens sap energy ("Just help me and don't write it down"). Others cite costs and unclear benefits pathways, social anxiety/processing differences, and too few peers, dating, or job options ("Services are expensive… the road to applying… is unclear"; "Can't find peers to relate with"). A minority mentions isolation, limited opportunities, and a fragile safety net, which collectively undercut day-to-day meaning.

Key Quotes

What makes life meaningful for you:

- "To the extent possible, live a life to the fullest potential."
- "Having all my needs met"
- "The ability to help others and be active in the community"
- "Being loved and supported, being taken care of, being able to do activities I enjoy
- Ability to be valued member of a community that I can function as independent as possible within."
- "Relationships, independence, happiness, safety."
- "Shared interest with friends, community involvement"
- "Having fun and being happy. Getting to do things I like."

What makes it harder to live a meaningful life:

- "No family involvement (inadequate support systems), limited access to opportunities, social isolation, loneliness, being treated as less than, mental illness."
- "Fear of having support taken away by the state"
- "Fear of not being supported and missing out on not being a part of the group of friends and activities."
- "How will I live when my parents are too old to care for me."
- "Always having staff need to document everything. Just help me and don't write it down."

Community Activities

Quantitative Findings

This section explores how individuals with intellectual and developmental disabilities (IDD) experience connection, safety, and belonging within their communities. Overall, responses reveal that while many participants are engaged and active in their communities, experiences of inclusion and respect vary widely. More than half (**58%**) reported that they **regularly interact with people in their community**, and **54%** said they **feel safe** in those settings. However, fewer respondents reported consistently positive experiences with social belonging—only **45%** said they **feel respected**, and **47%** said they **feel included**.

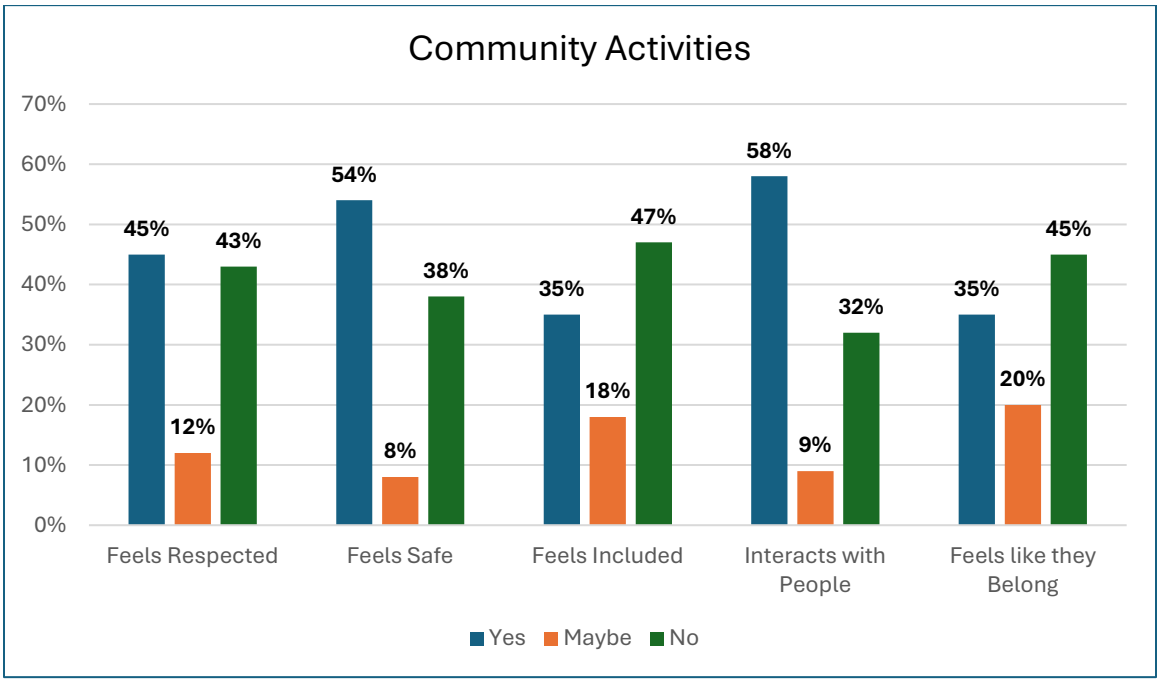
Notably, just **35%** of participants indicated that they **feel a true sense of belonging**, while **45%** disagreed, showing that many still encounter barriers to full inclusion. Together, these findings highlight a need for **more intentional, inclusive community engagement** that fosters respect, safety, and meaningful participation for people with IDD.

Q1: This question is about how you feel when attending events or participating in community activities. Please answer yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more.

Responses in this section show mixed experiences with belonging, inclusion, and respect in community settings. **58%** of participants said they **interact with people in their community**, the strongest area of engagement, followed by **54%** who **feel safe**. However, only **45%** said they **feel respected**, and nearly the same proportion (**43%**) said **no**, indicating notable divisions in perceived respect and treatment.

Fewer than half (**47%**) said they **feel included**, while **35%** said they do not, and **18%** were unsure. Similarly, only **35%** reported that they **feel like they belong**, with **45%** disagreeing and **20%** unsure. These findings suggest that while many individuals with IDD are participating in community activities and social interactions, feelings of **belonging,**

inclusion, and respect remain inconsistent, highlighting a need for greater community inclusion efforts and culturally responsive engagement.



Qualitative Themes

I feel respected.

Respect is inconsistent and often hinges on whether people are spoken to directly and treated as decision-makers. Several describe being talked around or encountering condescension when events are designed by neurotypical "providers" for IDD "recipients." Others say they're "treated nice," but aren't sure that equals respect. When organizers center self-determination and invite neurodivergent leadership, respect—and participation—improves.

I feel safe.

Safety depends on the place and support. Public settings like bus stops and streets feel risky, while familiar venues with attentive caregivers feel safer. People noted falls and near-misses when staff don't understand mobility needs (e.g., uneven surfaces, dim lighting, stairs). Some also described over-protective systems that limit reasonable independence, underscoring the need to balance risk and autonomy.

I feel included.

Inclusion is frequently undercut by sensory barriers (e.g., loud live music) and by programs planned about neurodivergent people rather than with them. That "provider/recipient" divide can make events feel exclusionary, even when well-intended. Respondents want co-

designed activities, sensory-friendly practices, and everyday community spaces that assume neurodiversity as a norm.

I interact with people.
Interaction often occurs, but for some it's occasional or superficial and highly event dependent. Volunteering and known community groups can foster connection; unfamiliar environments or crowds reduce it. Interaction quality improves when staff/caregivers facilitate appropriately (without speaking over the person) and when activities match interests.

I feel like I belong.
Belonging rises in trusted, predictable settings (church, established programs) and dips in public spaces where people feel misunderstood, unsafe, or over-managed. Several comments framed belonging as a function of being known, having one's supports in place, and encountering welcoming norms rather than compliance-driven expectations.

Access to Services and Case Management

Key Quantitative Findings

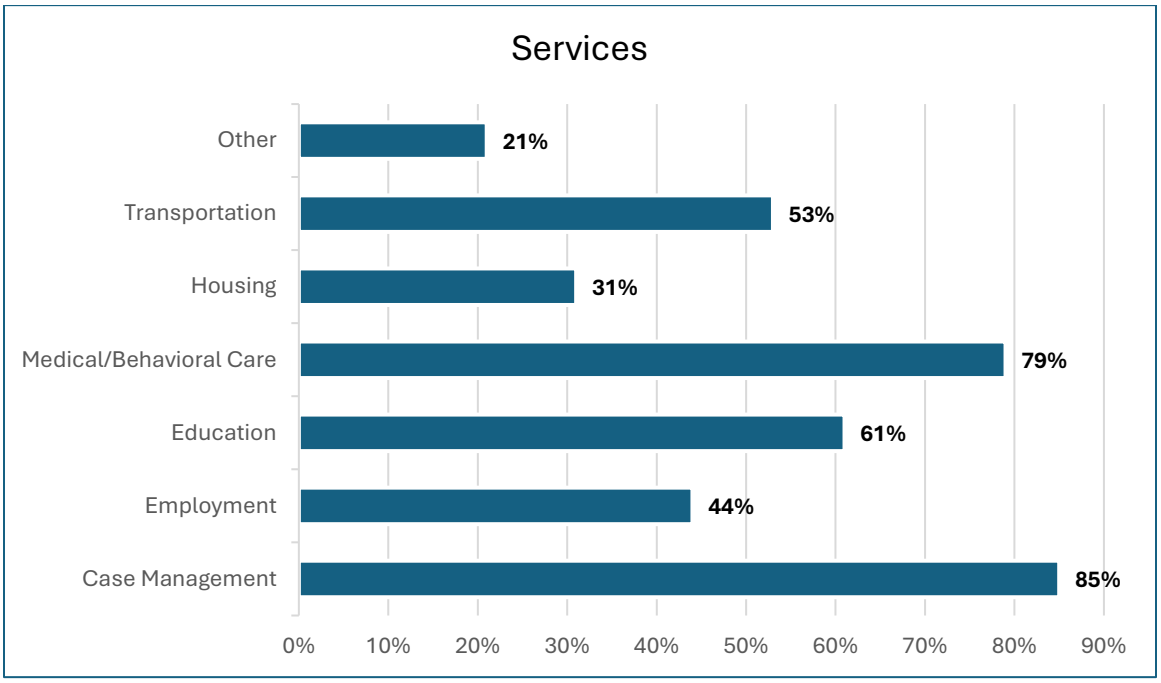
Findings show that most respondents rely on a **core network of supports**, with **case management (85%)** and **medical or behavioral health care (79%)** as the most commonly used services. Many also access **education (61%)** and **transportation (53%)**, while **employment (44%)** and **housing (31%)** services are used less frequently, suggesting **barriers in access or availability**. Overall, **three in four respondents (75%)** are **currently receiving or seeking case management**, demonstrating a **strong demand for coordinated system navigation**.

Perceptions of service quality reflect a **strength in respect** but **ongoing gaps in communication and knowledge**. While **76%** said they **feel respected** by their case manager, only **52%** believe their case manager **fully understands available services**, and **49%** said communication meets their needs. These findings indicate that, although **relationships with service providers are largely positive**, many individuals continue to experience **frustration with coordination, communication, and access** across systems.

Q1: What services do you or your loved one use/or have used in the past? (Please select all that apply)

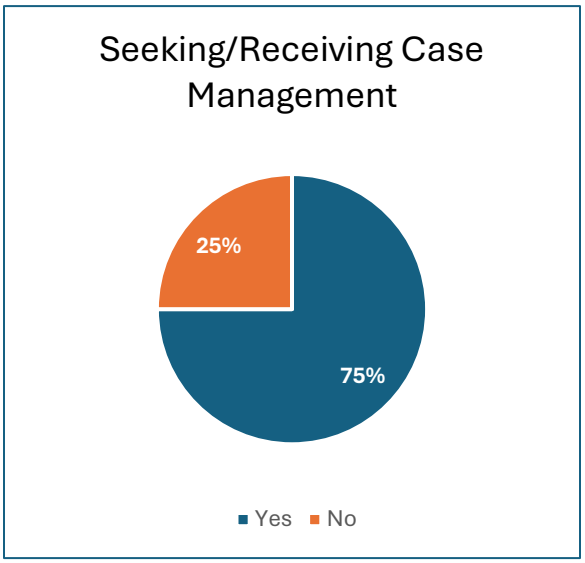
Most respondents rely on a core set of services, led by **case management (85%)** and **medical/behavioral health care (79%)**, with substantial use of **education (61%)** and **transportation (53%)**. **Employment (44%)** and **housing (31%)** lag behind, suggesting

challenges in **access or availability**. Additionally, **one in five (21%)** respondents identified **other supports** as part of their service mix.



Q2: Are you currently receiving or seeking case management (may also be called care coordination or service navigation) services for your disability?

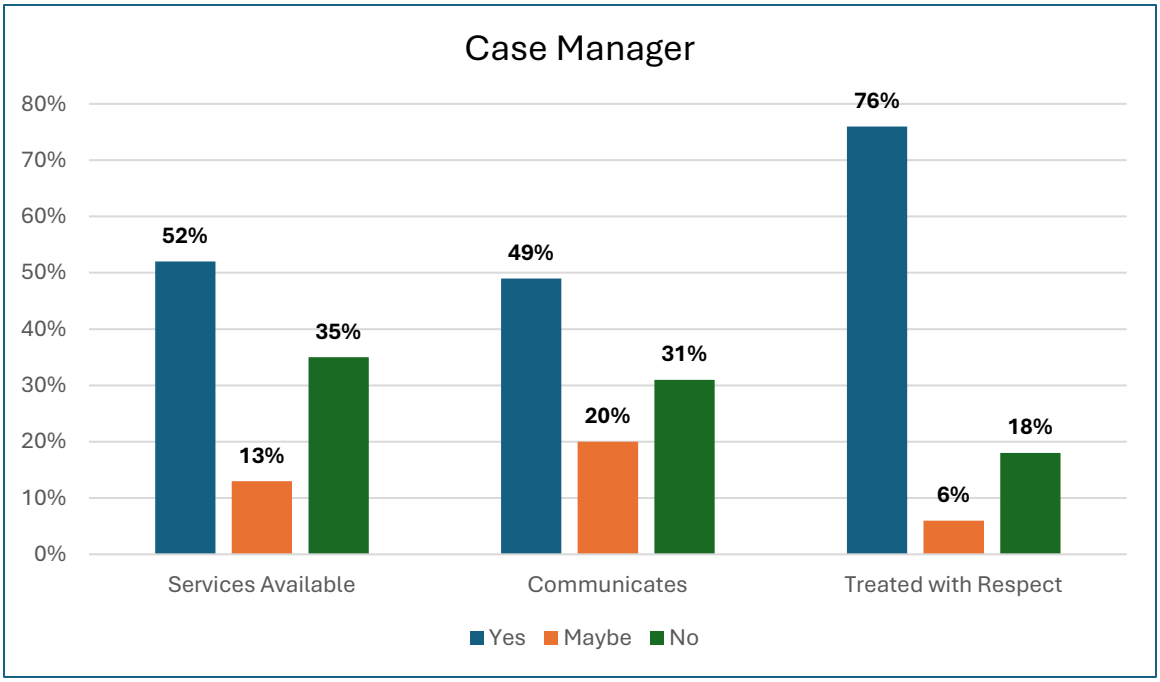
Engagement with case management is strong (75%) of participants are **currently receiving or seeking** these services, while **25%** are not, underscoring **high demand for coordination and system navigation** across service areas.



Q3: Please answer yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more. My case manager:

Perceptions of service experiences show a **strength in respect** but **gaps in communication and navigation**. **Respect scored highest (76% yes; 18% no; 6% maybe)**, indicating that most respondents feel valued. However, views of **service knowledge (52%**

yes; 35% no; 13% maybe) and **communication to needs (49% yes; 31% no; 20% maybe)** were more divided. In short, **people generally feel respected**, but **about one in three** report that their **case manager does not communicate effectively** or **lacks full knowledge of available services**, pointing to **friction in access and coordination**.



Qualitative Themes

Service Mix and What is Working

Families report drawing on a wide array of supports: Medicaid waivers (including respite), day programs, therapeutic recreation/Special Olympics, Division of Vocational Rehabilitation (DVR)/job coaching, and community organizations (e.g., non-profits, peer-led efforts). Some also rely on Supplemental Nutrition Assistance Program (SNAP)/Women, Infants, and Children (WIC), and transportation coordinated through schools. A few notes having no current education services since high school, or only intermittent access to community activities.

Case Management (CM) Experiences

Experiences range from coordinated models (e.g., Kaiser + Medicaid case management) to a desire to minimize CM involvement due to bureaucracy. Many want stronger mental health services in Regional Centers and more informed, proactive navigation. Isolated comments describe restrictive placements, difficult exits/eligibility, and documentation concerns—underscoring the need for conflict-free, rights-affirming, and transparent case management that actually opens access rather than gatekeeps it.

Access Gaps and Persistent Barriers

Respondents cite post-school service drop-offs, uneven transportation, and the ongoing work of advocacy to assemble support. Housing may be provided via IRSS/family home, but navigating broader housing services is challenging. People also emphasize community inclusion (recreation, social ties) as part of service value, not an add-on. Overall, qualitative feedback aligns with the data: coordination exists, but communication, service literacy, and mental/behavioral health access need strengthening—especially to advance employment and housing outcomes.

Key Quotes

- "Depends on the event, people and environment."
- "I interact only occasionally and superficially with other people outside my family.
- "Don't feel safe at bus stops and, on the street."
- "People aren't always nice to me in the community."
- "Inclusion can always be more in community, school everywhere."
- "All my 'maybe' answers really mean 'sometimes.' I always feel safe because the people who live with me keep me safe."
- "Sometimes caregivers don't pay enough attention or don't know me well enough to know my capabilities and keep me safe. One example is walking on uneven surfaces in dim lighting or in a crowd, such as going up/down steps. This is challenging for me and I trip and fall without proper assistance."
- "Protective services overreach and collusion with disability industrial complex makes it hard to take independent risks like riding public transport or being alone in community, target on back thanks to adding adults with Idd to "at risk persons: definition."

Employment

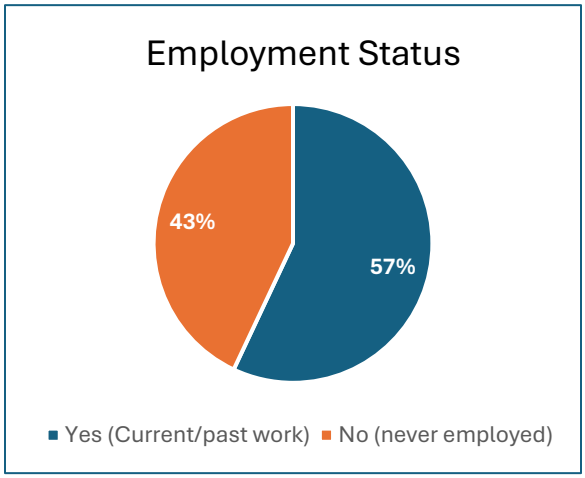
Quantitative Findings

Findings from this section reveal both **progress and persistent barriers** in employment access and workplace inclusion for individuals with intellectual and developmental disabilities (IDD). Just over half (**57%**) of respondents have **current or past work experience**, while **43% have never been employed**, reflecting an ongoing divide in workforce participation. Although **36%** are **actively seeking work**, many face discouragement or systemic challenges, and only **15%** believe they can **find employment without experiencing disability-based rejection**, pointing to widespread concerns about discrimination. Among those employed, most report **positive relationships and respect at work (61%)**, yet fewer say their **communication needs (54%)** or **accommodations (47%)** are consistently met. Overall, the data suggest that while **workplace culture is**

improving, significant **barriers to access, equity, and consistent accommodation** remain across employment systems.

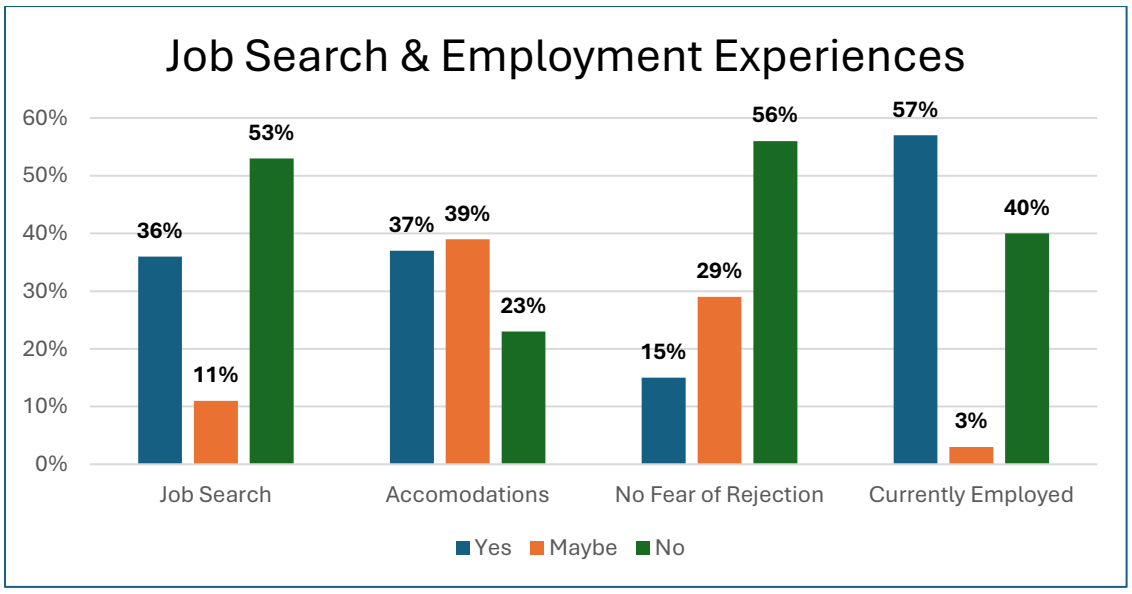
Q1: Are you currently working or looking for a job, or have you worked or looked for a job in the past?

A little more than half of participants (**57%**) reported having **current or past work experience**, showing that many have had opportunities to enter the workforce, while a sizeable **43% have never been employed**. This divide highlights **both progress and persistent barriers** to gaining initial access to employment.



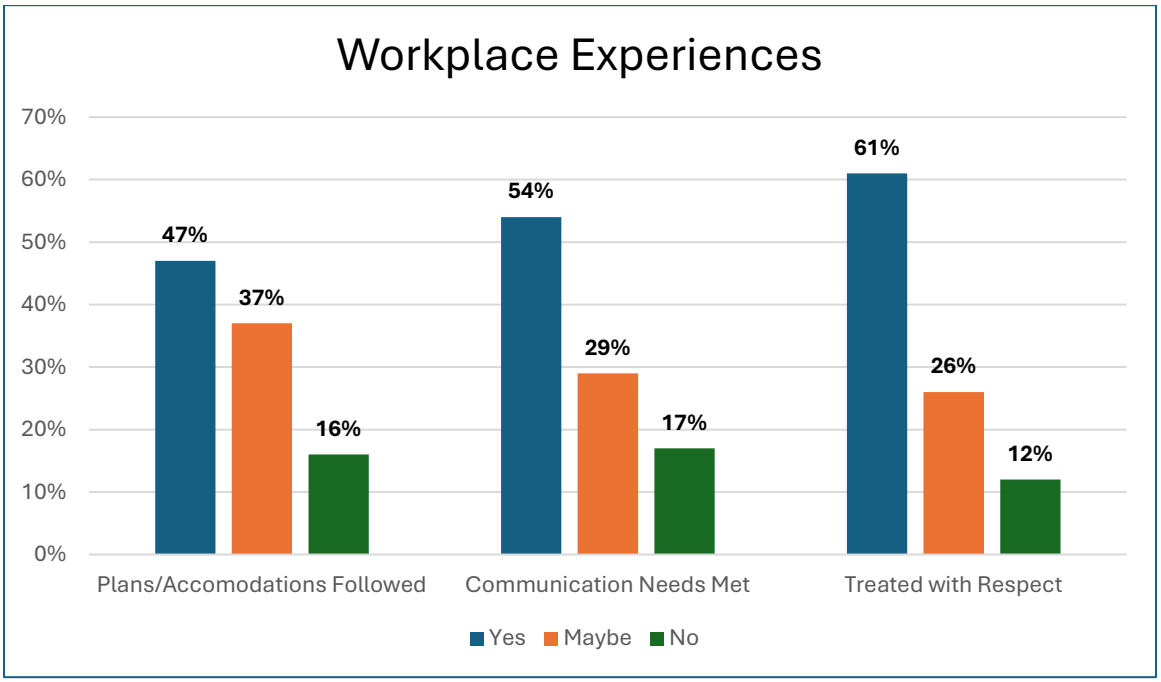
Q2: These questions are about getting a job if you are looking for a job right now. If you are not looking for a job right now, you can answer about your most recent experience. Please answer yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more.

When asked about job-seeking activity, **36%** of respondents said they are **actively looking for work**, reflecting strong motivation and interest in employment. However, **53% are not currently seeking jobs**, which may stem from satisfaction with current roles or discouragement due to systemic barriers. Most concerning, only **15%** believe they **can find work without facing disability-based rejection**, underscoring the **deep fear of discrimination** that continues to limit equal opportunity.



Q3: These questions are about your work place if you have a job right now. If you don't have a job right now, you can answer about your most recent job. Please answer yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more. At my job, my work place (supervisor and coworkers):

Among those employed, experiences are mixed. **Nearly two-thirds (61%)** said they **feel respected at work**, and **54%** reported that their **communication needs are met**, yet almost half still face barriers to clear and inclusive communication. Only **47%** said their **accommodations or plans are consistently followed**, suggesting that while **respect and inclusion are improving**, **implementation of accessibility measures remains inconsistent**. Together, these findings show that **workplace culture is often supportive**, but **systemic and procedural barriers continue to hinder full equity and inclusion**.



Qualitative Themes

Positive Employment Experiences

Participants shared a mix of success stories and ongoing challenges in accessing and maintaining meaningful employment. Many individuals described positive workplace experiences, highlighting employers who were supportive, respectful, and willing to make necessary accommodations. Several respondents expressed pride in their work and long-term stability in positions that matched their interests and strengths. These success stories underscore the value of inclusive employers and the importance of job environments that foster belonging and self-worth.

Barriers to Job Stability

However, participants also identified substantial barriers to achieving consistent job stability. Job fit and retention were common concerns, with many reporting a pattern of employment loss due to mismatched roles or inadequate workplace support. Support gaps were frequently mentioned, particularly around the quality and consistency of job coaching services. Respondents emphasized that better-trained employment specialists—aligned with professional standards such as those established by Association People Supported Employment First (APSE) — could significantly improve outcomes and satisfaction.

Discrimination and Workplace Respect

Discrimination and lack of respect emerged as recurring themes. Participants described negative experiences involving supervisors who failed to follow accommodations or treated employees unfairly. These experiences reinforced the need for stronger advocacy around workplace rights, disability awareness, and inclusive management practices.

Limited Opportunities for Growth

Participants also expressed frustration over limited opportunities, especially for roles that allow growth, variety, and engagement. Many called for more employers to intentionally hire individuals with disabilities and to design broader, more varied job roles that prevent boredom and encourage skill development.

Vision for the Future

Overall, respondents envisioned a future where inclusive hiring, high-quality employment supports, and respectful workplace cultures become the norm—allowing individuals with disabilities to contribute meaningfully, maintain stable employment, and advance in their chosen careers.

Key Quotes

- “We were lucky enough to be hired by a business that hires Adults with special needs. We know these jobs are few and far between. Previous work experience wasn’t a great experience as a bus person at a country club restaurant.”
- “I work a King Soopers Reclamation Center and have for many years. I enjoy my job very much and am not interested in a different job.”
- “He is able to work in a warehouse when they have staffing available. They change the schedule often. The staff person that transports him is the one who puts him in a headlock. This in not the type of work he wants to do, but the only option.”
- “Having a good job coach is very important. Job coaches need training from APSE. Jobs with typical co-workers is good for me, but I need accommodation or job sharing. Please help. I used to have a job for 2yrs until COVID.”

- “I am working with DVR. My ‘job’ is volunteering with a job coach at a therapeutic farm. It is set up for individuals with disabilities. They are assessing my skills and abilities and needed support. I am also working on building endurance to be able to work a full shift. Right now, I work 3 hours at a time, one day a week. I am pretty tired after my shift. I have club feet and arthritis, so my feet hurt after a shift.”

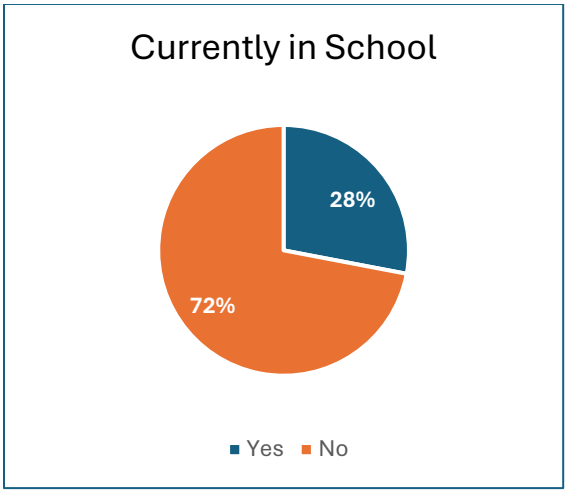
School and Education

Quantitative Findings

Findings from this section reveal significant disparities in educational access and experiences among students with intellectual and developmental disabilities (IDD). **Only 28% of respondents** reported being **currently enrolled in school or an educational program**, while **72% were not**. Among those still enrolled, experiences were mixed: **62% said teachers follow their accommodations**, while **26% reported that this is not happening**, showing **inconsistent implementation of support plans**. Similarly, **65%** felt teachers **communicate in ways that meet their needs**, yet **one in four disagreed**, underscoring the need for **stronger teacher preparation and inclusive practices**. Encouragingly, **76%** of students said their teachers **treat them with respect**, though not all shared that experience. Overall, these findings suggest that while **many students benefit from positive relationships and some individualized support**, **systemic inconsistencies in accommodations, communication, and access** continue to limit educational equity—often prompting families to turn to **homeschooling, specialized schools, or alternative programs**.

Q1: Are you currently in school or educational program?

Only 28% of respondents reported being **enrolled in school or an educational program**, while **72% were not**. This highlights that **many individuals have already transitioned out of school.**

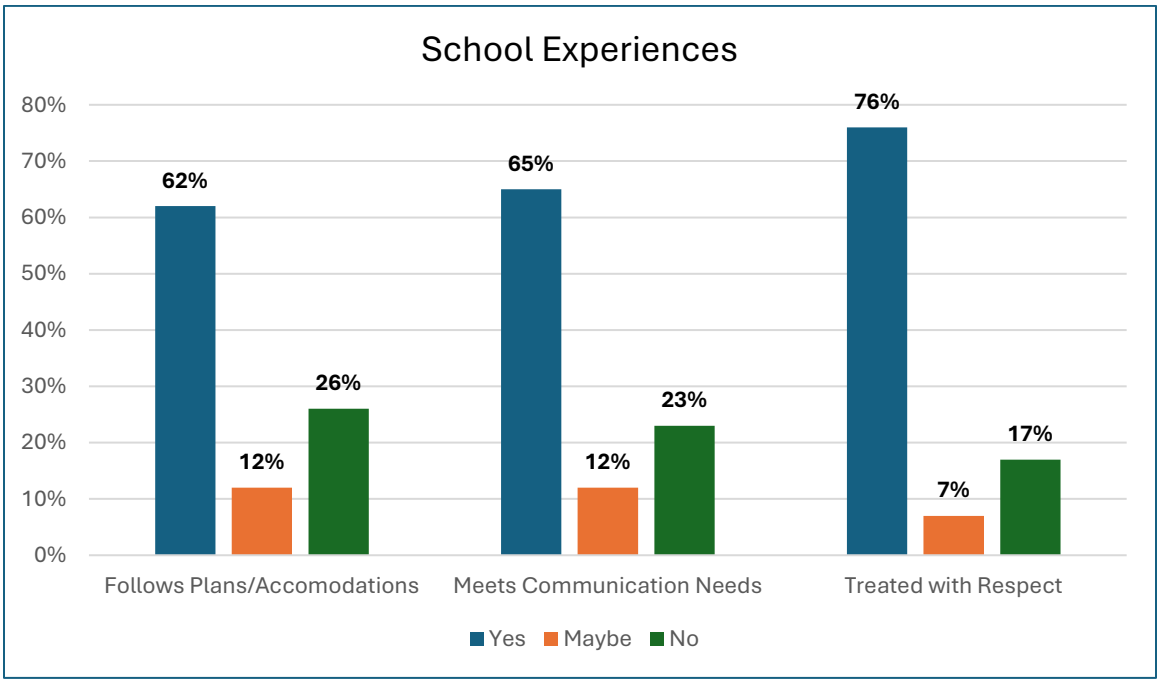


Q2: Please answer yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more. At my school or education program, my teacher:

Only 28% of respondents reported being **currently enrolled in school**, while **72%** were not due to already transitioning out. Among those still enrolled, **62% said teachers follow their accommodations**, but **26% reported that this is not happening**, revealing **inconsistencies in support** across schools.

Communication was also uneven. **65%** felt teachers **communicate in ways that meet their needs**, yet **nearly one in four disagreed**, emphasizing the need for **stronger teacher training** and consistent inclusive practices. On a positive note, **76% of students said teachers treat them with respect**, the highest-rated area, though gaps remain for those who did not share that experience.

Taken together, the findings show that while **many students experience respect and some level of support**, **systemic inconsistencies in accommodations and communication** continue to create **barriers to educational equity**.



Qualitative Themes

Families reported highly varied experiences within the education system, reflecting both positive examples of inclusion and significant areas for improvement. Many described success stories where students thrived in **inclusive classrooms** supported by strong communication between educators, families, and service providers. **Extracurricular opportunities**, such as unified sports and social clubs, were also cited as important contributors to belonging and personal growth.

However, numerous participants shared ongoing challenges, particularly around the **inconsistent implementation of accommodations** and the **need for parents to continually advocate** for their child's educational needs. Frequent **staff turnover** and uneven accountability across schools often disrupted services and created uncertainty for students who rely on individualized education plans (IEPs) or 504 supports. Some families reported turning to **homeschooling or specialized schools** when traditional public school environments failed to provide the necessary consistency or support.

To improve these experiences, participants emphasized the importance of ensuring **consistent respect for and implementation of accommodations** across all classrooms. They recommended **strengthening teacher training** to include practical, disability-informed strategies for communication, inclusion, and behavior support. Reducing staff turnover and enhancing accountability in IEP processes were also seen as critical to building trust and stability within schools. Finally, families called for **expanded access to flexible and alternative education pathways** that reflect the diverse strengths, needs, and learning styles of students with disabilities.

Overall, these perspectives highlight a need for **more stable, inclusive, and responsive educational environments** that empower students with disabilities to succeed academically and socially while reducing the advocacy burden on families.

Key Quotes

- "I am currently homeschooled. All if the answers above would be a no for both public and private schools-so I left."
- "I go to as special Autism program in Elementary school and have a ABA specialist who works with me and my teachers. I'm in the Gen Ed classroom 60% of the time with a 1:1 Para the entire time."
- "I had a great experience at Rocky Mountain High School in Fort Collins. They have a very inclusive culture, and I really liked playing unified sports. I heard they might not let us do adaptive Physical Education next year and I am worried about that. But I know my mom will argue with them to bring it back."
- "I am homeschooled for high school and still have a year left of school"
- "I didn't understand my IEP/504 until this year, but now I'm good at advocating for it when my teachers don't"

Medical and Behavioral Health Care

Quantitative Findings

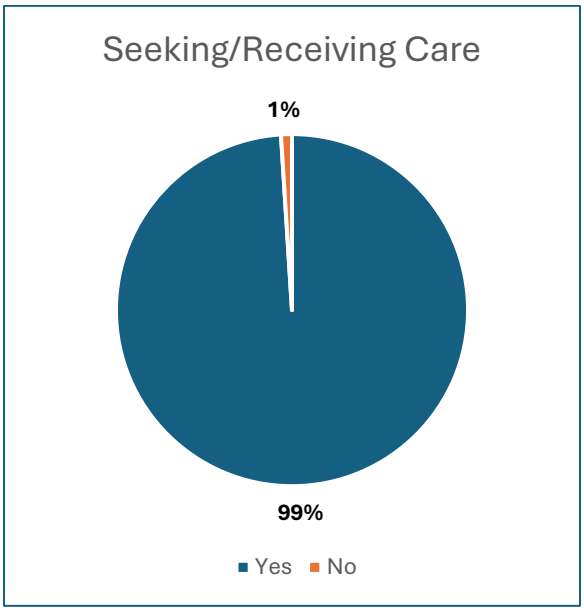
Findings from this section show that individuals with intellectual and developmental disabilities (IDD) are **highly engaged with the healthcare system**, with **99%** of respondents currently **seeking or receiving medical or behavioral health care**. Most participants reported accessing **primary care (84%)**, followed by **medical specialists (62%)** and **behavioral health specialists (54%)**, indicating strong use of both general and specialized services. **Emergency care (33%)** was less common, suggesting that most needs are met through ongoing or planned care.

A clear **preference for in-person visits (44%)** emerged, while smaller shares reported using **telehealth (2%)**, **hybrid care (4%)**, or noted that access **depends on the type of care (7%)**. Overall, participants described **positive healthcare experiences**, with **73%** saying they receive adequate care and **74%** confirming access to specialists. However, **behavioral health access (54%)** and **provider communication (64%)** were identified as areas needing improvement. Encouragingly, **75%** of respondents said they are **treated with respect**, reflecting strong relationships with providers.

When it comes to insurance, **78%** rely on **public coverage**, with smaller shares using **private insurance (26%)**, **private pay (16%)**, or **case management and additional funding sources**. Together, these findings highlight **strong engagement with healthcare**, **heavy reliance on public insurance**, and **continued needs for accessible, respectful, and coordinated medical and behavioral health services**.

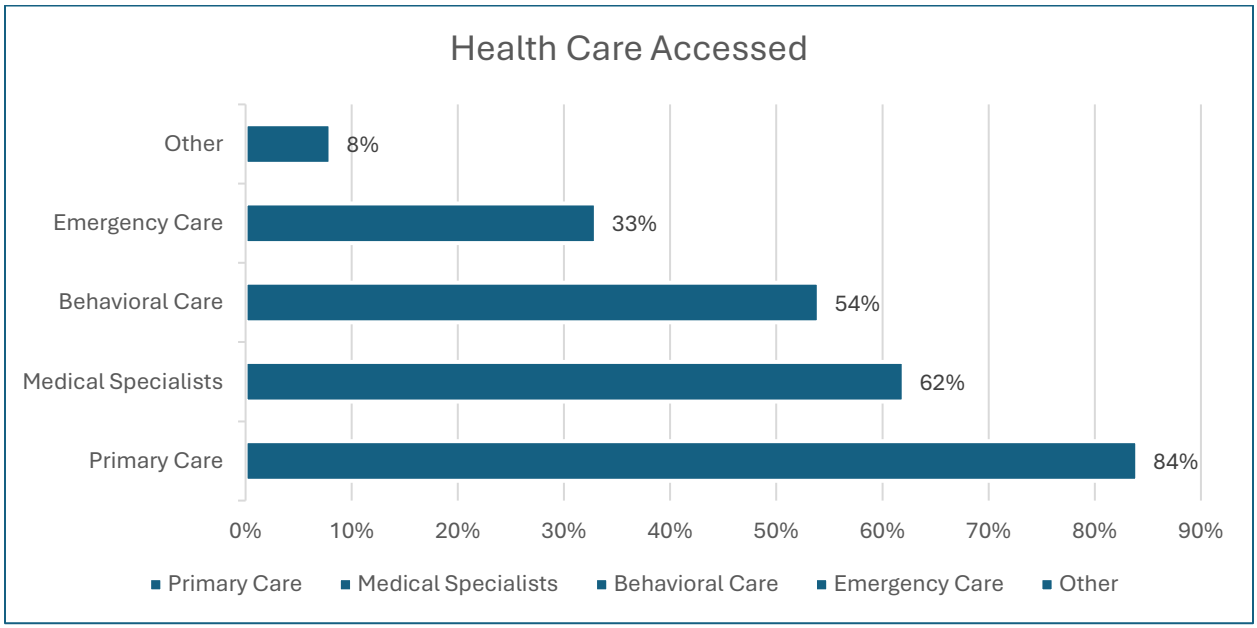
Q1: Are you currently seeking or receiving medical or behavioral health care from a provider, such as a doctor, medical specialist, therapist or counselor?

An overwhelming **99% of respondents** reported that they are **currently seeking or receiving medical or behavioral health care**, demonstrating **strong engagement with the health system** and highlighting the critical importance of consistent, accessible health services for individuals with intellectual and developmental disabilities (IDD).



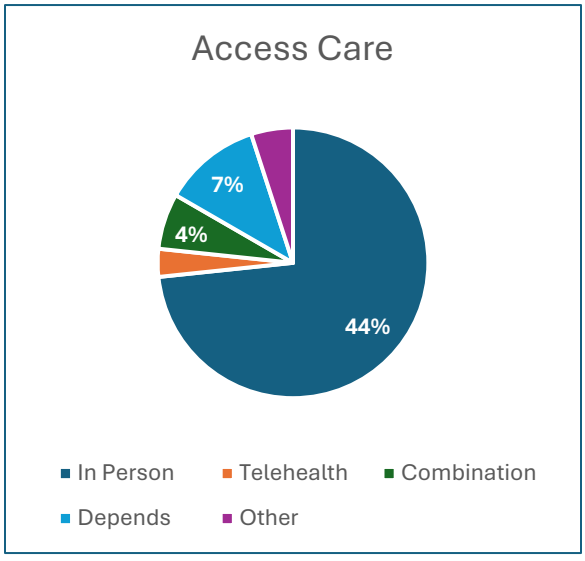
Q2: Please select the types of medical and behavioral health care you access at least once a year. (Please select all that apply)

The majority of respondents accessed **Primary Care (84%)**, showing that most individuals **maintain ongoing relationships with their regular doctors** for general medical needs. A substantial share also visited **Medical Specialists (62%)** and **Behavioral Health Specialists (54%)**, indicating **strong engagement with both specialized and mental health care**. About **one-third (33%)** reported using **Emergency Care**, which may reflect **urgent or unplanned health needs**, while a smaller portion (**8%**) selected **Other**, representing **alternative or less common healthcare sources**. Overall, the data shows that **routine and specialty medical services are widely accessed**, whereas **emergency care remains secondary**, and **few rely on alternative care options**.



Q3: How do you typically access health care?

The majority of respondents (**44%**) reported accessing care **in person**, indicating that traditional, face-to-face medical visits remain the primary mode of healthcare delivery. Smaller portions used **telehealth (2%)** or a **combination of in-person and online visits (4%)**, while **7%** said access **depends on the type of care needed**. A small share (**3%**) selected **other**, suggesting alternative or unique arrangements. Overall, the findings

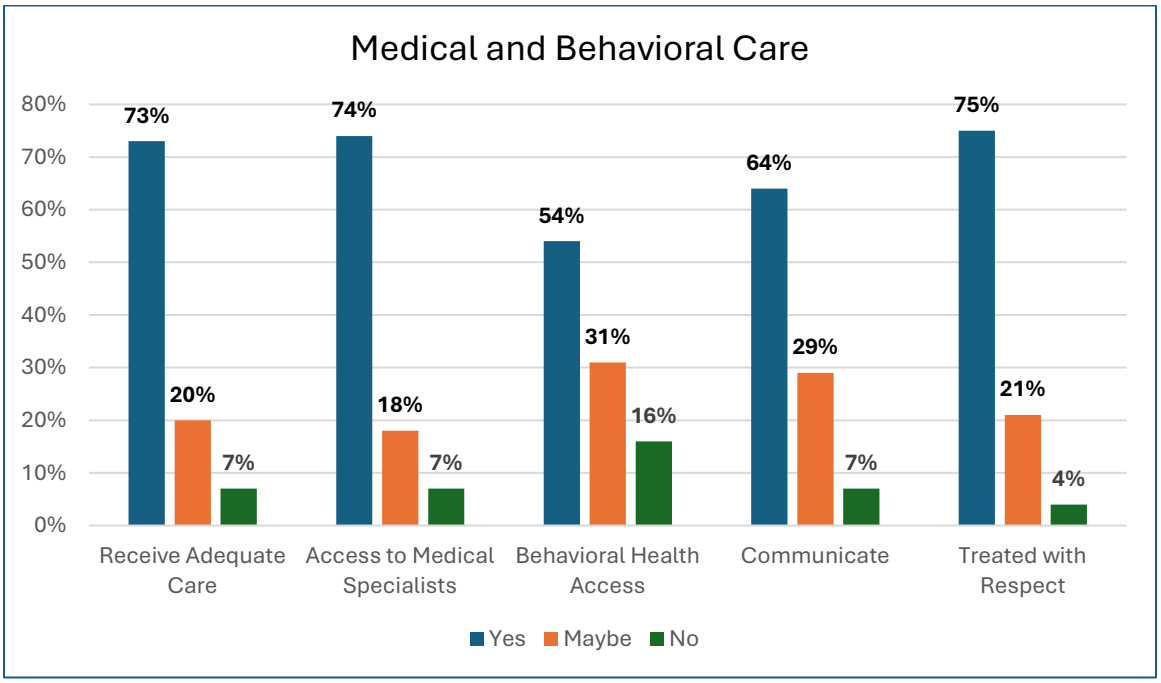


show a strong preference for **in-person care**, with limited reliance on telehealth or hybrid approaches.

Q4: Please answer yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more.

Overall, respondents reported **strong access and positive experiences** with healthcare, though some gaps persist in behavioral health and communication. **Nearly three-quarters (73%)** said they **receive adequate care**, and **74%** confirmed **access to medical specialists**, reflecting broad engagement with the healthcare system. However, **behavioral health access was lower (54%)**, with **31% unsure** and **16% reporting no access**, signaling continued challenges in finding appropriate mental health supports.

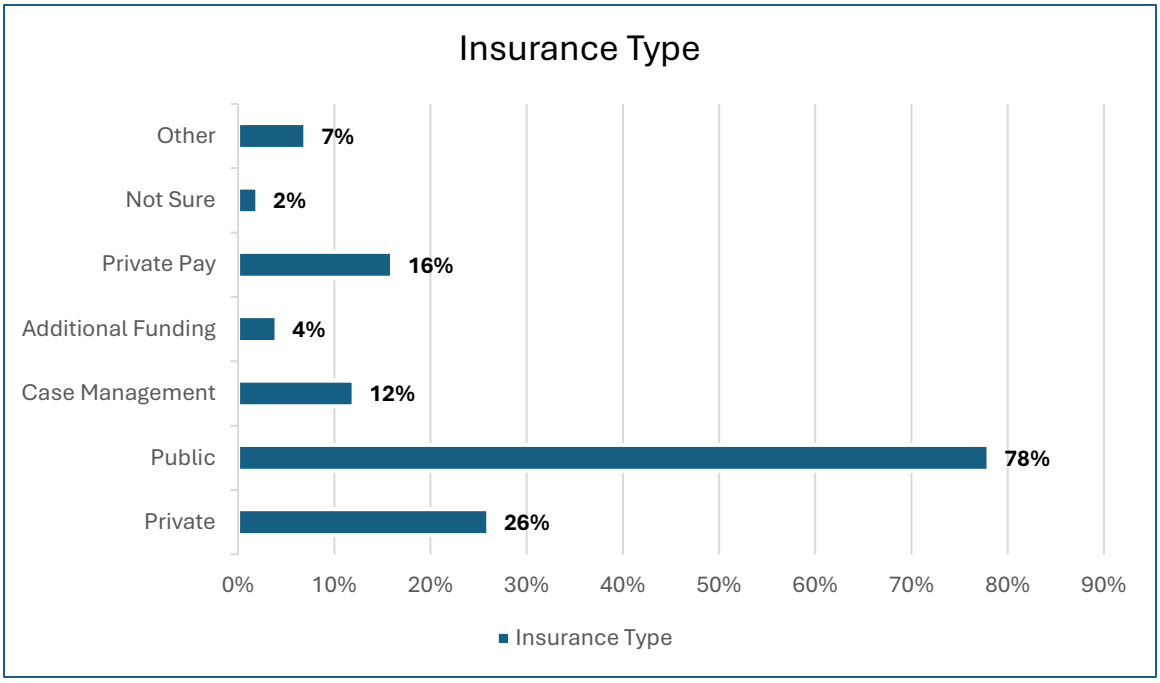
In terms of provider interaction, **64%** said their providers **communicate in ways that meet their needs**, while **29%** were unsure and **7%** said no, suggesting room for improvement in communication and understanding. Encouragingly, **75%** of respondents said they are **treated with respect**, the highest-rated area of care, indicating that most individuals experience **dignity and professionalism** in their medical interactions.



Q5: How do you pay for the medical or behavioral health care services you or your loved one receive? (Please select all that apply)

The majority of respondents (**78%**) reported using **public insurance**, making it the most common form of healthcare coverage among participants. **Private insurance** was also reported by **26%**, while **16%** indicated **private pay** for some or all services. Smaller portions of respondents reported relying on **case management funding (12%)**, **additional**

funding sources (4%), or **other types of coverage (7%)**, and **2%** were **unsure** of their insurance type. Overall, the data highlights a **strong dependence on public insurance programs**, with a smaller but notable portion utilizing **mixed or alternative funding sources** to meet healthcare needs.



Qualitative Themes

Families and individuals reported that while access to routine medical care was generally sufficient, **behavioral health services remained significantly harder to obtain**. Participants described persistent barriers such as long wait times, limited provider availability, and difficulty finding clinicians with expertise in disability-specific needs. These gaps often resulted in delayed or inconsistent care, particularly in rural areas where specialized services were scarce.

Several families shared positive experiences with providers who communicated respectfully and delivered care in accessible, person-centered ways. **Improving provider communication skills** was identified as a key area for system strengthening, particularly in helping professionals explain information clearly and support shared decision-making. Participants also emphasized the importance of **expanding access to behavioral health services** by increasing the number of qualified providers, shortening waitlists, and ensuring that mental health care is informed by disability and trauma-awareness principles.

The **coordination between primary, specialty, and behavioral health providers** was another recurring theme. Respondents highlighted the need for stronger collaboration and information-sharing across systems to close care gaps and prevent families from having to repeat histories or manage referrals independently. A more integrated approach was viewed as essential to improving continuity and outcomes.

Insurance coverage and funding navigation were also common sources of frustration. Families frequently encounter inconsistent case management and unclear information about benefits, co-pays, or eligibility for supplemental funding sources. Participants called for **greater stability and transparency in public insurance programs**, including better guidance from case managers and streamlined access to wraparound supports.

Finally, respondents underscored the need to **increase the availability of specialists** with expertise in disability-related conditions and complex care needs. Having access to clinicians who understand communication differences, sensory sensitivities, and medical comorbidities was viewed as central to achieving equitable health outcomes.

Overall, participants envisioned a **coordinated, disability-informed care system** that expands behavioral health capacity, improves communication and coordination among providers, and ensures that individuals with disabilities receive respectful, consistent, and accessible medical and behavioral health services.

Key Quotes

- "Have to go out of town for doctors."
- "Don't understand autism."
- "All the good therapists don't take insurance"
- "There is horrific waitlists for behavioral services-especially when families are in crisis. We need lots more in-home assistance who are crisis trained. We were on our own for so long – lots of case managers but impossible to find direct care in home health or behavioral respite."
- "My daughter was denied entrance into the adult special care clinic (the only one that exists in Colorado) We have to make due with a general care Doctor and a general neurologist. If we need care specific to her syndrome we are out of luck. Also, she is still on her parents insurance. When she turns 26 we either have to come up with money to buy her insurance or she is left to Medicaid and what it may or may not cover."

Where You Live

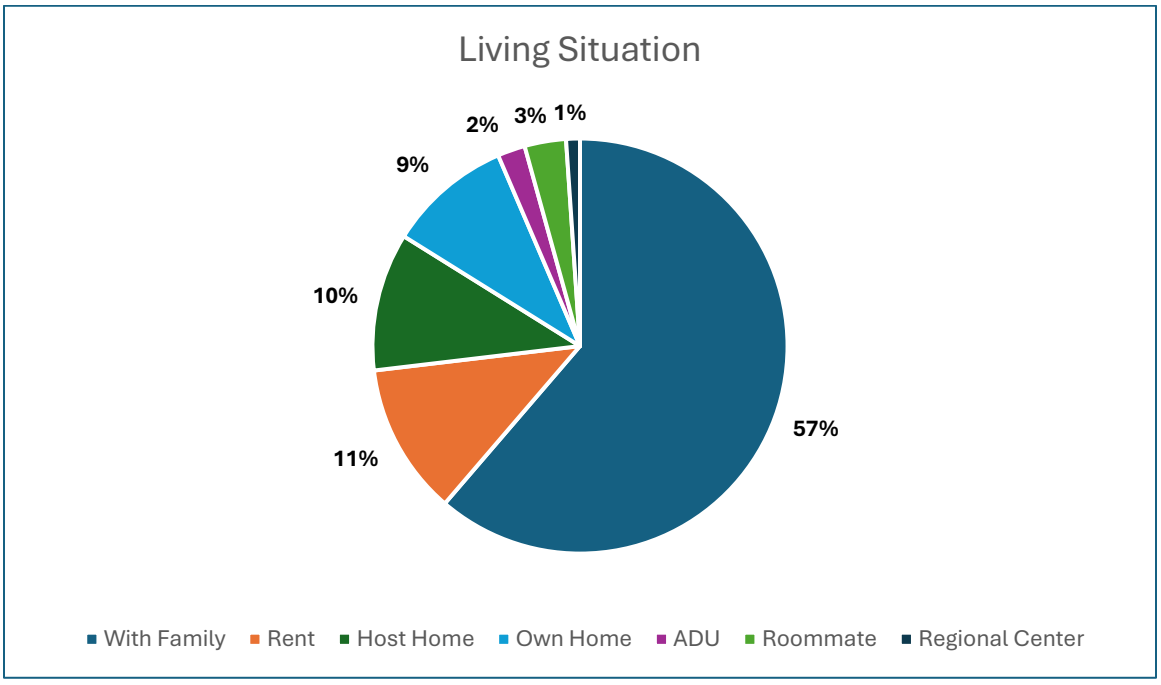
Quantitative Findings

Findings from this section highlight that **most respondents (57%) live with family**, making it the most common living arrangement, while smaller shares **rent (11%)**, **live in host homes (10%)**, or **own their own homes (9%)**. Despite this variety, **only 26%** reported **seeking or receiving housing assistance**, suggesting **limited access to or awareness of housing support resources**.

Overall, respondents expressed **moderate satisfaction with their housing**, though **affordability and accessibility remain major challenges**. Fewer than half (**47%**) said their housing is affordable, and just over half (**56%**) said it is accessible. About half (**51%**) felt their housing **meets their needs and preferences**, while **59%** said **communication with housing providers is effective**. Encouragingly, **66%** reported being **treated with respect**, the most positive finding in this category. These results indicate that while **many individuals experience respectful and stable living conditions**, **financial and structural barriers continue to limit access to truly inclusive, affordable housing options**.

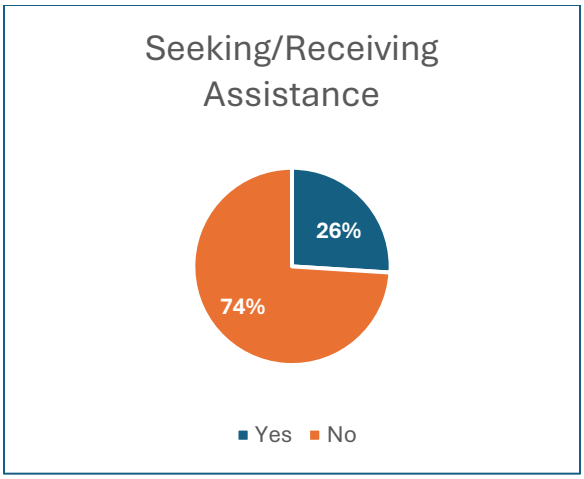
Q1: Please select the statement that best describes your living situation.

The majority of respondents **live with family (57%)**, making it the most common living situation. Smaller portions **rent their home (11%)**, **live in a host home (10%)**, or **own their own home (9%)**. Others reported **different arrangements (7%)**, **living with a roommate (3%)**, **in an accessory dwelling unit (ADU) (2%)**, or **in a Regional Center setting (1%)**.



Q2: Are you currently seeking or receiving assistance with housing?

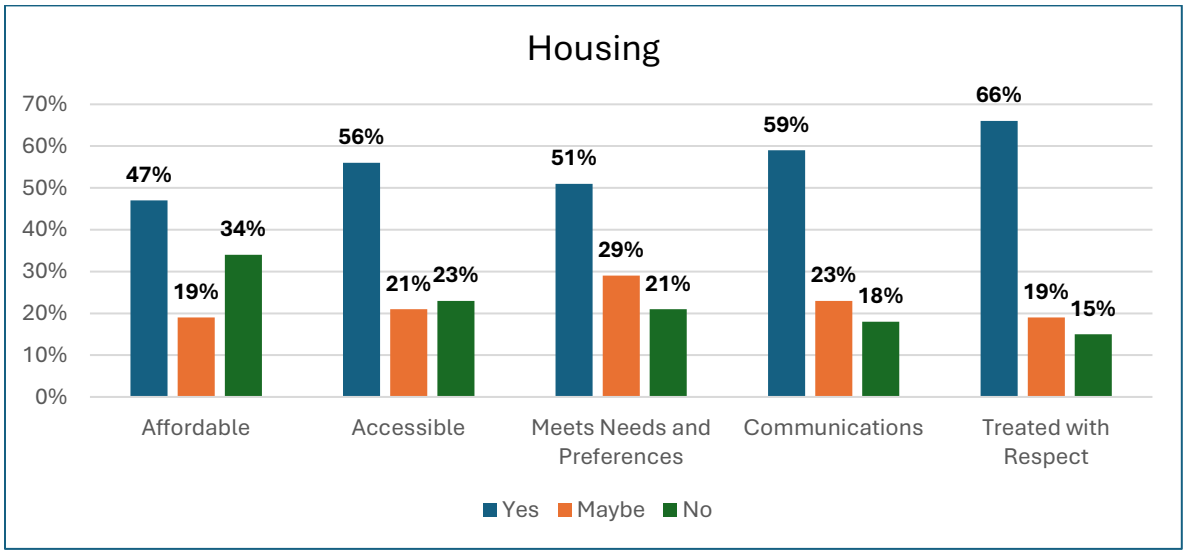
Only **26% of respondents** reported that they are **currently seeking or receiving housing assistance**, while the majority (**74%**) are **not accessing housing supports**, indicating limited engagement with or availability of housing-related resources.



Q3: Please answer yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more.

Overall, respondents reported **moderate satisfaction with their housing situations**, though affordability and accessibility remain significant challenges. Less than half (**47%**) said their housing is **affordable**, while **34%** said it is not. Slightly more than half (**56%**) reported that their housing is **accessible**, but nearly one in four (**23%**) disagreed. About half (**51%**) said their housing **meets their needs and preferences**, with **21%** saying it does not.

Communication with housing providers received somewhat stronger ratings, with **59%** saying providers **communicate effectively**, though **18%** disagreed. The most positive response was in **respect**, where **66%** said they feel **treated with respect**, compared to **15%** who said no. Overall, the findings show that while **many respondents experience respectful communication and suitable living conditions**, **affordability and accessibility remain key barriers** to stable, inclusive housing.



Qualitative Themes

Family and Host-Home Stability

Many respondents described relying heavily on parents or host homes, including reverse host-home arrangements, to maintain stability. For several individuals, these living arrangements have provided consistent support and familiarity over many years, emphasizing the importance of long-term placement continuity.

Rights and Placement Fit

Experiences with Regional Centers and waiver systems were mixed. Some participants reported satisfaction with services, while others described losing rights or being forced to relocate against their preferences. These accounts underscore the need for housing options that respect individual autonomy and provide appropriate placement matching.

Affordability Pressures

Affordability emerged as a significant challenge, with high rental costs and benefit-related income limits often threatening housing stability. Participants highlighted how the balance between employment, benefits, and rent creates financial strain, limiting independence and choice.

Accessibility and Inclusion

Physical barriers such as stairs, inaccessible entrances, and inadequate community design limit opportunities for social connection and participation. Respondents expressed a strong desire to live in communities close to work, friends, and social activities, where accessibility and inclusion are built into the environment.

Navigation and Support Needs

Many individuals indicated a need for greater assistance navigating housing systems. Participants identified the importance of support with voucher applications, finding roommates, completing paperwork, and exploring options like accessory dwelling units (ADUs). Consistent guidance and follow-up were viewed as key to achieving stable, independent living.

Property Management and Communication

Tenants expressed a desire for clearer communication from property managers, including the use of email notices, assistance with documentation, and trauma-informed practices. Participants noted that positive landlord communication and responsive management contribute directly to a sense of safety and stability.

Alternative and Supportive Models

Several respondents described the value of alternative housing models such as reverse host homes[1], Wheat Ridge Regional Center (WRRC), or group home settings for individuals with more complex needs. These options were seen as critical supports for people who might otherwise lack the assistance necessary to live safely and independently.

Preference for Familiar or Family Homes

Many families emphasized that their own homes continue to be the most comfortable, stable, and affordable housing option available. The familiarity, trust, and accessibility of family homes contribute to a sense of belonging and continuity that other housing settings often lack.

Key Quotes

- "I live at home with my parents and they take care of my needs."
- "I live at home with my sister who is also my host home provider."
- "He is currently in a Regional Center. We are tying to get him back on the DD waiver and find another placement. He has an Involuntary Legal Determination (ILD). We were told the only right he would lose is the right to choose where he lives. That is not the case. He lost all his rights."
- "I lived for several years in a wonderful community based (CB) group home. I was then kicked out and had to find a new place to live because there was no longer enough funding to allow a mobile person like myself in the group home. Only people in wheelchairs were then supported."
- "Housing costs are extremely high if I rent. It can be difficult because I have to work a # of hours to keep my housing. Depending on my stability, working this many hours can make mental health or mobility issues worse. I want to work this much. The pressure to have to work this much and then know how it effects my abilities in a negative way (at times) keeps me from becoming more stable year-round."
- "I've been with my caregiver for over 15 years, and throughout that time, they've become more than just a caregiver—they're family. Their dedication, compassion, and unwavering support have been a constant presence in my life, and I truly value the bond we share."
- "Management does not send me emails when they're supposed to when door notices are posted in hardcopy paper format on the door, I have to fight every time I need assistance in filling out paperwork as I'm not able to do it by myself and I don't have any professional that's willing to come to help me, and I just overall feel

[1] A **reverse host home** is a residential support model, primarily for people with intellectual and developmental disabilities (IDD), where the support provider (host) moves into a dwelling that is owned or rented by the client and/or their family.

abandoned and neglected like I don't matter at this property and I need to be in a place where there's trauma informed management."

How You Travel

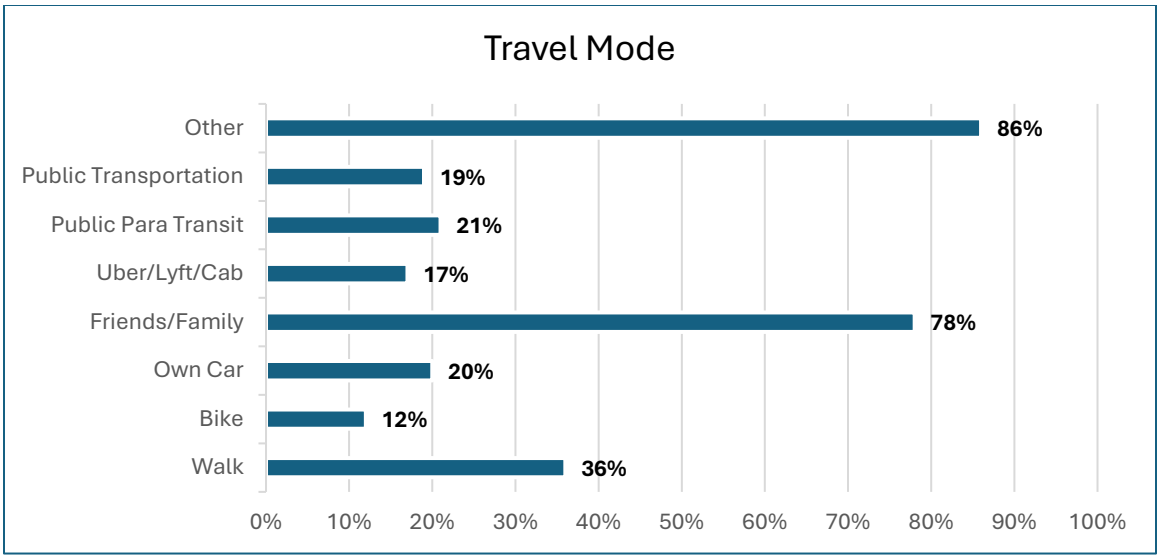
Quantitative Findings

Findings from this section reveal that **most respondents rely on informal or family-based transportation**, with **86% using "other" methods** and **78% depending on friends or family** for travel. Far fewer reported using **public transit (19%)**, **paratransit (21%)**, or **driving their own car (20%)**, underscoring **limited access to independent and reliable transportation options**.

Only **22% of respondents** currently **use public transportation**, and experiences among riders were **mixed**. While **45%** said they can **travel where they need to go**, similar shares were **unsure (41%)** or **unable (14%)**. Likewise, **42%** said **drivers communicate effectively**, and **45%** felt **treated with respect**, though many remained uncertain. Overall, the data highlights **strong reliance on family support**, **low engagement with public transit**, and **inconsistent experiences with accessibility, communication, and reliability** across transportation systems.

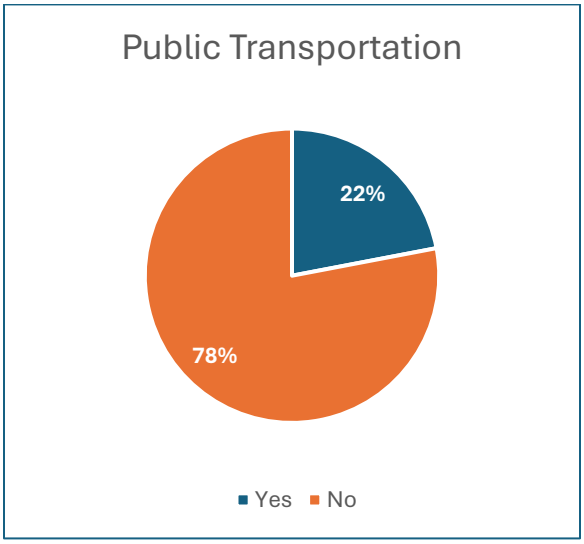
Q1: What types of transportation do you use to meet your needs? (Please select all that apply)

Most respondents reported relying on **"other" transportation methods (86%)** and **friends or family (78%)** for travel, underscoring the importance of informal and community-based supports in daily mobility. Smaller portions reported **walking (36%)**, **using public paratransit (21%)**, **driving their own car (20%)**, or **taking public transportation (19%)**. Fewer respondents used **ride-share or taxis (17%)** and **biking (12%)**. Overall, the data indicates that **independent transportation options remain limited**, with **many individuals depending on family or alternative arrangements** to meet their travel needs.



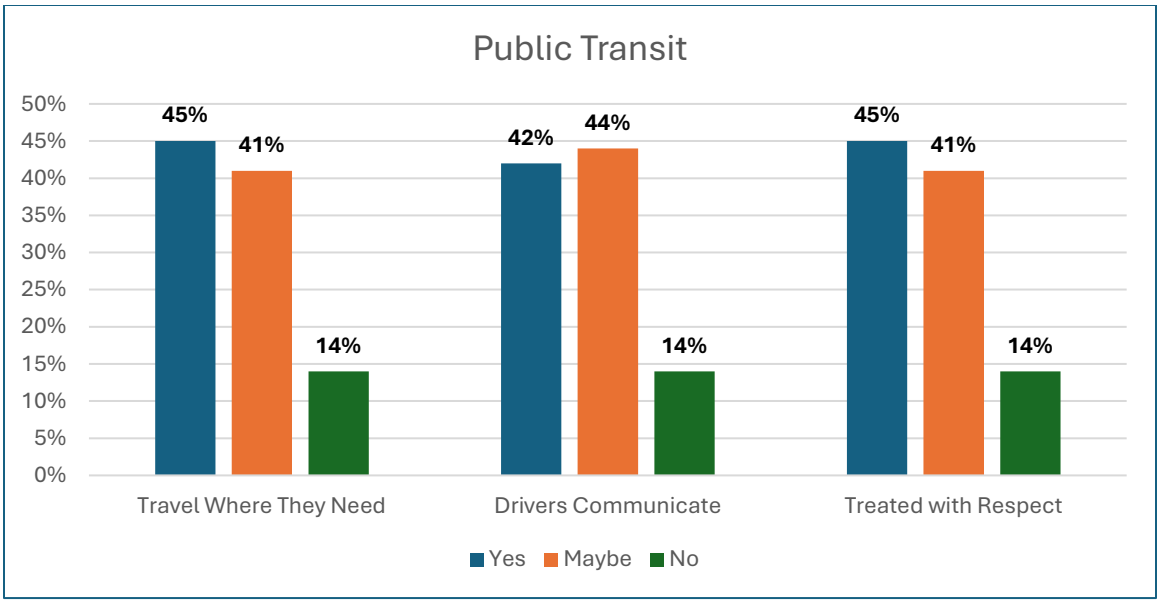
Q2: Are you currently using public transportation to get around your community?

Only **22% of respondents** reported **currently using public transportation**, while the majority (**78%**) said **they do not**, highlighting **limited reliance on or access to public transit options** among participants.



Q3: Please answer yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more.

Among respondents who use public transportation, experiences were generally positive but mixed. **45%** said they are **able to travel where they need to go**, while **41%** were **unsure**, and **14%** said they cannot. Similarly, **42%** reported that **drivers communicate in ways that meet their needs**, with another **44% unsure** and **14% disagreeing**. Respect was rated similarly, with **45% feeling treated with respect**, **41% unsure**, and **14% saying no**. Overall, the data suggests that while **many riders have positive or neutral experiences**, a significant portion remain **uncertain or dissatisfied**, pointing to opportunities for **improving accessibility, communication, and reliability in public transit services**.



Qualitative Themes

Transfers, Timing, and Reliability

Participants consistently described challenges with the reliability and coordination of transportation services. Many reported missed buses or confusing transfers, particularly when multiple systems or modes of transport were involved. Several noted that post-COVID schedule reductions have made it difficult to depend on public transit for work or appointments, especially when Access-a-Ride pick-up windows are inconsistent. For some, rideshare options like Lyft or Uber serve as a backup, though experiences vary depending on parental tracking features and driver dependability.

Safety and Dignity

Safety and respect while traveling were recurring concerns. Respondents described experiences where individuals were left in unsafe situations or treated disrespectfully by drivers or other passengers. While some found Access-a-Ride drivers to be more attentive and kind than those from private rideshare services, the quality of interactions was inconsistent. A strong theme emerged around the importance of dignity and emotional comfort during transit, especially for individuals who rely on assistance or accessible equipment.

Accessibility and Space Conflicts

Accessibility barriers remain significant, particularly for wheelchair users. Riders frequently encounter issues with other passengers occupying wheelchair-designated spaces or drivers not enforcing accessibility accommodations. These barriers contribute to frustration, delays, and decreased confidence in using public transportation systems independently.

Coverage Gaps and Limited Options

Gaps in transportation coverage directly affect where people can live, work, and participate in community life. Respondents highlighted entire regions—such as parts of Broomfield—where neither regional bus service nor Access-a-Ride are available. These service limitations restrict employment and housing choices, forcing individuals to make trade-offs between opportunity and mobility.

Reliance on Natural Supports and Technology Workarounds

Many families reported that transportation needs are primarily met through natural supports, such as parents or relatives. Formal systems are often seen as unreliable or stressful to navigate. Technology solutions, including trip-tracking features on rideshare apps, were identified as valuable tools for promoting independence and safety—though functionality varies between platforms. Participants expressed a desire for improved tracking, communication, and integration across all transit options.

Key Quotes

- “There are too many exchanges, have to get off, could get lost or miss bus”
- “We struggle frequently with our son being left in unsafe environments with these services.”
- “Most of my son’s travel needs are met by his family. Access-a-Ride can be challenging.”
- “Last time on public transportation, we got left by bus and refused to stop for us. When I complained, I stated it when end of the shift ended and didn’t have to stop. We haven't been on the bus since. It was a long walk.”
- “Some people are nice. Some people take stuff from me. I tell them I don’t have anything. Bus drivers don’t really help me. I got lost. I loke access a ride and uber Lyft better. I don’t get so afraid.”
- “Other people who ride some refuse to move from wheelchair space. I use a wheelchair.”
- “RTD does not service an entire area within Broomfield so Access-a-Ride is not available. I want to live in an apartment there but I won’t have access to transportation for my job.”
- “Access A Ride drivers are better than Uber or Lyft, but respectable treatment is always hit or miss.”
- “bus and light rail schedules since covid no longer make it possible to effectively use them for most trips - AAR is not helpful because of the ride windows (arriving too early or late for work) - Uber and Lyft work best, but Uber needs a way (teen option doesn't work) to automatically allow me to track my son's trips - Lyft has this option

so I always know when he requests a ride, when he is in transit, and when he arrives."

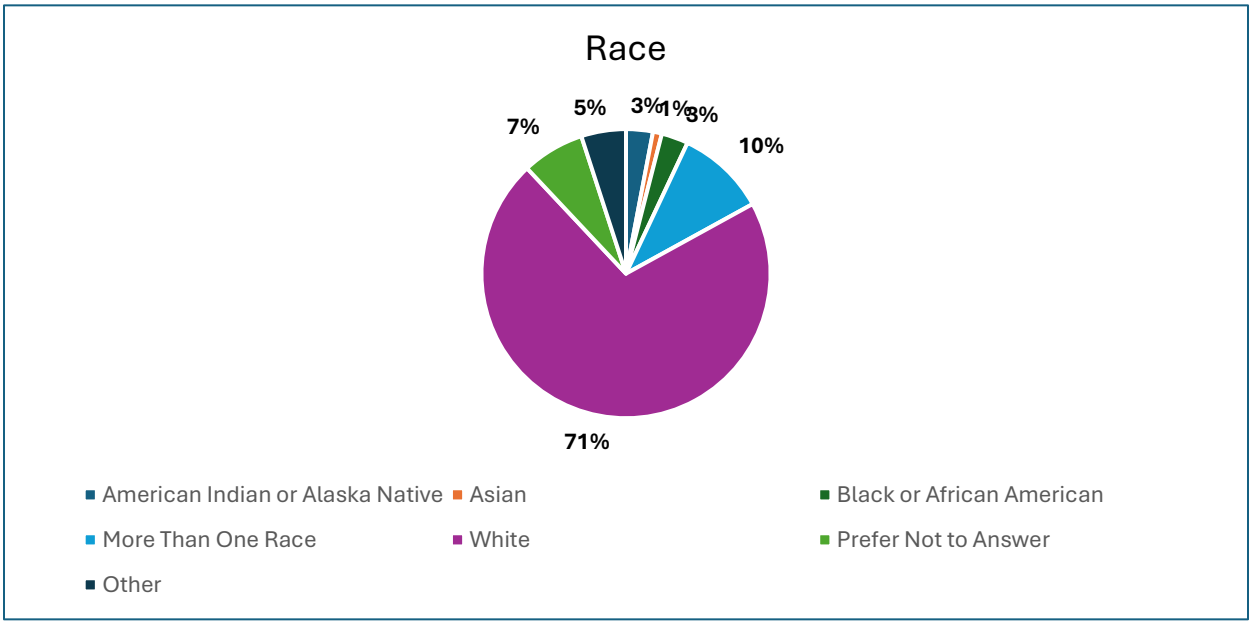
Demographics

What is your race and ethnicity?

Race

The majority of respondents identified as White (71%), followed by 10% of respondents who selected "More than one race." Smaller groups included 3% respondents identifying as American Indian or Alaska Native and 3% respondents identifying as Black or African American, while 1% respondents identified as Asian. In addition, 7% respondents preferred not to answer, 5% respondents selected "Other."

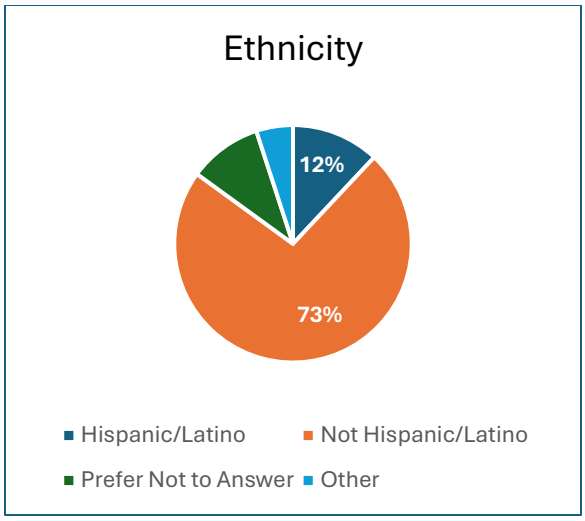
This distribution indicates strong representation from White respondents, with meaningful contributions from multiracial participants and smaller but important representation across other racial and ethnic groups.



Ethnicity

The majority of respondents identified as Not Hispanic/Latino (73%), while 12% identified as Hispanic/Latino. An additional 10% preferred not to answer, 5% selected "Other."

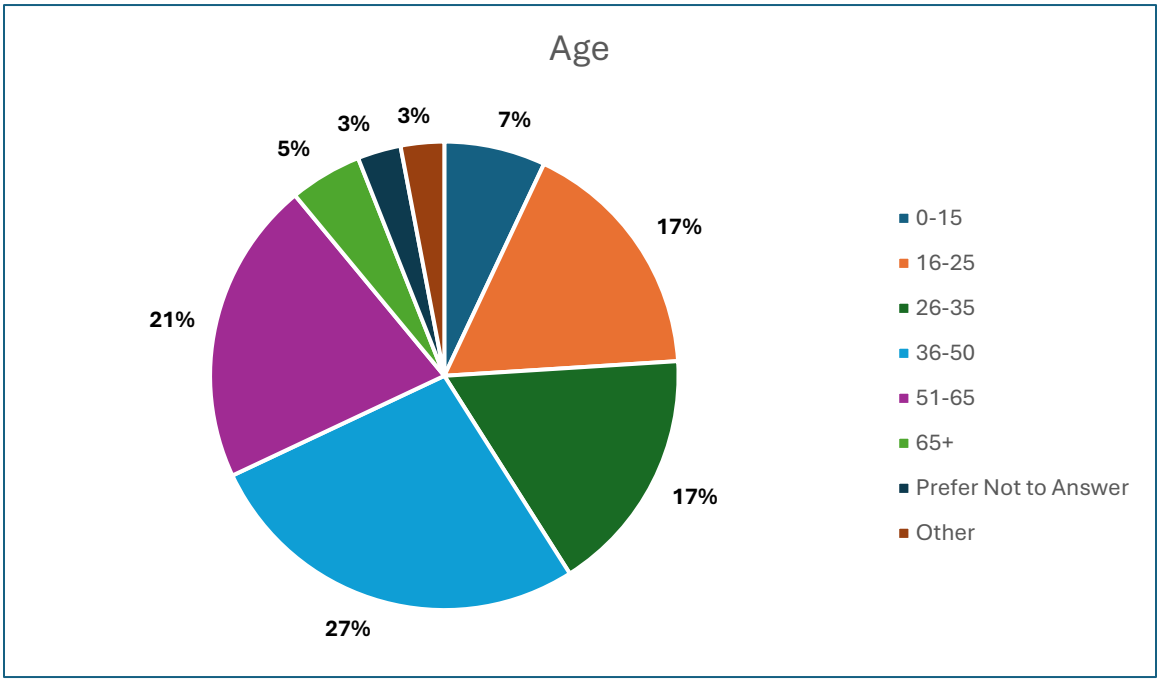
This distribution reflects a predominantly non-Hispanic/Latino respondent base, with meaningful participation from Hispanic/Latino individuals and others who chose not to disclose or selected alternative categories.



What is your age?

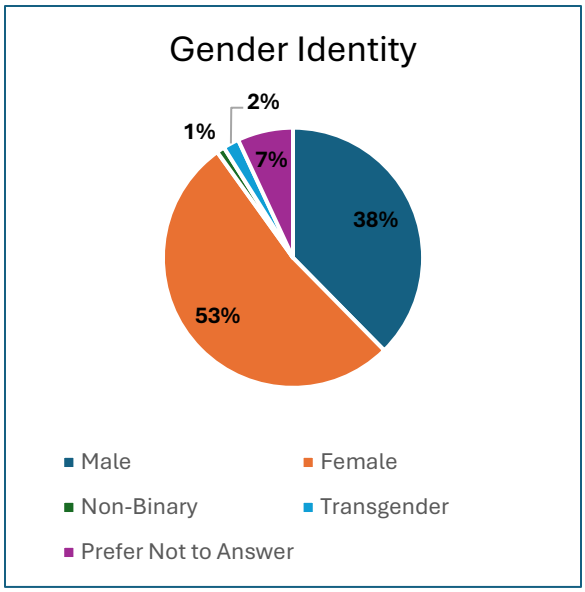
Survey participants represented a wide range of age groups. The largest proportion were ages 36–50 (27%), followed by ages 51–65 (21%). Younger adults were also well represented, with 17% each in both the 16–25 and 26–35 categories. Smaller proportions identified as ages 0–15 (7%) or 65 and older (5%). Additionally, 3% selected "Other," and 3% preferred not to answer.

This distribution indicates strong engagement among middle-aged and working-age adults, with meaningful participation from both younger and older community members.



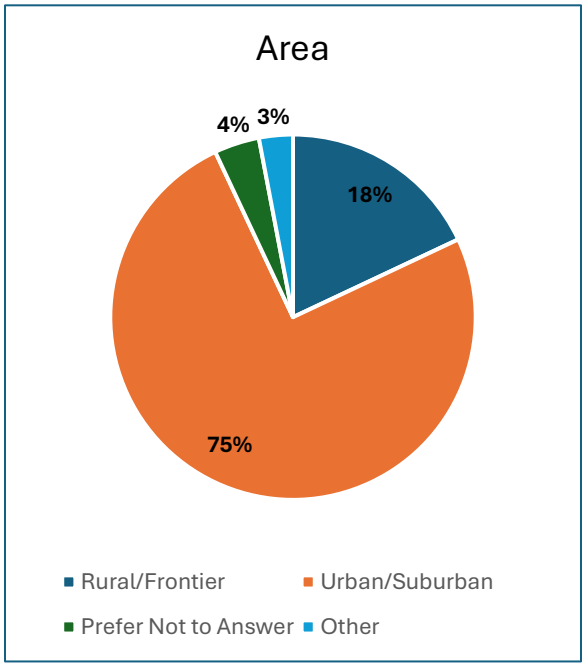
What is your gender identity?

The survey results on gender identity show that a majority of respondents identified as female (53%), followed by male (38%). Smaller proportions identified as transgender (2%) or non-binary (1%), while 7% chose not to disclose their gender identity. This distribution highlights a primarily female and male respondent base, with a small but important representation of gender-diverse individuals and those who preferred not to answer.



What type of area do you live in?

Survey responses were concentrated across several key regions of Colorado, reflecting both urban and rural participation. The most frequently reported zip code was 80013 (Aurora), followed by 81625 (Craig), and 80634 (Greeley). Additional clusters emerged in the Denver metropolitan area, with multiple responses from Aurora (80015, 80016), Littleton (80122, 80120), Lafayette (80026), Louisville (80027), Broomfield (80020), Centennial (80121), Arvada (80005), Parker (80134), and Denver neighborhoods (80206, 80212, 80219, 80221). Northern Front Range communities such as Longmont (80504), Erie (80516), and Fort Collins (80525) also contributed several responses. These patterns suggest that while the data is heavily weighted toward the Denver metro and Front Range regions, voices from smaller and more rural areas such as Craig were also represented, providing a balanced geographic perspective.



Qualitative Focus Group Results

Overview & Process

In addition to the anonymous survey, COEF conducted qualitative focus groups to explore more in-depth perspectives on the unmet needs of Colorado communities. Participants were recruited via social media, advertising emails, and personal invites from other organizations. A total of 26 participants contributed their feedback on the following questions:

- What does your support network look like?
- What gives you a sense of purpose and belonging in life?
- What is your personal vision for a meaningful life?
- What are your needs?
- Employment Related
    - Describe how meaningful and fulfilled you feel with your job.
    - What would a meaningful and fulfilling job look like to you?

Focus groups transcripts and chat response were compiled into one data document. Both AI and manual analysis were conducted to ensure consistency of results.

AI Thematic Analysis. Data was cleaned and deidentified in preparation for an AI driven Thematic Analysis. ChatGPT was used to conduct the Thematic Analysis using a hybrid approach. AI was instructed to "conduct an initial thematic analysis by identifying recurring topics, concerns, or ideas." It was then prompted to "refine the themes into a codebook".

AI Content Analysis. AI was also prompted to conduct a Content Analysis to count the number of times each "Instances/Emphases" of the 8 identified by participants. This perspective will offer quantitative view of how each theme saturated the conversation.

Manual Analysis. Manual analysis was also conducted to cross-examine with the AI data to check consistency in analysis results. The data was consolidated and condensed for a codebook to be created for an in-depth analysis. The Manual analysis found additional information key points that participants had mentioned in the focus groups. While similarities to the AI Thematic Analysis were identified, such as sense of purpose, sense of belonging, support network, and advocacy, additional codes were found that include medical support, transportation needs, safe environment, and perceived stigma.

Manual Content Analysis: 11 codes were developed from all three focus groups. The 11 codes were paired into 4 themes of the transcripts. 4 themes were identified through the Manual Analysis. This offers perspective of an interpretation of the data using a non-AI method. These 4 themes include:

1. *Theme #1*: Feeling overall joy, purpose, valued, respected, and supported in your life to seek fulfillment.
    a. A sense of purpose, valued, respected
    b. A sense of belonging, inclusion, feeling wanted
    c. Specified needs, support network, where does the support come from, and/or where is the support needed?
    d. Relationships
2. *Theme #2:* Systemic and societal challenges, barriers, and future concerns people face in their lives.
    a. Meeting societal expectations, challenges and barriers that people face to meet expectations of their own needs and desires.
    b. Aging Parents
    c. Preserved Stigma
3. *Theme#3:* Physical support people need to feel safe and to be able to accomplish their overall tasks.
    a. Medical Support
    b. Transportation Needs
    c. Safe Environment
4. *Theme#4:* Advocating for disability rights for a better support system through attending legislative sessions.
    a. Advocacy

Focus Group Results

Broad Concepts

The following broad concepts were identified as overarching ideas across all questions and responses:

- The tension between formal systems and natural supports.
- The importance of belonging, purpose, and individualized pathways to meaningful life.
- Deep concerns about system fragility, funding, and sustainability.
- The need to reframe disability as a source of strength, contribution, and community enrichment.

Thematic Analysis

The following themes were prevalent among responses from focus group participants. Descriptions are provided below.

1. **Support Networks Across the Lifespan**
   Support systems shift dramatically from childhood to adulthood. Families often move from intensive professional supports in early years to a mix of community ties, job coaches, and friends in adulthood. The transition after high school is a particularly stressful "cliff" for many families.
   - Supports change significantly from childhood to adulthood.
   - Early years often involve therapists, doctors, schools, and structured programs.
   - After high school, families experience a sense of "shock" and scramble to find adult services (guardianship, SSI, waivers).
   - Community connections (friends, coworkers, faith groups, social activities) are seen as equally or more important than formal systems.

2. **Sense of Purpose, Value, and Belonging**
   Participants emphasized that people with disabilities, like anyone else, need to feel valued, respected, and part of their communities. Belonging and recognition contribute as much to well-being as formal services.
   - Employment and community participation are central to identity and fulfillment.
   - People with disabilities are seen as valuable contributors who bring joy, purpose, and perspective to others.
   - Feeling respected and wanted is emphasized as more important than just having a "placement."

3. **Employment and Meaningful Work**
   Meaningful work is defined not just by having a job, but by jobs that fit an individual's interests, strengths, and passions. Self-employment and creative roles can be fulfilling alternatives to default placements in low-skill jobs.
   - Strong theme around what makes work meaningful: alignment with interests, being appreciated, and opportunities to contribute.
   - Many spoke about the dangers of "default jobs" (laundry, dishwashing) that don't match skills or passions.
   - Self-employment and entrepreneurial paths (art, podcasting, small businesses) are viewed as promising alternatives.
   - Finding the right job fit takes time, patience, and individualized support.

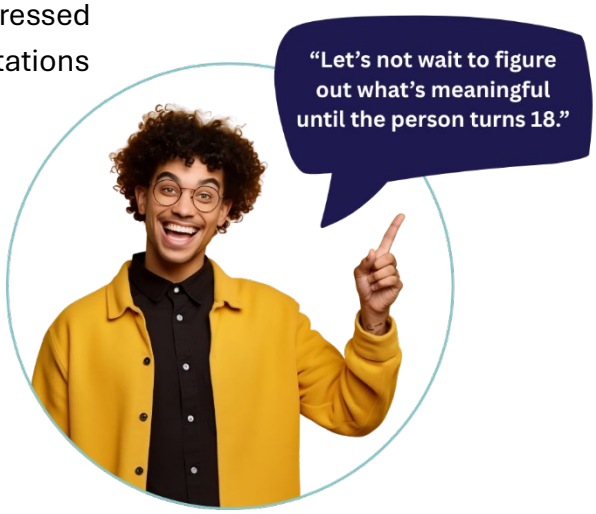
4. **Barriers and Systemic Challenges**
   Families face fragmented systems, caregiver shortages, waitlists, and funding instability. The system relies heavily on unpaid family support, creating inequities and long-term sustainability concerns.

- Heavy reliance on Medicaid and waiver programs, with anxiety about funding cuts and waitlists.
- Concern over inconsistent case management, caregiver turnover, and lack of workforce stability.
- Perception that the system is too dependent on unpaid family support, which creates a crisis as caregivers age.
- Structural barriers: stigma, low expectations from schools, and "check-the-box" employment pathways that limit opportunity.

5. **Inclusion and Early Expectations**

   Inclusive classrooms and community involvement from an early age help build skills, relationships, and self-confidence. Participants stressed "presuming competence" and avoiding low expectations that limit opportunities.

   - Strong calls for inclusive classrooms and communities from an early age.
   - Families resist pressure to segregate children into "special programs."
   - Early exposure to typical peers builds skills, relationships, and long-term opportunities.
   - Presuming competence and recognizing strengths is seen as critical.



6. **Housing, Safety, and Daily Living Supports**

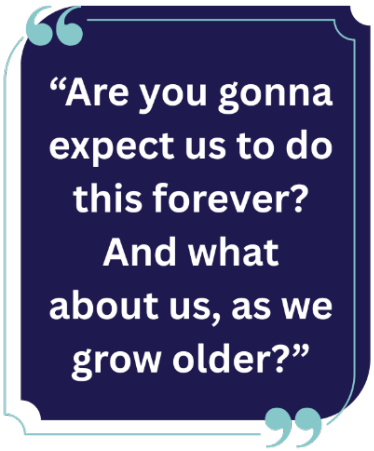
   Safe, supportive, and non-restrictive living environments are critical. Ongoing needs include transportation, personal care, and assistance with daily tasks so individuals can live independently while maintaining dignity.

   - Families want safe but non-restrictive living environments.
   - Needs include housing options beyond host homes, reliable transportation, and support with daily living (cooking, cleaning, personal care).
   - Tension between independence and necessary supports.

7. **Aging Parents and Future Planning**

   Many families fear what will happen when parents or primary caregivers are no longer able to provide support. There is widespread concern about the lack of long-term planning and sustainable systems to ensure continuity of care.

   - Widespread concern: "What happens when I'm gone?"
   - Fear of lack of backup plans or sustainable supports.
   - Families feel the system has not adequately addressed long-term transitions away from parental caregiving.



8. **Advocacy and Storytelling**

   Sharing lived experiences is seen as a powerful tool for influencing policymakers and reducing stigma. Families and individuals want their own voices and stories to guide change, rather than having the system speak for them.

   - Advocacy seen as essential for preserving and expanding services.
   - Families and self-advocates stress the power of personal storytelling to influence legislators and communities.
   - Desire for organizations to amplify these voices more effectively.

Illustrative Quotes

Theme	Illustrative Quotes
1. Support Networks Across the Lifespan	*"When you're younger... that support network is anybody you can find, therapists, doctors, special ed teachers."* *"You graduate from high school, and you're back thrown into... desperation for looking for supports for what's life gonna look like now."* *"The support network for us is our community. I think there's a balance between system support that we know we need and have to navigate, but I think when we really feel supported, and we feel connected, and we feel that sense of belonging that you're talking about, the support network around us is our community."*

	"So, finding the support, the right support network to huddle around you and give you the right tools you need to accomplish what you need to do for your personal vision for a meaningful life." *"And so if she's got something she's working towards, she's really finds meaning in that. The quality of our relationships, the intimacy that she has with the people that support her is really, really important to her."* *"As a caregiver I feel like support for the individuals I serve is extremely important coming from family. Also the case managers, IDT team, behavioral team and medical providers all help quite a bit through the time they are with us at our agency. The job coaches and employment specialists are of great support as well as the day program."* *"Even at 25 my son still needs me to facilitate his social life."*
2. Sense of Purpose, Value, and Belonging	*"People with disabilities are valuable in life, and they have a purpose in our life. And when we overlook them, or don't treat them as they are valuable, I think that that takes away who you are, and your belonging in life."* *"Imagine a life where everybody in your life is paid to be there. How does that give you a sense of belonging?"* *"You all, I'm sure, feel meaningful in the work you're doing. And you feel like it's purposeful, so I think when you... when you have that purpose, then you have that meaning."* *"[My son] talks a lot about just being happy, right? And I think back to the earlier point, I think this is really individualized. And I think what people set out... all human beings, right, set out for their own personal vision for meaningful life. That is what is important to them. And I think as a world and society, we need to ask more of the individuals themselves, and what this question means for them, and whatever their responses and answer, we need to support."* *"So instead of seeing, let's see, his disabilities or different things that come with the disability, which is Deaf Blindness, as a barrier.*

	We see it as a strength. And pivot it, which gives him more of a meaningful life. So looking at those as strengths and gifts"
3. Employment and Meaningful Work	*"If he just went there and worked in the laundry… that is not meaningful for him."* *"We think she was probably the first nonverbal podcaster in the world."* *"But I think that's going to be really important, is that help… helping people get… and get support for their self-employment"* *"As a community, to not judge what is a meaningful life for somebody else. Because sometimes, like, when I saw people in employment, maybe they would be tried to be pressured to be promoted and get a different job. And that is not what was the definition of a meaningful life for that person, so I think it's really important for us to stay open about what that looks like."*
4. Barriers and Systemic Challenges	*"My biggest concern is: will Medicaid stay in place?"* *"The system is terribly dependent on us [families/parents]… and there is an expiration date. And they have got to start coming to terms with that."* *"And so I think that one of the big challenges in the system is being reactive to what people want when they want it. And also, at a staffing level of finding maybe someone's staff is right for them, for a specific aspect of their life, but not for another… It's a struggle, and I think that because of staffing and pay and all of those things, it's hard to find not only good providers, but the right providers."* *"One of the big needs, and this is just probably my unique role, but one of the big needs that I hear, um, the individuals that I work with directly, or their family members, is they don't know what they don't know. They don't know what their options are. They don't know what systems do what, and how to really blend this together, or… I mean, there just needs to be better…access to individuals and their family members that are supporting them around what actually is available, and how do these work together to really build a support network, so it's not all on a family member or an individual."*

	"I think the challenge is when there is judgement and when others are doing it for you and not allowing the young adult/adult develop their own goals and aspirations" *"As a neurodivergent parent to special needs younger kids and a 17yr old, I feel like I am the only support. They have refused to continue w talk therapy. DVR hasn't come through with a job coach or any other support after first intake appt. 17yr old is failing school, he refused an IEP. As a caregiver, I don't have much support other than therapist."* *"I both have a DD and am an advocate and I have found a lack of support for those with complex medical needs. If someone has significant physical health or mental health challenges, a lot of existing supports claim that they are unable to help."*
5. Inclusion and Early Expectations	*"He needed to live in the real world, and the real world needed to live with him."* *"Let's not wait to figure out what's meaningful until the person turns 18."* *"I would say, and speaking on behalf of my son, myself as a parent, but also as a leader in the parent-center world, I think there is a strong sense of purpose when we are in... practicing inclusion.... I do think, and as much as we need also our systems and supports imagine a life where everybody in your life is paid to be there. How does that give you a sense of belonging in your life? And that's why I think there's a balance between the systems that we have and that we need for our support services. As the Medicaid and things that have been shared, for sure, but balancing out also purpose in the community. And being part of community and belonging and feeling that you have a right to be there."*
6. Housing, Safety, and Daily Living Supports	*"A huge need... is having a safe place for him to live where it's not an apartment building where people are smoking dope and shooting each other."* *"Support in the home... because he can't cook for himself."*

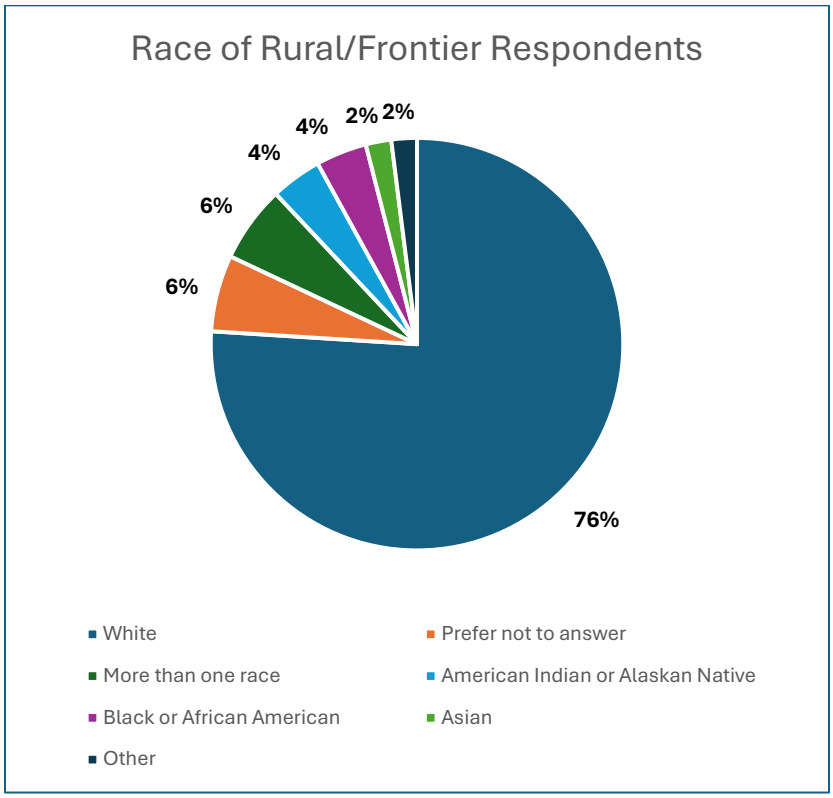
7. Aging Parents and Future Planning	*"When mom and dad leave, or die, there's nothing. So, that's the fear."* *"Are you gonna expect us to do this forever? And what about us, as we grow older?"*
8. Advocacy and Storytelling	*"He would say, 'We need help, we need jobs, and we need more money.' His testimony in 10 seconds basically said it all."* *"Mikel tells her own story by giving out a business card… it says, 'Don't see my disability, see my business.'"*

Rural/Frontier Area Community Needs

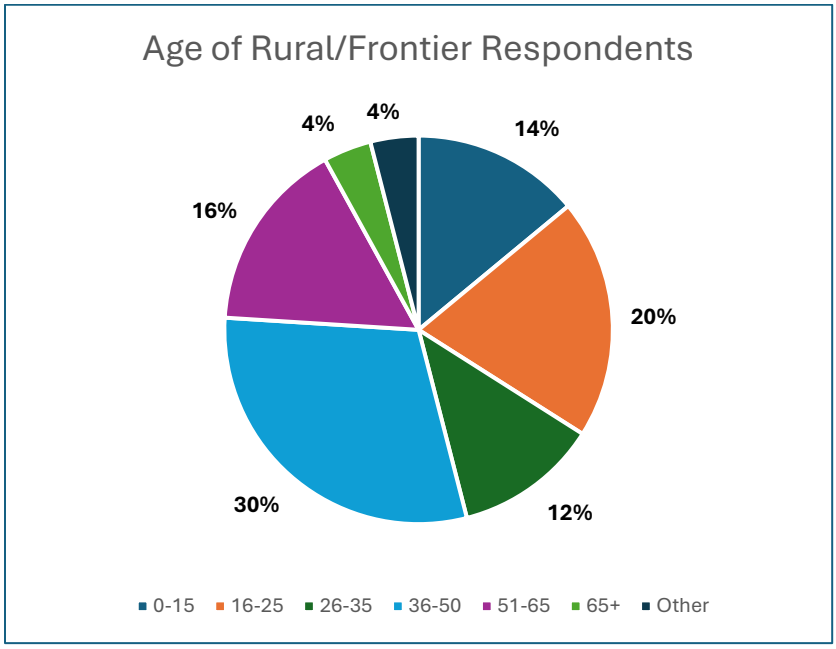
Demographics

- 50 of the 288 respondents indicated they are from "Rural/Frontier" communities. This constitutes approximately 18% of the survey respondents.

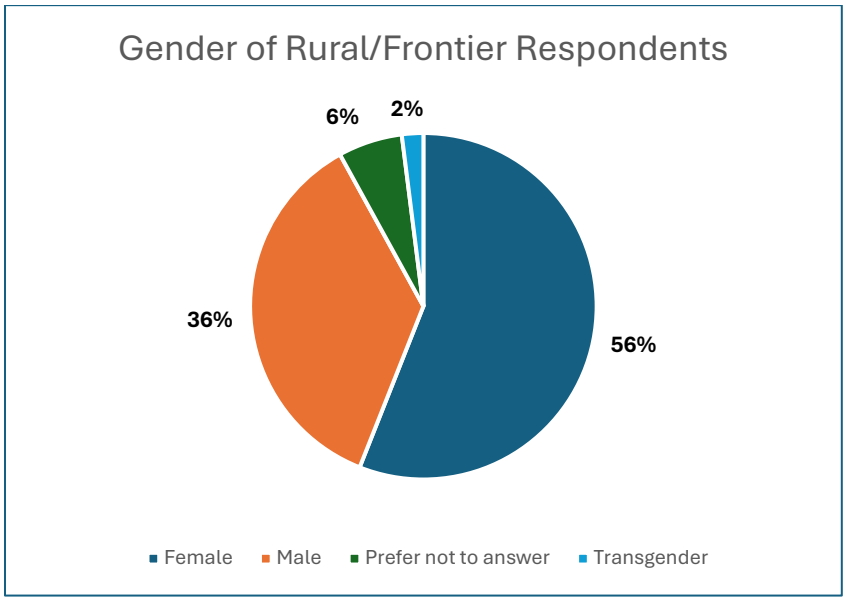
Q: What is your race?



Q: What is your age?

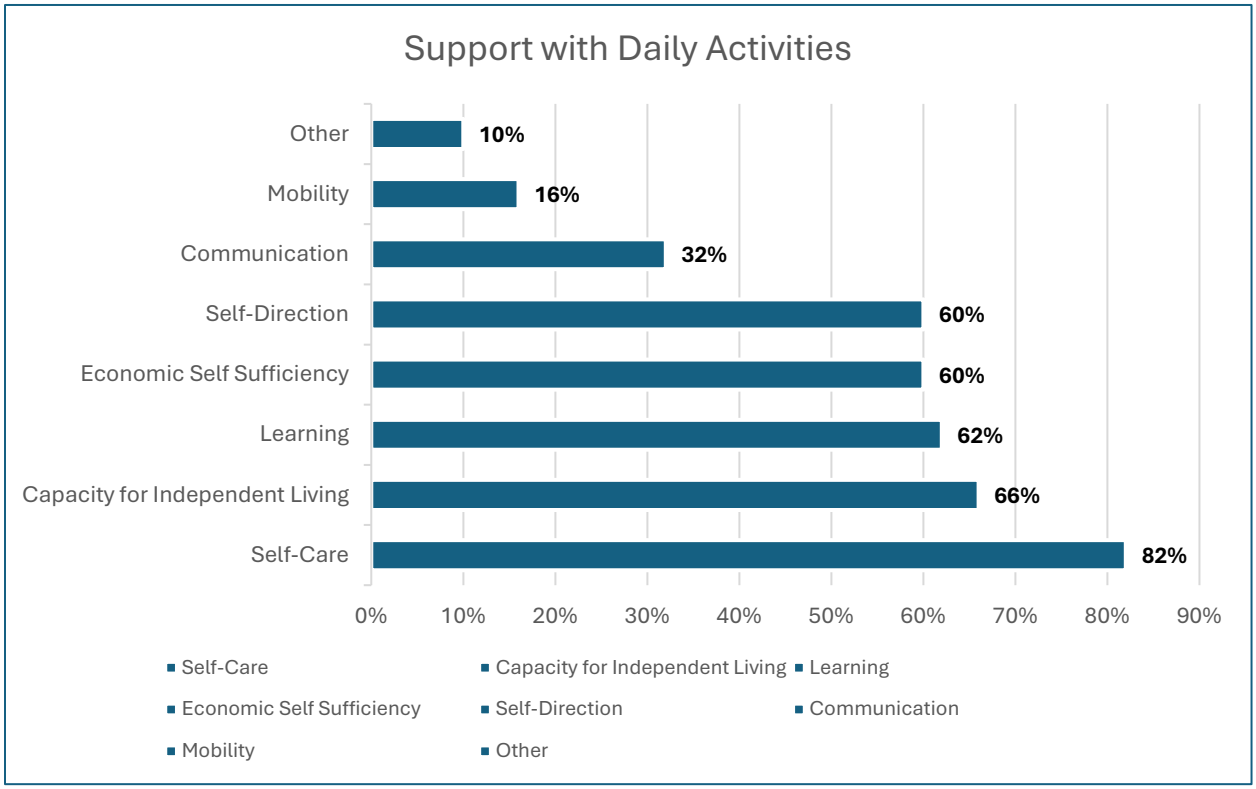


Q: What is your gender?



Support Needs

Q: What areas of life do you feel you/your loved one need support with in your daily activities?



- Rural/Frontier respondents primarily required support in the areas of Self Care (82%), Capacity for Independent Living (66%), Economic Self-Sufficiency (60%), Self-Direction (60%) and Learning (62%), as illustrated in the chart below.

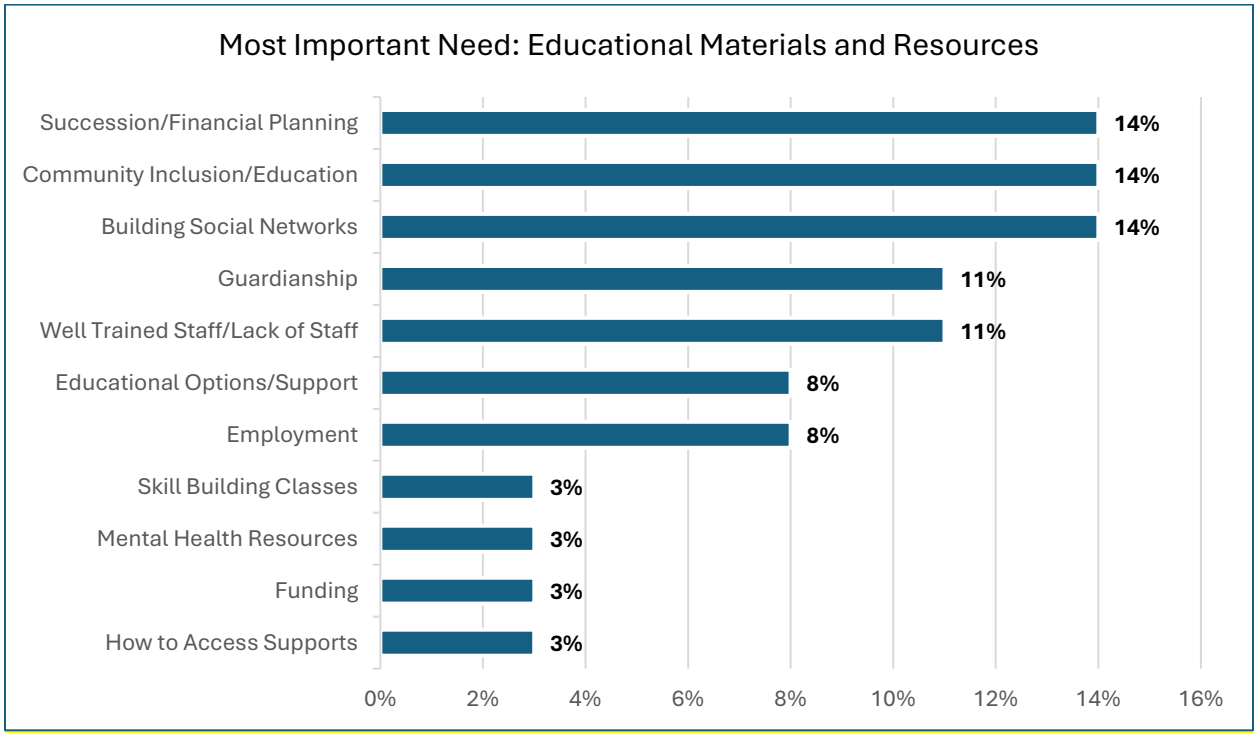
Q: What areas of life do you feel you/your loved one need support with in your daily activities? Other - Text

- Protective Oversight
- Transportation
- Supportive Advocacy
- Mental Health
- Career & Job Support

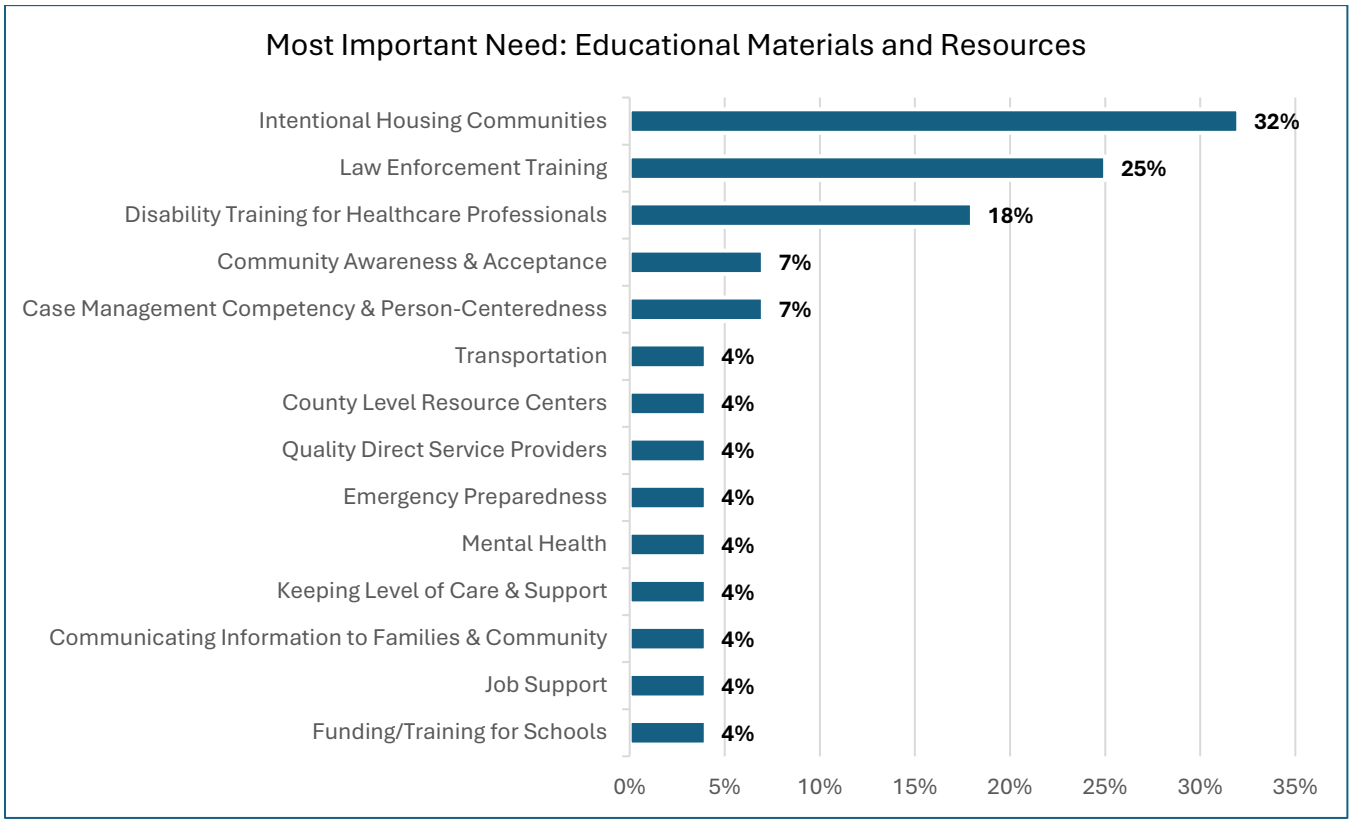
Q: Do you or your loved one anticipate needing support with these daily activities for the rest of your life?

- 82% of respondents indicated they would need this support for the remainder of their lives.

Q: In terms of educational materials and resources for people with IDD and their families (capacity building), what is the most important need facing people with IDD?

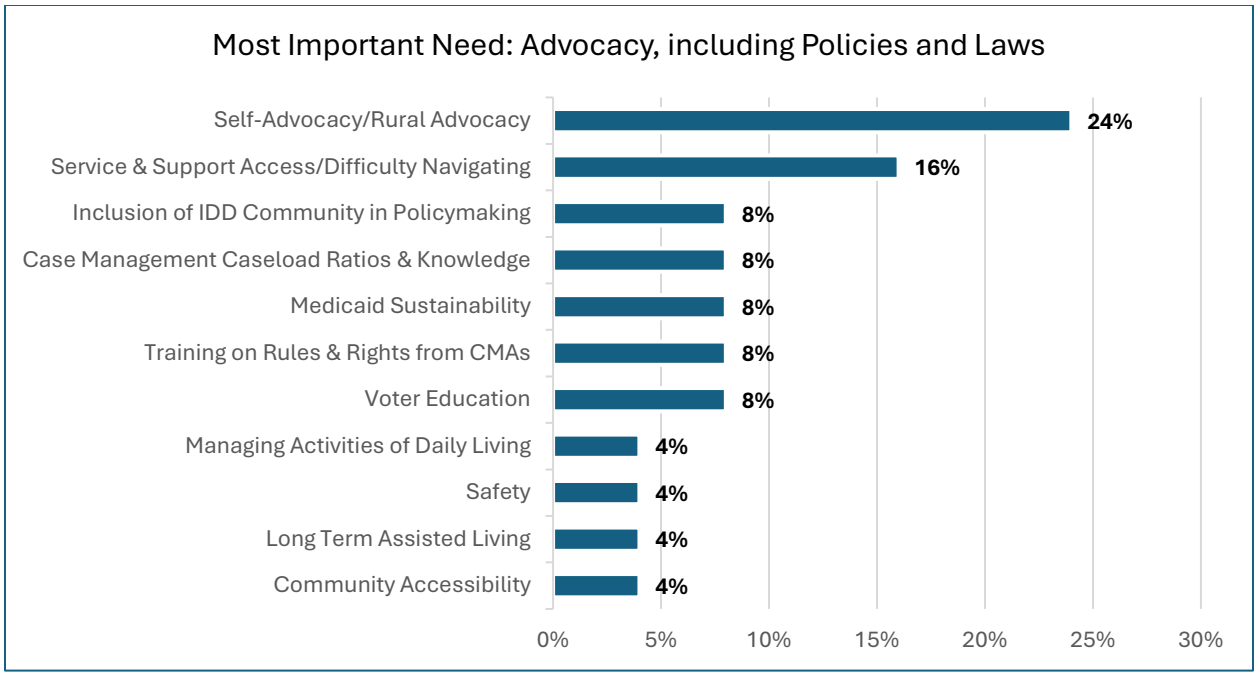


Q: In terms of grant making (systems change) for community members and professionals, what is the most important need facing people with IDD?



Q: In terms of advocacy, including policies and laws, what is the most important need facing people with IDD?

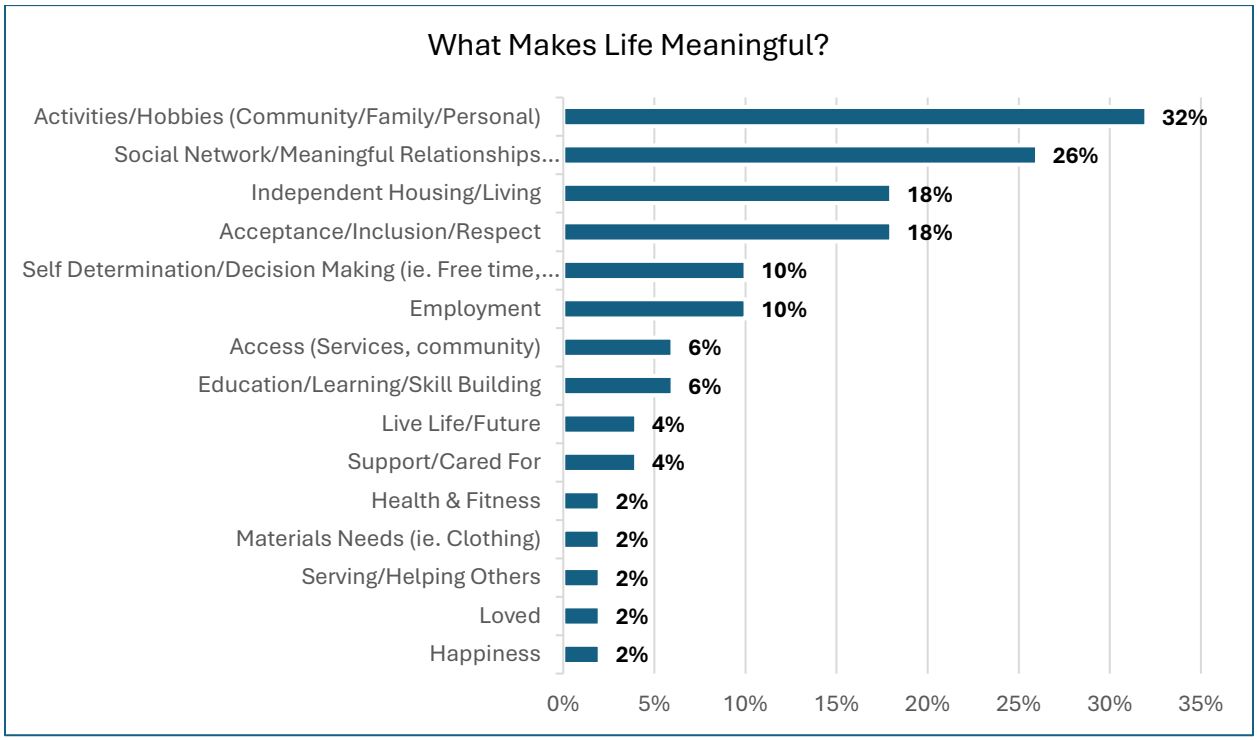
- Results below were coded into themes.



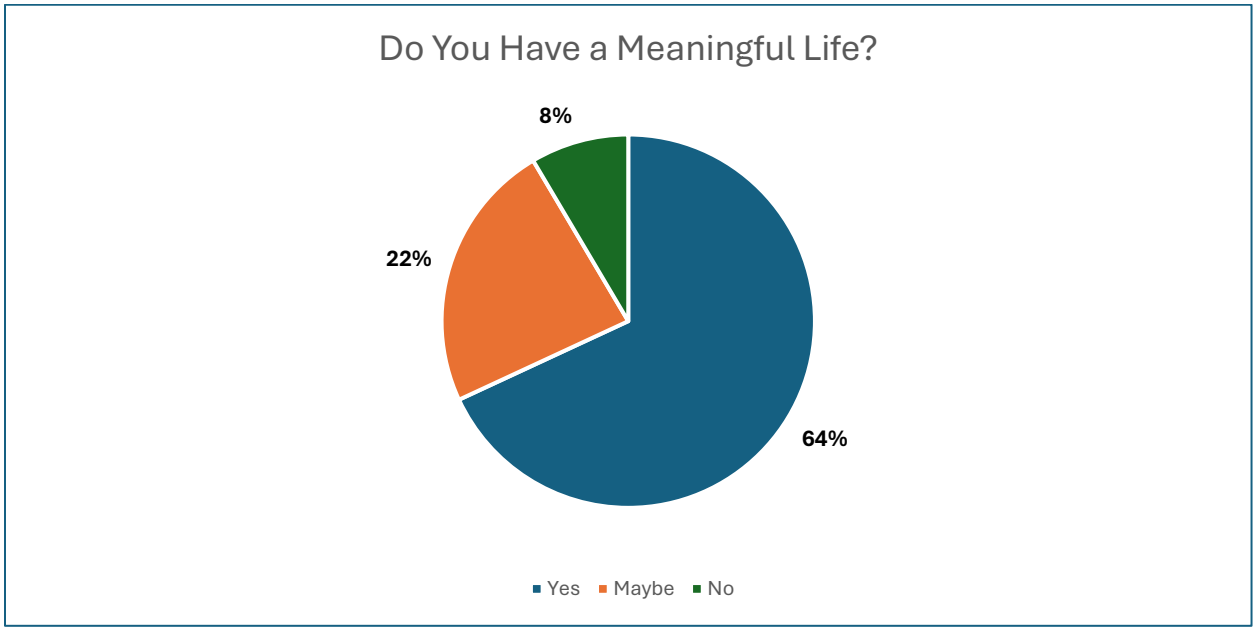
Meaningful Life

Q: What makes life meaningful for you?

- Results below were coded into themes.

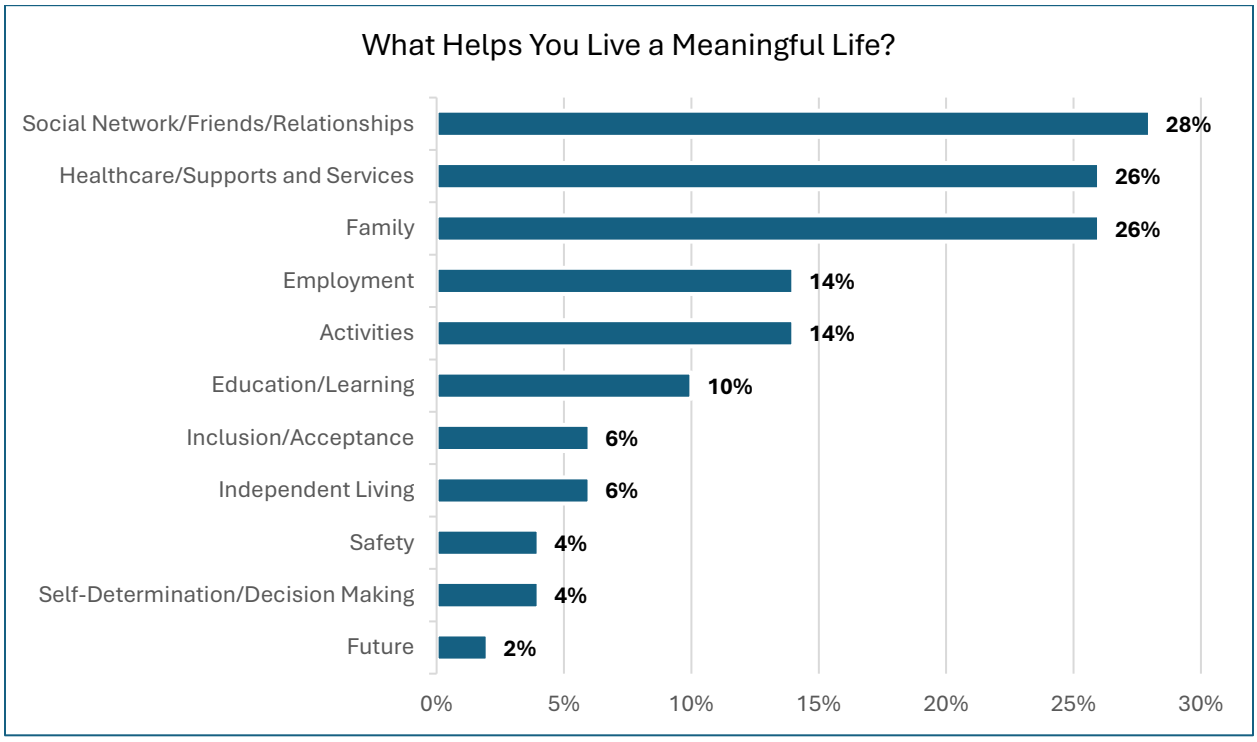


Q: Overall, do you feel that you are living a meaningful life?

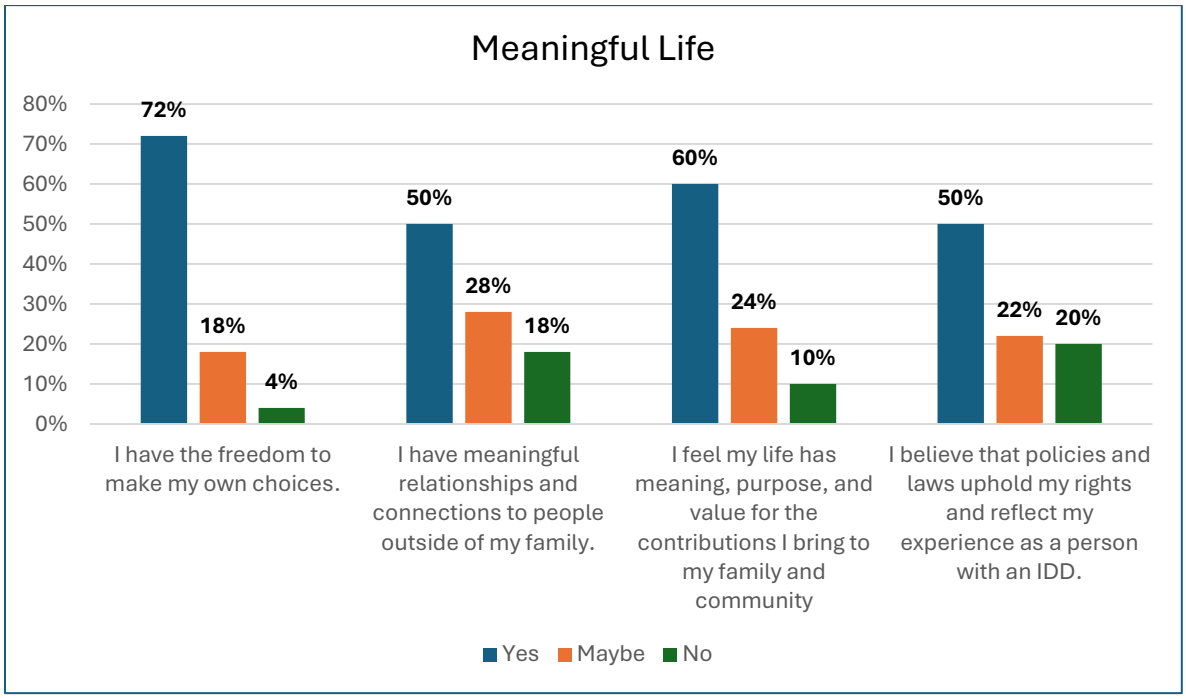


Q: What helps you live a meaningful life? For example, this could be services, relationships or anything that makes your life better.

- Results below were coded into themes.



Q: Please answer the following items yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more.



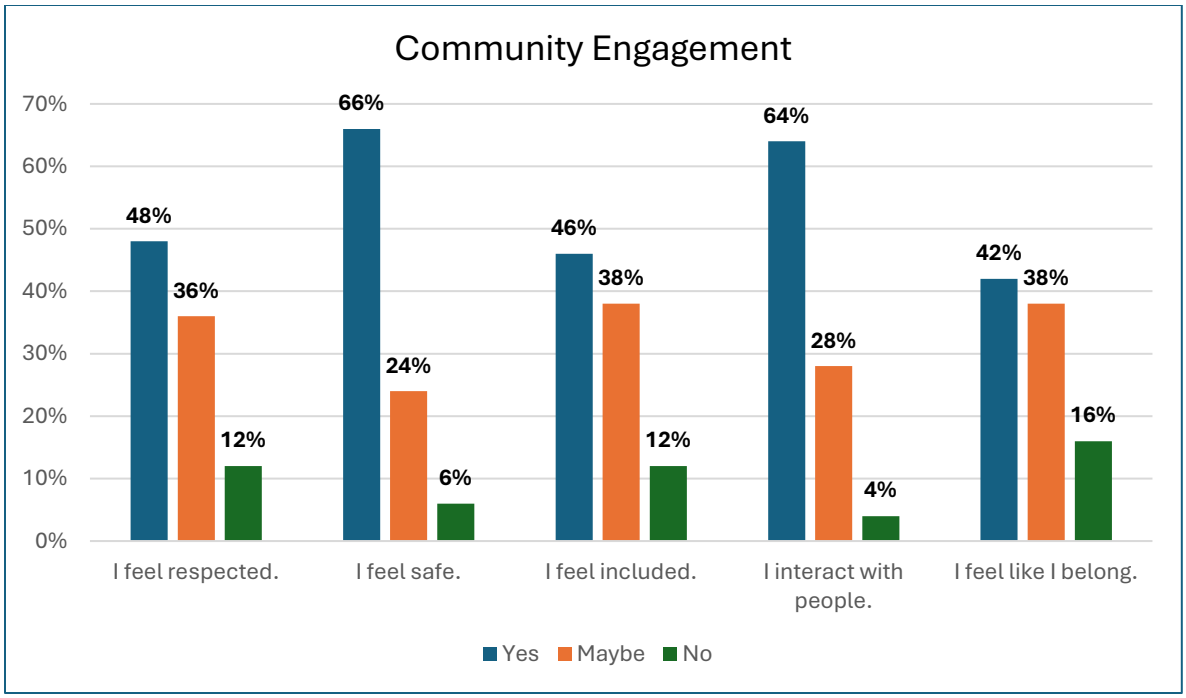
Q: Additional Comments.

- My family and I have tried to get support for me and it has been hard.
- Concern over detrimental changes in services.
- The transition in case management has been a nightmare. The CMA has not provided training, case managers don't know how to talk to me in ways I understand and don't talk to me at all. There is no coordination or communication from the case manager and my agency. There is constant incorrect information provided and a complete lack of co passion for the people they serve.
- I answered "Maybe" to the question about meaningful relationships and connections to people outside of my family as I have made friendships but only through agencies and if that agency doesn't have staff who believe the friendship is important to me they very often don't help me to continue that friendship. IE: Community/home visits and outings outside of paid staff hours.
- More summer options for children with disabilities to further their education like reading, writing and math.
- Policies and laws don't uphold my rights as a person with a disability. My mom has had to fight constantly to make people do what they're supposed to do.

- Some recent laws and policy changes have put barriers into place for caregivers to get paid for care greater than 16 hours in a day. Some children require more than 16 hours of skilled and nonskilled care a day. So paid caregivers are still giving the same amount of care but only being paid for 16 hours.
- The policies complicate access to services that are needed. There needs to be a simpler way to access services that isn't so time consuming and exhausting.
- Policies and laws are not sufficient to support me. Case management is over worked and cannot find enough time for my specific needs. Grateful for ABLE law so that I can have some money. My SSI was decreased when I work 8 hours per week at minimum wage.
- Have very few friends outside of program, she has church people that talk to her, but older, people owe age, usually don't. I am free to make choices, but have my guardian assist sometimes. mostly medical.
- The policies and laws are violated DAILY! Fighting the policies and laws puts target on parents and caretakers. Standing up and fighting has only made me MORE isolated and hated by the very people who are supposed to support us. I waive the white flag and my daughter is only 5 years old… this life is SO HARD with IDD! Even the help that is supposedly there is incredibly hard to qualify for and has HUNDREDS of pages of paperwork. This life is not meant for most and that is why a lot give up.
- Rural services and opportunities are dismal. Need help and not be punished or discriminated against because of where I live.

Community Engagement

Q: This question is about how you feel when attending events or participating in community activities. Please answer yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more.



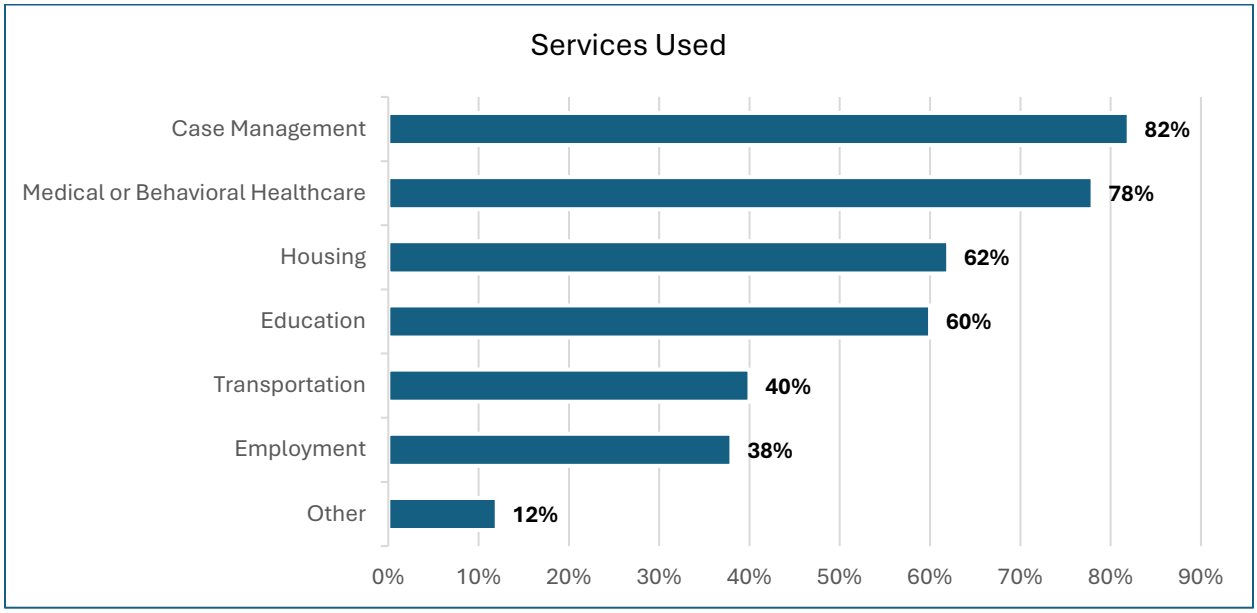
Q: Additional Comments.

- And independent.
- Behaviors and lack of communication skills are impactful.
- When out in community I don't always feel respected, safe, included, and belonging due to the fact that most often I am out with my peers into large of groups in the community and for too long of period of times due to the staff work hours. I always feel more comfortable going out into community with one or two of my peers. I enjoy short 1-2 hour outings at times that work for me and then returning to my HHP. Rather than a group activity from 10-2 with 6-8 of my peers and in community during staff work hours!
- I hate when people stare at me.
- I don't participate in activities because it's not safe. And I certainly don't participate in anything my residential agency offers. I don't have an intellectual disability. There isn't anything in the community for people like me.
- Very social and outgoing.
- Church and program feel safe and included. I am not sure what respects means, I am treated nice.
- Inclusion can always be more in community, school everywhere.
- I don't know what else to say other than Southwest Rural Colorado (Bayfield) is SCREAMING for HELP!!!!

- I interact only occasionally and superficially with outside others from my family.

Services

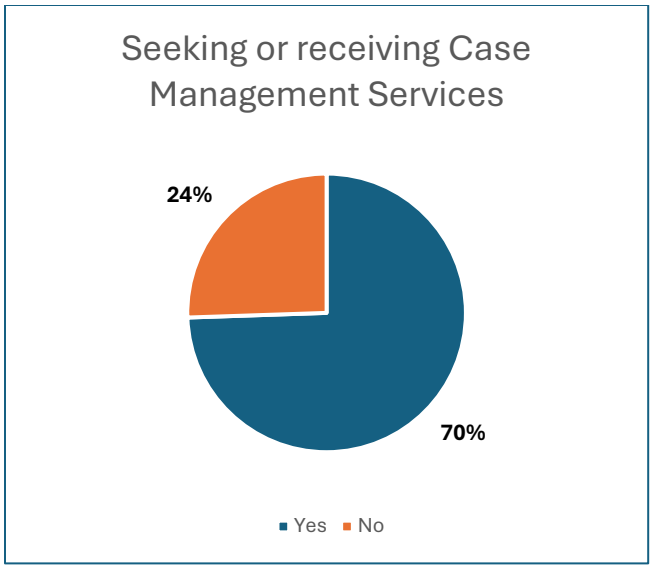
Q: What services do you or your loved one use/or have used in the past? (Please select all that apply)



Q: What services do you or your loved one use/or have used in the past? Other - Text

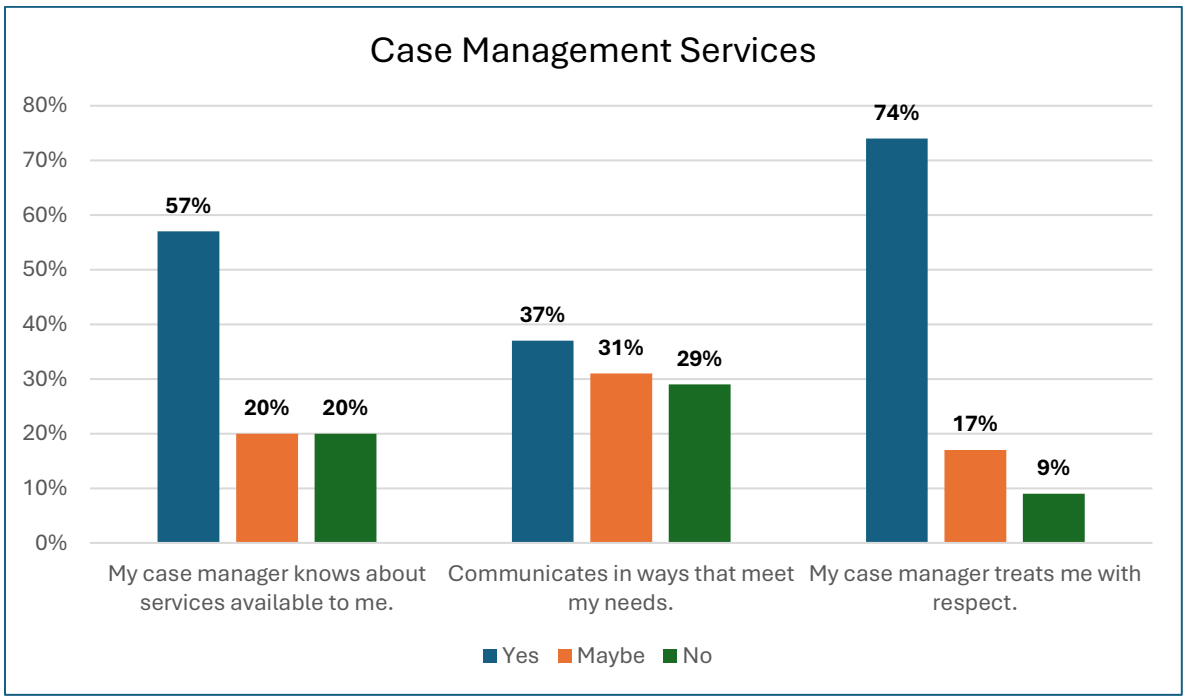
- Recreation & Community Involvement
- Medicaid Waiver Services
- Residential
- Community Connections

Q: Are you currently receiving or seeking case management (may also be called care coordination or service navigation) services for your disability?



Q: Please answer yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more.

- Results below are displayed in percentages based on the total number of respondents seeking or receiving case management services.



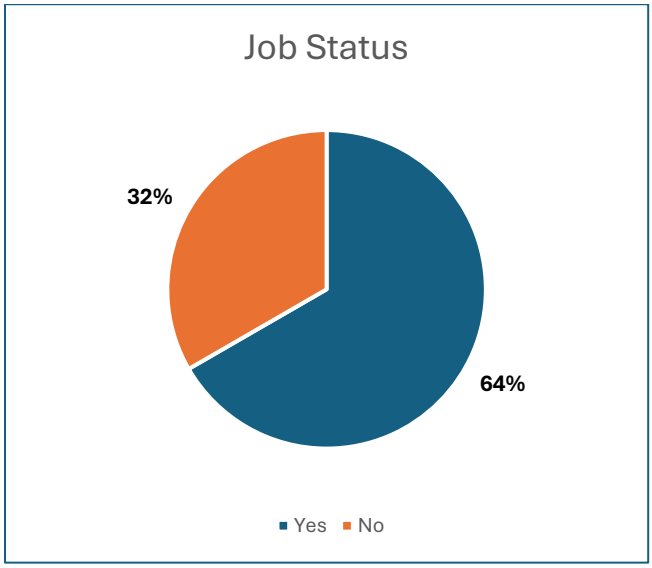
Q: Additional Comments

- It is hard in a rural area to get needed services.

- Case manager has only met my daughter on one occasion. Seems unfamiliar with services and client needs.
- Can’t say enough about what a bad idea it was to put an insurance company in charge of case management.
- I am connected with my local Division of Vocational Rehabilitation office.
- I have an excellent case manager through RMHP. She response quickly to my questions and concerns.
- We just get services during the school year.
- My case manager is a joke. I used to have a great one. Now I have someone who misgenders me and then lies about it. In front of others. And she doesn't communicate with me. She doesn't do anything useful or helpful. I don't even know what her purpose is.
- Case managers in our region only understand non-IDD waivers and participants. They do not understand the level of support needed, the need to work with my team, and coordination of care. They operate in a silo, which is not helpful.
- The case managers constantly change and some are fantastic and others know nothing. It's hard to keep a case manager that does a good job, constant turnover.
- I think sometimes being treated as a child, things I want to do I have to do as tasks, but have already been doing them, told not to do anymore, learned how to check fuse box if electricity goes off. Told me it might explode.
- My case manager isn't the problem - its the multiple hoops they have to jump through to get us any help that is the problem.
- Need more help focused on me not Denver people.

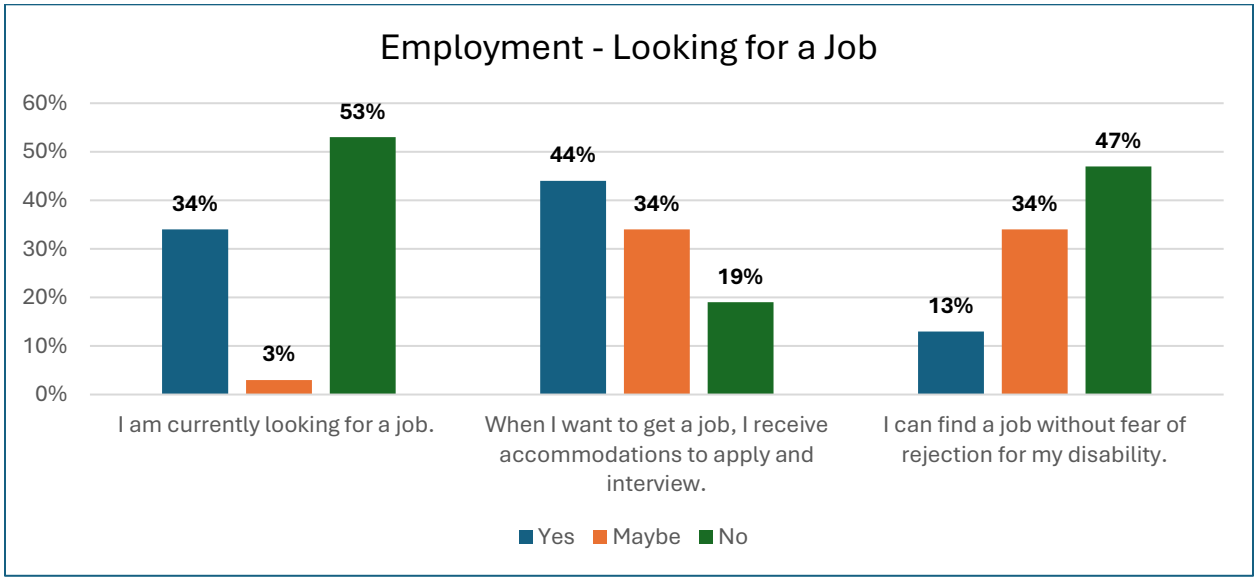
Employment

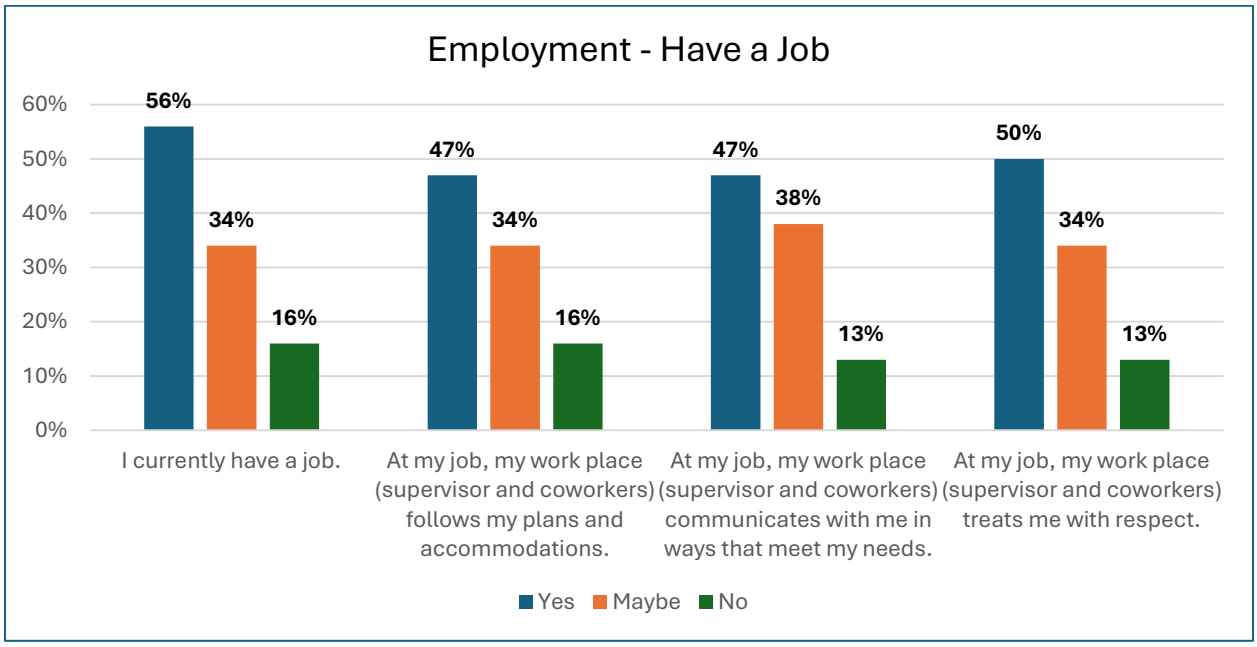
Q: Are you currently working or looking for a job, or have you worked or looked for a job in the past?



Q: These questions are about getting a job if you are looking for a job right now. If you are not looking for a job right now, you can answer about your most recent experience. Please answer yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more.

- Results below are displayed in percentages based on the total number of respondents currently working, looking for a job, or have worked or looked for a job in the past.





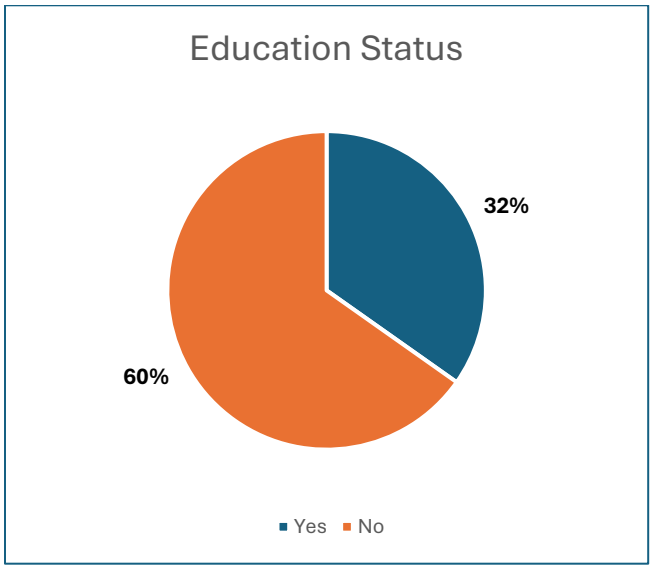
Q: Additional Comments.

- I work for my parents at their shop now, but will want my own job perhaps someday in the future.
- My daughter requires a 1-1 coach to complete her duties.
- I work about 8 hours/week at my local Target store in Silverthorne, CO.
- I have never had a job.
- Regards to looking for a job right now: I was looking for a job and was working with DVR who recently dropped me due to the lack of finding the supportive job coach for me. After over a year of searching the department counselor said she was dropping the case as there wasn't the availability of such a person. In my past job, I answered the questions as neither like nor dislike as I had some great paid supportive staff and some not so great. I enjoyed my position based on who was supporting me at any given time. The people who understood my needs made my job fun and worthwhile. Those who didn't understand me made my job almost unbearable as they weren't following my plans and accommodations which upset me much.
- I want to work, but no one is able to help me find anything appropriate for me as an individual. I don't want to bag groceries. I have knowledge and skills. I want to build on them. Nobody helps with that. And I don't have transportation for a job. I can't live my life with my mother driving me to work.

- In rural NW CO there are very few jobs that will hire people with disabilities, and they do not offer accommodations. DVR is not able to provide ongoing job coaching.
- I only work 3 hours per week but it is meaningful to me.
- I am seeking employment.
- Receives job coaching for all hours of every shift.
- Currently filing a disability case against the Town of Bayfield - a place that I really expected better from, what a joke! That not even a municipal government can be held to a standard that actually helps families with disabilities... I'm so angry and sad and absolutely defeated by their horrible actions. They are discriminating against other employees as well, who I am trying to get help from the outside, because they STILL won't help them!

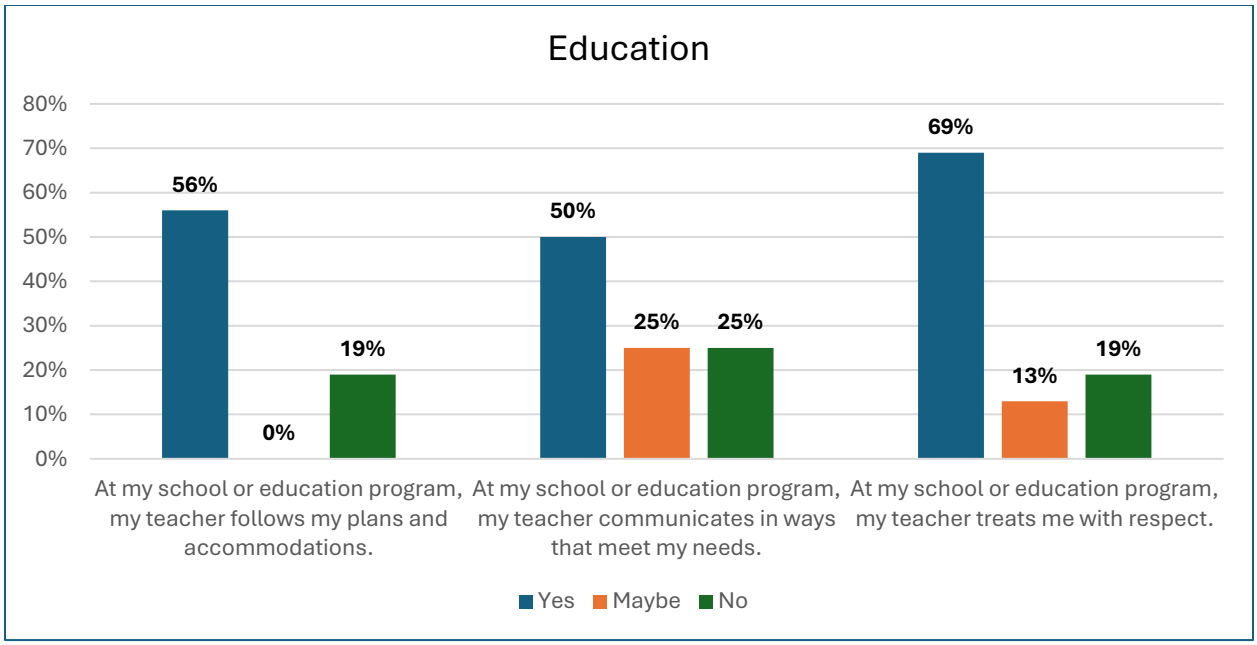
Education

Q: Are you currently in a school or educational program?



Q: Please answer yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more.

- Results below are displayed in percentages based on the total number of respondents currently in a school or educational program.

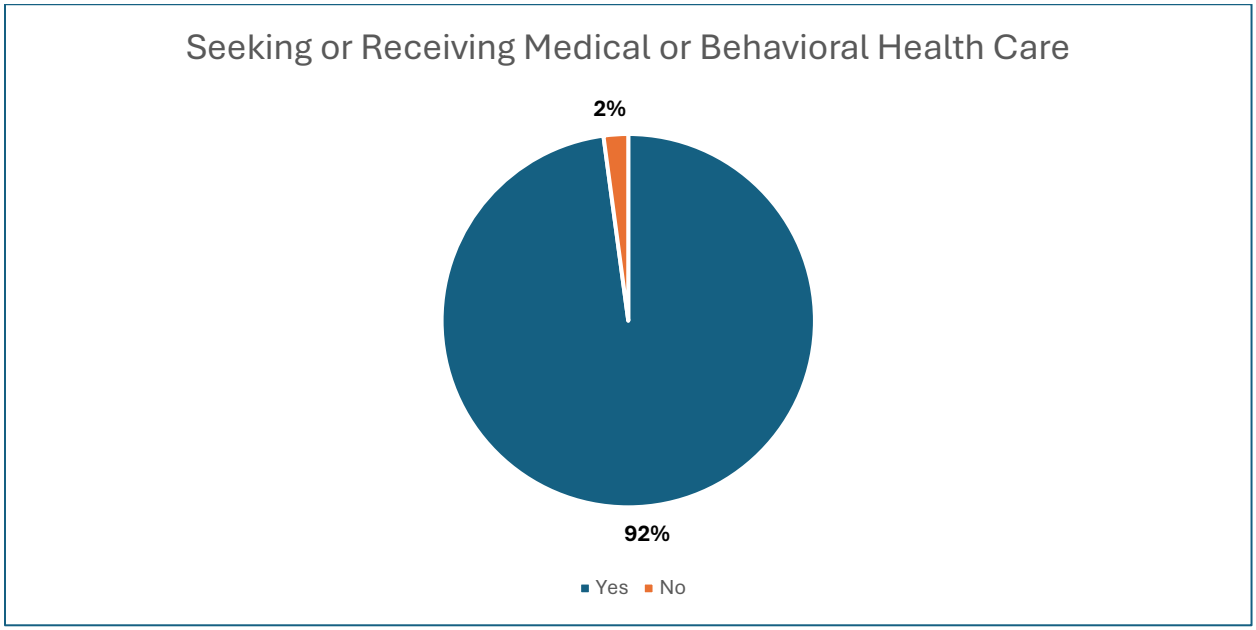


Q: Additional Comments.

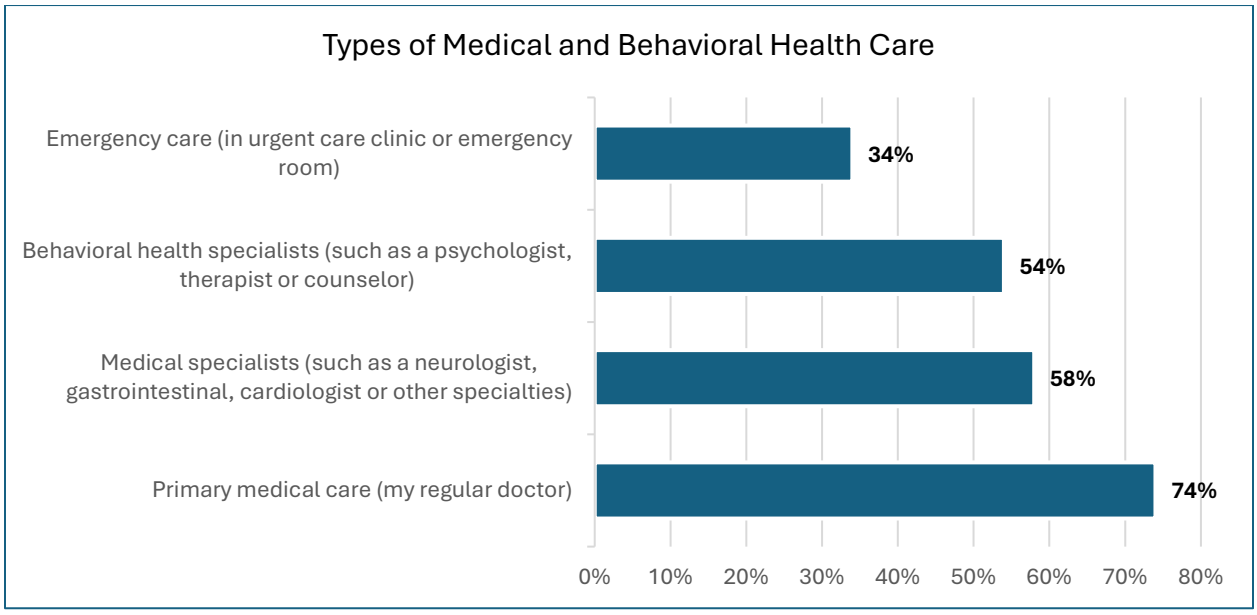
- This past year the school was awful they didn't follow the plan they didn't provide resources.
- The Steamboat Springs School District SPED departments in Middle School and High School is very disappointing.
- School's in NW CO provide all the support for people with Visible disabilities, but none for those with invisible disabilities. Families are bullied and abused by staff and their children are retaliated against if parents advocate. Majority of children with needs are homeschooled.
- Only when my mom calls out the school for not following the documented 504 or IEP.
- I attend a day program and take classes now that I'm an adult.
- I am currently homeschooled. All if the answers above would be a no for both public and private school - so I left.
- High school needs much more inclusion and energy excitement in the special education department.

Healthcare

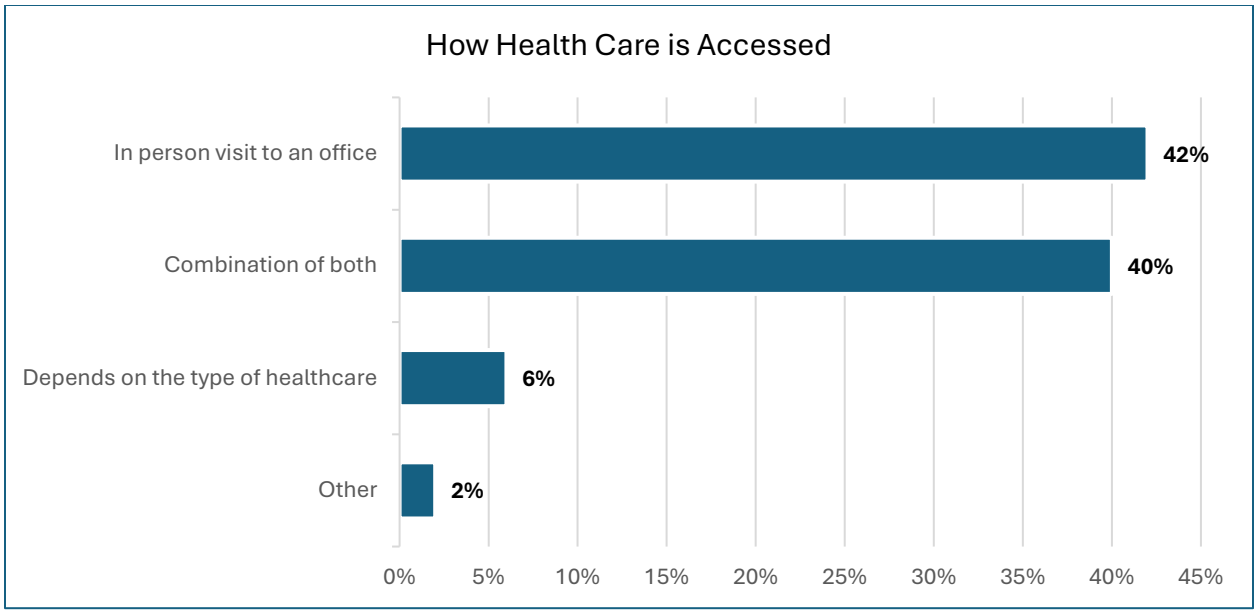
Q: Are you currently seeking or receiving medical or behavioral health care from a provider, such as a doctor, medical specialist, therapist or counselor?



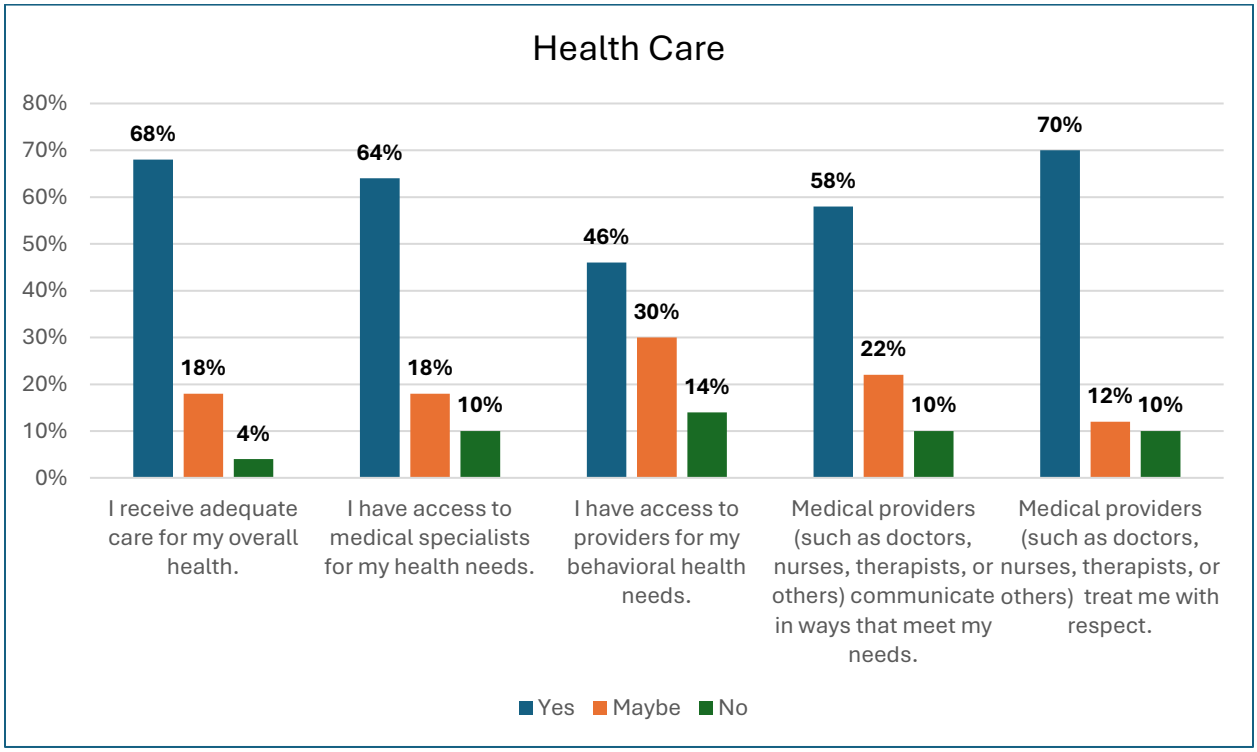
Q: Please select the types of medical and behavioral health care you access at least once a year. (Please select all that apply.)



Q: How do you typically access health care?



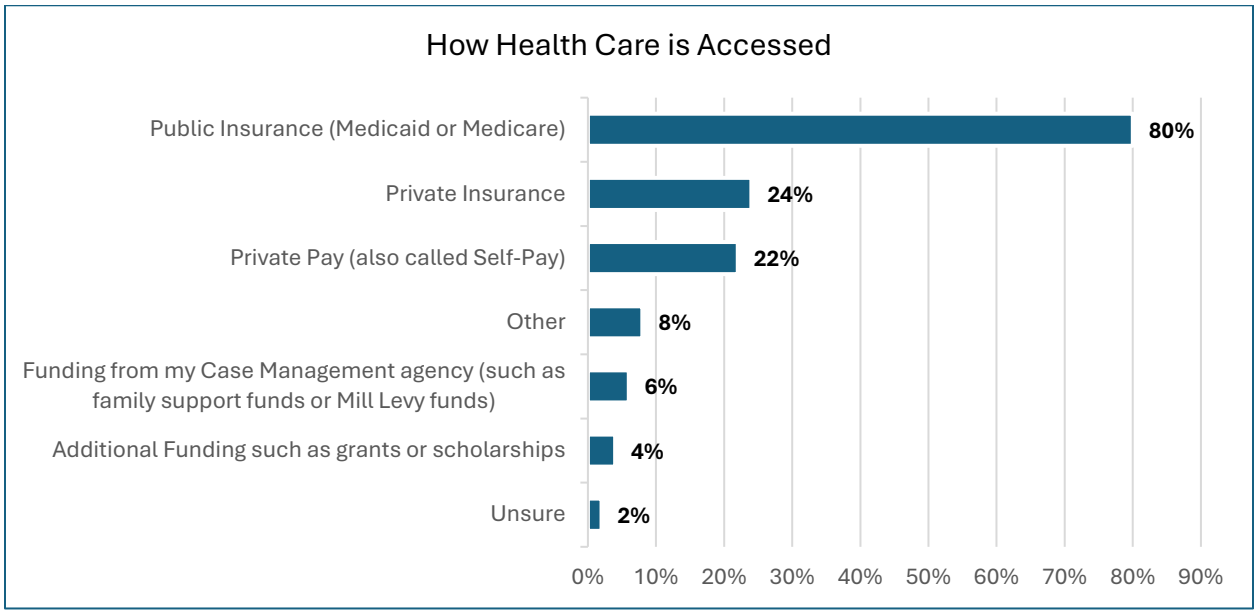
Q: Please answer yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more.



Q: Additional Comments.

- My primary care doctor doesn't understand autism the best.
- I need services at home and those are hard to get in a rural area.
- I have an excellent team of medical professionals that understand my needs and are willing to talk to each other for the best possible quality of care.
- We live in a rural mountain town. It's hard to go to Denver to get our services. Reimbursement from Medicaid is so difficult. It is financially a burden to take time off work and drive 3 hours to Children's hospital. You spend money on gas, hotel room , food and loss of wages. It just makes seeing specialist very challenging!!!
- Health Care in Rural Colorado does not meet my needs. We have to travel long distances to see specialists. Medical providers in this area do not understand the IDD world and make it difficult to communicate with them.
- My mom makes sure I have good doctors. My mom pays for my counseling.
- I have an excellent PCP. Mental health care is subpar.
- We live rurally… to find proper care we continue to have to go to Denver and Durango. Durango has almost nothing available and school funding continues to be shredded to bits and pieces.
- Currently seeking assistance with Civil Rights Violations by a local Nurse.
- Don't understand autism.

Q: How do you pay for the medical or behavioral health care services you or your loved one receive? (Please select all that apply.)

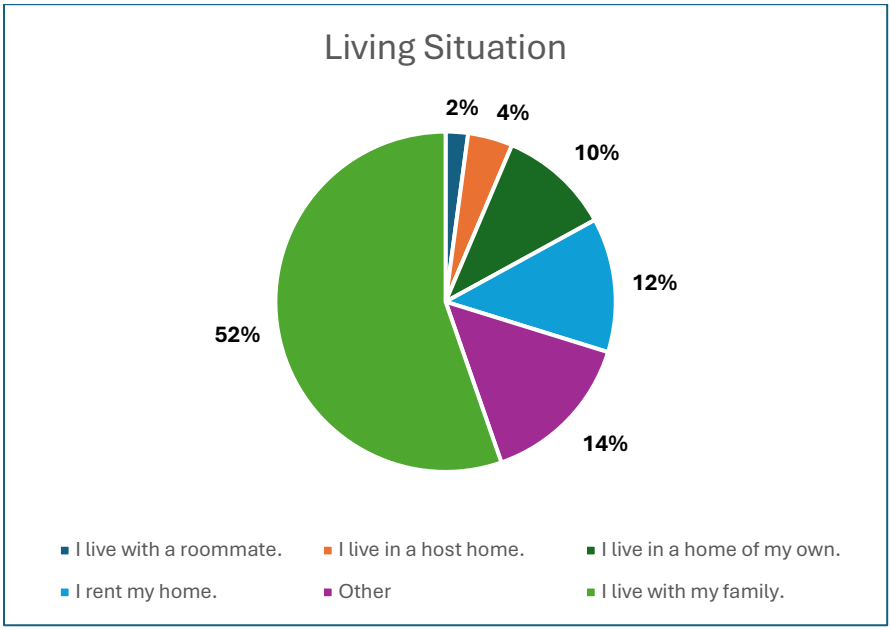


Q: Additional Comments.

- Special Needs Trust.
- Private Pay and Buy in Medicaid program with a co pay. We have tried to get on [HIBI] and find it very difficult.
- Goodwill helps.
- State waiver services.

Housing

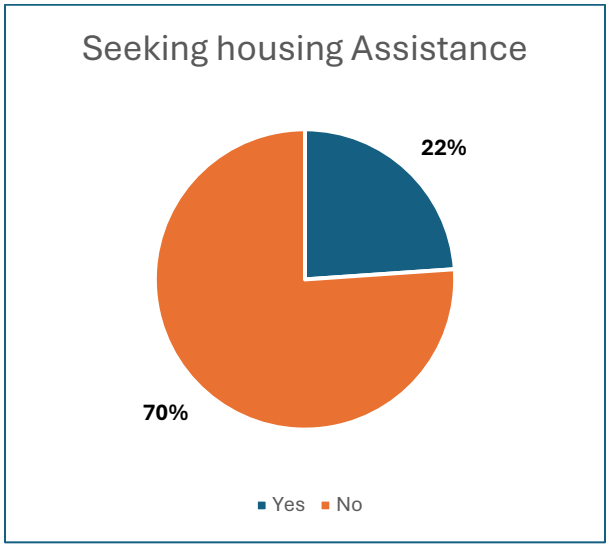
Q: Please select the statement that best describes your living situation.



Q: Please select the statement that best describes your living situation. Other - Text

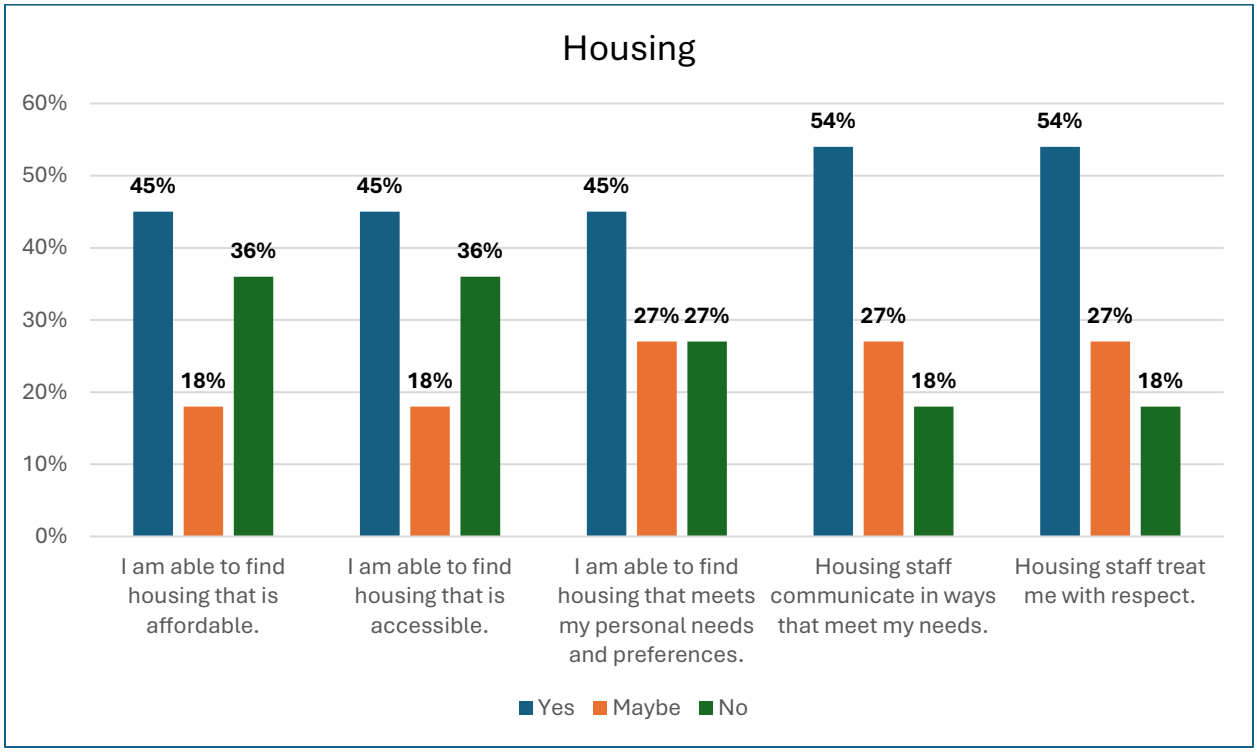
- Group Home.
- Family Caregiver.
- I live in a home similar to an ADU but bigger, and right next to my parents. My mother is my Family Caregiver.
- Do pay rent.
- Guardianship.

Q: Are you currently seeking or receiving assistance with housing?



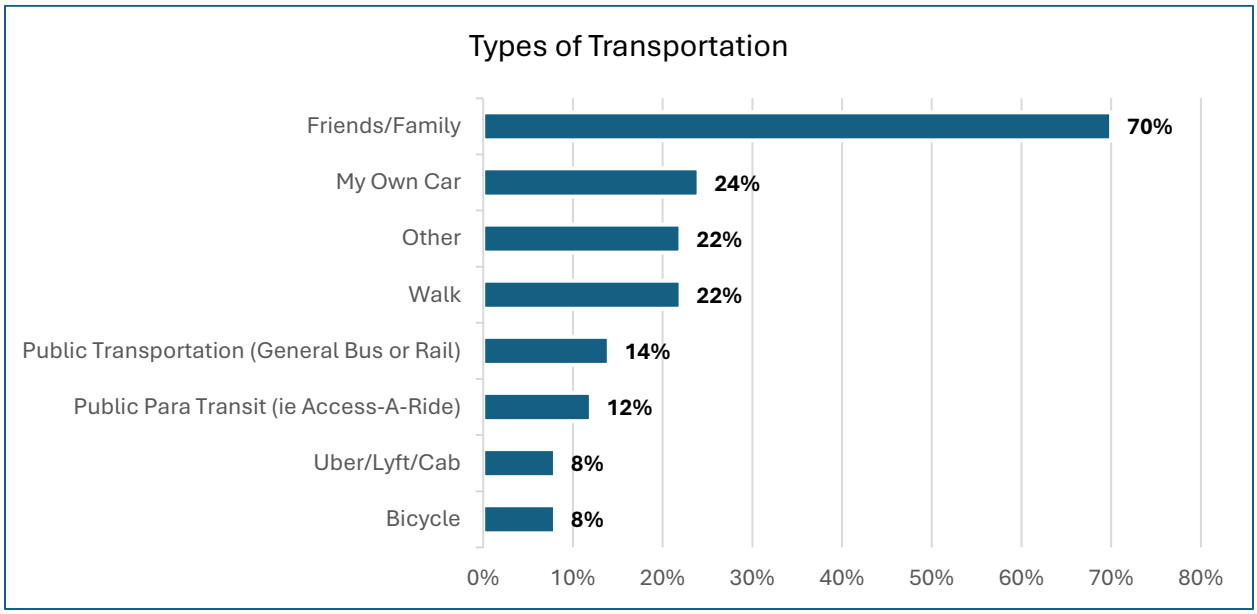
Q: Please answer yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more.

- Results below are displayed in percentages based on the total number of respondents currently seeking or receiving assistance with housing.



Transportation

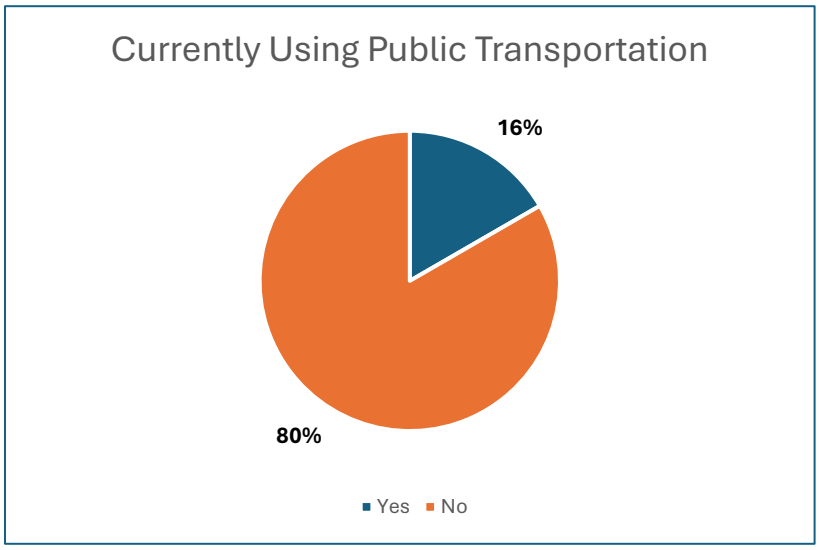
Q: What types of transportation do you use to meet your needs?



Q: What types of transportation do you use to meet your needs? Other – Text

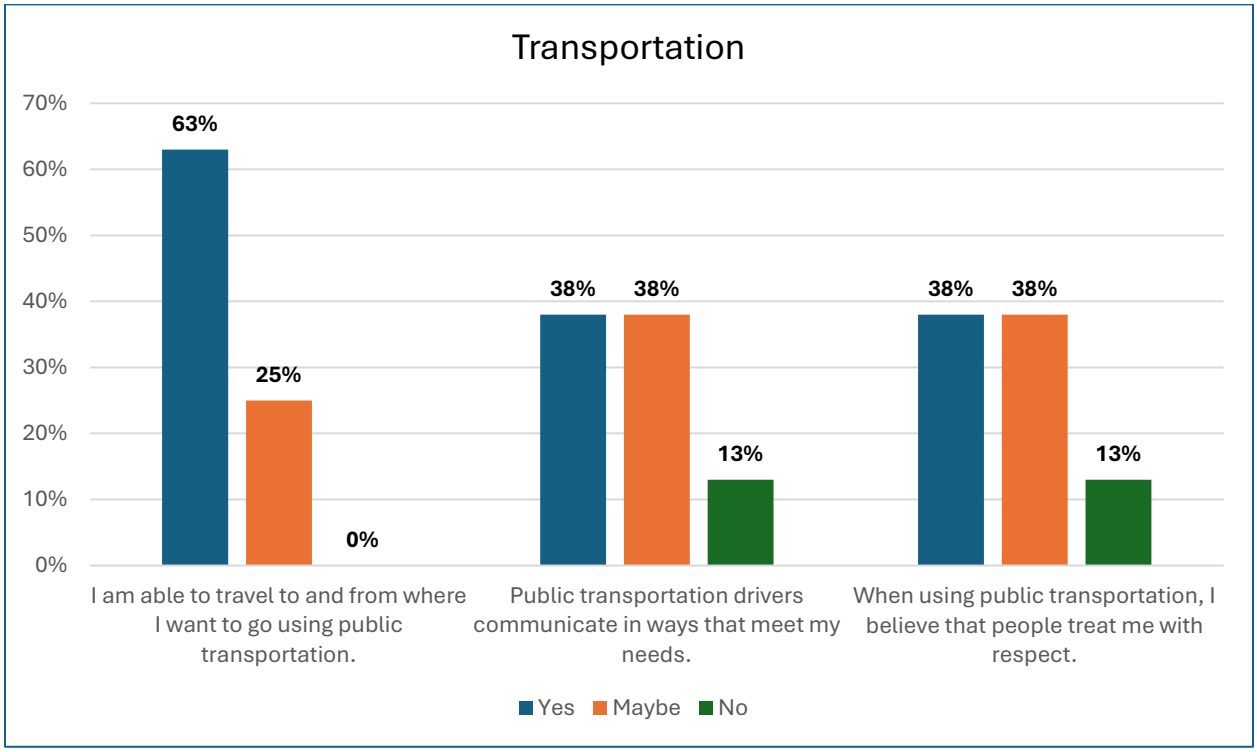
- HHP/PASA (2)
- Service provider provides transportation (4)
- Metro
- Mom's car

Q: Are you currently using public transportation to get around your community?



Q: Please answer yes, maybe, or no. There is an optional comment box below if you would like to explain your answers more.

- Results below are displayed in percentages based on the total number of respondents currently using public transportation to get around their community.



Q: Additional Comments.

- My mom helps me plan my routes and shows me my stops.
- There is to many exchanges, have to get off, could get lost or miss bus.

Survey Trends

The survey revealed clear differences between **rural and urban experiences**, with notable gaps in **transportation, healthcare, and employment** access. **Rural participants** face greater **structural and geographic barriers**, including limited local services and fewer qualified providers. **Urban participants**, while reporting higher inclusion and access overall, identified challenges with **system complexity and coordination**.

Most Important Needs

Rural Respondents emphasized **limited-service access**, **transportation barriers**, and **shortages of qualified providers**. They also highlighted the importance of **capacity building, advocacy**, and **developing local resources**.

Urban Respondents focused on **system coordination**, **training for professionals**, and **policy reform**, particularly in **inclusive education**, **cross-agency communication**, and **disability justice**.

Shared Themes: Both groups identified **autonomy**, **housing**, and **mental health access** as top priorities. However, rural participants more often mentioned **geographic isolation** and the **absence of local supports**.

Meaningful Life

Across regions, respondents agreed that **relationships, autonomy, and a sense of belonging** are central to a meaningful life.

- **Rural participants** emphasized **faith, neighbor connections**, and **outdoor environments** as key to well-being but reported **fewer social opportunities** due to distance from services.
- **Urban participants** highlighted **employment, social inclusion**, and **access to cultural activities**, noting that **bureaucracy and waitlists**—rather than distance—were the main challenges.

Community Activities

- **Urban respondents** were more likely to feel **included and engaged** in community events (**~65–70% Yes**).

- **Rural respondents** expressed **lower confidence in belonging and inclusion** (**~45–55% Yes**) and greater **uncertainty** about their representation in community decision-making.
- **Safety perceptions** were similar across both groups.

Access to Services and Case Management

- **Rural respondents** were **less likely to have an active case manager** or to report that their case manager **knows available services and communicates effectively**—typically **10–15% lower "Yes" responses** than urban participants.
- **Urban respondents** described **better communication and respect** but noted issues with **follow-through and heavy caseloads**.
- **Rural participants** pointed to **staff turnover**, **limited provider choices**, and **long travel distances** as persistent barriers.

Transportation

- Only **22% of rural respondents** reported using **public transportation**, compared to **45% of urban respondents**.
- **Rural participants** frequently described transit as **"nonexistent or inaccessible,"** citing concerns about **driver respect and communication**.
- **Urban respondents** generally found public transit **functional but unreliable**, reflecting a need for improved dependability statewide.

Employment

- **Urban respondents** were more likely to be **employed or actively seeking work**.
- **Rural participants** cited **lack of job opportunities** and **transportation barriers** as major obstacles.
- **Workplace accommodations and respect** rated **60–65% (urban)** versus **40–45% (rural)**.
- Across both groups, **fear of discrimination and loss of benefits** remained common concerns.

School and Education

- **Urban families** reported stronger **teacher communication** and better **implementation of accommodations and plans**.
- **Rural families** noted **fewer educational resources** (e.g., adaptive PE, inclusion options) but valued **personalized attention** and **close relationships with school staff**.

Medical and Behavioral Health Care

- **Rural respondents** reported **provider shortages**, **long travel distances**, and **limited behavioral health options**.

- **Urban respondents** had access to **more provider diversity** but faced **longer waitlists** and **greater system complexity**.
- Expanding **telehealth services** and **community-based outreach** were identified as key strategies to **reduce these disparities statewide**.

Data Validation and Analysis

A total of **503 survey responses** were received. Following an extensive data cleaning and validation process, **288 responses** were confirmed as clean and suitable for inclusion in the final analysis. The procedures described below outline the sequential steps taken to ensure data quality, reliability, and validity.

Step 1: Initial Validation and Bot Screening
All survey responses were first screened through **Qualtrics' automated bot detection tools**. This process identified and removed any responses showing signs of automated or duplicate activity. The initial screening helped ensure that only genuine, human-generated responses advanced to the next phase of validation.

Step 2: Manual Data Review in Excel
After the initial automated checks, the dataset was exported to **Microsoft Excel** for further manual validation. Responses were categorized into three distinct groups:

- Participants who **did not provide consent**
- Participants who **did not complete the survey**
- Participants who **fully completed the survey**

Only respondents who both consented and completed the survey were retained for further review and analysis.

Step 3: Manual Validation for Bot and Data Quality Checks

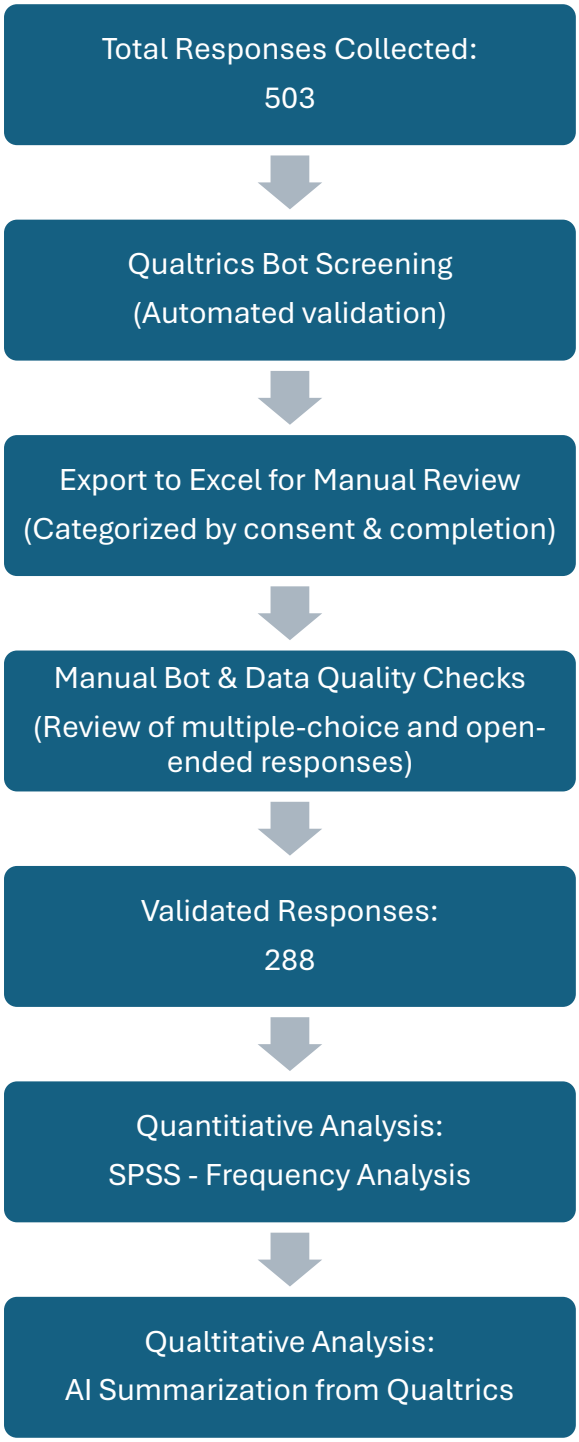
The remaining responses underwent a **manual review process** to verify authenticity and completeness. This included analyzing patterns in **multiple-choice and open-ended responses** to identify indicators of non-human or low-quality responses (e.g., repetitive patterns, illogical answers, or nonsensical text). Responses failing this validation were removed from the dataset.

Step 4: Quantitative Data Analysis

Validated quantitative data were imported into **SPSS** for statistical analysis. Frequencies and descriptive statistics were calculated to identify key trends, distributions, and overall response patterns within the validated sample of 288 participants.

Step 5: Qualitative Data Analysis

Qualitative data were extracted directly from **Qualtrics** and analyzed using **AI-assisted summarization techniques**. This process allowed for the identification of common themes, sentiments, and contextual insights derived from participants' open-ended responses.



Outcome

After all validation and analysis steps, the final dataset comprised **288 validated responses** representing complete and authentic data. This final dataset served as the foundation for both quantitative and qualitative analyses presented in this report.

Final Thoughts Summary

The *Colorado Community Survey Data Results Report* offers a comprehensive, statewide snapshot of the lived experiences, challenges, and priorities of individuals with intellectual and developmental disabilities (IDD) and their families. Across 503 responses, 288 of which were validated, participants shared a resounding call for systems that are **accessible, person-centered, and inclusive** across every stage of life. The findings reveal both progress in areas like respect, engagement, and access to medical care, and continued disparities in communication, behavioral health, housing, and employment.

Key Insights

1. **System Navigation & Continuity of Supports**
   Respondents consistently reported difficulty navigating fragmented systems, especially during major transitions such as aging out of school or the loss of family caregivers. Families emphasized the importance of *succession planning*, clear benefits guidance, and conflict-free case management to sustain quality of life and autonomy over time.

2. **Healthcare & Behavioral Health Access**
   Nearly all participants (99%) were connected to medical or behavioral care, yet behavioral health remains a critical gap area. Long waitlists, lack of disability-competent providers, and communication barriers were common concerns. Families called for *crisis-trained, in-home supports* and stronger coordination between medical and behavioral systems.

3. **Meaningful Life & Inclusion**
   Although most respondents feel their lives have purpose and meaning, barriers like social isolation, stigma, and service instability continue to limit full participation. Themes of belonging, autonomy, and respect emerged across all domains, underscoring the need to move beyond compliance-based systems toward *authentic inclusion and empowerment*.

4. **Employment & Education**
   Employment data showed both potential and inequity, 57% have work experience, but only 15% feel confident in finding jobs without rejection. Families cited inconsistent job coaching and employer bias as major barriers. In education, only 28% of respondents were currently enrolled, revealing significant gaps in accommodation, communication, and accountability within schools.

5. **Housing & Transportation**
   Most respondents live with family (57%), reflecting limited access to affordable, accessible, and independent housing options. Transportation challenges, especially in rural areas, compound these barriers, with 78% depending on family or informal supports and only 22% using public transit. Accessibility and safety issues were widespread.

6. **Advocacy, Leadership, and Policy Reform**
   Participants called for policymaking "*with us, not for us*," emphasizing the need to end guardianship abuse, strengthen supported decision-making, and ensure representation of people with IDD in all policy processes. Protecting Medicaid and HCBS funding, improving legislative transparency, and expanding leadership opportunities for self-advocates were top priorities.

7. **Focus Group Alignment**
   Thematic and content analyses from focus groups reinforced survey findings: participants value belonging, meaningful work, and community engagement, while expressing deep concern about system fragility, workforce shortages, and aging caregiver crises. Families urged for a shift from reactive systems to proactive, disability-informed solutions that honor lived experience.

Conclusion

Collectively, the data portray a vibrant but strained support landscape for Coloradans with IDD, rich in personal resilience yet constrained by systemic barriers. The findings underscore that **respect, autonomy, and inclusion are not optional; they are foundational to a meaningful life**. To build equitable futures, systems must evolve from service delivery to partnership, ensuring individuals and families shape the policies, programs, and supports designed to serve them. Continued collaboration among policymakers, providers, advocates, and self-advocates will be essential to transforming insights from this survey into actionable change.

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