2025 CDDC Survey

The Colorado Developmental Disabilities Council is conducting a **Community Survey for People with Intellectual and Developmental Disabilities (IDD)**. This survey is being administered by the **Colorado Office of Employment First** through grant funding.

Why This Matters: Your feedback will help ensure that vital services remain available and effective. It will also provide critical data to support funding for programs for people with IDD. Now is the time to create the future of disability justice.

Who Can Participate: Individuals with IDD; family members, caregivers, and service providers may assist in responding on behalf of a person with IDD. We are interested in hearing from people who have never used services, people who used to use services and people who are currently using services. You must currently live in Colorado to participate.

Survey Open for Responses: June 1, 2025 - July 31, 2025

What to Expect: You get to tell us about what it means to you to have a meaningful life! We will also ask you questions about services you use - Case Management, Employment, School, Healthcare, Housing, and Transportation. You can skip questions about services you do not use. There are no right or wrong answers.

Data Collection: Responses are anonymous. We will not ask you to identify yourself to take this survey. The information collected will be kept secure on a password protected drive and only accessible to the researchers for analysis purposes. Once the survey is complete, the overall results will be shared with the community.

Choice to Participate: You have a choice to participate in this study. Your participation is solicited, but strictly voluntary. Even if you agree to participate, you can stop at any time without penalty.

Benefit to You: This survey is not designed to benefit you directly. Your responses will help us advocate for changes to best support people with IDD and their families in Colorado.

Risk: Risks for this survey may include potential loss of confidentiality and discomfort in answering questions that may be sensitive. There may be risks the researchers have not thought of.

Funding for the Project: This project is supported by the Administration for Community Living of the US Department of Health and Human Services as part of Grant No. 2401COSCDD totaling $1,178,610.00, 100% from federal funding.

Questions: If you have questions about the survey, you can call Tiffany Cron at 303-929-7758. You can call to ask questions at any time before, during or after you take the survey. If you have questions about your rights as someone in this study, you can call COMIRB (the responsible Institutional Review Board) at 303-724-1055.

By completing this survey, you are agreeing to participate in this research study.

Survey Questions

About You:

The DD Act that funds the Council has certain criteria for how developmental disability is defined. This section helps us understand the identities of the people who respond so we can track the perspectives that are represented in the answers we receive. It also tracks where people are from so we can track perspectives from different parts of the state.

1. How did you learn about this survey?
    a. Friends/Family
    b. Social Media
    c. Outreach Events/Community Meetings/Fairs
    d. Emails
    e. Community Organizations (JFK, Disability Law Colorado, Special Olympics Colorado)
    f. Other(s)
2. The person who completed this survey is (Please select all that apply):
    a. A person with an intellectual or developmental disability (IDD).
    b. A parent or guardian of a person with IDD.
    c. A sibling of a person with IDD.
    d. Other relatives of a person with IDD (cousin, grandparent, aunt/uncle, etc.).
    e. A friend or colleague of a person with IDD.
    f. A paid family caregiver for a person with IDD.
    g. A professional/service provider of a person with IDD.

    h. I have no relationship with a person with IDD but want to share my perspective.
    i. Other(s)

3. When did you/your loved one learn of your intellectual or developmental disability?
    a. I learned of my disability as a child or youth (before the age of 22).
    b. I learned of my disability as an adult (after the age of 22).
4. What areas of life do you feel you/your loved one need support with in your/their daily activities? (Please select all that apply)
    a. Self care (Activities of Daily Living such as bathing, cooking, or cleaning)
    b. Communication (receiving or expressing communication)
    c. Learning
    d. Mobility
    e. Self-direction (Executive Functioning)
    f. Capacity for independent living (Need for Home and Community Based Services)
    g. Economic Self-Sufficiency (Assistance with benefits coordination and/or employment)
    h. Other(s)
5. Do you/or your loved one anticipate needing support with these daily activities for the rest of your life?
    a. Yes
    b. No
    c. I don't know
6. To understand the location/city survey responders come from, what is your zip code? (free response)

Meaningful Life

The vision of the Council is that people with I/DD experience their own vision of a meaningful life of freedom, choice, love, purpose, and joy and our value for the contributions they bring to our community. This section is for us to learn about what a meaningful life means to you.

7. What makes life meaningful for you? (Free response)
8. Overall, do you feel that you are living a meaningful life?

a. Yes

b. No

c. Maybe

9. What helps you live a meaningful life? For example, this could be services, relationships or anything that makes your life better. (Free response)

10. What makes it harder to live a meaningful life? For example, this could be worries, fears, services you can't get, or anything that makes your life worse. (Free response)

11. 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.

    a. I have the freedom to make my own choices. (Yes, Maybe, No)

    b. I have meaningful relationships and connections to people outside of my family. (Yes, Maybe, No)

    c. I feel my life has meaning, purpose, and value for the contributions I bring to my family and community. (Yes, Maybe, No)

    d. I believe that policies and laws uphold my rights and reflect my experience as a person with an IDD. (Yes, Maybe, No)

Additional Comments (Optional):

Community Activities

The following questions will help the Council understand your experience with participating in community activities?

12. 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.

    a. I feel respected. (Yes, Maybe, No)

    b. I feel safe. (Yes, Maybe, No)

    c. I feel included. (Yes, Maybe, No)

    d. I interact with people (Yes, Maybe, No)

    e. I feel like I belong (Yes, Maybe, No)

Additional Comments (Optional):

Access to Services

The following questions will help the Council understand the services you access to support you in your daily life.

13. What services do you or your loved one use/or have used in the past? (Please select all that apply)
    a. Case Management
    b. Employment
    c. Education
    d. Medical or Behavioral Health Care
    e. Housing
    f. Transportation
    g. Other(s). If selected, what services?

Case Management

The following questions will help the Council understand your experience with your case manager (may also be called care coordinator or service navigator).

14. Are you currently receiving or seeking case management (may also be called care coordination or service navigation) services for your disability?
    a. Yes
    b. No
15. 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:

a. Knows about services available to me. (Yes, Maybe, No)

b. Communicates in ways that meet my needs. (Yes, Maybe, No)

c. Treats me with respect. (Yes, Maybe, No)

Additional Comments (Optional):

Employment

The following questions will help the Council understand your experience finding and maintaining a job.

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.

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

    a. Yes

    b. No

17. I am currently looking for a job (Yes, Maybe, No)

18. When I want to get a job, I receive accommodations to apply and interview.(Yes, Maybe, No)

19. I can find a job without fear of rejection for my disability. (Yes, Maybe, No)

20. I currently have a job. (Yes, Maybe, No)

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.

21. 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):

a. Follows my plans and accommodations (Yes, Maybe, No)

b. Communicates with me in ways that meet my needs (Yes, Maybe, No)

c. Treats me with respect (Yes, Maybe, No)

Additional Comments (Optional):

School and Education

The following questions will help the Council understand your experience with your school or educational program.

22. Are you currently in a school or educational program?

    a. Yes

    b. No

23. 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:

    a. Follow my plans and accommodations. (Yes, Maybe, No)

    b. Communicates in ways that meet my needs.(Yes, Maybe, No)

    c. Treats me with respect. (Yes, Maybe, No)

Additional Comments (Optional):

Medical and Behavioral Health Care

The following questions will help the Council understand your experience in accessing Medical and Behavioral Health Care.

24. Are you currently seeking or receiving medical or behavioral health care from a provider,

such as a doctor, medical specialist, therapist or counselor?

a. Yes
b. No

25. Please select the types of medical and behavioral health care you access at least once a year. (Please select all that apply)
    a. Primary medical care (my regular doctor)
    b. Medical specialists (such as a neurologist, gastrointestinal, cardiologist or other specialties)
    c. Behavioral health specialists (such as a psychologist, therapist or counselor)
    d. Emergency care (in urgent care clinic or emergency room)
    e. Other(s) (Free response)
26. How do you typically access health care?
    a. In person visit to an offie
    b. Telehealth visit online
    c. Combination of both
    d. Depends on the type of healthcare
    e. Other(s)
27. Please answer yes, maybe, no. There is an optional comment box below if you could like to explain your answers more.
    a. I receive adequate care for my overall health. (Yes, Maybe, No)
    b. I have access to medical specialists for my health needs.(Yes, Maybe, No)
    c. I have access to providers for my behavioral health needs.(Yes, Maybe, No)
    d. Medical providers (such as doctors, nurses, therapists, or others) communicate in ways that meet my needs. (Yes, Maybe, No)
    e. Medical providers (such as doctors, nurses, therapists, or others) treat me with

respect. (Yes, Maybe, No)

Additional Comments (Optional):

28. How do you pay for the medical or behavioral health care services you or your loved one receive? (Please select all that apply)
    a. Private Insurance
    b. Public Insurance (Medicaid or Medicare)
    c. Funding from my Case Management Agency (such as family support funds or Mill Levy funds)
    d. Additional Funding such as grants or scholarships
    e. Private Pay (also called Self-Pay)
    f. I'm unsure
    g. Other(s)

Where You Live

The following questions will help the Council understand your experience with accessing support for housing.

29. Please select the statement that best describes your living situation.
    a. I live in a home that I own.
    b. I rent my home.
    c. I live with a roommate.
    d. I live with my family.
    e. I live in an Accessory Dwelling Unit (ADU) such as a tiny home or basement/garage apartment that is part of a main residence.
    f. I live in a host home.

g. I live in a Regional Center.

h. Other(s). If selected, what type?

30. Are you currently seeking or receiving assistance with housing?

    a. Yes

    b. No

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

    a. I am able to find housing that is affordable. (Yes, Maybe, No)

    b. I am able to find housing that is accessible.(Yes, Maybe, No)

    c. I am able to find housing that meets my needs and preferences. (Yes, Maybe, No)

    d. Housing staff communicate in ways that meet my needs. (Yes, Maybe, No)

    e. Housing staff treat me with respect. (Yes, Maybe, No)

Additional Comments (Optional):

How You Travel

The following questions will help the Council understand your experience with transportation.

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

    a. Walk

    b. Bicycle

    c. Personal Car

    d. Friends/Family

    e. Uber/Lyft/Taxi/Cab

f. Public ParaTransit (ie Access-A-Ride)

g. Public Transportation (General Bus or Rail)

h. Other

33. Are you currently using public transportation to get around your community?

    a. Yes

    b. No

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

    a. I am able to travel to and from where I want to go using public transportation.

       (Yes, Maybe, No)

    b. Public transportation drivers communicate in ways that meet my needs. (Yes,

       Maybe, No)

    c. When using public transportation, I believe that people treat me with

       respect.(Yes, Maybe, No)

Additional Comment (Optional):

Most Important Needs:

The Colorado Developmental Disabilities Council provides capacity building, systems change and advocacy to create the conditions so that people with intellectual or developmental disabilities (IDD) can live their own vision of a meaningful life of freedom, choice, love, purpose and joy and are valued for the contributions they bring to our community.

We do this through three program areas: education, grant making, and advocacy. The below questions are to get your feedback about what types of projects you think are most important for us to spend our time and money on.

35. 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? (Optional)

    Examples: In the past, this has included projects such as a supported decision making

and alternatives to guardianship guide, building social networks with youth transitioning to adulthood, and succession planning for parents over age 65 with adult children with IDD.

36. In terms of grant making (systems change) for community members and professionals, what is the most important need facing people with IDD? (Optional)
    Examples: In the past, this has included projects such as 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.

37. In terms of advocacy, including policies and laws, what is the most important need facing people with IDD?
    Examples: In the past, this has included 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.

Additional Comments: (Optional. If you have additional comments on needs for people with IDD, please list those here.):

Demographic Information:

The following questions help us understand the characteristics of our survey responders in comparison to our state population Census data. All responses will be used in aggregate only, and individual responses are confidential.

38. What is your race?
    a. American Indian or Alaska Native
    b. Asian
    c. Black or African American
    d. More than one race
    e. Native Hawaiian or Other Pacific Islander
    f. White
    g. Prefer not to answer
    h. Other(s)
39. What is your ethnicity?
    a. Hispanic/Latino
    b. Not Hispanic/Latino
    c. Prefer not to answer
40. What is your age?
    a. 0-15
    b. 16-25
    c. 26-35
    d. 36-50

e. 51-65

f. 65+

g. Prefer not to answer

h. Other(s)

41. What is your gender identity?

a. Male

b. Female

c. Non-binary

d. Two-Spirit (AIAN only)

e. Transgender

f. Prefer not to answer

g. Other (Please describe)

42. Where do you live?

a. Rural/Frontier

b. Urban/Suburban (Metro Area)

c. Prefer not to answer

d. Other(s)