

Department of Developmental Services



At a Glance

MORNA A. MURRAY, J.D., Commissioner

Jordan A. Scheff, Deputy Commissioner

Established – 1975

Statutory authority – Conn. Gen. Statutes Chap. 319b – 319c

Central office – 460 Capitol Avenue,

Hartford, CT 06106

Number of full-time employees – 2,572

(total filled count as of June 30, 2015)

Number of consumers served – 22,355

Recurring operating expenses - \$1,082,159,124

Organizational structure – Services and supports for more than 20,000 individuals and their families, including birth-to-three services (transferred to Office of Early Childhood July 1, 2015) and autism spectrum disorder services are provided through a network of public and private providers across Connecticut. The Office of the Commissioner oversees and directs the following divisions: Autism, Employment, Aging, Birth to Three; Legal and Government Affairs; Equal Opportunity Assurance; Investigations; Quality Management; Legislative and Executive Affairs; and Family Support Strategies and Advocacy. The Office of the Deputy Commissioner oversees and directs the following divisions: Budget and Contracting; Information Technology; Audit and Rate Setting; Waiver Services; Health Services; Communications and Website Management; and Policy and Strategic Planning. The department operates three regional offices, and provides or funds residential, day program and family support services. The Independent Office of the Ombudsperson for Developmental Services and the Council on Developmental Disabilities are housed within the department.

Mission

The mission of the Department of Developmental Services (DDS) is to partner with the individuals we support and their families, to support lifelong planning and to join with others to create meaningful opportunities for individuals to fully participate as valued members of their communities.

Statutory Responsibility

The Department of Developmental Services (DDS) is responsible for the planning, development, and administration of complete, comprehensive, and integrated statewide services for persons with intellectual disability and persons medically diagnosed as having Prader-Willi Syndrome. DDS provides services within available appropriations through a decentralized system that relies on private provider agencies under contract or enrolled with the department, in addition to the state operated services. These services include residential placement and in-home supports, day and employment programs, early intervention, family support, respite, case management, and other periodic services such as transportation, interpreter services, and clinical services. The Division of Autism Spectrum Disorder Services operates a program for individuals with autism spectrum disorder who do not have intellectual disability. The Birth to Three System assists and strengthens the capacity of families to meet the developmental and health-related needs of infants and toddlers who have delays or disabilities. Through legislative action, the Birth to Three office moved to the Office of Early Childhood as of July 1, 2015.

Public Service

The department continues to engage in a number of activities designed to improve services and the management of its public and private programs. DDS also continues to be involved in initiatives designed to meet the increasing expectations of the Centers for Medicare and Medicaid Services (CMS) concerning health and welfare, and quality improvement protocols for the operation of Home and Community Based Services (HCBS) waivers.

Five Year Plan:

DDS continues to improve services and supports through implementation of its five year plan goals. DDS is making significant progress in achieving these goals. Self-advocates and families have a voice and are increasingly assuming a larger role in shaping the direction of DDS. Over the last four years, DDS has provided expanded support options for families on our waiting list. The majority of these supports have been nontraditional and person-centered. With new waiting list resources and the addition of our major systems change initiatives, "Living the Mission Mentoring Project" and "Community of Practice" described below, DDS is taking larger steps to move away from our legacy systems and creating yet more individualized supports. Additionally, under the new Commissioner (February 2015), a strategic implementation plan was initiated to help DDS move further toward the goals outlined in the current Five Year Plan.

Director of Family Support Strategies and Advocacy:

DDS continues to be engaged in a variety of activities related to the national Supporting Families Community of Practice Project. Connecticut is one of five states in the country to receive a five-year Community of Practice Grant which examines the process of improving supports to individuals with intellectual disabilities and their families across the span of their lifetime. The project is administered through a partnership between DDS and the CT Council on Developmental Disabilities. In October, 2014 Sharon Lewis, Principal Deputy Administrator at the Administration of Community Living (ACL) presented to Department of Developmental Services (DDS) and its partners including consumers, family members and private providers at the Sheraton Rocky Hill. Please view the [Video of Ms. Lewis' Presentation](#) (WMV). Ten Supporting Families Community of Practice committees also reported on the actions they have taken to enhance family support services provided by DDS at this event. All of the committees are working toward full implementation of the state-of-the-art Life Course person-centered planning model which is being promoted nationally as

an evidence-based best practice for Family Support services. More information on the Life Course model can be found at <http://supportstofamilies.org/resources/lifecourse-toolkit/>.

During fiscal year 2015, the “Living the Mission Mentor Project” focused efforts on having each of the participating providers work with their mentors on the implementation of specific agency plans. Representatives from three of the mentor agencies; the Director of Family Support Strategies; the Director of Waiver Services and the Program Director of Contracts presented a person-centered planning/Life Course training to all DDS Case Managers, Resource Managers and Quality Monitors. This training helped show how a variety of DDS initiatives connect to our department vision and to the CMS focus on community.

Positive Behavioral Support and Trauma-Informed Care

The Department of Developmental Services (DDS) continues to focus on promoting the use of evidence-based practices to enhance the quality of services provided to individuals with challenging support needs. DDS is one of seven Connecticut State agencies that have partnered to form the Connecticut Restraint and Seclusion Prevention Initiative. During fiscal year (FY) 2015, DDS sponsored several workshops on Positive Behavioral Supports (PBS) and Trauma-Informed Care, which were attended by over 350 professional and direct support staff of public and private provider agencies. Additionally, over 400 staff completed an online training course on Positive Behavioral Supports. DDS has scheduled a three-day conference on Trauma-Informed Care for October 2015. The conference will feature separate sessions focused on clinicians, direct support staff, and individuals and families. During FY 2016, the DDS Staff Development and Psychological Services divisions, in partnership with the Department of Mental Health and Addiction Services plan to offer several workshops on mental health issues and PBS specific to persons with intellectual disability and/or autism spectrum disorder. DDS is also in the process of revising its ongoing training programs on abuse and neglect prevention and emergency behavioral intervention to incorporate the concepts of trauma-informed care and PBS.

DDS Continues Our Lean Journey:

The Department of Developmental Services (DDS) is an active member-agency of the Statewide Process Improvement Steering Committee focused on furthering the impact of the Lean CT program to streamline state government and improve customer service. This year we strengthened our agency focus on customer service by continuing the work of improving performance and responsiveness in the Eligibility unit. Recognizing that the eligibility application process is often the first contact with our agency, we realize this initial interaction must be as valuable as possible for our customers. By developing clear, bilingual directions and automatically directing callers to online information we were able to focus resources on timely follow-ups and targeted telephone support. Efforts to increase the percentage of application packets coming in complete continued to pay off as more complete packets equals less follow up and more “flow” in our processing system. All of these improvements are paving the way for major technological improvements to the Eligibility Application process in the coming years.

DDS also formalized a project aimed at increasing timeliness in the Investigations of Abuse and Neglect by focusing on creating standard operating procedures and clarifying roles and responsibilities with other agencies and entities involved in investigations. This project had a secondary impact on our Abuse/Neglect Registry program for employees with substantiated allegations of abuse/neglect, contributing to the reduction in the Registry backlog. By ensuring

timely registry we ensure that people who are unfit to work in the field and support individuals are no longer able to be employed in the field of care.

Finally, we began work on centralizing and standardizing our contracting processes, and are confident that the results of these ongoing activities will result in a considerable reduction in the steps and time needed to create or amend a contract.

Over the next year, DDS plans to develop a Project Management Office to ensure selection of projects aligns with business and strategic goals and our vision, and that formal processes are in place to ensure operationalization of project plans.

Self-Advocate Coordinators:

Continuing the focus on people and families first, DDS has been doing a significant amount of work with self-advocates. Self-advocates play a central role in systems change and ensure that individuals have an active role in the development and evolution of the department's service system. Ten Self-Advocate Coordinators (SACs), employed by DDS, have become agency policy advisors on many important issues. The SACs are located in each DDS region. They support individuals, families, and staff to better understand and apply best practices in self-advocacy and self-determination for all individuals who receive services from the department.

SACs participate in many significant projects including a new initiative supporting and recognizing the use of "People First Language." The "We are People –Call Me by My Name" campaign is asking for everyone to be called by their given name. The SACs are hoping to eliminate several words; "client," "patient," "ward," "them," "handicapped," and the "R" word - "retarded." The SACs have invited people to take the Disability Awareness Pledge they wrote which reaffirms a commitment to seeing the person and not the disability. The SACs are challenging each one of us to be the change that makes a difference.

The SACs have worked with our private providers and public supports to encourage individuals to have a voice and be an advocate for themselves and promote issues and concerns that they are interested in supporting. Over the past five years more individuals have joined self-advocacy groups across the state increasing from just over 200 to over 1,000 individual voices today.

The SACs promote "education is power" and they provide ongoing training and advocacy through presentations that cover a wide area of information including: Healthy Relationships, Advocacy, Employment, Self Determination, Understanding Rights, The Importance of Having a Job, Understanding My Benefits, Degrees of Mean and Speaking Up against Abuse, Neglect, and Bullying, Being an Individual Plan Buddy, Self-Directing My Own Supports, and Understanding What it Means to Have a Guardian. These are just a few areas of topics covered by the various trainings provided by the SACs to consumers, families, staff, and providers.

The SACs are an important part of our department and assist in promoting initiatives and activities that have made a difference to the people we support. Not only have they supported our state but have provided training to other states through national webinars and national conferences.

Improvements/Achievements 2014-2015

Individuals Served:

As of June 30, 2015 there were 9,602 individuals enrolled in the Home and Community Based Services (HCBS) waivers for persons with intellectual disability. In addition, there were 121 individuals enrolled in a separate HCBS waiver for individuals with autism spectrum disorder as of June 30, 2015.

DDS funding priorities continue to address individuals with an emergency need for supports and services and for existing HCBS waiver participants with increased needs or a change in their need. During FY15, DDS provided residential resources to 127 people with Emergency Priority. Also, 92 waiver participants received additional funding to fully meet their needs.

As of June 30, 2014 there were 684 people on the DDS Residential Waiting List including 31 Emergencies and 653 Priority Ones (P1s). As of June 30, 2015, there were 638 individuals on the Residential Waiting List including 26 Emergencies and 612 P1s. It is important to remember that the Waiting List is fluid. While 163 individuals came off the waiting list in the first four quarters of FY 2015 (83 with new Waiting List funding and 80 without), the total waiting list number went down by 46 during the same period of time. Under legislative action, the department managed additional funding specifically for individuals with Priority 1 status on the residential Waiting List. The FY15 budget included four million dollars in new funding to reflect a half-year funding for 100 individuals designated as Priority One on the DDS Residential Waiting List and with a caregiver age 70 or older. As of July 1, 2014, there were 156 individuals on the Waiting List who met these criteria. During FY15, three of the 156 individuals passed away and 27 individuals and families declined pursuing Waiting List Initiative funding. During FY 2015, 123 individuals received allocations and of those 96 started receiving residential services with this funding initiative.

The department provided community residential supports for 87 young adults aging out of the Department of Children and Families (DCF) or local education authorities (LEAs). DDS provided supported employment or adult day services to 249 new high school graduates and 93 individuals receiving day age-out funding. This is the ninth year that DDS has operated the DDS Voluntary Services Program (VSP) for children who have intellectual disability and behavioral health needs. As of June 30, 2015, the total number of children served in DDS VSP was 542.

Division of Autism Spectrum Services Update:

The Fiscal Year 2015 has been a year of activity and change for the Division of Autism Spectrum Services. The number of individuals applying for DDS-Autism Services has doubled since July 2014, demonstrating the need for services for this population in Connecticut. As of June 30, 2015, the DDS Autism Division supported 121 individuals on the HSBC (Lifespan) waiver. Of the 121, 33 were children from the Department of Children and Families Voluntary Services Program. Services under this waiver include life skills coaching, job coaching, social skills groups and community mentoring.

In November 2014, the Autism Division began the Early Childhood Autism Waiver designed for 3 and 4-year-old children. The service provided under this waiver is intensive home-based behavioral intervention for 10 hours per week and the goal of this waiver is to fill the gap between Birth-Three and Kindergarten programming. The Early Childhood Autism Waiver served 30 children from November to June 30, 2015. Parents of these young children have reported great behavioral improvements. With the help of the Case Manager for these families, six children have transitioned to school services and/or private services through their insurance (Husky A). Three children and their families moved out of state and therefore left the program. The Early Childhood Waiver is in the process of adding nine children to the waiver.

The Division's two Autism Resource Specialists have engaged in outreach activities to resource fairs, schools and transition events, as well as conducting home visits and assisting individuals on the waiting list by providing information on how to access resources within their communities. The Division has also conducted a survey with all the individuals on the waitlist to identify service needs.

This information is currently being collected and will be correlated into a report for the Commissioner in the coming months.

The work of the Autism Spectrum Disorder Advisory Council and the five subcommittees has continued throughout the year. The majority of the committees have developed and submitted high quality proposals for activities designed to meet their subcommittee goals. The subcommittees include: Credentialing, training, creating a resource guide, social/recreation pilot programs and in-home behavioral support pilot programs. All of the proposals were approved and will begin implementation by December 1, 2015.

Birth to Three System:

The Connecticut Birth to Three System received a total of 8,874 new referrals in FY15, this represents a 6.5 % increase from the FY14 referral numbers. Over the course of the year, 10,153 eligible children statewide received early intervention services provided by one or more of the 28 general, six autism-specific, and three deaf/hard-of-hearing specialty programs. Family outcome data showed that 99% of families agree that Birth to Three services have helped them to help their children develop and learn.

Of all the children entering kindergarten during FY15 who had been eligible for Birth to Three, approximately 51% did not require special education services. For the ninth consecutive year, the Connecticut Birth to Three System received the U.S. Department of Education's highest possible rating determination of "meets requirements", indicating comprehensive fulfillment of all requirements of the Individuals with Disabilities Education Act, Part C.

As of July 1, 2015, the Birth to Three officially became a part of the Office of Early Childhood. We anticipate ongoing collaboration, as DDS focuses on a lifespan approach to family and individual planning.

Aging Services:

More than 3,414 individuals age 55 and over receive services from DDS. Aging Services continues to integrate the needs and desires of aging consumers, collects and disseminates relevant data, and shares educational information with individuals, families, DDS employees and support providers. DDS is a partner in Connecticut's Money Follows the Person (MFP) demonstration grant that is intended to assist with the rebalancing of Connecticut's long-term care system so that individuals can return to living in the community. Within FY15 the MFP unit assisted more than 60 individuals to transition from long-term care settings to community settings. To date, 120 consumers have moved from long-term care settings to community settings under MFP.

Respite Program:

DDS Respite Centers provide 24-hour care for extended weekends in comfortable home-like environments. The department has 11 respite centers that served a total of 941 individuals statewide in FY15, including 160 children.

Case Management:

DDS Case Managers have had the opportunity this year for training aimed at both the needs of the individuals they supported and the specific aspects of their position. These trainings have included subjects that improve the manner in which case managers write Individual Plans, use of People First language, the Guardianship Assessment process, Abuse and Neglect Training focused on the Case Manager's role, and Safety Awareness training. New procedure changes and streamlining, developed

with Case Manager input, have been implemented, which enable Case Managers to work more productively. Over the last year, Case Managers have continued to improve their record keeping and documentation, resulting in better communication of a team's efforts on behalf of the individuals they support and increased reimbursement of federal funding.

Employment Corner:

The CT Department of Developmental Services (DDS) continues to enhance services dedicated toward fulfilling our commitment to the Employment First Initiative through several innovative Individualized Employment Incentives, trainings, internships, and community partnerships. CT DDS remains dedicated to embracing a comprehensive team oriented Career Planning process for the individuals we support, and enlists professional community based providers to assist in promoting opportunities for training and education in the various stages of the planning process.

CT DDS Educational Liaisons and Transition Advisors have advanced their interagency efforts with transitioning youth by providing vocational and competitive employment education to families and educational systems throughout the State. They have embraced a consultative interdisciplinary approach toward imparting information toward future planning for transitioning youth.

CT DDS is active in the "CT Job Development Leadership Network", and collaborates with CT Business Leadership Networks and Chambers of Commerce, providing information, referrals, and presentations.

In 2015, DDS continued to support the success of Industry Specific Training Programs such as Walgreens, and has recently partnered with Connecticut based provider agencies and businesses in preparation to launch a series of "Workability" Credit Union internships through 2016. DDS remains an active representative on the "Governor's Committee on Employment of Persons with Disabilities", and contributes to the committee's mission to create interagency and community partnerships to improve access to competitive work opportunities throughout the State.

Federal Reimbursement:

During FY 2015, the department generated \$484,710,582 in federal Medicaid reimbursement (regular reimbursement totaled \$551,715,725 minus \$67,005,143 in adjustments). As of June 30, 2015, there were 9,602 persons enrolled in the DDS Home and Community Based Services (HCBS) Waivers. The HCBS waiver program allows for federal reimbursement for residential habilitation, day programs, and support services provided in the community. In addition, there were 121 individuals enrolled in a separate HCBS waiver for individuals with autism spectrum disorder as of June 30, 2015.

Abuse and Neglect Investigations:

DDS worked collaboratively with private provider agencies to improve the timeliness of investigations of allegations of abuse and neglect when DDS or the provider is responsible for the investigation. The performance target is to complete investigations within 90 days of the report of an allegation of abuse or neglect. At the beginning of the fiscal year, there were 69 open investigations that were older than 90 days. At the end of the year there were only 26 investigations that were open and older than 90 days- for a reduction of 62%.

Information Reported as Required by State Statute

Affirmative Action/Equal Employment Opportunity Office:

The DDS's Equal Employment Opportunity (EEO) Office is charged with ensuring that the principles of Affirmative Action and Equal Employment Opportunities are undertaken with vigor, conviction and 'good faith' to overcome the residual effects of past practices, policies and/or barriers. The EEO Office directly reports to and is under the authority of the DDS Commissioner. The EEO staff conducts investigations into internal discrimination complaints, renders findings and is involved in a variety of resolution activities. The EEO staff develop, implement and monitor affirmative action program goals and objectives. The EEO staff monitor compliance with state and federal affirmative action/equal employment opportunity laws and regulations. The EEO staff provide training to all new employees and supervisors on affirmative action topics. The EEO staff consult with managers and administrators on affirmative action matters.

Council on Developmental Disabilities:

The Connecticut Council on Developmental Disabilities is an independent, federally funded entity, established by Governor Malloy's Executive Order No. 19 and operating under the federal Developmental Disabilities Act (PL 106-402). The Council is composed of 24 Governor-appointed members, and is attached administratively to the Department of Developmental Services. In FY 2015, the Council's budget was \$673,989 to fund an array of initiatives that support the Council's mission of promoting the full inclusion of all people with disabilities in community life. Those initiatives include (1) improving school climate for students with disabilities through the development of an All Abilities Alliance of high school students; (2) conducting a feasibility study/plan which takes an in-depth look at the gaps and barriers people with disabilities face and conduct a thorough analysis of creative solutions to remove the barriers, thereby improving community access; (3) supporting the re-development of CT KASA (Kids As Self Advocates) a youth led leadership development initiative for youth ages 14 to 22.; (4) supporting the development of a curriculum for judges and other court personnel whose decisions have major impacts on parents with cognitive limitations, and assessing the impact of the "Identifying and Working with Parents with Cognitive Limitations" training, previously funded by the Council, in a scientifically rigorous manner; (5) designing a mechanism of family support to create a stable, easy to navigate system for accessing housing resources, funding and supports; (6) creating an innovative integrated community in which individuals with IDD can realize their right to live, work and play in an accessible community of their choosing and to create a road map for the development of other such communities;(7)providing financial assistance for self-advocates and family members to attend conferences and meetings to their leadership skills and knowledge;(8) implementing a conference on customized employment for 180 parents, self-advocates and professionals;(9) Developing the 2020 campaign to close Southbury Training School and the five regional centers by the year 2020; (10) and implementing Partners in Policymaking , a nationally recognized seven month leadership training for program self-advocates and parents.

Regulations:

The department continues the process of amending the licensing regulations for Community Living Arrangements and for Community Companion Homes and reviewing the contracting regulations concerning Individualized Home Supports and Continuous Residential Supports. The agency has begun to develop regulations concerning autism spectrum disorder. The prioritization of reviewing and revising agency regulations continues.