

Department of Developmental Services



At a Glance

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Established – 1975

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

Central office – 460 Capitol Avenue, Hartford, CT 06106

Number of full-time employees – 2,650 (total filled count as of June 30, 2014)

Number of consumers served – 21,182

Recurring operating expenses - \$1,045,926,243

Organizational structure – Services and supports for more than 20,000 individuals and their families, including birth-to-three 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 Autism Division 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.

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 three years into the Five Year Plan. Self-advocates and families have a voice and are increasingly assuming a larger role in shaping the direction of DDS. Over the last three 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.

Director of Family Support Strategies and Advocacy:

The Department of Developmental Services has been very busy participating with family and self-advocate partners, as well as a wide variety of community organizations, in building a larger variety of services and supports. One of the areas of focus is building a more diverse set of residential options for families. In exploring ways to think about expanding supports, DDS has engaged in two major systems change projects. The "Living the Mission" initiative is focused on the enormous potential for change that is found in our private provider community. Last fall, DDS conducted training for many DDS providers with one of the nation's leading consultants on Person Centered Planning who spoke about how services to the people we support and their families can be provided in nontraditional ways. Eight provider agencies are currently being mentored. This "Living the Mission" project is a way to restructure our current system to be more responsive to families' diverse service needs. The second project, "The Community of Practice" is a way to plan how the future will look. More than 250 stakeholders including family

members, self-advocates and people from the community are participating in this project. Connecticut is one of five states to receive a national grant to participate in a five year 'Supporting Families Community of Practice' study. Grant partners include the National Association of State Directors for Developmental Disability Services (NASDDDS), the University of Missouri-Kansas City, the Institute for Human Development (UMKC-IHD), the Human Services Research Institute (HSRI) and the National Association of Councils on Developmental Disabilities (NACDD). The goal of the Community of Practice is to identify and implement policies and practices that will serve as a national framework for states to use to support individuals with intellectual and developmental disabilities and their families across the lifespan. A kick-off event for the Connecticut Supporting Families Community of Practice was held in September 2014. More than 170 invited guests participated in a daylong conference offering an opportunity for participants to examine supports and services in Connecticut. Ten Community of Practice committees were formed to follow up on ideas discussed at the September conference. Committee membership includes a wide range of stakeholders. Committees will be reporting on the actions they have taken and their progress at the next large group Community of Practice event, which will be held in September 2014.

DDS Partners with Union to Form Training Academy:

The Department of Developmental Services (DDS) Training Academy for Family Support held its first training for 35 DDS employees in fiscal year (FY) 2014. There were a total of 292 applicants for this training opportunity. Under an agreement with DDS and the Service Employees International Union (SEIU) District 1199, a pilot Training Academy was approved to provide union members an opportunity to learn new skills, enhance their current skills and to better understand the goals of providing individual and family supports. As the DDS service system moves from institutional and large group homes settings to person-centered services, DDS wanted to find a means to use the staff's years of experience in a new way. Commissioner Macy had two goals for the Academy. The first was to give DDS staff the skills they will need to be a vibrant part of our future array of community-based services and the second was to give families effective staff resources who will meet their everyday needs. The Academy's program will provide training for those who currently work in larger residential settings. As the census in those settings continues to decline, employees will have new opportunities in the department's Individual and Family Support Division. The 56-hour course focuses on being partners in change, principals of supporting families, human rights, community safety, and communication and computer skills. Its goal is to successfully provide employees with the necessary skills to support individuals in their own homes and their family homes. DDS has plans to repeat this training opportunity at least once a year.

DDS Goes LEAN:

The Department of Developmental Services (DDS) is part of Governor Dannel P. Malloy's transformation of state government initiative which focuses on making government more transparent, controlling costs and simplifying processes for Connecticut residents and businesses. The DDS LEAN project has had a very successful year using Kaizen, a highly respected business tool developed by Toyota that analyzes processes, then streamlines them and eliminates waste in both time and money. For DDS, LEAN looks at practices through the eyes of the person receiving services and identifies ways for improvement creating clear expectations and standardizing work.

The goal of LEAN is to eliminate waste by reducing redundant work, multiple approvals, transportation and other wastes of resources which will give employees more time to focus on their core jobs. Over the past year, DDS has taken the LEAN approach to improving the Planning and Resource Allocation Team (PRAT) process, the Eligibility Determination process, the Quality of Service Review (QSR) process, and the Birth to Three payment process.

In looking at these four areas, DDS was able to streamline the paperwork, eliminate some processes and in the end developed a better work flow that enables employees to be more responsive and better support individuals and families. Although, it takes time to implement all the practices that are examined through the LEAN process, it does provide a framework for accountability by creating clear expectations and standardizing work.

Over the next year, DDS plans to continue developing a culture of continuous improvement through sustaining the projects in process, providing more training to DDS staff, and engaging more workers in LEAN improvement activities. The goal is to develop a workforce that looks to add value and reduce waste in our daily work lives.

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 consumers 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. SACs participate in many significant projects including one concerning bullying and another concerning Healthy Relationships. The SACs are located in each DDS region as well as in central office. 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.

DDS Self Advocate Coordinators help lead change efforts in Connecticut by promoting self advocacy, promoting consumer involvement, developing leaders and supporting regional and state activities and initiatives. The SACs have worked with private providers and public supports to encourage individuals to have a voice and advocate for themselves and promote issues and concerns that they are interested in supporting. Over the past year, more individuals have joined self advocacy groups across the state increasing from just fewer than 500 to over 800 consumer 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 DDS and assist in promoting initiatives and activities that have made a difference to the people we support. In addition to supporting Connecticut, SACs have provided training to other states through national webinars and national conferences.

Improvements/Achievements 2013-2014

Individuals Served:

As of June 30, 2014 there were 9,534 individuals enrolled in the three Home and Community Based Services (HCBS) waivers for persons with intellectual disability. In addition, there were 80 individuals enrolled in a separate HCBS waiver for individuals with autism spectrum disorder as of June 30, 2014. 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 FY14, DDS provided residential resources to 124 people with Emergency Priority on the residential Waiting List. Also, 282 waiver participants received additional funding to fully meet their needs. The department provided community residential supports for 69 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 256 new high school graduates and 91 individuals receiving day age-out funding. This is the eighth 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, 2014, the total number of children served in DDS VSP was 552.

Division of Autism Spectrum Services Update:

Fiscal Year 2014 was a busy one for the Division of Autism Spectrum Services. In March 2014, the Centers for Disease Control (CDC) reported a prevalence of one in every 68 children with Autism Spectrum Disorder (ASD), further highlighting the great need for our services in the community. As of June 30, 2014, the DDS Autism Division supported 103 individuals. Of the 103, 35 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. The Autism Division also started the implementation of a new Early Childhood Autism Waiver designed for 3 and 4-year-old children. This waiver was approved February 1st 2014. 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. Two Autism Resource Specialists were hired in FY14 to work with people waiting for services. They have been busy with outreach activities to resource fairs, schools and transition events as well as conducting home visits and assisting individuals on the waiting list. The autism division is planning a self-advocate series, more trainings and to provide more networking opportunities in the future. We look forward to keeping the momentum going and continuing to meet the needs of individuals on the autism spectrum and their families. 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. We look forward to implementing these activities in FY15 to positively affect individuals with ASD and their families.

Birth to Three System:

The Connecticut Birth to Three System received a total of 8,336 new referrals in FY14, holding steady with the FY13 referral numbers. Over the course of the year, 9,345 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 show 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 2013 who had been eligible for Birth to Three, approximately 52% did not require special education services. For the eighth consecutive year, the Connecticut Birth to Three System received the U.S. Department of Education's highest possible rating determination of "meets compliance", indicating comprehensive fulfillment of all requirements of the Individuals with Disabilities Education Act, Part C.

In response to Public Act 13-178, Birth to Three embarked on a vigorous initiative to increase our capacity to provide the earliest identification of social-emotional and mental health concerns in our most vulnerable infants and toddlers. More than 90 mental health clinicians and in-home providers completed training on evaluation, direct service provision and linkages to community resources for providers and families experiencing mental health challenges.

Aging Services:

More than 3,084 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 FY14, the MFP unit assisted more than 30 individuals to transition from long-term care settings to community settings. To date, 85 consumers have moved from long-term care settings to community settings under MFP.

Respite Program:

DDS's Respite Centers continue to be a tremendous success. 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 885 individuals statewide in FY14, including 167 children.

Case Management:

DDS continues to review case management processes and identify areas to streamline and simplify, as well as to enhance technology support. Many of the improvements that started in FY13 have been of great benefit to case managers in managing their work load in FY14. Improved communication procedures between case management and DDS's Audit and Rate Setting division have greatly reduced dual billing for individuals who require a stay in a skilled nursing facility and need DDS specialized supports. Increased training opportunities for case managers were created based upon their feedback and have been implemented throughout the year. The subject of these trainings have been specific to the different needs of the individuals who receive services from DDS and have helped to better prepare case managers in developing plans and connecting individuals with community resources. Throughout FY14, case management representatives have been part of, and provided vital information to, the DDS's LEAN Initiative, the Community of Practice and the Department of Social Services' Core Standardized Assessment project. Ongoing work this year on DDS's web based client information system has been focused on Individual Planning. Case Management's involvement in this endeavor has been critical to its development.

Employment Corner:

Over the past year, the Department of Developmental Services (DDS) Employment Steering Committee continued to increase job opportunities for DDS consumers focusing on industry-based training programs. The successful partnership with Connecticut companies has created a growing case management referral base which has helped more individuals find work. A DDS provider, Community Enterprises, continued their participation on the committee and played a major role in sharing job opportunities. The provider, a partner in the successful Walgreens Initiative in Connecticut, offered tours for individuals, families and case managers at Walgreens, HomeGoods and other companies. The national State Employment Leadership Network (SELN), a subgroup of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) visited Connecticut and assessed our employment progress. The final SELN Assessment was generated in June 2014. The report contained findings and observations replete with recommendations and ideas for future best practice. A leadership team composed of DDS administrative and management staff convened to discuss our employment priorities as an “*Employment First*” state. Moving forward, DDS hopes to implement several of the recommendations in a systematic manner including enhanced Career Plan and Employment Incentive Trainings for providers, and Disability Employment Seminars for business owners and corporations. The Individual Supported Employment Rate Group has determined that the department’s rate structure that incentivizes employment for providers has been successful. Participant numbers in supported employment and funding to providers who provide those services have both increased.

Federal Reimbursement:

During FY 2014, the department generated \$490,679,213 in federal Medicaid reimbursement (regular reimbursement totaled \$557,361,346 minus \$66,682,133 in retroactive rate adjustments). As of June 30, 2014, there were 9,614 persons enrolled in four 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.

Camp Improvements:

Many improvements were made to DDS’s Camp Harkness in Waterford and Camp Quinebaug in Danielson in FY14. At Camp Harkness, in addition to several cottage-specific updates, new entrance gates were installed, improvements were made to the horse riding area, improvements and renovations were made to the camp office, six winterized cabins were renovated to include the addition of accessible bathrooms and air conditioning was added which will allow consumers with medical complexities to use the cabins in the summer months. Additionally, the dining hall received an extensive makeover, the beach had an accessible boardwalk expanded and two solar generators were purchased to allow campers who utilize medical equipment to camp near the beach. At Camp Quinebaug, two main electrical distribution panels that supply electrical power to the camp were replaced, the wheelchair ramp going to the Gazebo by the “Upper Lodge” was replaced, two new activity stations were added at the two playgrounds, the large observation deck overlooking the lake was rebuilt and the entire beach was reconfigured giving more space for play. Additionally, a new concrete sidewalk was poured to allow safer access to the beach area. All of these improvements significantly benefit campers who enjoy time at the camps.

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. Early in the year, there were 243 open investigations that were older than 90 days. At the end of the year there were only 58 investigations that were open and older than 90 days- for a reduction of 76%.

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 Office conducts and/or participates in complaints of internal discrimination, renders findings and is involved in a variety of resolution activities. This Office develops, implements and monitors affirmative action goals and objectives. This Office monitors compliance with state and federal affirmative action/equal employment opportunity laws. The Office provides training and consults with managers and administrators on affirmative action matters.

Council on Developmental Disabilities:

The Connecticut Council on Developmental Disabilities is an independent entity, established by Governor Malloy's Executive Order No. 19 and operating under the federal Developmental Disabilities Act (PL 106-402), composed of Governor-appointed members, and is attached administratively to the Department of Developmental Services. The mission of the Council is to promote full inclusion of all people with disabilities in community life. In FY 2014, the Council's budget was \$681,469 for initiatives on improving school climate for students with disabilities through anti-bullying training; emergency preparedness; using technology to employ persons with disabilities; housing; development of a cross disability alliance; community conversations on inclusion of all citizens; adult and youth self-advocacy and self-determination; and Partners in Policymaking leadership training.

Regulations:

In 2014, the department amended regulations regarding Early Intervention Services for Infants and Toddlers and Their Families at the request of the federal Office of Special Education Programs. The department is in the process of amending the licensing regulations for Community Living Arrangements and for Community Companion Homes. DDS is reviewing the contracting regulations concerning Individualized Home Supports and Continuous Residential Supports and will be developing regulations concerning autism spectrum disorder. The department has internally reviewed all of its regulations and is in the process of determining which regulations need to be prioritized for amendment.

The Department of Social Services (DSS), in collaboration with DDS, is continuing the process of creating regulations concerning DDS's Home and Community Based Services (HCBS) waivers.