

Department of Developmental Services

At a Glance

Jordan A. Scheff, Commissioner

Peter Mason, 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 – 1,846

(total permanent FT filled count as of June 30, 2021)

Number of individuals determined eligible – 17,229

Recurring operating expenses - \$ 544,040,444

Organizational structure - Services

and supports for more than 17,000 individuals

and their families are provided through a

network of public and private providers across

Connecticut. In Fiscal Year 2021, the

Office of the Commissioner

oversaw and directed the following divisions:

Equal Opportunity Assurance; Family Support

Resources; Quality Management; Legal and

Government Affairs; Legislative and

Executive Affairs; and Regional Services.

The Office of the Deputy Commissioner

oversaw and directed the following divisions:

Audit; Fiscal; Investigations; and Waiver Services.

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.

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

In February 2017, DDS released a new Five Year Plan. The direction of the plan is set by five guiding principles: 1) People & Families First, 2) Strong Foundation, 3) Innovation & Transformation, 4) Excellence in Service Delivery, and 5) Sustainable Change. DDS implemented a project-based execution strategy, monitoring progress through the Project Management Office. As of June 2021, several projects specifically identified within the Five Year Plan were complete or near completion, as well as several projects that have been identified since the publication of the plan.

The COVID-19 pandemic certainly impacted progress on many of these projects. However, the department has embarked upon a listening tour to collect input, as part of the planning process for the next Five Year Plan, due to the legislature in February 2022.

Data Sharing and Collaboration

This year DDS staff completed a re-evaluation of agency high-value data sets and participated in a review of all agency data sets published on the Open Data Portal. This major maintenance was needed as the Portal readies for updates and enhanced features making data sharing and integration simpler through tools like automatic API generation. DDS continues to evaluate the publishing of some management information in the Open Data Portal as structured data, and is evaluating the impact of the required cell-suppression policy on the DDS data.

DDS continues to collaborate with CT Data staff to publish the reported COVID-19 for DDS to the Portal on a weekly basis. This information has been enhanced and was expanded in date range to include earlier reporting in response to a request from a researcher in another state looking at COVID rates in different supported population groups. You can find the data by clicking or going to <https://data.ct.gov/> and searching for DDS.

This year DDS staff joined the State Data Officer and peers from across the Health and Human Services sphere and beyond in the formation of the State Data Plan Equity Affinity Group. The Group holds bi-weekly meetings in which the primary focus is viewing data and analytics through the lens of equity, promoting the ethical use of data, identifying barriers, and strategizing on solutions to enhance equity in service delivery across sectors.

Positive Behavioral Support and Trauma-Informed Care

DDS continues to promote the use of evidence-based clinical, behavioral, and trauma-informed practices in order to best serve individuals who present with challenging and complex needs. In FY21, DDS continued to focus on collaboration with other state agencies and private providers in

ongoing learning exchanges and combined training opportunities. In addition, DDS worked to offer support and trainings in a virtual environment during the COVID-19 pandemic.

DDS remains affiliated with the PBS Steering Committee of the National Association of State Directors of Developmental Disabilities Services and an active member of the weekly Behavioral Health Partnership complex case rounds for children and adolescents, particularly those who have extended Emergency Department stays. We have made efforts to partner with the Clifford Beers Clinic on developing a pre-doctoral psychology internship venture and hope to have several entities offer training on trauma-informed caregiving and dealing with complex behavioral issues, respectively, as we continue to develop crisis intervention models at DDS.

Self-Advocate Coordinators

The Department of Developmental Services (DDS) Self Advocate Coordinators (SACs) remain steadfast with inspiring people to “Speak Up and Speak Out”, this ensures those receiving supports and services from DDS have a voice. The ten SACs, located in all three DDS regions, are employed by DDS. Their voices support, guide, question, and strengthen the department in practices, policies, and culture. Meeting regularly with the DDS Commissioner Scheff, the SACs share ideas, challenges, updates, information, and perspectives of people DDS supports and serves. The SACs are a cornerstone in playing a central role in system changes and making sure individuals supported by the department have an active role in the development and evolution of the department’s service system.

The SACs continue to have an ongoing focus on building voices through self-advocacy and empowering individuals to find their own voice. As COVID-19 remains ever present, the SACs continue to be an innovative presence with the use of technology to reach as many people as possible to stay focused on “Living Your Best Life” through a lingering pandemic.

Continued use of various platforms such as TEAMS and ZOOM have allowed the SACs to participate virtual in a multitude of events, meetings, conferences, and other forums. One such forum is holding daily 30 minute “Tranquility” relaxation meetings to enhance and retain skills. Tranquility meetings help to maintain the opportunities of: keeping connected with each other during isolation, ensuring to keep up with online etiquette, use of new features in TEAMS, continued exploration of various websites and integrating them into their work, supporting each other, exploring various ways to be calm, remain connected with the coordination and running of an online meeting, and staying comfortable with using technology. With the understanding that there is a need to engage with people differently to find their voice, the SACs put this into action at this year’s first virtual CT Youth Leadership Forum (YLF). A four-day virtual YLF gave rise to highlighting that the SACs can provide mentorship to delegates (students) from around the state in supporting the delegates to learn more about self-advocacy, self-determination, volunteering, employment, assistive technology and becoming a good leader. At YLF SACs were able to share materials such as LifeCourse use of the integrated star and the two pages that explore what’s important to me in order to build their voices to lead self-determined lives in meeting their goal.

Due to the pandemic, the SACs supporting the Healthy Relationship Series stayed with a virtual format to remain focused on promoting an understanding of positive safe relationships, knowing your own body, and being able to speak up if you are not being respected. The change to virtual has not stopped success of the series fostering a strong voice in sustaining the department’s initiatives through virtual platforms. Across Connecticut, the SACs have virtual Self Advocacy Groups/Meetings; 1:1 Peer learning/trainings; Employment Advocacy Groups; participation in national SA events; virtual bulletin boards; topical presentations/trainings such as Emergency

Preparedness, housing, nutrition, hiring and managing their own staff; collaborating with all of our stakeholders to spread the word virtually; and providing/participating in fun activities including virtual karaoke, dances, and game nights. Providing virtual opportunities decreased many logistical issues including the biggest one - transportation to events, advocacy meetings, and trainings. The outreach to our DDS constituency has gone from approximately 670 people monthly to 2218 people monthly due to virtual groups, trainings, and 1:1 supports. 272 people took the pledge of self-advocacy which includes, know your rights. In addition, 50 Self-Advocacy groups were conducted. All of the aforementioned activity has expanded and strengthened the voices of the self-advocates in CT.

The SACs provided training to all our stakeholders in: 1:1 advocacy, IP Buddy supports, being Self Determined, how to advocate with the 10 Steps of Being a Good Self Advocate, exploring self-directed supports, promoting employment opportunities, promoting healthy relationships, sharing the various living options available, learning to hire and manage your own staff, understanding abuse and neglect, promoting the Individual Plan used by all people supported by the department, promoting LifeCourse strategies and materials, promoting Peer 2 Peer Waiver supports, and being available to listen to advocates of all ages find their voice. The SACs boost Fun, Advocacy and Brain power (FAB) through several different topics such as handling change, your choices and safety. Presently, FAB topics can be found on the DDS website and SACs are always keeping up to date with current trends in having fun, advocating and using brain power to strengthen the ability to “be heard, have a voice and be self-determined”.

All the SACs are valued members of various regional and statewide committees including: representation on all the DDS Reopening Committees, Assistive Technology, Aging Matters, Youth Leadership Program, interview teams, SELN, employment, Provider Qualification, Job Development Leadership Network (JDLN), and People First of CT. Several of the SACs have participated in a presentation with CTFSN to continue to network to bring people together to discuss varied topics. Along with the multitude of committees, the SACs take part in the National Core Indicator (NCI) interviews which help to garner insight into the quality of support that individuals receive from DDS.

The SACs continue to spread the word by encouraging people to use “People First Language” and remind all stakeholders to take their Disability Pledge and participate in the “We Are People – Call Me by My Name” campaign. We have SACs spreading the word through monthly flyers to encourage everyone to keep having a voice to “speak up and speak out” in all aspects of their lives, especially during the pandemic. Finding different ways to touch as many lives as possible, the SACs partner with private providers, family groups, advocacy organizations, families, staff and as many stakeholders willing to assist in empowering individuals to live the life they choose.

SACs strongly believe in connecting with others and striving to be positive role models, showing that anything is possible if you understand who you are and what you want to accomplish in life. As their work continues to change and evolve with the global pandemic, the SACs continue to support the department and lead the way in transforming outreach to people with disabilities. Remaining connected, being role models, providing ongoing training, and promoting advocacy, the SACs support individuals in their understanding of what it means to live a self-determined life and be a part of our CT communities in an ever changing world. The SACs share information and the successes of advocates on their webpage (<https://portal.ct.gov/advocatescorner>). SACs believe in connecting advocates and will continue to listen to what is important to people, important for people and support finding the balance between. After all – Every Voice Needs To Be Heard!

Improvements/Achievements 2020-2021

Individuals Served

As of June 30, 2021 there were 10,904 individuals enrolled in the Home and Community Based Services (HCBS) waivers for persons with intellectual disability. 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 FY 2021, DDS provided residential resources to 192 individuals on the basis of emergency. Also, 292 waiver participants received additional funding to fully meet their needs.

As of June 30, 2021 there were 649 individuals on the DDS Residential Waiting List including 49 Emergencies and 600 Urgents. In FY 2021, 154 individuals had their residential needs met and came off the waiting list and 428 individuals received additional supports to fully meet their residential needs.

The department provided community residential supports for 13 young adults aging out of the Department of Children and Families (DCF) or local education agencies (LEAs). DDS also provided supported employment or adult day services to 235 new high school graduates. DDS also operates the Behavioral Services Program (BSP – formerly known as Voluntary Services Program, or, VSP) for children who have co-occurring intellectual disability and behavioral health needs. As of June 30, 2021, the total number of children served in DDS BSP was 260.

Aging Services

More than 3,300 individuals age 55 and over receive services from DDS. Aging Services continues to integrate the needs and desires of aging individuals, collects and disseminates relevant data, and shares educational information with individuals, families, DDS employees and support providers.

DDS is a partner in CT's Money Follows the Person (MFP) demonstration grant that is intended to assist with the rebalancing of CT's long-term care system, so that individuals can return to living in the community. As of FY21 the DDS MFP unit has assisted 311 individuals who have moved from long-term care settings, Hospitals, Private ICFs, Southbury Training School and DDS Regional Centers into community settings under MFP.

Respite Program

DDS Respite Centers provide 24-hour care for extended weekends in comfortable home-like environments. The department has 10 respite centers that served a total of 216 individuals statewide in FY 2021, including 17 children under 18 years of age. Respite services were closed for a large portion of FY 2021 due to the COVID-19 pandemic.

Case Management

Throughout Fiscal Year 2021, DDS Case Managers have continued to provide quality Case Management services despite the tumultuous challenges presented by the pandemic. As organizers of Planning and Support teams, they shepherded individuals, families, and at times support providers through the constantly changing guidance while creatively navigating resources to ensure those they serve receive the supports needed.

Case Managers worked remotely for the majority of Fiscal Year 2021. Some of the 300+ Case Managers and Supervisors statewide had laptop computers going into the pandemic and by November of 2020, all were equipped with laptops. With very few exceptions, almost all job functions were able to be completed using the technological resources available.

A centralized electronic document storage system has been reviewed for Case Management record keeping for a few years. In October of 2020, procedures and self-guided training was dispersed to Case Managers for the initial set up and use of FileBound, (an electronic storage software) for certain documents. By the end of the fiscal year, the second phase of the multi-year project was deployed expanding the documents saved to include Person Centered Plans, which are the basis for individualized service delivery. Some of the many benefits of this project may include a reduction / eventual elimination of printing and reliance on paper records located in one of the department's 15 offices as well as centralized document access.

The department has continued the use of the Centralized Hiring process that was piloted last fiscal year. This year, the improved process was used to fill 29 vacant Case Management positions.

Federal Reimbursement

As of June 30, 2021, there were 10,904 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.

Information Reported as Required by State Statute

Affirmative Action/Equal Employment Opportunity Office

The DDS 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 CT Council on Developmental Disabilities is an independent, federally funded agency, established by Governor Malloy's Executive Order No. 19 and operating under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 (PL 106-402). The Council is composed of 24 members appointed by the Governor. The Department of Developmental Services provides fiscal and administrative services to the Council. In FY 2020, the Council received \$712,048 for work on its current five year plan, which covers fiscal years 2017 through 2021 and is organized around these fifteen specific objectives: 1.1 By 2020, the Council will work with members of the 2020 Committee and state agencies and officials to close Southbury Training School and the remaining five

regional centers; 1.2 By 2021, 150 families and self-advocates will implement strategies for self-directed services and supports; 1.3 By 2021, the Council will promote supported decision making so that 50 self-advocates have used this process rather than traditional guardianship; 1.4 By 2019, the Council and partners will plan and implement a second Building a Great Life conference for 400 families and self-advocates; 2.1 By 2021, the Council will provide Partners in Policymaking Leadership training to 125 individuals and parents; 2.2 By 2021, the Council will increase participation in the Cross Disability Lifespan Alliance so that 75 self-advocates have participated in policy and advocacy initiatives; 2.3 By 2021, the Council will provide financial support through the Consumer Involvement Fund to 50 self-advocates to support participation in the community of self-advocates and parents at conferences and other leadership opportunities; 2.4 By 2021, the Council will provide support and training to 75 parents who have developmental disabilities to increase their participation in schools and community activities with their children; 2.5 People First will received financial support and technical assistance from the Council to develop and implement a strategic plan and annual work plan for their organization; 3.1 By 2021, the Council will provide access to customized employment opportunities for 50 people with developmental disabilities; 3.2 By 2021, the Council will develop information and training that provides access to two livable communities that include people with disabilities as members of those communities; 3.3 By 2021, the Council will identify post-secondary educational opportunities for 25 individuals with disabilities so they can access post-secondary educational opportunities; 3.4 By 2021, the Council will increase on-demand transportation option so that 75 individuals with disabilities can participate in community events when and where they choose; 3.5 By 2021, the Council will provide training and support to CT KASA (Kids As Self-Advocates) to promote transition of 25 youth into adult health care; and 3.6 The Council will change two policies that will increase access to affordable, accessible and available housing for people with disabilities.

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 department also is revising and updating its Medication Administration regulations to include online training options, electronic health records, and to reflect current best practices. The prioritization of reviewing and revising agency regulations continues.