



STATE OF CONNECTICUT

Department of Developmental Services

DDS

Dannel P. Malloy, Governor

Terrence W. Macy, Ph.D., Commissioner

FIVE YEAR PLAN 2012-2017

July 1, 2012 – June 30, 2014 Update

LIFESPAN TALENTS
OPPORTUNITIES **FAMILY**
CITIZENS
EMPLOYEES NEIGHBORS
CIVIC MEMBERS
STRENGTHS DIGNITY
VALUED **COMMUNITY**
CONTRIBUTORS VOTERS
RELATIONSHIPS WORK
FRIENDS

People and Families First

ACKNOWLEDGMENTS



Commissioner Macy & talented artist Christopher

Terrence W. Macy, Ph.D.
Commissioner
Department of Developmental Services
June, 2014

My acknowledgement in the 2012 report noted the significant work that a small group of individuals did to create our Five Year Plan. As we release this update the number of people responsible for helping us achieve our goals far exceeds this opportunity to thank them. Literally hundreds of individuals, their family members, providers, contributors from the public and private sectors, members of many state agencies, and members of communities throughout Connecticut, all made our progress possible. This update was prepared through the hard work of many, who all have my sincerest appreciation.



Mission and Vision Ambassadors promoting the “Healthy Relationships” training series



Supporting the Mission and Vision at a community provider event

ABOUT OUR COVER

In 2011 a national group of self-advocates was convened to respond to proposed rulemaking by the Centers for Medicare & Medicaid Services (CMS) that would define federally funded “community living” for individuals with developmental and intellectual disabilities. The Wordle, or word cloud, depicted on the cover of the DDS Five Year Plan (2012-2017) report is a graphic representation of what self-advocates had to say about what “community living” really means to them.

Since that time, self-advocates and family members have united to promote the message “**People and Families First**”. Gone are the days when individuals and their parents would advocate for their needs on parallel paths that sometimes resulted in cross-purpose agendas and outcomes. Today, it is recognized that “for individuals with intellectual disabilities (I/DD), the role of family is unique and often central in the support and care provided across the lifespan. Family members play key roles in identifying and securing opportunities for their family members to participate in meaningful ways within their community and ensuring access to self-determined lives.” - 2012, Wingspread Report



The new Wordle, found on the cover of this report emphasizes the important values that provide a foundation for the work that is currently being done at DDS. DDS has embarked on a new **lifespan** approach that attempts to identify pivotal life experiences that must occur across the course of a life in order to help families achieve a desired lifestyle. The lifespan approach helps families use personal **strengths and talents** to expand **community relationships** that may assist them to build a better life.

The new Wordle also highlights the importance of work. Most adults in our society achieve a better quality-of-life through employment. **Employment** provides an opportunity to demonstrate personal strengths and talents. It is a place where we can create friendships and an identity. It is also a place where we develop new skills, self-esteem and confidence. For many, the most important aspect of being an employee means enhanced opportunities to increase financial security and to use our personal assets to achieve a better quality-of-life.

DDS Updates from July 1, 2012 - June 30, 2014

Who We Serve - People and Families

The Department of Developmental Services (DDS) has been providing services in Connecticut to individuals with intellectual disability since the early 1900s. We serve over 21,000 individuals including 5,000+ infants and toddlers in our Birth-to-Three Program. DDS provides **family support services, employment, retirement and skill development day services**, and a variety of **residential and in-home supports**. Services are nurtured through natural support systems, or are provided directly by public, private, and direct-hire employees. Services funded by DDS are not an entitlement. Services are available to those who meet the DDS and Medicaid eligibility criteria and when funding is available.

Family support services are designed to assist families to develop helpful family-to-family connections and to use their personal strengths and resources to discover and effectively use assistive technology, community resources, and eligibility services to help meet their family's needs. Time limited or one-time family support may also be available to eligible families through DDS Family Support Resource Teams, Individual Grants, Respite, and through the DDS Helpline.

Employment, retirement and skill development day services are provided to assist individuals to participate in their communities as contributing citizens. These services assist individuals to use personal strengths and talents to obtain the income and assets needed to live a chosen lifestyle and to develop and use personal skills to create positive, mutually beneficial community relationships.

Residential and in-home supports can be provided to individuals in their own homes or apartments, in a Community Companion Home (CCH), Community Living Arrangement (CLA), residential center, or at the Southbury Training School (STS). Residential and in-home supports are tailored to each person's individual needs and are designed to promote the development of a full array of mutually rewarding relationships that lead to greater self-determination, personal responsibility, and independence.

CONVERSATIONS FOR CHANGE

New DDS Mission

The Mission of DDS is to partner with the individuals we support and their families, to support lifelong planning and to join with others to create and promote meaningful opportunities for individuals to fully participate as valued members of their communities.

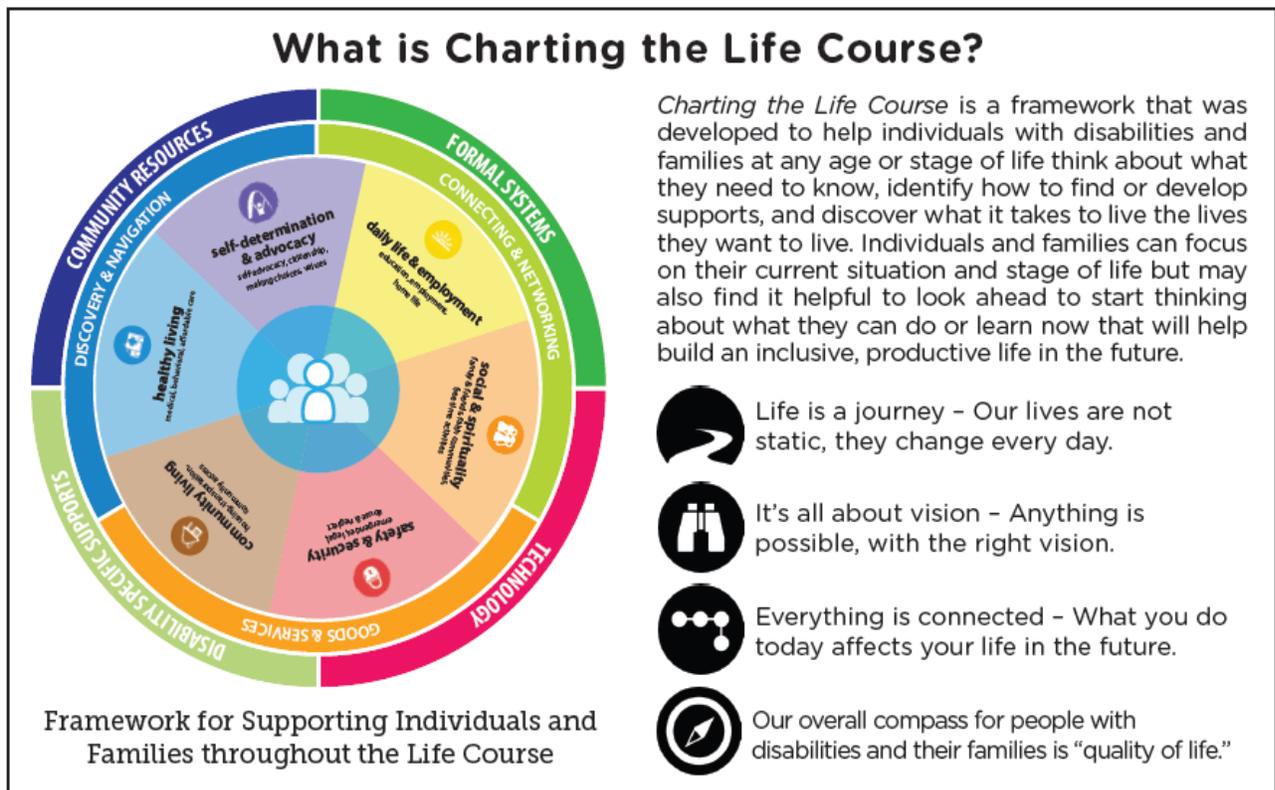
Commissioner Macy has continued his practice of conducting listening tours and engaging individuals and families in mission-related activities and events. Numerous mission events were held from July, 2012 to December, 2013. During that time, the Commissioner also met quarterly with self-advocates and participated in conversations about the new mission with many local family groups. There are many ongoing improvement initiatives at DDS. Three initiatives which support the Mission and the goals of the Five Year Plan are profiled below.

Supporting Families Community of Practice

The Connecticut Council on Developmental Disabilities in partnership with the Department of Developmental Services (DDS) was one of five state teams to receive a national grant to participate in a five year *Supporting Families Community of Practice* study. Along with Oklahoma, Tennessee, Washington and the District of Columbia, Connecticut’s Council on Developmental Disabilities and DDS will focus on creating a learning environment for intense exploration into policy, practices, trends and barriers for individuals with intellectual disability. The *Supporting Families Community of Practice* is designed to include ideas, innovations and recommendations not only from the states identified but also from the broader community.

A kick-off event for the Connecticut Supporting Families Community of Practice was held September 17, 2013 at St. Thomas Seminary in Bloomfield. A state team was created at this forum that includes members from self-advocacy and family organizations, universities, education, aging and other contributing organizations. State team members and other volunteers are currently engaged in one of ten Community of Practice committees that are focused on creating the change needed to create a more effective Family Support system. The Community of Practice work will continue over the next three years.

CHARTING the life course



The Living the Mission Mentor Project

Eight community provider agencies have been selected to participate in the Systems Change Mentoring Opportunity being sponsored by the Department of Developmental Services. This mentor opportunity offers a supported way for Connecticut's community of providers to learn from nationally recognized mentors how to better align their agencies to support individuals and families to develop person-driven residential supports. The first step of this project is an agency-wide assessment process to determine where each agency currently is along the continuum of person-centered supports, and to develop an agency specific plan to move the agency forward. All participating agencies conducted their own retreats facilitated by national leaders in the field in early 2014. Providers participated in a Retreat Day conducted by DDS where they learned strategies to align organizational practices to system-change initiatives. The next step will be training in person-centered thinking with provider participants and DDS representatives.

Participating agencies have committed to on-going participation at all levels of the agency in mentor activities (for a year with an option for longer, if deemed appropriate). This includes on-going discussion groups, video conferences and webinars; participation in community learning activities; and presentations at leadership forums to share knowledge and learning. Each agency has assigned staff to coordinate and lead agency involvement and will mentor other provider agencies as part of the Mentoring Opportunity. Ultimately, participants will demonstrate how each agency will look different in one, three, five, and ten years because of participation in this process.

In addition, selection of an agency signifies its agreement with the following principles: 1) commitment to person-driven strategies; 2) DDS participation in the process; 3) self-advocate and family representation in the process; 4) commitment to serve individuals with new and innovative options for non-congregate residential settings; 5) openness to learning together and engagement at all levels from the agency's Board of Directors, Executive Director, Program Directors, Supervisors, Direct Support Staff, and the individuals and families the agency supports.

Lean Process Improvements Supporting the DDS Mission and Vision

Lean is a method of process improvement that seeks to streamline processes while adding value and reducing wasted time, energy, effort, and resources. Lean is not an acronym; it simply means creating as lean a process as possible. Lean has enabled DDS to take a systematic approach to process improvement in the Planning and Resource Allocation Team process, the Quality Service Review process, and the Birth-to-Three invoicing, payment and reconciliation process. The activities from the three week-long workshops have led to development of project plans supporting more streamlined and more efficient processes which directly affect the lives of the individuals DDS supports, their families, and DDS's community of providers.

DDS has engaged in an ambitious training regimen, sending eight staff to Lean Leader Certification in the fall of 2013. By the spring of 2014 more than 50 DDS staff had received Lean 101 Basic Training, and plans are underway to develop online learning tools to enable training of a greater number of staff. DDS is fully committed to utilizing the Lean tools as the department takes on the challenge of sustaining change and building a culture of continuous improvement.

FIVE YEAR PLAN GOALS

In addition to the major projects described in the previous paragraphs, DDS continues to improve services and supports through implementation of its five year plan goals. A summary of goal activities and accomplishments that have been achieved to date is found below:

Goal	Status Update/Narrative	Timeline
1. Increase the number of individuals who are gainfully employed, including self-employment and double the number of people who are competitively employed.	The total number of DDS individuals who are employed in competitive employment has not increased, but that is not due to a lack of effort. DDS has been an active participant in the national Supported Employment Leadership Network (SELN). SELN recently conducted a full assessment of our current status. The SELN report will compare where we stand currently to when we first became involved and will make multiple recommendations based on current best practices nationwide. The Community of Practice Employment Committee will be combined with the DDS employment steering committee. This will result in greater consumer and family participation in employment steering committee activities. DDS was awarded a technology grant which will help improve employment outcomes through the use of iPad technology.	2012-2016
2. Decrease the number of individuals in sheltered workshops and non-work day habilitation programs that are typically called day support options (DSO).	Admission to sheltered workshops was closed on October 1, 2012. A meeting was held with providers of sheltered workshops to discuss the closure of admissions and the Prevocational Services support category. New definitions were drafted for small business enterprises and prevocational enclaves. Once finalized, these definitions will be used to identify existing services other than Sheltered Workshops that should be considered prevocational services. The DDS Operations Center will assist agencies to formalize plans to convert sheltered workshops to prevocational supports. The Operations Center will also identify those settings now considered group supported employment that are considered small business enterprises or prevocational enclaves and will establish a committee of sheltered workshop providers and other stakeholders to develop a process to reduce the number of individuals in sheltered workshops. Case management will also develop a scaled down version of the career plan to use in prevocational settings.	2012-2016

<p>3. Update the DDS Mission and Vision to reflect more emphasis on the family's continued involvement across the lifespan, employment, and other socially valued roles for individuals with intellectual disability.</p> <p>(Combined with goal #23) Ensure training for all staff and providers on the new paradigm and revised Mission.</p>	<p>A new department mission and vision were created in April 2012 after obtaining significant stakeholder input at a variety of forums.</p> <p>Statewide stakeholder mission meetings have been held quarterly since April 2012. Individuals and their families have been involved in all mission related events, have been involved in the hiring of new staff, and are involved in the development of new or updated polices. The regions have also held mission-related training activities in all of their divisions. Supporting Families Community of Practice/Mission stakeholder activities are currently being held in all of the DDS divisions and at consumer, family, and provider meetings.</p>	<p>2012-2016</p>
<p>4. Increase the number of individuals who self-direct their services (hire and manage their own staff).</p>	<p>The number of individuals who self-direct continues to remain at approximately 1,100 individuals. Self Determination Directors are supporting the Community of Practice through various committees including Self Directed Services and In-Home Supports Committee to promote self-direction for all individuals. Materials have been updated to support self-direction and promote this choice of supports/services. On-going trainings for families, individuals and staff to promote Self Determination as a quality option for supports. On-going exploration of ways to increase how individuals' self-direct their services is occurring with all of the stakeholders. Collaboration between the nursing and training divisions to implement statewide medication administration trainings for all self-directed, private-hire staff who administer medications to individuals they support has occurred.</p>	<p>2012-2016</p>
<p>5. Increase the involvement of families and consumers in DDS policies.</p> <ul style="list-style-type: none"> • Self advocates will meet with the Commissioner quarterly to review DDS policies • There will be a new position of Individual/Family Advocate reporting to the Commissioner • Contracts will specify that all provider agencies serving adults will have self-advocates on their governing boards or will support self-advocacy groups within their agencies or both • Each Regional Advisory Council will include at least one self-advocate 	<p>The Commissioner has met with the DDS self-advocate coordinators every two months. He has reviewed and provided DDS updates to them on policies, programs, and initiatives. The Commissioner consults regularly with the Self Advocate Coordinators to get their input into policy decisions. The number of consumers participating in self-advocacy activities has increased to 500 through the efforts of the Self Advocate Coordinators.</p> <p>A Director of Family Support Strategies & Advocacy was hired on July 1, 2012.</p> <p>The FY2014 Purchase of Service contract was revised to add language that all non-profit providers must have a self-advocate on their board of directors by July 1, 2014. For-profit providers were required to establish an advisory board to include a self-advocate. There has been some initial push back on this policy from some providers.</p>	<p>2012-2013</p>

	The North Region and South Region Regional Advisory Councils (RAC) include active participation in meetings by at least one self-advocate. Efforts are underway to ensure self-advocate participation in the West Region RAC.	
6. Finalize and implement a new policy on healthy relationships as developed by the self-advocate coordinators and provide training for consumers, providers, and staff.	Collaboration with Planned Parenthood and DDS to promote healthy relationships has expanded. A six-session series for consumers on healthy relationships was provided three times in each of the three DDS regions. A one day overview training on the Healthy Relationship Series was provided to DDS management. Scheduled trainings for clinical and identified case management staff were completed in March and April of 2014. A formal health relationships policy and guidelines were signed by the Commissioner in June 2014.	2012-2014
7. Improve communication with families, providers, and staff. <ul style="list-style-type: none"> • Increase family opportunities for networking • Redesign the website to be more user-friendly by recruiting families to be part of the design team • Provide materials that will better help families to navigate the complex systems of DDS • Provide more information for families on available resources both within and outside of DDS • Increase opportunities to share information with families that meets their needs 	<p>DDS continues to fund the Family Support Network to assist with family mentoring and networking activities. DDS continues to be involved with a number of family organizations including the Family Support Council and the Developmental Disabilities Council and interacts with many organizations at both the central office and regional levels.</p> <p>A new easy-to-navigate family website was launched in February, 2014.</p> <p>Connecticut was one of five states awarded a four-year Community of Practice System Change grant funded by the Administration on Intellectual and Developmental Disabilities (AIDD). The objective of the grant is to develop systems of supports for families throughout the lifespan of their family member. Currently, there are ten community of practice committees working on a variety of strategies to improve the way that family supports are delivered in CT. Efforts are underway to ensure that families and consumers are involved in all of the Community of Practice committees. The majority of the Community of Practice activities focus on providing families with more information in a way that is easy to understand and navigate. There are currently approximately 250 stakeholders participating in ongoing Community of Practice activities.</p>	2012-2016
8. Increase outreach to siblings of persons supported by the agency by establishing "Sibshops" or other sibling networks.	On February 10, 2014, Katie Arnold from the national Sibling Leadership Network spoke to over 30 DDS managers and directors on supporting siblings and how to start a chapter of the Sibling Leadership Network in Connecticut. Fifteen to twenty people attended a sibling networking/information session that evening. Attendees were from all parts of the state, some of whom were engaging with DDS for the first time. Follow-up from these events included monthly conference calls and a debriefing phone call with Ms. Arnold.	2013-2014

<p>9. Increase the diversity of person-centered residential options.</p>	<p>A Community of Practice (COP) committee was established in October of 2013 to research person-centered residential options. The residential options committee was disbanded in lieu of the COP committee. A Shared Living committee has been established and is chaired by a regional director. The committee is researching other states' programs to develop basic guidelines for a shared living program. The Community of Practice Person-Centered Supports committee will survey parents regarding future residential expectations for their children, research other states programs, and continue to explore possible new programs that could be introduced in CT. A Community Companion Home (CCH) committee will research other states residential options and review the CCH program and ways to increase its use in CT.</p>	<p>2013-2015</p>
<p>10. Reduce the reliance on nursing homes by requiring the Commissioner's approval before any individual supported by DDS funding is placed into a long-term care (nursing home) facility. Develop a process by which private sector ICF/IDD-certified homes will notify DDS prior to placing individuals in long-term care facilities.</p>	<p>In May of 2013, DDS issued a health standard providing guidelines for providers and case management regarding notification to DDS prior to nursing home placement. This guideline was implemented June 1, 2013. DDS continues to work with the Money Follows the Person (MFP) program to ensure that DDS participants have the opportunity to return to the community. To date DDS has transitioned 77 individuals.</p>	<p>2012-2013</p>
<p>11. Expand the number of private agencies that have the skills to support persons with complex behavioral or forensic needs which will allow more people to move through DDS transition units into private-sector residential settings. Develop more responsive public/private pilot projects in this area.</p>	<p>In order to build the system capacity to better support persons with complex behavioral or forensic needs DDS has been striving to maintain transparency in our stakeholder partnerships. Some examples include discussing Program Review Committee (PRC) reform and reducing psychotropic medication use with the Trades and Non-Profit organizations, and with the Children's Behavioral Health Advisory Council. A comprehensive template to support best practices in positive behavioral supports for families has been developed by DDS psychologists. This document will become an addendum to DDS policy and procedure. Also, DDS is identifying and implementing strategies based on a survey that was the result of a Clinical-Behavioral Retreat at Camp Harkness in October of 2013.</p>	<p>2013-2015</p>
<p>12. Increase the number and availability of behavioral and psychiatric supports for individuals living with their families and develop effective public/private pilot projects in this area.</p>	<p>With respect to increasing the quality of the behavioral and psychiatric supports for individuals living with their families, foundation trainings (i.e., An Overview of Intellectual Disability (ID), Mental Health Issues, and Positive Behavioral Supports; Better Understanding of the Changes with the DSM-5; Understanding and Treating Dementia in the Context of ID) have been developed on a statewide basis for case managers (VSP and ID) and regional nurses. As part of the exploratory phase of the Community of Practice, DDS has disseminated a</p>	<p>2013-2015</p>

	family survey to rate clinical, behavioral services.	
13. Develop policies on end-of-life decisions for individuals with intellectual disability and their families	An end-of-life procedure I.E.PR.007d was approved and disseminated on January 14, 2014	2012-2013
14. Expand the availability of supports that will allow more individuals to age in place wherever they live by building new partnerships with organizations that provide services to seniors.	DDS continues to partner with DSS on Money Follows the Person, Aging and Disability Resource Centers and the CT aging collaborative to build new partnerships and expand opportunities for DDS participants.	2012-2013
15. Redesign the Quality Service Review, incorporating input from both the public and private sectors and increasing family and consumer involvement.	<p>A DDS Lean event was held in November 2013 to improve the Quality Service Review (QSR) process. Team membership included DDS and private provider participants. A QSR Project Plan was developed, including a Lean Team Plan with tasks and activities, and participant assignments. Initial subgroup project meetings are underway. Full Lean Team meetings are scheduled monthly, through August 2014. Their focus is on eliminating inefficient components of the QSR, significantly reducing Corrective Action Plan backlogs, and preparing for implementation of real-time electronic caseload reporting and access. These activities will promote and enhance individual health and safety, and quality of life.</p> <p>Outcome-based measures in line with current national standards for person-centered and person-driven systems remain an unmet objective of the QSR redesign. The effects of major changes to the current assessment tool are being reviewed for compliance with reporting requirements and licensing criteria requirements. DDS is reviewing nationally adopted models for outcomes-based performance measurement, including the National Core Indicators.</p>	2013-2015
16. Redesign the DDS-required Continuous Improvement process for all providers, incorporating consumer reviews	The Continuous Improvement process is to be reviewed as a component of the QSR Lean process improvement project that was begun in November 2011 and will continue into 2015.	2013-2015
17. Examine all Medicaid waiver requirements to seek a balance between quality and compliance	The DDS System Design Committee consists of Central Office and Regional Executive Team managers. The Committee's responsibilities include a routine administrative review of key organizational and programmatic issues and data trends associated with the department's quality improvement systems in order to determine and recommend changes in agency policy, program, infrastructure, and funding levels. The System Design Committee ensures that all changes in programs and practices are appropriately reflected in the department's policy, procedure, and operations manuals and are communicated to	2012-2013

	stakeholders. This group works with Regional and Central Office Executive Management Teams to make final decisions on improvement and implementation strategies and new systems design development to advance the Home and Community Based Services (HCBS) Waivers	
18. Do more with less by streamlining processes to eliminate redundant paperwork and make processes electronic where possible. (Combined with goal #20) Minimize inconsistency in processes across the three regions	DDS's waiver unit now has a designated email address and, beginning in May 2012, has streamlined the waiver enrollment process so that all communication and necessary paper work is received and processed electronically. In August 2012, a waiver maintenance system was incorporated into eCAMRIS, DDS's electronic information management system, that allows the region and DDS Waiver unit to track all applications and allows a case manager to view an application's status at any time. DDS implemented a Lean Process Improvement Plan in October 2013, conducted statewide improvement activities on Planning and Resource Allocation Team (PRAT), Quality Service Review (QSR), Birth-to-Three, and Eligibility processes. All Lean activities seek to streamline and standardize processes, and are ongoing.	2012-2016
19. Find valid ways to make information on provider quality available to individuals, families, and the general public.	Families can now access information about provider quality on the PROVIDER PROFILE information on the DDS website. http://www.ct.gov/dds/cwp/view.asp?a=3620&q=424134 . A marketing plan to communicate this information to families is being developed.	2012-2014
21. Continue to assess the effectiveness of current methods for assuring health and safety protections for all individuals and assess the need for additional protections.	Completion of the Waiver Maintenance system has improved the streamlining and consistency of policy and procedure implementation across regions. A Planning and Resource Allocation Team (PRAT) Lean event was held for the QSR, PRAT and Birth-to-Three contracting processes. Additional Lean events have been scheduled. DDS anticipates further recommendations on how to streamline and make processes consistent with the implementation of Lean action plans.	2012-2016
22. Fully implement day service rates and design a rate conversion for residential supports from annual contracts to fee-based rates tied to each individual's level of need.	DDS continued the transition to Level of Need (LON) based day program rates. All providers were included in the second year of the seven year transition period. On July 1, 2013 provider authorizations were adjusted based on their position to the rates. DDS implemented a new Individualized Home Supports (IHS) rate methodology effective July 1, 2013. The new IHS rate methodology includes a set of standard weekly hours of IHS supports established based on a person's level of need for individuals living independently in their own home. In addition, a new system of accessing reserve hours through a team process has been established for those individuals who are receiving less than the standard LON hours. DDS continued to work with the Residential Rate Transition committee to develop standard LON-based rates for Community Living Arrangements	2012-2014

	(CLA) and Continuous Residential Support (CRS) settings. In FY2013, based on the committee's work, DDS issued initial CLA and CRS rates determined by an individual's level of need and the size of their home. DDS is continuing to work to identify where each provider stands in relation to the rates in real-time. DDS will continue with the day program rate transition for FY2014. The residential rates transition began in FY2014.	
24. Create public/private pilot project for a training partnership.	Work has not started on this goal. Providers participating in Lean projects have expressed willingness to lead efforts.	2012-2016
25. Expand training for service providers about evidence-based practices for autism spectrum disorder.	Credentialing procedures for qualifying behaviorists, such as conducting in-person interviews with all applicants to ensure their knowledge of the fundamentals of Positive Behavior Supports (i.e., functional assessments, proactive versus reactive strategies, building on personal strengths, and seeking supervision), have been developed.	2013-2014

TIMEFRAMES

This chart presents the anticipated timelines for the implementation of each of the 25 plan goals

Goal	2012	2013	2014	2015	2016
1 - ↑ employment					
2 - ↓ non-employment programs					
3 - (combined with 23) - revise the mission, training on new paradigm & mission					
4 - ↑ self-direction					
5 - ↑ involvement families/consumers					
6 - healthy relationships policy					
7 - ↑ communication					
8 - ↑ outreach to siblings					
9 - ↑ person-centered residential options					
10 - ↓ reliance on nursing homes					
11 - ↑ private sector behavioral supports					
12 - ↑ behavioral supports for families					
13 - policy on end of life decisions					
14 - ↑ aging in place					
15 - redesign Quality Service Review					
16 - redesign continuous improvement					
17 - examine waiver requirements					
18 - (combined with 20) - streamline processes, ↑ consistency among regions					
19 - provider quality ratings					
21 - health and safety protections					
22 - day and residential rates					
24 - training partnership					
25 - training in autism					

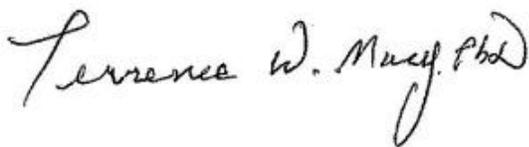
Moving Forward – a message from Commissioner Macy

In closing, let me again thank the hundreds of stakeholders whose contributions have helped us to make progress towards completing the goals of our Five Year Plan. When the Five Year Plan was started we said we would "Put People and Families First". This status report clearly shows DDS is making significant progress in achieving these goals. DDS is three years into the Five Year Plan and our progress is impressive. 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", DDS is taking larger steps to move away from our legacy systems and creating yet more individualized supports.

The department has also sought ways to simplify our oversight systems for our private provider partners. While we still have challenges in ensuring uniform practices across our three regions DDS has made significant progress in unifying our policies and practices. We will continue to work to provide a supportive partnership with providers as they face fiscal and organizational challenges as DDS moves away from traditional support systems.

We have created new options for our public employees by creating a Training Academy for Family Support. With a focus on being partners in change, principals of supporting families, human rights, community safety, communication and computer skills, our "Academy" has graduated staff who collectively have more than 1,000 years of experience providing traditional, predominantly institutional services. By giving our staff the skills they will need to be a vibrant part of our community based services we strive to also give families effective staff resources that will help meet their everyday needs. These employees will have the opportunity to transition to providing family supports through our Individual and Family Support teams in the future.

DDS's Five Year Plan has been a powerful compass to chart our new course. It has given us the tools to re-think our array of supports and expand services to more individuals. I am grateful to everyone who is participating in this effort.

A handwritten signature in black ink that reads "Terrence W. Macy, Ph.D." The signature is written in a cursive style with a large initial 'T'.

Commissioner Terrence W. Macy, Ph.D.

**“Do those served
grow as persons?
Do they,
while being served,
become healthier,
wiser, freer,
more autonomous....?”**