

State of Connecticut



Department of Developmental Services

Ned Lamont, Governor
Five Year Plan 2022-2027

Jordan Scheff, Commissioner
Draft plan issued December 21, 2021



safe citizens
choices
supported
friends
individuals
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CONTENTS

About the Department.....	3
Mission	3
Vision.....	3
Individuals and Families	3
Residential Supports.....	4
Employment and Day Supports.....	6
Family Supports.....	8
Quality of Life	9
The Workforce.....	10
Fiscal.....	10
Celebrating Accomplishments Since 2017	13
Charting the LifeCourse with DDS.....	17
Background of CtLC in CT	17
CtLC Overview	18
How are CtLC tools used in CT?.....	19
Priorities & Progress.....	21
Exploring Possibilities: DDS Vision by Life Domain.....	22
Daily Life & Employment.....	23
Community Living.....	24
Healthy Living	25
Safety and Security.....	27
Social & Spirituality.....	28
Advocacy & Engagement.....	29
Feedback Received on the Draft Plan	31
Closing.....	32

ABOUT THE DEPARTMENT

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 system that relies heavily on our qualified private provider network, in addition to some state-operated services. DDS also offers individuals and families the option to self-direct their services, which may include hiring their own staff. These services fall broadly into three main categories: residential supports (in- or out-of-home), employment and day programs, and family supports. Ancillary supports, such as transportation, interpreter services, and clinical services, are offered as needed.

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.

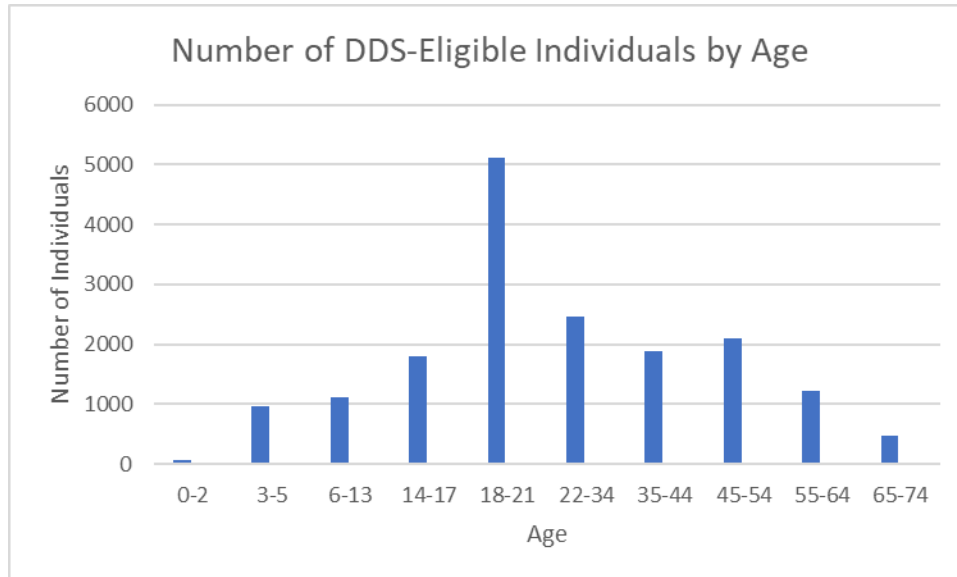
VISION

All citizens supported by DDS are valued contributors to their communities as family members, friends, neighbors, students, employees, volunteers, members of civic and religious associations, voters and advocates. These individuals:

- Live, learn, work and enjoy community life in places where they can use their personal strengths, talents and passions.
- Have safe, meaningful and empowering relationships.
- Have families who feel supported from the earliest years and throughout their lifetimes.
- Have lifelong opportunities and the assistance to learn things that matter to them.
- Make informed choices and take responsibility for their lives and experience the dignity of risk.
- Earn money to facilitate personal choices.
- Know their rights and responsibilities and pursue opportunities to live the life they choose.

INDIVIDUALS AND FAMILIES

Approximately 17,000 individuals and their families have been determined eligible for various DDS supports. The age distribution of all eligible individuals is:



While the scope of support the department can provide in any one year is dependent on appropriated resources, all eligible individuals have access to at least a minimum of Family Support Services (described below).

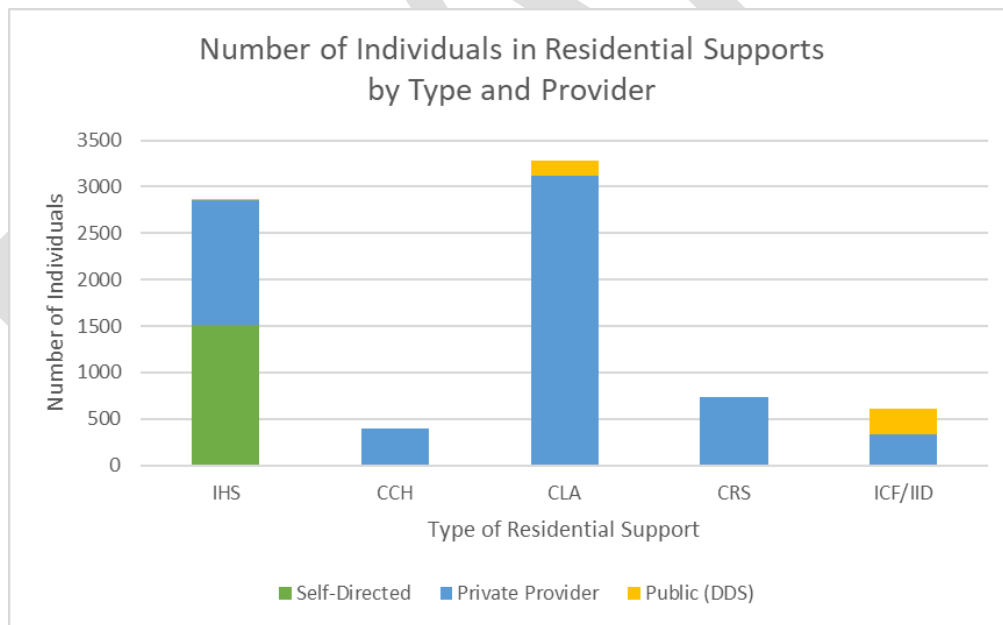
RESIDENTIAL SUPPORTS

DDS offers a number of residential supports to eligible individuals within available appropriations. These support options include:

- **In-Home Supports (IHS):** a package of services and supports tailored to meet the needs, goals and preferences of an individual, delivered in their own or family home. Supports may be provided either by private providers or through self-direction (i.e. employees are hired by the individual or his/her legal representative), fewer than 24 hours per day.
 - o IHS may also be provided in a supportive housing structure where an individual is provided with the necessary supports and services to live independently in an apartment setting. DDS continues to collaborate with sister agencies to create additional supportive housing opportunities throughout the state.
- **Shared Living:** an individually tailored supportive service developed based on the individual’s support needs, focused on developing a relationship between the individual and the life sharer who lives in the individual’s home. Supports may be provided either by private providers or through self-direction (i.e. employees are hired by the individual or his/her legal representative), up to 24 hours per day. The department continues to work toward more clearly defining this service for widespread adoption.
- **Community Companion Homes (CCH):** a private family home licensed by DDS to provide a residence and necessary support services to three or fewer individuals with intellectual disability. A CCH provides a nurturing home environment where individuals can share responsibilities, develop relationships, be independent and make their own choices.

- **Community Living Arrangements (CLA):** licensed homes operated by private providers or DDS (a small number), that offer individuals 24-hour supports in community-based settings. 95% of CLAs are operated by private providers.
- **Continuous Residential Supports (CRS):** a shared living arrangement for three or fewer individuals supported through DDS. Not licensed as a CLA, but can provide 24-hour staff support.
- **Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID):** ICF/IIDs provide comprehensive and individualized health care and rehabilitation services to individuals with intellectual disability, typically with more extensive needs than can be met in other community-based settings. DDS operates ICF/IIDs in campus models, licensed by the Department of Public Health (Southbury Training School, Regional Centers). There are also some privately operated ICF/IIDs, funded through the Department of Social Services (DSS) and licensed through the Department of Public Health.

As of June 30, 2021, 8,435 eligible individuals received some type of annually funded residential support. Of these individuals, 447 were supported in DDS-operated settings, 5,586 were supported by private providers (including in CCHs), and 1,510 self-directed their services. From 2016 to 2021, the number of individuals self-directing their residential services increased from 1,238 to 1,510.



On June 30, 2021, there were an additional 334 individuals supported in privately operated ICF/IIDs, as well as 558 individuals supported in other types of settings (e.g. long term care/skilled nursing facilities, residential schools, residences supported by other state agencies).

Following national trends, DDS continues to focus on independence and choice by moving toward community-based residential supports and away from publicly-operated, institutional

care. To this end, DDS closed two Regional Centers at the very start of the prior five year plan period, leaving three remaining. This, along with the department's continued work under the *Messier v. Southbury Training School* Settlement Agreement, has brought the census at public ICF/IIDs down to 144 individuals as of June 30, 2021. Under the Settlement Agreement, the planning and support teams supporting individuals residing at Southbury Training School (STS) exercise professional judgment in recommending the most integrated setting in which the needs of each person can be met. The department is committed to the implementation of the Settlement Agreement, as it provides individuals and their families or guardians with the means to make informed choices regarding the most appropriate and integrated setting for each individual. Adhering to a person-centered approach, all transitions from STS and the Regional Centers occur in a thoughtful and purposeful manner.

Current appropriations support the continued provision of annually funded residential services for a fairly stable number of individuals, with modest funding increases for caseload growth in specific areas each year (e.g. children aging out of residential schools or DCF placements, forensically-involved individuals, etc.). DDS maintains a waitlist for individuals that cannot be supported within available resources. As of June 30, 2021, there were 649 individuals living with their families or on their own who were on the waiting list for residential services with the assigned statuses of "Emergency" or "Urgent." Additionally, as of June 30, 2021, 248 individuals who were receiving residential funding still had unmet needs and had an Emergency or Urgent need for additional residential funding. Another 950 individuals were on the Residential Planning List with a Future Need for residential funding.

EMPLOYMENT AND DAY SUPPORTS

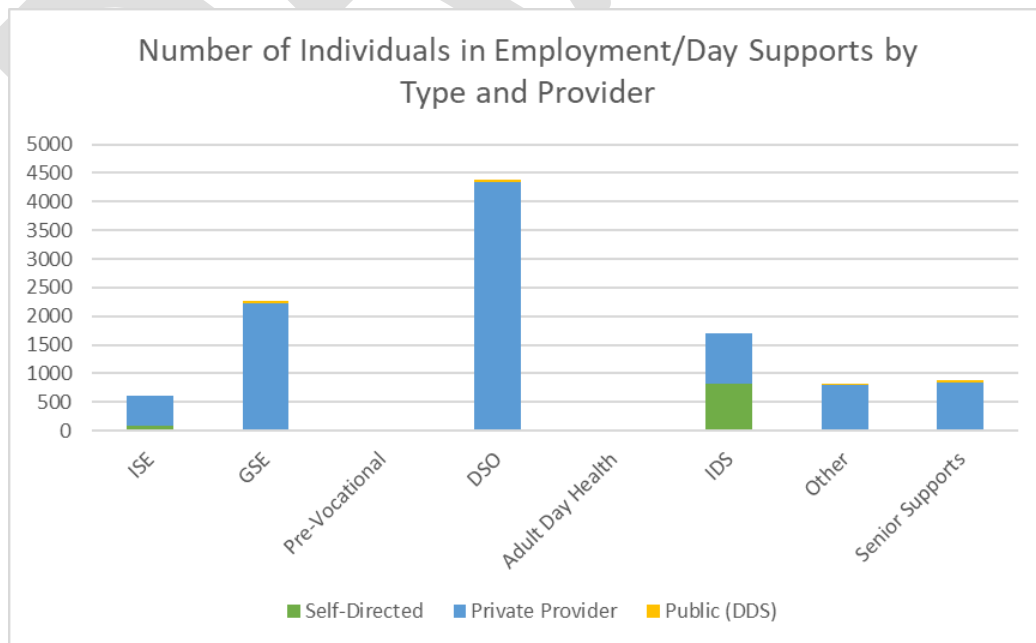
DDS offers a continuum of employment and day supports to eligible individuals within available appropriations. These support options include:

- **Customized Employment:** a service through which the relationship between employer and employee is negotiated and personalized in a way that meets the needs of both the individual and the employer in a typical workplace environment. Wages are minimum wage or higher and at a rate comparable to other workers performing the same tasks.
- **Individual Supported Employment (ISE):** supports to help individuals work as paid employees in work settings that also employ people without disabilities. These services assist individuals in finding and applying for jobs, and offer job coaching support to individuals once work is secured.
- **Group Supported Employment (GSE):** similar to ISE, supports to help individuals work as paid employees in a group, in work settings that also employ people without disabilities.
- **Pre-Vocational:** a facility-based program that focuses on developing meaningful skills in the area of work, socialization and community participation.
- **Transitional Employment Services:** a community-based, occupational service that is time limited up to 3 years (with some exceptions). It focuses on providing career

discovery, career exploration, skill development and self-advocacy. The goal of this service is to obtain competitive employment.

- **Day Support Options (DSO):** supports that lead to the acquisition, improvement, and retention of skills and abilities to prepare individuals for work or community participation, or support meaningful socialization, leisure, and retirement activities. Supports include the development, maintenance or enhancement of independent functioning skills, including but not limited to: sensory-motor, cognition, personal grooming, hygiene, toileting, assistance in developing and maintaining friendships of choice and skills to use in daily interactions; the development of work skills; opportunities to earn money; and opportunities to participate in community activities.
- **Adult Day Health:** supports provided through a community-based program designed to offer a variety of health, social and related support services including, but not limited to, socialization, supervision and monitoring, personal care and nutrition in a protective setting during any part of a day.
- **Individual Day Supports (IDS):** individually tailored supports that help individuals gain or maintain skills to participate more fully and productively in work, leisure or community activities. This may include the development of independent functioning skills, relationship skills, exploring job interests or retirement programs. It can also provide funds for staff supports for individuals who have their own businesses.
- **Senior Supports:** focuses on preventing isolation, maintaining skills and stimulating social interactions with others for older participants. Service can be provided in a person’s home.

As of June 30, 2021, 10,671 individuals received some type of annually funded employment or day support through DDS. Of these individuals, 124 received supports through DDS-operated programs, 9,635 were supported by private providers and 912 self-directed their services.



On June 30, 2021, there were an additional 273 individuals engaged in competitive employment with no supports, and 3,675 individuals supported in other types of settings (e.g. through a local education agency, residential schools, etc.).

Connecticut has fully engaged in a national movement toward competitive employment for individuals supported by DDS. As an Employment First agency, we believe that everyone can work and there is a job for everyone. Our job is to be creative and persistent in providing supports, while partnering with the business community, to help people with intellectual disability find, get and keep real pay. According to the [2018-2019 National Core Indicators survey](#), Connecticut was still ranked first, and significantly above the national average, in percentage of people in Community Employment.

In addition, the department continues to redesign our day and employment supports to ensure compliance with federal guidance, including the Workforce Innovation and Opportunity Act. DDS continues to partner with the Supported Employment Leadership Network, in order to collaborate with other states and national experts. DDS also works with partners across the state, using platforms such as the Governor's Workforce Council to build employment connections and opportunities for individuals with intellectual disability. We expect that employment will continue to be a major area of focus and change for the department in the upcoming years.

FAMILY SUPPORTS

All eligible individuals, are able to receive at a minimum, Family Supports. This intermittent support for individuals and their families is focused primarily on those individuals who do not have some of the annually funded supports described in the sections above. Family Supports include respite services, family support teams, and family support grants, in addition to case management.

Individuals are assigned specific case managers when they have an annually funded support. DDS also employs Helpline case managers for individuals without an assigned case manager, who help connect individuals and families with resources, including DDS programs, community resources, and other state agencies.

DDS operates 11 public respite centers throughout the state, offering individuals respite stays Thursdays through Sundays, weekly. Individuals and families work with the Regions to request respite stays, which are scheduled based on need, availability, appropriate peer groupings, and existing resources. In Fiscal Year 2021 (FY21), 261 adults and 16 children accessed time in public respite centers. This represented a significant decrease in typical service, as respite centers were closed or operating at reduced capacity due to the pandemic. Respite centers have since reopened and capacity limits depend upon levels of community transmission, among other factors.

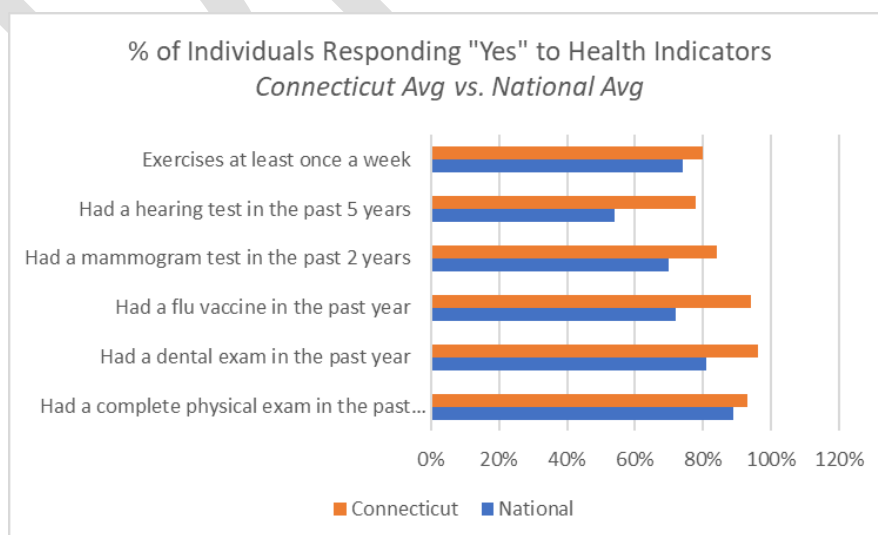
DDS also employs Supported Living Workers to staff Individual and Family Support Teams, which offer in-home and community supports on an emergency and intermittent basis. This area of supports was enhanced over the course of the prior five year plan period, as emergency intervention and support was identified as a critical support need for individuals living in the community with limited residential supports. DDS made significant investments in this program, including expanding hours of mobile crisis response operations and hiring a clinician in each region to oversee and support the program. On average, Individual and Family Support Teams offered supports to 364 individuals per quarter in FY21. Again, this represented a significant decrease in typical service, as these services were drastically impacted by the pandemic. These services are now increasing again.

The DDS Family Support Grant program offers assistance to individuals with less than \$20,000 in annualized funding for one-time expenses. Families may apply for up to \$5,000, up to twice per year. Funding is prioritized for health and safety-related items and activities, and pending funding availability. In FY21, 1,707 individuals received one or more grants. This number includes 486 children (age 0-17) and 1,221 adults (age 18+).

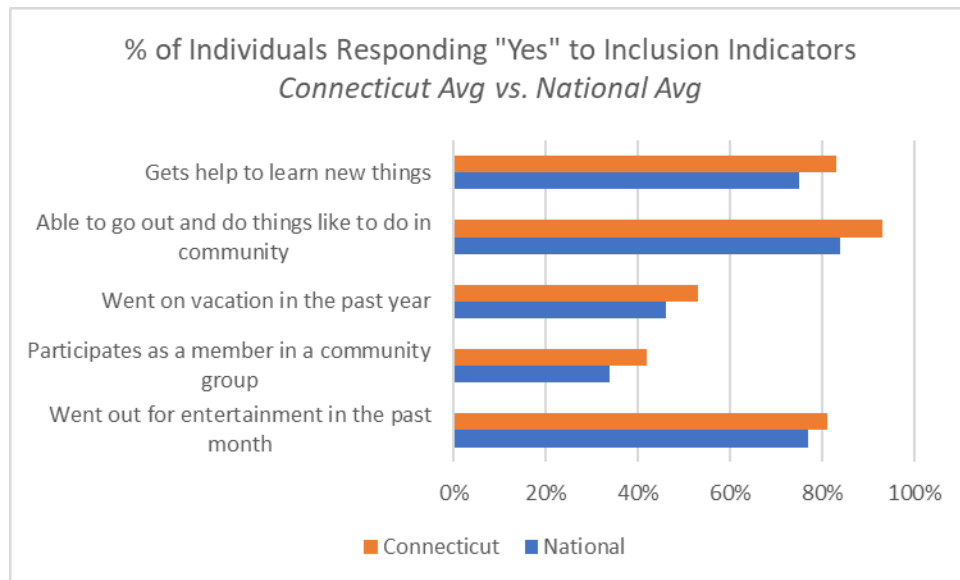
QUALITY OF LIFE

The National Core Indicators (NCI) survey is a voluntary effort by public agencies across the country to measure and track their performance using standard measures to assess the outcomes of services provided to individuals and families. Indicators address many key areas of concern, including several that speak to the quality of life of the individuals supported.

In the 2018-2019 survey, Connecticut was ranked significantly above the national average for several health indicators: physical exam in the past year; dental exam in the past year; hearing test in past 5 years; mammogram test in the past 2 years; flu vaccine in the past year; exercises at least once a week.



Connecticut is also above the national average in many community inclusion indicators:



THE WORKFORCE

DDS is only able to provide supports through the critically important work of both DDS employees and staff of qualified agency providers. In particular, direct support professionals in both the public and private sectors provide meaningful and valuable services to the individuals and families supported by the department. Direct Support Professionals are also employed directly through an employer of record, as part of the DDS Self-Determination program. Self-determination helps people, their families and friends determine their future, design their own support plans, choose the assistance they need to live full lives and control a personal budget for their supports. Individuals may use their individual budgets to hire their own staff, to purchase supports from a traditional agency or from an Agency With Choice or may select a combination of these approaches.

As of Fall 2021, DDS employed nearly 3,000 full time and part time staff to deliver state-operated supports, and to provide administrative functions and oversight to the service delivery system as a whole. Approximately 3,200 direct support professionals are employed directly through an employer of record. The department also partners with 201 qualified agency providers and 95 qualified individual practitioners to deliver the bulk of the supports described in sections above, through state contracting processes.

FISCAL

Since Fiscal Year 2017, funding that supports DDS' Community Residential Services has remained housed at DSS. This account funds the types of residential supports outlined in

sections above, through contract payments to private providers and individual budgets self-directed by individuals and families. Although the funding has been shifted to DSS, DDS still maintains programmatic oversight for the provision of supports funded through the Community Residential Services account. The account is no longer shown in the DDS budget.

Funding from Personal Services and the Workers' Compensation Claims account was also moved to DAS upon implementation of the Human Resources centralization effort in 2020.

For Fiscal Year 2022, DDS has been appropriated \$560.7 million:

Account	Appropriation
Personal Services	\$ 203,843,382
Other Expenses	\$ 16,439,356
Family Support Grants	\$ 3,700,840
Clinical Services	\$ 2,337,724
Housing Supports & Services	\$ 1,400,000
ID Partnership Initiatives	\$ 1,529,000
Emergency Placement	\$ 5,666,455
Behavioral Services Program	\$ 20,246,979
Supplemental Payments for Medical Services	\$ 2,908,132
Rent Subsidy Program	\$ 5,032,312
Employment Opportunities and Day Services	\$ 297,568,217
Total	\$ 560,672,397

DSS has been appropriated \$655,119,602 for Community Residential Services and funds were transferred to DDS .

The majority of supports delivered or funded by DDS are reimbursed through the federal Medicaid program. Reimbursement is captured through one of three Home and Community Based Services (HCBS) waivers operated by DDS, as well as through direct Medicaid billing for provision of services at ICF/IIDs and other services, such as Targeted Case Management. In Fiscal Year 2021, DDS Medicaid revenue by source was:

Comprehensive Supports Waiver	\$465.68 million
Individual and Family Support Waiver	\$72.54 million
Employment and Day Supports Waiver	\$24.05 million
Public ICF/IID	\$85.72 million
Targeted Case Management	\$33.55 million
Total	\$681.54 million

It should be noted that DDS regularly provides caseload growth projections to the Office of Policy and Management (OPM) and the Office of Fiscal Analysis (OFA), in order to help assess the need for appropriate funding each year. Although we are unable to predict the number of emergencies in any given year, we offer projections for both day and residential supports for: high school graduates, age outs, individuals exercising portability under the Money Follows the Person demonstration, and individuals leaving institutions through other mechanisms. These projections include the number of individuals and estimated costs. This information is tracked and updated on a regular basis. In addition, waiting list information is also tracked and provided at least quarterly, through our [Management Information Reports](#), as well as through responses to ad hoc requests for data.

DRAFT

CELEBRATING ACCOMPLISHMENTS SINCE 2017

DDS' 2017-2022 Five Year Plan has helped to lead the department through critical work in recent years. However, before noting these accomplishments, the impact of the COVID-19 pandemic must be acknowledged. Consuming two of the five years of the plan, much of DDS leadership and staff were focused on the health and safety of the individuals we support in the midst of a public health emergency. The agency was required to make swift decisions and necessary shifts to prioritize the well-being of those we support, while attempting to mitigate the immediate effects of a pandemic on a health and human services agency.

This meant DDS and our partners were forced to quickly learn a new way of doing business, including how to adapt necessary supports and services to ensure they continue. Some of these shifts have been challenging, particularly in delivering direct care to individuals. Others have been rewarding and will be an important part of how the agency operates moving forward, such as better integration of technology in both direct care and administrative operations.

However, even despite the necessary attention to the health and safety of individuals, families, and staff through the pandemic, DDS was able to accomplish much of what was laid out in the prior five year plan, as well as many additional projects that were not yet conceived of during the last planning process. Accomplishments specifically related to plans laid out in the 2017-2022 Five Year Plan have included:

1. People & Families First

- a. DDS successfully updated its Residential Waiting List definitions to present the information in categories that more clearly communicate the need. In order to implement, DDS collected updated information on supports needs.
- b. DDS continued to implement LifeCourse Planning across the agency and through interagency work, including training several new classes of DDS staff and other partners as LifeCourse Ambassadors.
- c. DDS redesigned the Individual Plan tool to better represent LifeCourse Planning principles and visual aids.
- d. DDS worked with sister agencies to incorporate LifeCourse Planning tools and principles in joint work. Notably, the State Department of Education and Regional Educational Service Centers trained LifeCourse Ambassadors and continue to partner with DDS to improve transition between school and adulthood.
- e. DDS updated its website several times, based on stakeholder feedback, to make information more easily accessible to families and individuals, as well as transitioning the website to the new statewide platform.
- f. The DDS Commissioner and leadership led a stakeholder tour entitled "Seeds of Change" in Summer 2021 to share future visions and solicit feedback from

individuals, families, providers, advocates, and staff. This feedback has been incorporated into future planning for the agency, including in this Five Year Plan.

2. Strong Foundation

- a. DDS created a framework for standardized review, update, and approval of policies and procedures, which has been used to update documents across multiple functional areas of the department. Work to update additional policies and procedures is ongoing.
- b. DDS directed contractor development of a cutting-edge data analysis tool that allows the agency to synthesize incident reports from multiple systems to gather a better-rounded understanding of incidents that impact individuals supported by the agency. This allows the department to address incidents that were mis- or under-reported, or see patterns in incidents for a single person or across the population.
- c. DDS piloted an online incident reporting tool for providers. Work to improve the tool and roll it out agency-wide is ongoing.

3. Innovation & Transformation

- a. DDS partnered with the Department of Housing (DOH) to launch a Supportive Housing pilot. The Notice of Funding Availability was issued, responses were rated, and three developments were awarded, the first of which opened in September 2021. This type of residential support will offer significant independence for individuals. This collaborative work across sister agencies also led to the definition of low-income tax credits to now include individuals with intellectual disability. This has resulted in an additional two new projects with several others being considered.
- b. DDS designed and launched a Step Down Unit to support individuals in need of additional behavioral supports in order to successfully transition back to community-based settings from higher levels of care. Program evaluation and plans for expansion are ongoing.
- c. DDS enhanced Family Supports across the agency through an expansion of in-home support services. Additional staff were hired to allow the agency to provide temporary, hands-on supports in emergency situations, when additional supports are needed, or (when resources are available) for respite and community integration.
- d. DDS launched the Reimagining Day and Employment program to gather feedback from stakeholders on what the future should hold. This included re-engaging with the national Supported Employment Leadership Network to help drive this work, using national best practices. This work is ongoing.
- e. DDS converted the majority of the agency's Access databases to a more modern and stable environment, preserving critical operating information.
- f. DDS developed several new applications in order to modernize foundational operations for the department, including the PRAT system and the Web IP.6 contract system.

- g. The Centers for Medicare and Medicaid Services approved the initial CT Transition Plan for Alignment with the HCBS Final Regulations Settings Requirement. Work toward compliance is ongoing.
- h. Self-advocacy groups have successfully transitioned to virtual gatherings and have seen their membership increase exponentially.
- i. DDS provided numerous grant opportunities to our provider network and individuals we support to encourage creativity and expanded opportunities for independence. Grants include the Assistive Technology Grants, small business employment Grants and the Transitional Housing Initiative.

4. Excellence in Service Delivery

- a. DDS partnered with private providers to form a training partnership, which meets regularly to develop shared strategies and best practices.
- b. DDS partnered with multiple sister agencies and external entities to share training and best practices on integration of positive behavior support strategies across fields.
- c. DDS created communications strategies and data sharing to optimize the agency's Targeted Case Management activities. While this ties tangibly to federal revenue, more importantly, it represents the number of contacts the department makes to an individual and family.
- d. The DDS Business Intelligence & Analytics unit automated the agency's primary data sharing tool, the Management Information Report. Through revision of criteria and mapping of data sources, this information is now provided consistently and accurately on a quarterly basis.
- e. The DDS Business Intelligence & Analytics unit created new ways to share data internally through various dashboards, as well as participating in statewide data sharing initiatives.
- f. DDS, in partnership with the Department of Social Services, revised, improved and added new services to our service array and increased caps for DDS services through approved amendments to our three HCBS Medicaid waivers. These changes are reviewed and approved by the Connecticut General Assembly as well as the Centers for Medicare and Medicaid Services (CMS). DDS continues to partner with DSS and OPM to develop an HCBS Reinvestment Plan under the American Rescue Plan Act of 2021. This plan will expand innovative, integrated housing options, stabilize and strengthen the workforce, bolster quality assurance, and support self-direction. This work has just started at the end of the 2017-2022 Five Year Plan period and will largely occur during the next period.
- g. DDS revised the assurances for our three HCBS Medicaid waivers to improve tracking, monitoring and reporting of compliance to CMS. As part of this process, DDS also revised internal measures to provide a mechanism for ongoing

monitoring and review that allows for identifying potential issues before they may become larger challenges.

5. Sustainable Change

- a. DDS worked with sister agencies to streamline Medicaid Provider enrollment and eliminate redundancies.
- b. DDS streamlined quality and licensing activities to reduce administrative burden on providers while still ensuring the health and safety of individuals.
- c. DDS worked with sister agencies to develop and implement an electronic visit verification system for individuals whose services are provided from the person's home.
- d. DDS partnered with several sister agencies and stakeholders to conduct process improvement assessments and reduce redundancies between agency medical administration certification processes. Work to implement the recommendations is forthcoming.

DRAFT

CHARTING THE LIFECOURSE WITH DDS

DDS has developed a Five Year Plan for 2022-2027, which builds on the department's accomplishments detailed above. The plan, as presented in this document, encompasses the department's goals for the next five years, charting a course for continued progress for the department.



Important to note is that these goals have been influenced and shaped by involvement from the department's many stakeholders over years and through many channels. Most recently, feedback was gathered during the Commissioner's "Seeds of Change" tour during mid-2021. This stakeholder engagement initiative offered important insight from individuals, families, advocates, providers, staff, and others and helped the department to clearly identify challenges, gaps, and improvements to be made. The department will continue to seek ongoing input in the upcoming five year cycle.

Our new Five Year Plan also puts a focus on the Charting the LifeCourse (CtLC) framework. DDS continues to work toward full implementation of the framework and its tools across our services and those delivered through sister agencies and other entities. Throughout the "Seeds of Change" process, DDS sought to frame agency planning using the same framework to think about growth, progress, and priorities.

BACKGROUND OF CTLC IN CT

The LifeCourse framework was first brought to CT under the work of the Community of Practice. The Community of Practice was started in 2013 as a grant-funded initiative meant to bring together a handful of states to collaborate and share knowledge. The goal was to better understand the types of supports individuals and families need to have across the lifespan. This National effort was sponsored by the Human Services Research Institute (HSRI) and the National Association of State Directors of Developmental Disabilities (NASDDDS) and featured CtLC work originated by the University of Missouri – Kansas City (UMKC).

CT was an early party to the evolution of this work. Former DDS leaders were recognized as key contributors to tools that have now become foundational to the framework. Though grant funds for the Community of Practice in CT ended in 2017, LifeCourse (now CtLC) has become a leading model of discovery and lifespan planning for many states.

DDS continues to support the integration of CtLC as the foundation of planning for individuals eligible for the department. DDS continues to fund CtLC Ambassador training for classes of staff on a regular basis. The department also partners with sister agencies and other entities

across the state to incorporate the framework and tools into planning across as many service systems as possible.

CTLIC OVERVIEW

CtLC is a framework created to help individuals and families of all abilities and all ages develop a vision for a good life. The framework helps them to think about what they need to know and do, identify how to find or develop supports, and discover what it takes to live the lives they want to live.¹ Individuals and families may focus on their current stage of life as a starting point, but may also find it helpful to look ahead to think about life experiences that will help move them toward an inclusive, productive life in the future.

The framework consists of “building blocks” that are designed to capture the core principles and values that are important as we begin to think differently about what it means to support individuals with disabilities and their families to have good lives. The core belief echoes the DDS Mission and Vision, stating that “all people have the right to live, love, work, play and pursue their own life aspirations.” The individual is recognized within the context of their family and support network with acknowledgment of the roles of these various people.



Tools of discovery and goal development are based on these building blocks. Some of the key tools used in the CtLC framework include²:

- *The All Tool* - ALL people, regardless of age, ability or family role, are considered in the vision, values, policies and practices for supporting individuals and families.
- *Life Stage/Trajectory Tool* - Individuals and families can focus on a specific life stage, with an awareness of how prior, current and future life stages and experiences impact and influence life trajectory. It is important to have a vision for a good, quality life, and have opportunities, experiences and support to move the life trajectory in a positive direction.
- *Integrated Supports Star Tool* - Individuals and families access an array of integrated supports to achieve the envisioned good life, including those that are publicly funded and based on eligibility; community supports that are available to anyone; relationship-based supports; technology; and that take into account the assets and strengths of the individual and family.
- *Life Domain Tool* - People lead whole lives made up of specific, connected, and integrated life domains that are important to a good quality of life. These include daily living, community living, safety and security, healthy lifestyles, social and spirituality, and citizenship and advocacy.

¹ Charting the LifeCourse Nexus; Curators of the University of Missouri | UMKC IHD, UCEDD.

<https://www.lifecoursetools.com>

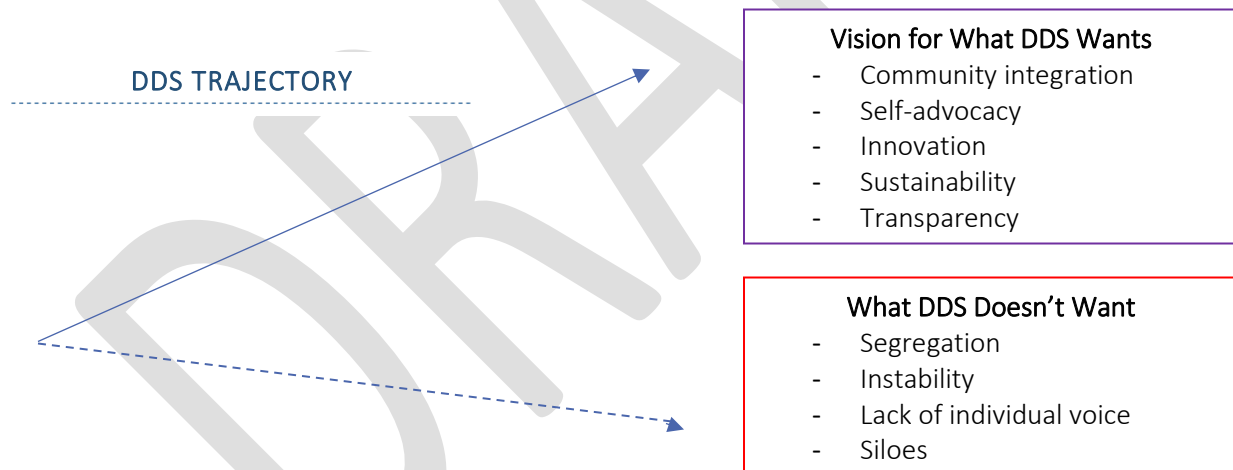
² Ibid.

HOW ARE CTLC TOOLS USED IN CT?

In the final years of the Community of Practice grant, DDS Case Managers were offered training opportunities to become familiar with the CtLC tools. This coincided with other efforts to offer trainings around person-centered planning and statewide “no wrong door” approaches. The goal of all of these offerings was to enhance and improve the skillset and toolbox of DDS Case Managers in supporting the principles of person-centered lifespan planning.

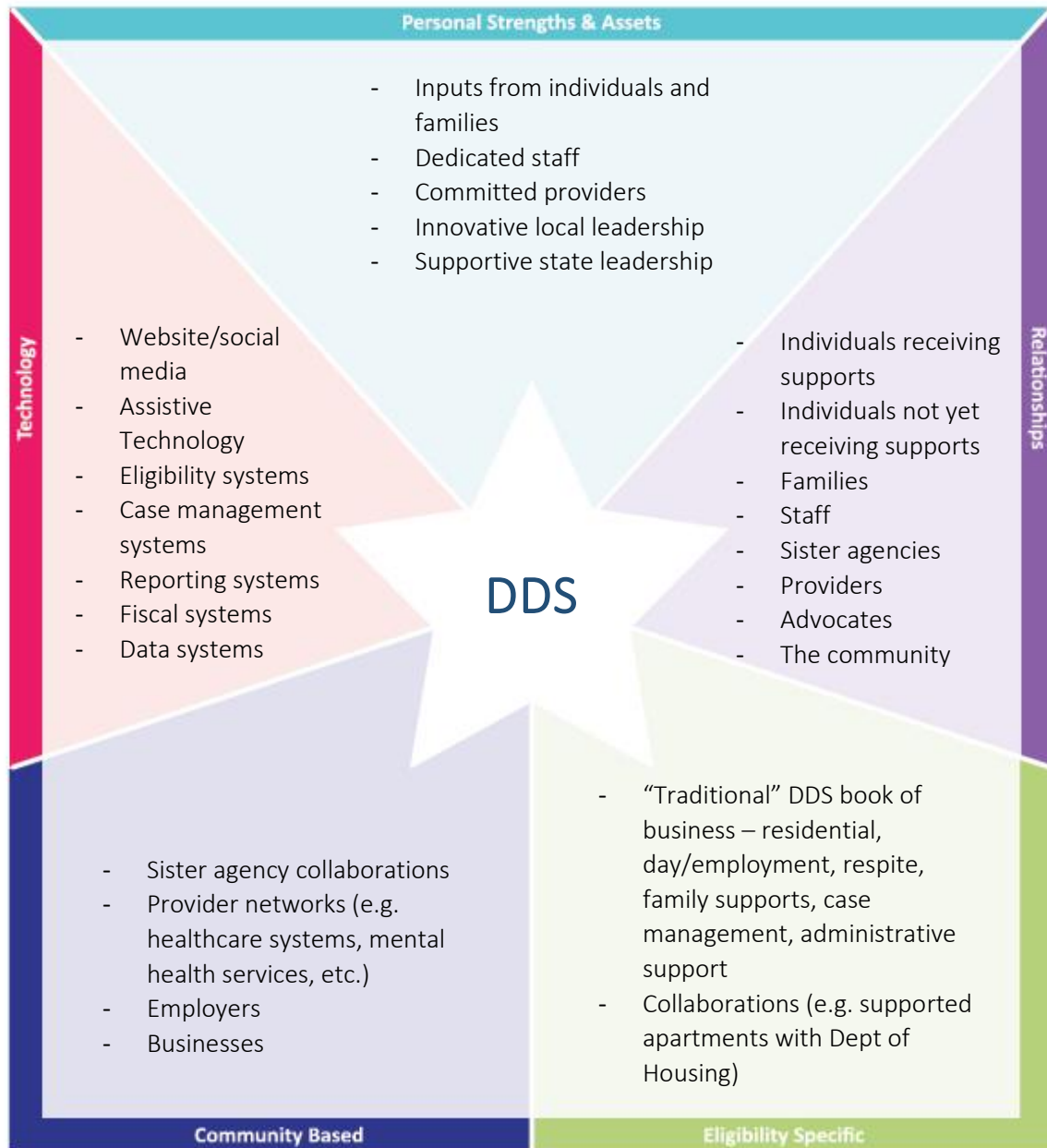
In 2017, a committee was formed to revise the DDS Individual Plan (IP), the department’s case management planning document. This document is used to drive service requests, record activities, and document case management efforts with the individual leading the discussion and the planning and support team’s involvement. DDS used this opportunity to incorporate the CtLC framework into the foundation of departmental planning by embedding two of the LifeCourse tools in the new IP design.

The first two pages of the redesigned IP include the one-page profile and a modified version of the CtLC Trajectory. These pages are provided to the individual in advance of the IP meeting, so that they (with the support of family or a provider, as appropriate) can thoughtfully prepare information to advise the plan discussion. The exercise is sometimes completed more than once with different rolls assisting (day provider, residential provider, family, case manager).



The Case Manager collects all feedback for the team to review at the IP meeting. A focus is on the individual’s identified positive attributes and the individual’s view on how support should be delivered. The trajectory page helps to frame the discussion about what the individual really wants and does not want. Their words and vision of what they do want guides the development of the steps necessary to achieve these goals. The content of the trajectory steps inform the actionable goals identified for supporters. Case Managers are trained to ensure that, to the greatest extent possible, the person’s voice is captured on these pages and hence drives the plan.

The remainder of the plan focuses on answering questions, using the words of the individual while incorporating key information from supporters, as appropriate. The Integration Star page from CtLC challenges the team to identify all of the resources utilized beyond paid supports. This visualization helps to frame the big picture of integrated supports and can illuminate the need to expand use of resources.



The IP is the foundational element of DDS’ work with individuals and families. Integrating CtLC tools into the design of the document has been the most tangibly meaningful way for the department to introduce the framework into the bedrock of agency activity. Additional CtLC tools are used in different ways and arenas throughout the agency.

PRIORITIES & PROGRESS

During the 2022-2027 Five Year Plan period, DDS will use the CtLC framework to ground planning and progress for the agency. An emphasis will be put on continued staff development in the use of the framework and tools and CtLC tools and resources will be further integrated into the department's documents and lexicon.

The agency will also continue to build on the lessons learned during nearly two years of pandemic-immersed operations. During this time, DDS has benefited from a rapid increase in access to and utilization of technology, which will be expanded in the years ahead. This is true in administrative settings, as well as in service delivery settings where technology has allowed individuals greater access to services such as telehealth and experiences such as self-advocacy classes and gatherings.

The agency has also practiced how to better balance system-centered and person-centered decisions, understanding that public health sometimes necessarily influences individual decision-making. Perhaps most far-reaching, DDS has learned firsthand and under many quickly-changing circumstances how different types of supports directly impact individual integration and well-being. The agency will be reiterating its focus on developing the least restrictive environments, in order to best promote community integration under all conditions.

At the same time, the department's progress will continue to honor the paradigm shift described in the 2012-2017 Five Year Plan, working toward: innovation, community integration, sustainability, self-advocacy, and transparency. Work will continue to be conducted using the project-based approach to action detailed in the 2017-2022 Five Year Plan, allowing the agency to be planful in how we tackle the work before us with limited resources. Each of these approaches has become embedded in the agency's fundamental operations and will continue to be a part of future planning and implementation.

EXPLORING POSSIBILITIES: DDS VISION BY LIFE DOMAIN

The remainder of this document lays out the department’s focus areas for the 2022-2027 Five Year Plan period, using the CtLC Life Domains as a framework³. As with any life planning activity, this is merely the start of a living plan, which will necessarily shift and grow over the course of the five year plan period.

DOMAIN	CTLC DEFINITION	DDS 2022-2027 PRIORITIES
 Daily Life & Employment	What a person does as part of everyday life—school, employment, volunteering, communication, routines, life skills.	Continue to work toward integrated day/employment opportunities; enhance with assistive technology; promote flexibility; educate community.
 Community Living	Where and how someone lives – housing and living options, community access, transportation, home adaptations and modifications.	Ensure correct level of care; promote most effective <i>and</i> least restrictive; support innovative solutions for independence, including use of assistive technology; encourage flexibility.
 Healthy Living	Managing and accessing health care and staying well – medical, mental health, behavioral health, developmental, wellness and nutrition.	CT tends to score high on general measures of physical health – focus on supporting access to mental/behavioral health services and specialty areas (e.g. diabetes).
 Safety & Security	Staying safe and secure – emergencies, well-being, guardianship options, legal rights and issues.	Focus service development on filling gaps in specialty areas; integrate a diversity, equity and inclusion lens to correct systems inequities.
 Social & Spirituality	Building friendships and relationships, leisure activities, personal networks, and faith community.	Develop capacity to facilitate networking for various affinity groups; improve communications with all stakeholders.
 Advocacy & Engagement	Building valued roles, making choices, setting goals, assuming responsibility and driving how one’s own life is lived.	Support work of self-advocates in creating community, peer supports; develop more consistent opportunities to collect feedback from stakeholders.

³ Charting the LifeCourse Nexus; Curators of the University of Missouri | UMKC IHD, UCEDD.
<https://www.lifecoursetools.com>

Importantly, framing the discussion are the major themes identified through the Seeds of Change conversations with stakeholders during 2021. A more in-depth presentation of these themes is appended to the plan (see Appendix A: Seeds of Change Regional Feedback), but the input has been woven throughout the following sections.



DAILY LIFE & EMPLOYMENT

What a person does as part of everyday life—school, employment, volunteering, communication, routines, life skills.

In recent years, DDS has put a focus on modernizing supports offered to individuals for day and employment. The state has moved away from traditional day options, such as sheltered workshops, and has focused on expanding **innovative programs** like supported employment and micro-enterprises. These models much more accurately reflect the department’s position on the importance of community engagement, which was highlighted as imperative in the Seeds of Change feedback. Enhancing these programs is the use of Assistive Technology, which DDS continues to ask individuals, families, providers, and staff to consider in every program of supports. These efforts will continue as one of the major pillars of the 2022-2027 Five Year Plan.

DDS is currently engaged with the Supported Employment Leadership Network (SELN), a network of state developmental disability agencies committed to making changes in their service systems. Through the collaborative community of practice and the support of consultative experts, DDS has recently launched a program to seek stakeholder engagement in **Reimagining Employment and Day Services** in CT. Involving multiple stakeholders, seven subcommittees and a steering committee were created and meet monthly with the ultimate goal of a creating a workplan that focuses on increasing capacity and improving employment-based services offered through the state. Each subcommittee is charged with focusing on a specific content area related to employment-based services. These subcommittees include:

- Leadership
- Strategic Goals & Operating Policies
- Financing & Contracting Methods
- Training & Technical Assistance
- Interagency Collaboration
- Services & Service Innovations
- Employment Performance Measurement, Quality Assurance, & Program Oversight

A key feature of the program is to drive CT’s service offerings toward the agency’s **Employment First** philosophy, that everyone can work. DDS will continue to expand opportunities for individuals to engage in real work for real pay in integrated work environments. Part of this effort will be to consider **flexibility** in both the job opportunities and the supports, including elements such as **transportation** – both themes identified in the Seeds of Change tour.

Another critical element of this work will be **improved communication** across multiple sectors. Individuals and families have asked to have programs and services be more clearly and accessibly summarized, so that they may better understand their options. Providers have asked for the department to facilitate more sharing of best practices across the service system. Underpinning all of this, nearly all stakeholders have identified the need to better communicate with the community, in order to break down barriers and encourage businesses to create job opportunities for individuals with I/DD.

To this end, DDS continues to actively participate in the **Governor’s Workforce Council**. Under Governor Lamont’s leadership, the Council has brought together stakeholders from the public and private sector to address workforce issues across the board in CT. One of the diverse communities specifically recognized in the Council’s committee structure is individuals with disabilities. This work is ongoing, but echoes the priorities summarized above: innovative programs, community engagement, integration, and communication.



COMMUNITY LIVING

Where and how someone lives – housing and living options, community access, transportation, home adaptations and modifications.

Service systems supporting individuals with I/DD across the country have long grappled with how to ensure the correct level of care, while providing the least restrictive environment. The traditional system response to any need or challenge has been more staff. Over time, the truth has played out repeatedly – more staff is not always the best solution. During the 2022-2027 Five Year Plan period, DDS will continue to build upon work to **expand the continuum** of residential service options, focusing on how to deliver the right services at the right time, so that the maximum number of individuals can benefit.

This work returns to the Seeds of Change theme around the importance of **community engagement**. True engagement is most difficult in large, densely congregated settings, such as ICF/IIDs and even traditional CLAs. Often, individuals in these settings experience a greater

degree of isolation and more of their relationships are paid. DDS will continue to develop more integrated settings, such as CCHs Clustered Supports, Remote Supports, and Supportive Housing, and will improve education and communication about how these options might look for individuals across our system.

Again, in response to themes discovered through the Seeds of Change tour, DDS will also look at how to increase **flexibility** in residential options. This will include expanding the routine use of **assistive technology**, in order to support independence. It will also include a review of **transportation** options and funding, in order to better support community engagement and integration.

This work all speaks to an issue well known to DDS stakeholders, which is the residential waiting list currently in place. As noted earlier in the plan, the way the data is captured and reported was recently revised to better communicate the needs of individuals and categorize such need as emergency, urgent or future need. DDS must continue to think creatively about how to support those individuals that currently do not have residential funding. Innovative wrap-around supports that utilize technology and discussions on restructuring current settings to expand composition of residents is under way. DDS will continue to explore these options as well as other potential solutions that focus on early intervention and support.

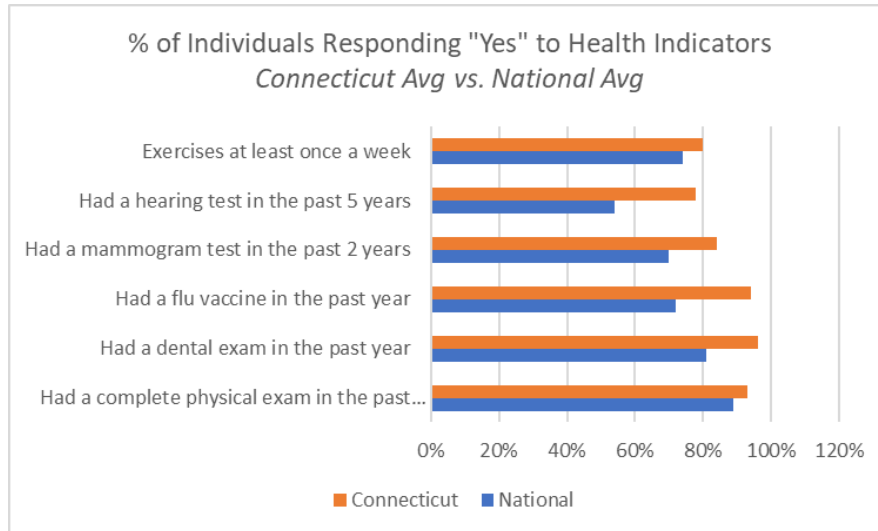
This work is supported at the local, state, and federal levels. Recent federal funding was specifically made available to states to incentivize system change toward more integrated settings and more efficient use of resources. DDS will continue to rely on successful **partnerships with sister agencies**, including DSS and DOH, to move this work forward.



HEALTHY LIVING

Managing and accessing health care and staying well – medical, mental health, behavioral health, developmental, wellness and nutrition.

CT's service system is highly supportive of good physical health outcomes. This tends to be borne out in reflections such as the National Core Indicators survey, which ranks state outcomes in various areas, as discussed in the opening section of the plan:



However, DDS and the state continue to struggle more in specialty areas, such as access to mental and behavioral health services, dental care, or diabetes care for individuals with intellectual disability. DDS will continue to support focused work in these areas, bringing together stakeholders and experts across systems to develop solutions, including the exploration of telehealth.

Part of this effort will be a deepening of partnerships established with sister agencies, providers, and healthcare systems to address systemic deficiencies. DDS experts will continue to build connections in these communities and support upskilling of professionals supporting the cross-section of individuals with intellectual disability and **individuals with mental or behavioral health needs**. Successful endeavors, such as training for first responders and private providers, will be repeated. Pilots targeting specific populations with this combination of needs will be established or expanded, in particular with the Department of Children and Families and the Department of Mental Health and Addiction Services. Collaboration with sister agencies will also ensure ongoing medical coverage and access to other ancillary benefits as a measure to improve and maintain general wellness.

Another part of this work will be how DDS focuses the role of **publicly provided supports**. As the system has moved away from the largely publicly delivered models, such as ICF/IIDs, DDS has listened to stakeholder feedback on how public resources should be redirected. Many agree that DDS public supports may be best situated to act as a specialty or gap provider. This pivot has already been successfully implemented in some of the specific programs described here:

- **Transitional Unit:** supporting individuals who are forensically involved.
- **Step Down Unit:** supporting individuals who are in need of advanced behavioral health support prior to successfully returning to a community placement.
- **Medical:** supporting individuals with specific medical needs, including advanced nursing needs.

- **Enhanced Family Supports:** supporting individuals living in the community with emergency support needs (i.e. mobile crisis; short-term supports due to family member illness).

Supports for individuals with these needs can be difficult to develop and operate, even when providers are not experiencing staff shortages. As DDS public supports continues to migrate toward being the provider of last resort, capacity will be shifted to specialize in these difficult areas, as well as transition work.



SAFETY AND SECURITY

Staying safe and secure – emergencies, well-being, guardianship options, legal rights and issues.

The safety of individuals eligible for DDS has always been paramount to the department. Evidence of this can be seen in the agency’s robust licensing, quality assurance, and investigations teams. During the 2017-2022 Five Year Plan period, the department sought to further enhance the work in this area of the department’s mandate, through work on the agency’s incident management system.

During the 2022-2027 Five Year Plan period, DDS will continue to refine the incident analysis tool that gives us a cross-sectional view of incident data, in order to better identify trends or catch mis- or under-reported incidents. In addition, the agency will roll out an online **incident reporting** tool and develop a new structure to put a more intentional focus on review of incident data.

Some of the specialty work described above will also enhance safety and security, with **specialized programs** providing emergency response. Enhanced Family Support teams will continue to be a resource in emergency situations within the community; the Step Down Unit and Transitional Housing programs will continue to be a safe landing space when community-based residences are temporarily not an option.

Important to highlight here is also the theme identified through the Seeds of Change tour around difficulties in **staff retention**. Whether provider, DDS staff, or families who are self-directing supports, staff retention was repeatedly discussed as a major source of concern. Consistent staffing is, of course, important to ensuring the safety and security of individuals in any type of program or support type. DDS will continue to seek out best practices and facilitate networking opportunities to allow cross-sharing. In addition, with federal support, the state

plans to sponsor an employment network for self-directed services, allowing for a more formally structured system in this area.

Finally, DDS will take safety and security through the lens of **diversity, equity and inclusion** (DEI). A major area of focus for Governor Lamont, DDS has been supported in hiring a DEI director this year. The director will be responsible for creating a structure within the agency to engage stakeholders in a deep dive into equity within the system. This will encompass work on the culture of the agency, as well as the culture of the service system. Developing an understanding of personal and systemic biases and creating a plan to address them is critical to ensuring that how the system operates is safe, secure, inclusive, and equitable for all.



SOCIAL & SPIRITUALITY

Building friendships and relationships, leisure activities, personal networks, and faith community.

As noted earlier, a major theme identified during the Seeds of Change tour was the importance of **community engagement** and relationships. Research has shown how healthy and meaningful relationships impact everything from physical and mental health outcomes to reaching goals. Community engagement can help create new relationships and build on existing ones.

DDS tries to support each individual's social and spiritual needs through the type of person-centered planning embedded in every facet of operations. Continued work toward more integrated and less densely congregated day and residential settings, as described above, will support these efforts. Better education and communication on the **LifeCourse** principles and tools will also better support these efforts, as more stakeholders embrace planning under the framework of connected life domains and supports. In addition, DDS will explore supporting a network of **recreational and leisure activities** that will allow individuals to socialize and connect in an unstructured environment.

DDS also directly supports one element of engagement by operating **respite** centers. Planned respite gives both caregivers and individuals a break from the typical daily routine and allows individuals to socialize and (in non-pandemic conditions) access the community for leisure activities. Respite has become increasingly important during the stressful pandemic period – an issue recognized by Governor Lamont through dedicated funding to offer increased respite opportunities to individuals eligible for DDS. Planned respite at DDS centers is typically only

available for long weekends to individuals who do not have annualized funding for residential supports. DDS will seek to expand planned respite opportunities in the coming years, including the development of respite for children in the Behavioral Supports Program.

Another significant theme in the Seeds for Change Tour, DDS will also focus on how to facilitate better **networking** for various affinity groups. Individuals, families, providers, and DDS staff all shared the desire to have spaces where networking and cross-sharing could occur about programs, settings, successes, failures, best practices, resources, and supports. DDS will continue to support existing structures, while seeking opportunities to expand and create new affinity groups, as well.



ADVOCACY & ENGAGEMENT

Building valued roles, making choices, setting goals, assuming responsibility and driving how one's own life is lived.

DDS has a well-established network of self-advocates, led by the department's Self-Advocate Coordinators (SACs) employed in the regional offices. The SACs continue to have an ongoing focus on building voices through **self-advocacy** and empowering individuals to find their own voice. The SACs were a particularly innovative group of staff during the pandemic, using technology to reach even more individuals than usual for their trainings and meetings. Educational opportunities will continue to include: peer learning, employment advocacy, emergency preparedness, housing, nutrition, hiring and managing staff, how to advocate, promoting healthy relationships, and many other topics. The department will support the SACs in retaining the benefits of online platforms to expand their work in the coming years.

The department will also support the SACs in their work to educate individuals on the importance of advocacy and engagement as early as possible. In 2021, the SACs put this into action at the virtual CT Youth Leadership Forum (YLF). At the four-day virtual YLF the SACs supported the delegates in learning 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.

DDS will also continue to support the formal structures that encourage **participation** in agency operations. Groups such as the Council on Developmental Services, Regional Advisory Councils,

and Intellectual Disability Partnership provide some formal, ongoing opportunity for engagement. Individuals, family members, staff and providers are also frequently asked to join committees and project teams to share important perspectives as the agency works through wide-ranging issues and initiatives.

During the 2022-2027 Five Year Plan period, DDS will also answer to another theme from the Seeds of Change Tour around the need to better define and educate on **supported decision making**, shared responsibility, and dignity of risk. The department will work with stakeholders to better frame the application of the philosophy, with specific attention to how individuals' varying abilities and strengths should be taken into account. In the words of DDS Self-Advocate Coordinator, Carol Grabbe:

“Making a choice can be as small as choosing something to wear to self directing own support, choosing staff, where to live. Where I live-this apartment is too big for one person but moving to Meriden was a big choice... Who I hire can affect me personally and professionally. Always going on rewarding work. A person can be responsible for their own life, but for someone else to be responsible, at least the individual should be given some type of choice. However big or small they can understand.”

FEEDBACK RECEIVED ON THE DRAFT PLAN

Hearings scheduled:

January 12, 2022 – 12:00pm

January 13, 2022 – 5:30pm

DRAFT

CLOSING

The DDS 2022-2027 Five Year Plan presented above will, once again, only be the beginning of the agency's progress. The priorities discussed here are sure to evolve over time, as the landscape around us continues to change. However, this plan provides a framework with which to begin the substantial work that we have had help identifying. Grounded by the LifeCourse approach, the department will continue to manage projects as a way to tackle the work, while including the voices of all stakeholders.

One specific area to highlight in closing is the common refrain of information accessibility. DDS heard this theme through the Seeds of Change tour and many other channels. The department will maintain this as a central focus during the 2022-2027 Five Year Plan period, looking specifically at information through three lenses:

1. **Information to Stakeholders:** DDS will continue to work toward making the website a more user-friendly and accessible clearinghouse for resources. The department will also work to create simple and consistent information summarizing supports, programs, philosophies, and tools. DDS will further seek to improve communications tools that allow us to interact directly with individuals and families.
2. **Information to the Department:** DDS will continue to modernize its own systems, including incident reporting, case management, and other administrative systems that tie all of this work together behind the scenes. Modernized systems will allow staff to be more efficient and should allow stakeholders to more freely interact with the department.
3. **Information to the Community:** DDS will focus on educating the broader community about the individuals and families we support. As one self-advocate stated:

"One main problem with finding housing and employment ...[the general public]... don't know the potential of what people with disabilities can contribute. Show people our potential and people will see how good we are."

As always, the DDS 2022-2027 Five Year Plan looks to meaningfully improve the quality of life of individuals with intellectual disability and their families. We continue to face opportunities and mandates for change, which we intend to meet by relying on our departmental strengths, assets, and relationships. We look forward to partnering with all of our stakeholders in making progress toward these priorities in the years to come.