

Ädelbrook's Response to DDS Five Year Plan

The clinical and executive staff at Ädelbrook, Inc. and Ädelbrook Community Services, Inc. have reviewed the Department of Developmental Services (DDS) Five Year Plan 2017-2022, and we conclude that private nonprofit agencies are the solution for a sustainable service delivery system.

State agencies such as DDS have long relied on community nonprofits to deliver quality care to individuals at significantly lower cost than can be achieved under public sector staffing. Community Nonprofits offer solutions for the budgetary crisis that DDS faces annually. However, we cannot, and will not maintain financial stability and sustainability if we continue to absorb reductions in funding by DDS (refer to point III below for further details). Inadequate funding by DDS undermines the work that we provide and puts the financial stability of Ädelbrook at risk. In this letter, we present some areas that we believe could produce real and immediate cost savings that could be part of the solution to the annual DDS budgetary crisis, retain services at current levels for those currently being cared for, and most importantly provide additional services to reduce current DDS wait lists.

I Redefine Role of State:

Throughout much of the United States, the role of the state in departments, comparable to DDS, is in providing policy and the allocation of dollars, not provision of direct services. Direct services provided by private nonprofits, rather than higher cost public sector staffing, allows the needs of many more individuals to be met at lower cost, than the needs of fewer individuals at a greater cost. At Ädelbrook, we serve many children and young adults who are nonverbal and require one-to-one services, and often two-to-one services, to maintain their safety. We take on some of the most challenging cases within DDS, including individuals that had previously been placed out of state because, prior to Ädelbrook, there were no programs within CT to adequately care for them. In spite of these challenges, we are still able to provide residential services for about \$14,000 less a year than the **average** cost of a state operated group home.

We strongly believe that the vast majority of direct services currently provided by DDS can be provided by community nonprofits at a significant reduction of the cost. This would require privatization of all state run facilities, and moving those individuals into the competent and caring hands of community nonprofit providers.

II Reduce Redundancy:

The CT Community Nonprofit Alliance has suggested that DDS consider Deemed Status for their residential services, community supports and employment, all of which are services Ädelbrook offers as a qualified DDS provider. As you know, Deemed Status would allow providers who are accredited by appropriate agencies such as Commission on Accreditation of Rehabilitation Facilities (CARF) and Council on Accreditation (COA), to forgo the redundancy of state licensing

requirements. Ädelbrook is a COA accredited agency. We have been accredited since 1996, and just received our renewal of accreditation this fall. There is a significant cost savings to be realized for the state by not having to send workers out to nonprofits for licensing reviews.

Another area of redundancy is case management services. Nonprofit staff provide case management to many of the Continuous Residential Support (CRS) clients and have been charged with the task of writing Individual Plans for clients. Nonprofit employees also have also been charged with overseeing individuals' finances, submitting documents to Department of Social Services (DSS), informing parents of changes to placements. All of these services are also being provided by DDS case workers at the same time. The privatization of case management services presents another opportunity for real and immediate cost savings.

It should be noted that Ädelbrook's clinical staff are trained START Coordinators, which is an evidence-based model that provides clinical, emergency and respite services for individuals with ASD and Intellectual Developmental Disorder (IDD). START Coordinators facilitate collaboration with diverse systems and community providers, and provide clinical assessment, emergency meetings and crisis prevention planning, respite placements and maintain family contact. To date, we continue to be the only agency in the state that is qualified to provide this service aimed toward bridging systems and preventing crises. These interventions prevent more costly services such as hospitalization. The five year plan states that the majority of supports delivered or funded by DDS are reimbursed by federal Medicaid programs. Targeted case management received \$17,860,000 in Medicaid funding; however, Medicaid funding can and should be privatized to eliminate redundancy and reduce costs. Programs such as the CT START Center is one vehicle for facilitating such changes.

III Bring Equal Roles Into Parity:

Currently there is significant disparity between job qualifications expected of community nonprofit providers versus the similar position within the state. Direct care staff and professional services receive the same training at nonprofit agencies as those employed by the state agency. Recruitment and retention of this level of qualified staff cannot be provided if the staff of nonprofits are asked to be more qualified and yet receive less compensation.

Across the board it is safe to say that state employees make substantially more money than their nonprofit counterparts at a base salary, and that grows once benefits are factored in. Because nonprofit employees are not covered by post-retirement benefit plans, there will be no future cost for their employment other than current pay and benefits.

IV Recruitment and Retention:

A valid point that has often been raised is that nonprofits have significant challenges retaining staff, which is often due to the low wages and high demands of the work. As we all know, continuity of care is important to individuals and their families; however, many nonprofit providers have been unable to give cost of living adjustments to their employees in almost a decade, which is the catalyst to turnover. The harsh reality for nonprofit agencies is that they

are constantly competing with state salaries in an effort to retain employees. We are also competing with corporate hourly wages with projections that overreach what a Direct Care staff would be making in the upcoming years in private, nonprofit agencies. We see no difference in the type or quality of service delivery between private and public providers; the only difference that is quite clear is the drastic difference in costs to deliver the services.

V Program Needs Are Increasing:

We've seen the number of individuals diagnosed with Autism Spectrum Disorder (ASD) continue to increase over the years, which inevitably means there is going to be an increase in demand for services in the future. The five year plan outlines how many people are on the waiting list for residential services for DDS. Increase funding to nonprofits to establish privatized respite services, increase initiatives for new residential developments to decrease the number of people on the waitlist and increase initiatives for nonprofits to provide family services. The dearth of services currently places tremendous strain on the emergency services, both financially and in terms of ability to provide effective services.

Day Services have also been significantly impacted by the last five year initiative and will be impacted by the next five year initiative, specifically the national movement toward competitive employment for individuals supported by DDS. There needs to be equal focus on advocacy and education to inform future policies for organizations that potentially serve and train the individuals for the workforce as well as potential hires. Job training programs teach individuals how to work rather than teaching corporations how to employ individuals with ASD or IDD; there must be equal efforts aimed toward training both employers and employees for this to be sustainable.

VI Funding for Currently Unfunded Expenses:

The DDS Five Year Plan needs to address and outline plans to reduce the amount of money that nonprofit providers must absorb in the delivery of services. Currently funding for individuals with disabilities is not considered an entitlement and fluctuates annually based on an archaic assessment tool that defines how much a person is funded. The outdated tool does not offer an accurate trajectory of what individuals need to thrive in community based programs. The current five year plan notes that Long Term Supports and Services (LTSS) will be implemented, but the plan is lack a date for implementation and details on how this will be an improvement from the Level of Need (LON). An example of where this assessment tool fails is its inability to capture emergency changes and level of need related to medical or behavioral conditions, which are reimbursed through one-time finding that is variably available to nonprofits.

Another area that particularly devastates nonprofits working with children is the ten day rule that withholds funding for children placed in residential programs such as CRSs and will not cover the costs of vacation and sick days from school. Nonprofits cannot continue to absorb the

fiscal responsibility of caring for these young individuals and may be forced to have parents and legal guardians assume care for the young individuals on such days.

The DDS Five Year Plan should outline how they will cover these costs in the future, which may include investing savings from privatization of state run programs.

VII Private Nonprofits are the Solution:

Privatization of programs run by the state generates significant cost savings for the state of CT, however the five year plan fails to outline what has already been saved in privatization or project what the savings could be through privatization. Transparency is necessary and important. Furthermore, CT should no longer be a bifurcated CT and needs to adopt the nationally practiced delivery of services and privatize. The savings that is generated through privatization must be reinvested into private nonprofits rather than proposing five more years of new programs for DDS. This is the only sustainable approach.