

Department of Developmental Services



At a Glance

MORNA A. MURRAY, J.D., Commissioner

Jordan A. Scheff, Deputy Commissioner

Established – 1975

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

Central office – 460 Capitol Avenue, Hartford, CT 06106

Number of full-time employees – 2,309 (total permanent FT filled count as of June 30, 2015)

Number of consumers served – 17,769

Recurring operating expenses - \$1,059,301,136

Organizational structure – Services and supports for more than 20,000 individuals and their families, including autism spectrum disorder services, are provided through a network of public and private providers across Connecticut.

The Office of the Commissioner oversees and directs the following divisions:

Communications; Equal Opportunity Assurance; Family Support Resources; Fiscal Services (incl. Quality Management & Waiver Services); Human Resources; Investigations; Legal and Government Affairs; Legislative and Executive Affairs; and Project Management and Strategic Planning.

The Office of the Deputy Commissioner oversees and directs the following divisions:

Autism; Health Services; Information Technology; Psychological Services; and Regional Services.

The department operates three regional offices, and provides or funds residential, day program and family support services. The Independent Office of the Ombudsperson for Developmental Services and the Council on Developmental Disabilities are housed within the department.

Mission

The mission of the Department of Developmental Services (DDS) is to partner with the individuals we support and their families, to support lifelong planning and to join with others to create meaningful opportunities for individuals to fully participate as valued members of their communities.

Statutory Responsibility

The Department of Developmental Services (DDS) is responsible for the planning, development, and administration of complete, comprehensive, and integrated statewide services for persons with intellectual disability and persons medically diagnosed as having Prader-Willi Syndrome. DDS provides services within available appropriations through a decentralized system that relies on private provider agencies under contract or enrolled with the department, in addition to the state operated services. These services include residential placement and in-home supports, day and employment programs, early intervention, family support, respite, case management, and other periodic services such as transportation, interpreter services, and clinical services. The Division of Autism Spectrum Disorder Services operates a program for individuals with autism spectrum disorder who do not have intellectual disability. Through legislative action, the Division of Autism Spectrum Disorder Services moved to the Department of Social Services, as of July 1, 2016.

Public Service

The department continues to engage in a number of activities designed to improve services and the management of its public and private programs. DDS also continues to be involved in initiatives designed to meet the increasing expectations of the Centers for Medicare and Medicaid Services (CMS) concerning health and welfare, and quality improvement protocols for the operation of Home and Community Based Services (HCBS) waivers.

Five Year Plan:

DDS continues to improve services and supports through implementation of its five year plan goals. In the fourth year of the plan, DDS has made significant progress in achieving these goals. Self-advocates and families have a voice and have continued to play a role in shaping the direction of DDS, through their contributions to the five year plan under which the Department is still operating. With the waiting list resources aimed at elderly caregivers, and the addition of our major systems change initiatives, "Living the Mission Mentoring Project" and "Community of Practice" described below, DDS is taking larger steps to move away from our legacy systems and creating yet more individualized supports. Additionally, under Commissioner Murray's leadership beginning in February 2015, a strategic implementation plan was initiated to help DDS move further toward the goals outlined in the current five year plan, and a larger agency vision. The tools outlined in the strategic implementation plan will be carried forward, as the agency works toward completion of its next five year plan, due to the legislature in early 2017. In particular, the agency continues to focus on increasing its maturity in the area of project management and execution.

Director of Family Support Strategies and Advocacy:

Fiscal Year (FY) 2016 was the third year of implementing activities related to the national Supporting Families Community of Practice Project. Connecticut (CT) was one of five states in the country to receive a five-year Community of Practice Grant, which examines the process of improving supports to individuals with intellectual disabilities and their families across the span of their lifetime. The project is administered through a partnership between DDS and the CT Council on Developmental Disabilities. The focus of Year 3 activities was to help stakeholders understand LifeCourse planning as the “next generation” of Person-Centered planning practices. 50 individuals, including self-advocates, family members, providers, DDS staff, and others, participated in 4 days of Person-Centered/Life Course Planning training. These Person-Centered LifeCourse Ambassadors are working with DDS stakeholders to help ensure that LifeCourse planning is incorporated into as many areas of DDS everyday practices as possible. LifeCourse materials are now disseminated through the DDS eligibility unit, through the DDS Help Line, and by the Educational and Transition Advisors. A project team is looking at incorporating the LifeCourse materials into the DDS Individual Planning process. The Department of Education has also incorporated the LifeCourse materials into their Person-Centered Planning teacher training. The focus of Year 4 activities will be the incorporation of LifeCourse materials into employment and day services and enhanced use of these materials by adult service providers. Information on the LifeCourse materials can be found at <http://supportstofamilies.org/resources/lifecourse-toolkit/>.

During FY 2016, the “Living the Mission Mentor Project” focused efforts on developing tools for individuals who are seeking to move out on their own. Representatives from three of the mentor agencies, a Self-Advocate Coordinator and a Self-Determination Director developed a set of tools on being a Good Neighbor, Good Roommate and Good Tenant. These tools provide a variety of resources to foster independence and promote the DDS vision and the CMS focus on community integration. With the completion of this collaborative the mentor project has fulfilled the original outcomes designed for this project.

Positive Behavioral Support and Trauma-Informed Care

The Department of Developmental Services (DDS) continues to focus on promoting the use of evidence-based clinical and behavioral practices to enhance the quality of supports and services provided to individuals with challenging and complex needs. DDS is one of seven CT State agencies that have partnered to form the CT Restraint and Seclusion Prevention Initiative. During FY 2016, DDS continued to partner with the Department of Children and Families (DCF) to provide positive behavior support (PBS) training to clinicians who work in Emergency Mobile Psychiatric Services (EMPS) to help them better serve the needs of children and adolescents with developmental disabilities. In addition, beginning in FY 2016, DDS Staff Development and Psychological Services divisions, in partnership with the Department of Mental Health and Addiction Services (DMHAS) offered workshops on mental health issues and PBS specific to persons with intellectual disability and/or autism spectrum disorder. DDS is also in the process of revising its ongoing training programs on abuse and neglect prevention to incorporate the concepts of trauma-informed care and PBS.

DDS Continues Our Lean Journey:

The Department of Developmental Services (DDS) remains an active member-agency of the Statewide Process Improvement Steering Committee. This year the Committee worked with a vendor to create a Key Performance Indicator (KPI) Train the Trainer curriculum and tool. A number of DDS Lean Leaders participated in the training and the tool has been useful in helping project teams identify goals, objectives and key metrics needed to “measure success”.

This year DDS strengthened its agency focus on efficiency by working diligently to implement Electronic Contracting, thus becoming the first State Agency to execute 100% of our POS Provider Contracts in a fully electronic environment. By collaborating with the Attorney General’s office on putting the interpretation of the CT Uniform Electronic Transaction Act (CTUETA) into action, DDS was able to develop a system that satisfies the requirements of the act and provides major time and materials savings for the agency and our providers. DDS worked with DAS/BEST, the developers of BizNet online procurement and bids management system, to develop specific screens and modules to meet the needs of the agency.

The new process is the next step in a process evolution taking a 6 week process involving mailing over 10,000 pages of documents to 150+ Providers to a 10 business day process with zero paper. The real winners are the individuals and families supported by DDS, who no longer have to wait for paper processing and re-work to complete before starting their much needed services. DDS participated in Statewide Lean activities aimed at identifying enterprise solutions across multiple agencies, and looks forward to the future implementation of the Electronic Licensing Management System and the Electronic Time Scheduling and Overtime Management System.

In addition, the DDS Savings & Transformation Committee sponsored a mini-Lean to streamline the purchasing process for Regional procurement of routine supplies, and a pilot is currently underway to explore the efficacy of a number of the recommendations.

Self-Advocate Coordinators:

Continuing the focus on people and families first, DDS has been doing a significant amount of work with self-advocates. Self-advocates play a central role in systems change and ensuring that individuals have an active role in the development and evolution of the department’s service system. Ten Self-Advocate Coordinators (SACs), employed by DDS, have become agency policy advisors on many important issues. The SACs are located in each DDS region. They support individuals, families, and staff to better understand and apply best practices in self-advocacy and self-determination for all individuals who receive services from the department.

The SACs have had an ongoing focus of “Speak Up and Speak Out” to make sure the people receiving supports and services from DDS have a voice. Over the past 5 years the SACs have worked to increase peer participation in Self Advocacy Groups. Self-advocate involvement has shown an increase in the number of active voices participating in a self-advocacy groups from 285 voices in FY11 to over 1,200 voices in FY16.

SACs participate in many significant projects including their initiative of supporting and recognizing the use of “People First Language.” The “We are People –Call Me by My Name” campaign is asking for everyone to be called by their given name. The SACs are hoping to eliminate the use of words such as "client," "patient," "ward," "them," "handicapped," and the "R" word - "retarded." The SACs have invited people to take the Disability Awareness Pledge that was written

to reaffirm a commitment to seeing the person and not the disability. To date over 1,000 people have taken the Pledge. The SACs continue to challenge each one of us to be the change that makes a difference.

The SACs are leading the way in supporting change for people with disabilities. Through their outreach, ongoing training, and advocacy, the SACs support individuals to understand what it means to live a self-determined life and be part of our CT communities. The SACs provide opportunities for individuals to: explore healthy relationships; promote the importance of employment; provide information in understanding personal rights and responsibilities; teach others to speak up against bullying and abuse; understand how to plan for their future and participate in developing their Individual Plan. The SACs strive to be a positive role model to others showing anything is possible if you understand who you are and what you want to accomplish in life.

The SACs are an important part of the department and assist in promoting initiatives and activities that have made a difference to the people supported by DDS. The SACs meet with the DDS administration to make sure the voices of individuals supported by DDS are being heard. They work collaboratively with sister agencies, community and national organizations, private providers, individuals and families to spread the word of “Living the DDS Mission.”

Improvements/Achievements 2015-2016

Individuals Served:

As of June 30, 2016 there were 10,102 individuals enrolled in the Home and Community Based Services (HCBS) waivers for persons with intellectual disability. In addition, there were 118 individuals enrolled in separate HCBS waivers for individuals with autism spectrum disorder as of June 30, 2016. DDS funding priorities continue to address individuals with an emergency need for supports and services and for existing HCBS waiver participants with increased needs or a change in their need. During FY15, DDS provided residential resources to 116 people with Emergency Priority. Also, 117 waiver participants received additional funding to fully meet their needs.

As of June 30, 2016 there were 649 individuals on the DDS Residential Waiting List including 16 Emergencies and 633 Priority Ones (P1s). In FY16, 77 individuals had their residential needs met and came off the waiting list and 136 individuals received additional supports to fully meet their residential needs.

As of July 1, 2014, there were 156 individuals on the Waiting List who met the criteria for the 2014 Waiting List initiative for individuals with caregivers age 70 or older. As of August 2016, 124 individuals have received allocations. Of the 124, 3 individuals passed away, 2 individuals moved out of state and 1 individual is actively pursuing placement but has not started yet. The residential needs of 118 individuals are currently met through this initiative.

The department provided community residential supports for 80 young adults aging out of the Department of Children and Families (DCF) or local education authorities (LEAs). DDS provided supported employment or adult day services to 260 new high school graduates and 100 individuals receiving day age-out funding. This is the tenth year that DDS has operated the DDS Behavioral Services Program (BSP – formerly known as Voluntary Services Program, or, VSP) for children who have intellectual disability and behavioral health needs. As of June 30, 2016, the total number of children served in DDS BSP was 458.

Division of Autism Spectrum Disorder Services:

In FY 2016, 222 individuals applied for ASD services from 7/1/15-6/30/16 for DDS-Autism Services. 282 individuals were found eligible and were added to the ASD Wait List (some applied for services prior to 7/1/15). Ten families applied for Early Childhood Autism Waiver (ECAW) services and all were found eligible. In FY 2016, the DDS Autism Division supported 118 individuals on the both the ECAW and Life Span Waiver.

Services under the HCBS Life Span Waiver include, but are not limited to: Behavior Management, Life Skills Coaching, Job Coaching, Community Mentoring, Respite, Social Skills Group, Individual Goods and Services and Specialized Driving Assessment. Services under the ECAW Waiver include Intensive Home-Based Behavioral Services and Life Skills Coaching.

The Division's Autism Resource Specialists continued to engage in outreach activities to resource fairs, schools and transition events, as well as conducting home visits and assisting individuals on the Wait List by providing information on accessing resources within their communities. The Division has also conducted a survey with all the individuals on the waitlist to identify service needs. This information is currently being collected and will be correlated into a report in the coming months.

Specialized In-Patient beds at the Hospital for Special Care officially opened on 12/28/15 and have had numerous admissions. Staff have been hired and trained.

The work of the Autism Spectrum Disorder Advisory Council and the five subcommittees has continued throughout the year. The committees have developed and submitted high quality proposals for activities designed to meet their subcommittee goals. The subcommittees include: Credentialing, Training, creating a Resource Guide, Social/Recreation pilot programs and In-Home Behavioral Supports. The committees continued to meet throughout the year and have implemented their respective project assignments.

Aging Services:

More than 3,496 individuals age 55 and over receive services from DDS. Aging Services continues to integrate the needs and desires of aging consumers, collects and disseminates relevant data, and shares educational information with individuals, families, DDS employees and support providers. DDS is a partner in CT's Money Follows the Person (MFP) demonstration grant that is intended to assist with the rebalancing of CT's long-term care system, so that individuals can return to living in the community. As of FY 2016 the DDS MFP unit assisted more 200 consumers who have moved from long-term care settings, Hospitals, Private ICFs, Southbury Training School and DDS Regional Centers into community settings under MFP.

Respite Program:

DDS Respite Centers provide 24-hour care for extended weekends in comfortable home-like environments. The department has 10 respite centers that served a total of 1,176 individuals statewide in FY16, including 184 children.

Case Management:

DDS Case Managers have worked hard this year on improving their documentation, which has contributed to better record keeping and increased federal reimbursement for the services they provide. There have also been two projects developed with case management involvement this year. The first has focused on developing an updated version of the Individual

Plan to incorporate more person centered principles into the process and to streamline the document.

The second was initiated using the LEAN process, through the CT Office of Policy and Management, and focused upon the provision of DDS Case Management services. A group of case managers participated in a week-long process prioritization event aimed at developing a clear set of guidelines for our case managers as they perform their Targeted Case Management (TCM) Activities.

Employment Corner:

DDS continues to enhance services dedicated toward fulfilling its commitment to the Employment First Initiative through several innovative Individualized Employment Incentives, trainings, internships, and Employment First State Leadership Mentoring Program (EFSLMP) partnership activities.

In October of 2016, CT was selected to participate in the EFSLMP offered through the National Office of Disability Employment Policy (ODEP). CT state agencies and external community partners regularly convened for the purpose of coordinating and streamlining their efforts in the domains of Employer Engagement to increase integrated employment outcomes for individuals with the most significant disabilities. Youth in transition were identified as demographic focus. The benefits of the program include: technical assistance, access to resources, and onsite visitation and training from subject matter experts from around the country.

As a requirement to accepting the many benefits of the EFSLMP, CT also supports ODEP's Employment First Community of Practice (COP) network. The national Employment First COP was designed to promote competitive and integrated employment for individuals with disabilities through a virtual workspace where participants can collaborate on related policy initiatives.

Through the assistance of ODEP and the technical assistance delivered through the EFSLMP, CT began drafting a collaborative agreement to address guidance toward the implementation of Section 511 of the Workforce Innovation and Opportunity Act (WIOA) to support CT's overall Employment First efforts. Section 511 is intended to place limits on the payment of subminimum wage to individuals with disabilities, using special wage certificates under Section 14(c) of the Fair Labor and Standards Act (FLSA). In June of 2016, CT DDS released new information regarding modified Employment and Day Services to include Pre-Employment Transitional Services (Community Based/Time Limited), Group Supported Employment (Time Limited/ Minimum Wage or Above), and Competitive Individual Supported Employment in addition to existing Individualized Day and Community Based Day Supports models. CT remains dedicated to embracing a comprehensive, team-oriented Career Planning process for the individuals we support, and enlists professional community based providers to assist in promoting opportunities for training and education in the various stages of the planning process that will include guidance and mandatory key implementation features of WIOA and Section 511.

CT DDS Educational Liaisons and Transition Advisors have advanced their interagency efforts with transitioning youth by providing vocational and competitive employment education to families and educational systems throughout the State. They have embraced a consultative interdisciplinary approach of imparting information toward future planning for transitioning youth.

In 2016, DDS experienced a 77% competitive job placement rate through partnership and funding for Project Search, a nationally recognized internship program specific to pre-employment transition services for transitioning youth and recent graduates. DDS has committed to organizing referrals and funding to a cadre of graduates for the 2016-2017 school years.

CT DDS is active in the “CT Job Development Leadership Network”, and collaborates with CT Business Leadership Networks and Chambers of Commerce, providing information, referrals, and presentations.

DDS has continued to support the success of Industry Specific Training Programs such as Walgreens, and has recently partnered with CT-based provider agencies and businesses in preparation to launch a series of “Workability” Credit Union internships through 2016.

DDS remains an active representative on the “Governor’s Committee on Employment of Persons with Disabilities,” and contributes to the committee’s mission to create interagency and community partnerships to improve access to competitive work opportunities throughout the State. The committee will launch a major statewide campaign in October 2016 to celebrate National Disability Employment Month.

Federal Reimbursement:

During FY 2016, the department generated \$545,382,462 in federal Medicaid reimbursement (regular reimbursement totaled \$513,597,049 plus \$31,785,413 in adjustments). As of June 30, 2016, there were 10,102 persons enrolled in the DDS Home and Community Based Services (HCBS) Waivers. The HCBS waiver program allows for federal reimbursement for residential habilitation, day programs, and support services provided in the community. In addition, there were 118 individuals enrolled in separate HCBS waivers for individuals with autism spectrum disorder as of June 30, 2016.

Abuse and Neglect Investigations:

DDS worked collaboratively with private provider agencies to improve the timeliness of investigations of allegations of abuse and neglect when DDS or the provider is responsible for the investigation. The performance target is to complete investigations within 90 days of the report of an allegation of abuse or neglect. At the beginning of the fiscal year, there were 25 open investigations that were older than 90 days. At the end of the year there were only 15 investigations that were open and older than 90 days- for a reduction of 40%.

Information Reported as Required by State Statute

Affirmative Action/Equal Employment Opportunity Office:

The DDS Equal Employment Opportunity (EEO) Office is charged with ensuring that the principles of Affirmative Action and Equal Employment Opportunities are undertaken with vigor, conviction and ‘good faith’ to overcome the residual effects of past practices, policies and/or barriers. The EEO Office directly reports to and is under the authority of the DDS Commissioner. The EEO staff conducts investigations into internal discrimination complaints, renders findings and is involved in a variety of resolution activities. The EEO staff develop, implement and monitor affirmative action program goals and objectives. The EEO staff monitor compliance with state and federal affirmative action/equal employment opportunity laws and regulations. The EEO staff provide training to all new employees and supervisors on affirmative

action topics. The EEO staff consult with managers and administrators on affirmative action matters.

Council on Developmental Disabilities:

The CT Council on Developmental Disabilities is an independent, federally funded entity, established by Governor Malloy’s Executive Order No. 19 and operating under the federal Developmental Disabilities Act (PL 106-402). The Council is composed of 24 Governor-appointed members, and is attached administratively to the Department of Developmental Services. In FY 2016, the Council’s budget was \$688,823 to fund an array of initiatives that support the Council’s mission of promoting the full inclusion of all people with disabilities in community life. Those initiatives include (1) improving school climate for students with disabilities through the development of an All Abilities Alliance of high school students; (2) conducting a feasibility study/plan which takes an in-depth look at the gaps and barriers people with disabilities face and conduct a thorough analysis of creative solutions to remove the barriers, thereby improving community access; (3) supporting the re-development of CT KASA (Kids As Self Advocates) a youth led leadership development initiative for youth ages 14 to 22.;(4) designing a mechanism of family support to create a stable, easy to navigate system for accessing housing resources, funding and supports; (5) creating an innovative integrated community in which individuals with IDD can realize their right to live, work and play in an accessible community of their choosing and to create a road map for the development of other such communities;(6)providing financial assistance for self-advocates and family members to attend conferences and meetings to their leadership skills and knowledge (7) Implementing a conference Celebrating the 25th Anniversary of the ADA and 40th Anniversary of IDEA, entitled “Building a Great Life”; (8) Continuing work on outreach and informational materials for the 2020 campaign to close Southbury Training School and the five regional centers by the year 2020; (9) and implementing Partners in Policymaking , a nationally recognized seven month leadership training for program self-advocates and parents.

Regulations:

The department continues the process of amending the licensing regulations for Community Living Arrangements and for Community Companion Homes and reviewing the contracting regulations concerning Individualized Home Supports and Continuous Residential Supports. The agency also is finalizing amended regulations concerning the DDS Abuse and Neglect Registry. The prioritization of reviewing and revising agency regulations continues.