

Department of Developmental Services

At a Glance

Jordan A. Scheff, Commissioner

Peter Mason, Deputy Commissioner

Established – 1975

Statutory authority –

Conn. Gen. Statutes Chap. 319b – 319c

Central office – 460 Capitol Avenue,

Hartford, CT 06106

Number of full-time employees – 1,870

(total permanent FT filled count as of June 30, 2019)

Number of individuals determined eligible – 17,126

Recurring operating expenses - \$520,103,422

Organizational structure - Services

and supports for more than 17,000 individuals

and their families are provided through a

network of public and private providers across

Connecticut. In Fiscal Year 2019, the

Office of the Commissioner

oversaw and directed the following divisions:

Equal Opportunity Assurance; Family Support

Resources; Quality Management; Legal and

Government Affairs; Legislative and

Executive Affairs; and Regional Services.

The Office of the Deputy Commissioner

oversaw and directed the following divisions:

Audit; Fiscal; Investigations; and Waiver Services.

The department operates three regional offices,

and provides or funds residential, day program

and family support services.

The Independent Office of the Ombudsperson

for Developmental Services and the Council on

Developmental Disabilities are housed within

the department.

Mission

The mission of the Department of

Developmental Services (DDS)

is to partner with the individuals

we support and their families, to

support lifelong planning and to join

with others to create meaningful opportunities

for individuals to fully participate as valued

members of their communities.

Statutory Responsibility

The Department of Developmental Services (DDS) is responsible for the planning, development, and administration of complete, comprehensive, and integrated statewide services for persons with intellectual disability and persons medically diagnosed as having Prader-Willi Syndrome. DDS provides services within available appropriations through a decentralized system that relies on private provider agencies under contract or enrolled with the department, in addition to the state operated services. These services include residential placement and in-home supports, day and employment programs, early intervention, family support, respite, case management, and other periodic services such as transportation, interpreter services, and clinical services.

Public Service

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

Five Year Plan

In February 2017, DDS released a new Five Year Plan. The direction of the plan is set by five guiding principles: 1) People & Families First, 2) Strong Foundation, 3) Innovation & Transformation, 4) Excellence in Service Delivery, and 5) Sustainable Change. DDS implemented a project-based execution strategy, monitoring progress through the Project Management Office. As of June 2019, several projects specifically identified within the Five Year Plan were complete or near completion, as well as several projects that have been identified since the publication of the plan. Examples include: progress on integration of Life Course Planning, improved Website Management, completion of several phases of Incident Reporting projects, continued development of the Residential Supports Continuum, achievement of Modernizing Data Systems in multiple key applications, and work toward Streamlining Providers' Administrative Burdens, particularly in the areas of quality and resource management.

In addition, many more of the projects identified in the plan are in process, with additional projects having been added since publication. Examples include: Positive Behavior Support Strategies, Public/Private Training Partnership, Settings Rule Planning, Streamlining Licensing, Supportive Housing Pilot, Web IP.6 Payment, additional Modernizing Data Systems projects, final phases of Incident Reporting projects, and multiple Operational Governance efforts.

Data Sharing and Collaboration

Connecticut has made great strides in the promotion of Open Data to enable data sharing and collaboration in an easy to use and secure environment. Public Act 18-175 required each agency to establish an Agency Data Officer, who in consultation with the State's Chief Data Officer, will establish procedures for the timely fulfillment of data requests. Each Executive Branch agency will establish an Open Data Access Plan, creating a roadmap for the publication of public data housed by DDS in the Open Data Portal.

Working toward this requirement during FY19, DDS has already inventoried data sources, identified which are public, which are private, and which are protected, and is in the process of reviewing data sets to identify which to consider for publication to the CT Open Data Portal. This is a natural progression for DDS, following the automation of the Management Information Report (MIR), the agency's main data publication providing a broad-set of information across the supported population. Publishing datasets that are of high value to partner agencies, individuals receiving supports, service providers, families, advocates and other stakeholders is a priority of the Business Intelligence and Analytics unit at DDS. Making data more accessible and transparent is a major goal of PA 18-175. By aligning the agency's data sharing priorities with the larger open data initiative in Connecticut, DDS hopes to make data more accessible and actionable for all stakeholders. This

work was moved forward substantially in FY19 and will continue to be a priority in the coming years.

Positive Behavioral Support and Trauma-Informed Care

DDS continues to promote the use of evidence-based clinical, behavioral, and trauma-informed practices in order to best serve individuals who present with challenging and complex needs. In FY19, DDS focused on collaboration with other state agencies and private providers in ongoing learning exchanges and combined training opportunities.

Along with colleagues from the Department of Mental Health and Addiction Services (DMHAS), Beacon Health Options, and the Department of Children and Families (DCF), DDS is now presenting to first responders on autism and non-verbal learning disability. In addition, DDS continues to partner with colleagues from DMHAS and Beacon Health Options to provide positive behavior support (PBS) training to Emergency Mobile Psychiatric Services (EMPS) clinicians who may encounter crisis situations involving children and adolescents with developmental disabilities.

DDS also focused on PBS and trauma-informed care in the development of the DDS Step Up/Down Unit, which serves individuals coming from hospitals or other higher levels of care (step down) or community settings (step up) in need of behavioral stabilization before returning to community-based supports.

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

Self-Advocate Coordinators

The DDS Self Advocate Coordinators (SACs) continue to encourage people to “Speak Up and Speak Out” to ensure those receiving supports and services from DDS have a voice. The ten SACs, located in each of the three DDS regions, are employed by DDS. Their voices support, guide, question, and strengthen the department in practices, policies, and culture. Meeting regularly with DDS Commissioner Scheff, the SACs share ideas, challenges, updates, information, and perspectives of the people DDS supports and serves. This provides an opportunity for the SACs to play a central role in systems change and make sure individuals supported by the department have an active role in the development and evolution of the department’s service system.

The SACs have had an ongoing focus to build voices through self-advocacy and empowering individuals to find their own voice. SACs continue to support and develop over 84 Self Advocacy Groups and Self Advocates continue to increase across the state.

A voice can make the difference in a person’s life. The SACs continue to promote DDS initiatives and waiver services. The new Peer Support waiver service encourages individuals to be role models as an entrepreneur. Individuals supported by the department can become a qualified vendor to be a “Peer 2 Peer” support and create their own business of providing guidance to their peers. The SACs will continue to promote this service and encourage individuals to be a voice not only for themselves but empowering others to have the life they want.

The SACs continue to spread the word by encouraging people to use “People First Language” and remind all stakeholders to take their Disability Pledge and participate in the “We Are People – Call Me by My Name” campaign. Everyone should have a voice to “speak up and speak out” in all aspects of their lives. This is a challenge for the SACs to spread this message to all of the people DDS supports. To touch as many lives as possible, the SACs partner with private providers, family groups, advocacy organizations, families, staff and as many stakeholders willing to assist in empowering individuals to live the life they choose.

Several of the SACs are Ambassadors for the LifeCourse materials that promote individuals to have a voice in making their lives happen. The SACs have assisted in spreading the word about the revised DDS Individual Plan, which is a person centered planning tool. As LifeCourse Ambassadors they have been able to share various ways to support individuals to “speak up and speak out” at their planning meetings. SACs provide training, 1:1 advocacy, IP Buddy support and are available to share information about being Self Determined, how to advocate with the 10 Steps of Being a Good Self Advocate, explore self-directed supports, promote employment opportunities, promote healthy relationships, share the various living options available, and be available to listen as advocates of all ages find their voice.

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. They 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 encourage people to share their “Success Stories” on their website. (www.dds.ct.gov/advocatescorner) “Living a Self-Determined Life” and “Got a Job” highlights living a good life for people supported by DDS.

Improvements/Achievements 2018-2019

Individuals Served

As of June 30, 2019 there were 10,176 individuals enrolled in the Home and Community Based Services (HCBS) waivers for persons with intellectual disability. DDS funding priorities continue to address individuals with an emergency need for supports and services and for existing HCBS waiver participants with increased needs or a change in their need. During FY 2019, DDS provided residential resources to 205 individuals on the basis of emergency. Also, 436 waiver participants received additional funding to fully meet their needs.

As of June 30, 2019 there were 577 individuals on the DDS Residential Waiting List including 36 Emergencies and 541 Urgents. In FY 2019, 326 individuals had their residential needs met and came off the waiting list and 706 individuals received additional supports to fully meet their residential needs.

The department provided community residential supports for 87 young adults aging out of the Department of Children and Families (DCF) or local education agencies (LEAs). DDS also provided supported employment or adult day services to 340 new high school graduates. DDS also operates the Behavioral Services Program (BSP – formerly known as Voluntary Services Program, or, VSP) for children who have co-occurring intellectual disability and behavioral health needs. As of June 30, 2019, the total number of children served in DDS BSP was 298.

Assistive Technology

DDS continues to support and facilitate the expansion of innovative service delivery tools, including the use of assistive technology (AT). In FY 2019, the department has launched an education campaign to ensure that all individuals, families, providers, staff, and other stakeholders are aware of its availability. In addition, the agency was afforded the opportunity to fund AT expansion in the provider community, through both training and the creation of “Smart Home” demonstration sites. Over the coming years, DDS expects to continue to expand the use of AT to support greater independence and improve the lives of individuals with intellectual disability.

Aging Services

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

DDS is a partner in CT’s Money Follows the Person (MFP) demonstration grant that is intended to assist with the rebalancing of CT’s long-term care system, so that individuals can return to living in the community. As of FY19 the DDS MFP unit has assisted 273 individuals who have moved from long-term care settings, Hospitals, Private ICFs, Southbury Training School and DDS Regional Centers into community settings under MFP.

DDS also partners with the Department of Rehabilitation Services (DORS), the CT Coalition on Aging and Developmental Disabilities, and the CT Chapter of the American Association on Intellectual and Developmental Disabilities each year for a conference on supporting older adults to remain empowered and engaged. The 2019 conference explored new tools and concepts on how the system can support older adults to be empowered and live stronger as they age.

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 860 individuals statewide in FY 2019, including 95 children under 18 years of age.

Case Management

Fiscal year 2019 saw the roll out of the revised DDS Individual Plan. This revision of the plan incorporated tools from the Charting the Life Course framework to ensure that all people DDS serves would be active participants in directing their supports and identifying their life’s goals. This has been a major undertaking for individuals and their families, case managers, and providers. DDS case managers and the private provider network have been creative – and highly successful – in using these tools to help all individuals be more involved in their planning process. The focus for these teams is to move from being caregivers to providers of support. They are helping to design plans to support the person in the pursuit of their own identified goals and dreams. It is the pursuit of these dreams that can help improve the quality of a person’s life.

DDS has also been developing several new reporting and monitoring systems to help case managers and others in the department to access needed information quickly. The impact of these will be measured in the upcoming year.

Employment Corner

DDS continues to enhance services dedicated to fulfilling its commitment to the Employment First Initiative. Ongoing work throughout the department includes partnership with sister agencies, providers, chambers of commerce, and private businesses in the pursuit of community-based competitive and supported employment opportunities for individuals with intellectual disability. Specific partnerships solidified in FY 2019 include Starbucks and Bear's Smokehouse.

In FY 2019, DDS and the Intellectual Disability Partnership Advisory Council selected 21 awardees to participate in the Intellectual Disability Partnership Innovative Employment Outcomes Pilot. Interested entities were asked to submit business plans for an innovative or alternative business model that employs or encourages the employment of individuals with intellectual disability. The pilot program focuses on providing support and resources to ensure the success of new business ventures that integrate individuals with intellectual disability. The department hopes these business models will also provide a framework for other entities interested in similar work.

Federal Reimbursement

During FY 2019, the department generated \$530,640,000 in federal Medicaid reimbursement. As of June 30, 2019, there were 10,176 persons enrolled in the DDS Home and Community Based Services (HCBS) Waivers. The HCBS waiver program allows for federal reimbursement for residential habilitation, day programs, and support services provided in the community.

Information Reported as Required by State Statute

Affirmative Action/Equal Employment Opportunity Office

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

Council on Developmental Disabilities

The CT Council on Developmental Disabilities is an independent, federally funded agency, established by Governor Malloy's Executive Order No. 19 and operating under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 (PL 106-402). The Council is composed of 24 members appointed by the Governor. The Department of Developmental Services provides fiscal and administrative services to the Council. In FY 2019, the Council received \$712,048 for work on its current five year plan, which covers fiscal years 2017 through 2021 and is organized around these fifteen specific objectives: 1.1 By 2020, the Council will work with members of the 2020

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

Regulations:

The department continues the process of amending the licensing regulations for Community Living Arrangements and for Community Companion Homes and reviewing the contracting regulations concerning Individualized Home Supports and Continuous Residential Supports. The agency also is looking to amend rate setting regulations for residential facilities to align them with current Medicaid waiver requirements. The prioritization of reviewing and revising agency regulations continues.