

# 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 – 1,804**

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

**Number of individuals determined eligible – 17,178**

**Recurring operating expenses - \$514,989,231**

**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 2020, 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 2020, 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

Continuing to support the goals of making data more accessible and transparent supported by Public Act 18-175, DDS has added our Management Information Report (MIR) to the CT Open Data Portal. Moving access to the MIR information to the Open Data Portal expands the audience and allows the citizens of CT to access the same MIR as our staff, advocates, individuals, families, funders and legislators.

In addition to supporting the Open Data initiative through sharing our MIR, DDS recently worked with CT Data staff to move reporting of COVID-19 information for individuals, providers and staff to the Portal. You can find the data by clicking or going to <https://data.ct.gov/> and searching for DDS.

Over the past 2 years DDS has conducted a number of data inventory surveys, as required by PA 18-75. Interviews were conducted of Agency Data Officers, and results for participating agencies were analyzed by the OPM Research Analyst and Team Skylight (<https://skylight.digital/>). The analysis team worked to identify data sharing barriers and develop a playbook to make data sharing easier and give efforts greater impact. In late February DDS participated in a training on the state's data sharing playbook identifying resources and strategies to aid in the sharing of data. The release of the playbook comes at a time when the state is looking at ways to streamline data exchange agreements, including adopting pre-approved template-based Memorandums and other standard

agreements. The importance of access to public/open data has become more apparent during the COVID-19 global pandemic, as has the need to share information across entities and systems of support.

### **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 FY20, 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 continues to present 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 has also collaborated with DMHAS on self-injuring training.

DDS also focused on presenting regarding the use of psychotropic medications, particularly among individuals with intellectual disability this year. DDS plans to offer this presentation to other state agencies and other entities in the coming months.

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 inspire people to “Speak Up and Speak Out”, ensuring those receiving supports and services from DDS have a voice. The ten SACs, located in all three DDS regions, are employed by DDS. Their voices support, guide, question, and strengthen the department in practices, policies, and culture. Meeting regularly with the DDS Commissioner Scheff, the SACs share ideas, challenges, updates, information, and perspectives of people DDS supports and serves. This provides an opportunity for the SACs to play a central role in system changes 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 on building voices through self advocacy and empowering individuals to find their own voice. This focus became challenging with the COVID-19 pandemic. The SACs used this challenge as an opportunity to gain new skills, using technology through virtual and remote platforms to reach out to the individuals and families supported by the department. To become familiar with the technology available through Microsoft Teams and other platforms, they began holding daily 30 minute “Tranquility” relaxation meetings as a training tool. This has provided many opportunities: keeping connected with each other during isolation, practicing online etiquette, becoming familiar with how to use various websites and integrating them into their work,

supporting each other, exploring various ways to be calm, experiencing the coordination and running of an online meeting, and becoming comfortable with technology. The SACs realized they needed to think differently about assisting others to find their voice. The SACs discussed what is important to people, important for people and the balance between while experiencing a pandemic. They began “rebalancing” how they promote advocacy, support the department’s initiatives, and build voices.

For more than ten years, the SACs have been supporting a Healthy Relationship Series to promote an understanding of positive safe relationships, knowing your own body, and being able to speak up if you are not being respected. For the first time the series was held virtually for individuals all over CT. The success of the series led to rebalancing in order to advocate and maintain a strong voice in supporting the department’s initiatives through virtual platforms. Across Connecticut, the SACs have virtual Self Advocacy Groups/Meetings; 1:1 Peer learning/trainings; Employment Advocacy Groups; participation in national SA events; virtual bulletin boards; topical presentations/trainings such as Emergency Preparedness, housing, nutrition, hiring and managing their own staff; collaborating with all of our stakeholders to spread the word virtually; and providing/participating in fun activities including virtual karaoke, dances, and game nights. Providing virtual opportunities decreased many logistical issues including the biggest one - transportation to events, advocacy meetings, and trainings. The outreach to our DDS constituency has gone from approximately 670 people monthly to 2218 people monthly after piloting virtual groups, trainings, and 1:1 supports. This has expanded and strengthened the voices of the self advocates in CT.

Prior to the COVID-19 pandemic, the SACs provided training to all our stakeholders in: 1:1 advocacy, IP Buddy supports, being Self Determined, how to advocate with the 10 Steps of Being a Good Self Advocate, exploring self-directed supports, promoting employment opportunities, promoting healthy relationships, sharing the various living options available, learning to hire and manage your own staff, understanding abuse and neglect, promoting the new Individual Plan used by all people supported by the department, promoting LifeCourse strategies and materials, promoting Peer 2 Peer Waiver supports, and being available to listen to advocates of all ages find their voice. All the SACs are valued members of various regional and statewide committees including: representation on all the DDS Reopening Committees, Assistive Technology Steering, Aging Matters, Youth Leadership Program, APSE, interview teams, SELN, employment, Provider Qualification, Job Development Leadership Network (JDLN), DD Council, and People First of CT. Several of the SACs have participated and presented at national conferences including National Association of Medicaid Directors (NAMD) Conference in Washington DC, CTFSN One Voice Conference, and CT Transition Conference.

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.

SACs believe in connecting with others and strive to be positive role models, showing that anything is possible if you understand who you are and what you want to accomplish in life. As their work continues to change and evolve with the global pandemic, the SACs continue to support the department and lead the way in transforming outreach to people with disabilities. By being role models, providing ongoing training, and promoting advocacy, the SACs support individuals in their

understanding of what it means to live a self-determined life and be a part of our CT communities. The SACs share information and the successes of advocates on their webpage (<https://portal.ct.gov/advocatescorner>). SACs believe in connecting advocates and will continue to listen to what is important to people, important for people and support finding the balance between. After all – Every Voice Needs To Be Heard!

## **Improvements/Achievements 2019-2020**

### **Individuals Served**

As of June 30, 2020 there were 10,709 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 2020, DDS provided residential resources to 174 individuals on the basis of emergency. Also, 207 waiver participants received additional funding to fully meet their needs.

As of June 30, 2020 there were 655 individuals on the DDS Residential Waiting List including 62 Emergencies and 593 Urgents. In FY 2020, 101 individuals had their residential needs met and came off the waiting list and 333 individuals received additional supports to fully meet their residential needs.

The department provided community residential supports for 73 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 347 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, 2020, the total number of children served in DDS BSP was 302.

### **Assistive Technology**

DDS continues to support and facilitate the expansion of innovative service delivery tools, including the use of assistive technology (AT). In FY 2020, the department has continued an education campaign to ensure that all individuals, families, providers, staff, and other stakeholders are aware of its availability. 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 3,800 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 FY20 the DDS MFP unit has assisted 296 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 on Aging and Disability Services, 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.

### **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 801 individuals statewide in FY 2020, including 87 children under 18 years of age.

### **Case Management**

Fiscal Year 2020 started with the rollout of a Telework program where many DDS Case Managers and Case Management Supervisors trialed working from home up to two days weekly. Though eligible participants were primarily based on equipment availability, 73 Case Managers and 7 Supervisors participated in the Telework pilot. After six months, anecdotal results indicated that there were increases in productivity and morale with very few challenges. Procedures developed and lessons learned from the pilot were useful later in the Fiscal Year when the pandemic response necessitated telework for all.

Case Managers continue to use the Person Centered Planning process that deployed in FY19 to capture ensure that individualized values and goals are captured and rolled in to the guidance of service delivery. Mentorship training occurred in August to provide additional tools and skills for Case Management volunteers in each office location to ensure the availability of subject matter experts in the area of person centered principals.

In February, DDS piloted a centralized system of hiring case management staff. The intent was to create consistency in hiring practices/methodology as well as leveling the work required to use Jobaps. Twenty-two case managers were selected and hired using the new system.

DDS Case Managers were well positioned to continue core functions via Telework when the pandemic response was initiated. A Wellbeing safety checklist was used to check in with individuals and families to assess needs and stay connected. Planning and coordinating was also able to continue remotely with the use of telephone conference lines and TEAMs software.

### **Federal Reimbursement**

During FY 2020, the department generated \$603,310,000 in federal Medicaid reimbursement. As of June 30, 2020, there were 10,709 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 2020, 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 department also is

revising and updating its Medication Administration regulations to include online training options, electronic health records, and to reflect current best practices. The prioritization of reviewing and revising agency regulations continues.