



Connecticut DDS

STEP: Supporting Transformation to Empower People

Stakeholder Feedback Summary

April 2023

DDS



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1.0 Executive Summary

1.1 Background

The Centers for Medicare & Medicaid Services (CMS) awarded the Connecticut Department of Developmental Services (DDS) transformational funding through the American Rescue Plan Act (ARPA). STEP is one DDS ARPA initiative. This report summarizes stakeholder input collected to inform the development of STEP. Stakeholder Input Sessions were held with individuals and families, providers, case managers, and DDS staff regarding their insights, preferences, questions, and concerns for potential STEP opportunities. This report also includes the results of surveys for individuals and families and providers. Although questions focused on STEP, participants also provided thoughts and feedback on existing DDS programs. This feedback is included to provide context and lessons learned for STEP.

STEP is intended to create more options for individuals to increase their independence, and to live and work in settings that are more integrated into the community. The STEP incentive payments are meant to support providers in their movement towards offering more support options for individuals receiving supports. This aligns with the DDS mission to partner with the individuals supported and their families, to support lifelong planning, and to join with others to create and promote meaningful opportunities for individuals to fully participate in their communities. This initiative includes flexibility to tailor to the needs of the individual, family, and the specific circumstances of the provider.

Consistent with the DDS Vision and five-year plan, the transformation provides opportunities for people supported by the Department to live, learn and work in more independent settings with the support they need and have meaningful roles in their communities using their strengths, talents, and passions. It allows people to make informed choices about where they live and work, and to pursue the lives they choose. This initiative is an opportunity for providers and individuals, with their families, to work together with increased incentives to meet the personal goals of individuals seeking more opportunities to live and work in their communities. DDS will provide incentives to providers for supporting individuals to transition from a congregate setting to more community-based supports.

1.2 Approach

In Fall 2022, DDS requested a Current State Assessment report researching promising practices for home and community-based services (HCBS) transformations to learn from the successes and challenges of other state agencies, including efforts in Connecticut. This assessment includes a list of opportunities and considerations for STEP. DDS sought stakeholder input on selected opportunities and considerations from the report to inform development of the STEP initiative. To gather this input, six stakeholder input sessions were held to collect detailed feedback from diverse stakeholders in small group settings. Additionally, three surveys were sent to stakeholders for input, one for individuals who receive supports and their families, one for providers, and one for DDS staff.

1.3 Themes

Several recurring themes emerged as a high priority for all groups. Some of these themes are systemic issues or barriers. STEP alone will not completely solve these issues. However, they are important to take into consideration throughout the planning, communication, and implementation of STEP.

Communications

When speaking with providers, individuals and families, and DDS staff, people expressed that they did not know enough about STEP and its goals. People in all input sessions expressed dissatisfaction with the available program materials (particularly limited content on the DDS website). Providers and DDS staff who participated in the survey conveyed concern about fully understanding the scope of the program and being able to confidently speak on it. Suggestions to address this coming out of feedback include:

- Adjust messaging of STEP to recognize diverse needs of service-recipients, particularly individuals with high Levels of Need (LON).
 - Make it clear that transitions will be voluntary.
 - Emphasize that any transitions or changes to services will be person-centered, not one-size-fits-all.
- Prioritize filtering communications through trusted advisors (i.e., providers, case managers).
 - Proactively communicate with these stakeholders so they can support information sharing with individuals.
 - Ensure they have the right resources to answer questions effectively.
- Establish forums for both providers and case managers to share best practices for transitions.
 - This will help spread awareness of successful approaches and enhance collaboration.
- Expand peer-to-peer mentorship opportunities between individuals receiving supports.
 - DDS already provides some opportunities for this. Publicize them and integrate within STEP's approach.

Individualization of Supports

Participants emphasized the importance of an **individualized approach to the transition process**, given the diverse needs and preferences of the population DDS serves. Survey comments from individuals and families emphasized these concerns. Some participants expressed a perception that STEP is single-minded in prioritizing competitive, integrated employment and independent residential settings. This can be off-putting for families and providers who **feel that the individuals they support are not always equipped for these changes**. There is a hope that STEP will be more fluid, with options to switch between setting or employment options as needed. Overall, across stakeholder groups, there is emphasis on **utilizing person-centered planning before moving forward with transition** conversations to ensure that the fit is right for the individual. Suggestions to support these efforts included:

- Create program one-pagers for various audiences to explain purpose, scope, and goals.
 - Use plain language, infographics, and other easy to understand approaches so that materials can stand alone.
- Develop an exhaustive menu of residential and day supports options.
 - Make it very clear what families and individuals can opt into and how programs differ from existing settings and opportunities.

Workforce Recruitment and Retention

The impacts of the workforce crisis and staffing shortages were a key concern across all groups. Providers are struggling to staff current services and supports, and many expressed that they are unable to think beyond the current day-to-day staffing needs. Participants shared this as a significant challenge for providers, resulting in extremely limited bandwidth to plan for and implement transformational

change for STEP at their agency. Additionally, families expressed concern about adequately staffing transitions to more independent settings given the acute workforce shortages.

- Develop relationships with local colleges and universities to create a recruiting pipeline for strong, experienced candidates to serve as Direct Support Professionals (DSPs).
- Work to create a more flexible system with fewer administrative burdens. Additional administrative support for provider agencies would help free up additional time for existing staff.
- Coordinate STEP efforts with the other workforce-related ARPA initiatives (e.g., Enhance HCBS Workforce).

Transportation

Stakeholder groups universally recognized the challenge of transportation expenses and logistics, particularly to and from job sites and other day activities. This was also reflected in survey results. Participants noted that for residential transitions, a lack of transportation can be isolating and make it difficult to access medical appointments and community services and events. Many **geographic areas are not well served by public transportation**. When individuals are traveling alone to job sites, Uber/Lyft and other private services can become **extremely expensive**. Additionally, transportation needs can **make transitions more complicated** if a new residence or employment opportunity is not accessible from existing routes. Suggestions to address included:

- Address shortage of affordable and accessible transportation options, especially in rural areas.
- Investigate group transportation options among other alternatives.

2.0 Stakeholder Input Session Summaries

2.1 Overview and Recruitment

The Stakeholder Input Sessions were hosted in January 2023 with the following groups:

- Individuals Receiving Day and Employment Supports and Their Families
- Individuals Receiving Residential Supports and Their Families
- DDS Self-Advocate Coordinators
- Residential Supports Providers
- Day and Employment Supports Providers
- DDS Regional Staff, including Case Managers

Recruitment for participation in the sessions was an important part of this process, with a priority on integrating perspectives from multiple audiences across stakeholder groups. For example, the team emphasized recruiting participants from all three regions. All providers were invited to participate in the sessions and direct outreach was also supported by The Arc and The Alliance.

To recruit individuals and families for these sessions, DDS posted the event description and registration information on social media, and worked through The Arc, CTFSN (Connecticut Family Support Network), and DDS case managers to provide event descriptions and registration links to people who receive supports and their families. For DDS staff, Deloitte included a variety of roles including Transition Advisors and Quality Review Specialists in addition to Case Managers and Case Manager Supervisors.

DDS investigated the need for a Spanish-language input session. Due to only one response to an interest survey, no Spanish-language session was offered. However, the respondent was invited to provide input in Spanish via email.

2.2 Individuals and Families- Residential Services (1/10/23)

THEME 1: People require choice in residential supports to best meet their individual needs.

SUMMARY: Families voiced the importance of individualizing transitions by focusing on the specific needs of individuals. This is not a one-size-fits-all approach. Independence means different things to different people, and families are concerned that their voices are not being heard.

INSIGHTS from PARTICIPANTS:

- DDS focuses so much energy on helping people be as independent as possible. Families expressed levels of independence vary and complete independence is not a realistic goal for everyone. Suggest framing goals instead as “increased” independence.
- Many individuals prefer to live in congregate settings with other individuals with I/DD. How is DDS addressing their goals and needs? Completely independent living can be isolating.
- The program needs to be “more fluid,” where individuals can change and go back and forth between settings.
- Each person is different, and an individuals’ needs and preferences change over time. STEP must provide flexibility to meet the diverse needs of individuals.
- Programs like [IDASH](#) – a supportive housing model where services are provided in the most integrated setting with the same access to community life as any other citizen – offer further individualization.

IDEAS and SOLUTIONS from PARTICIPANTS:

- Have the case manager spend a day with the individual to understand what the needs are.
- Consider also accessing housing through grant funding. Create a list so people understand opportunities.

THEME 2: Families feel the impact of the workforce crisis, in terms of level/experience of staff and quality of training.

SUMMARY: Families noted that low pay and little to no benefits for DSPs result in insufficient incentives to keep people in these jobs as a career path. Training is important, at the start of the transition and on an ongoing basis as individuals needs and preferences change. The low supply of DSPs paired with high turnover rates means that providers often have to hire individuals with limited experience and/or training.

INSIGHTS from PARTICIPANTS:

- “People who work with our folks get no benefits – no incentives to have these jobs.”
- “Need to be able to get paid enough that the staff can make this a career instead of just a job.”
- Training of staff is a huge issue. Staff need ongoing training that involves how to coordinate with families, and how to integrate the needs of an individual into their plan.
- Sentiment that we should be focusing on getting staff the right experience and skills before talking about transitions.

- DDS needs to have staff trained in the technology that individuals use. Difficulties and outages can create frustration and trigger behavioral issues. The group stressed the importance of having backups when technology breaks or does not work as individuals are dependent on it.

IDEAS and SOLUTIONS from PARTICIPANTS:

- Increase staff pay and benefits to encourage this field to be a career choice.
- DDS needs to increase oversight and monitor their vendors more, especially around training.
- Technical support at DDS would be helpful.

THEME 3: Clear communication about available supports and options, and the transition process in general, will ease anxieties.

SUMMARY: There is a sense that families don't have a great understanding of STEP, or many of the residential support options that are available to their loved ones.

INSIGHTS from PARTICIPANTS:

- People often find out about available services and supports by talking to other families.
- Families like the concept of open forums related to STEP and other initiatives.
- Infographics and other visual aides are greatly appreciated, particularly for families that do not speak English.
- Individuals and families may not be aware there is a specific budget unless they use self-direction. Case managers do not consistently communicate it.

IDEAS and SOLUTIONS from PARTICIPANTS:

- Create a menu of supports so that individuals and families can better understand their options.
- Suggest increasing communication from DDS (e.g., STEP updates, description of available services and remote supports) via newsletters, forums, and infographics to help individuals and their families better navigate the system and determine what best meets their needs and preferences.
- For public communications, DDS needs to put everything at a 5th grade level.

2.3 Providers- Day Services (1/11/23)

THEME 1: Providers believe Project SEARCH is effective but worry about funding.

SUMMARY: Providers expressed concerns over the issue of funding to support the Project SEARCH internship program and the need for long-term solutions.

INSIGHTS from PARTICIPANTS:

- Previously, other projects have only received funding for a few years. Concern this will happen to Project SEARCH.
- Project SEARCH is very expensive, and some providers "mostly use the principles of the program" rather than directly engaging with it.
- The program needs "its own funding rate"; it's a great program with a proven track record but is not sustainable in its current form. "The broken funding mechanism needs to be fixed before this program can work. Otherwise, we are hoping that the one-time funding comes through to keep us in business."
- Rates need to be based on actual costs rather than funding appropriated by the legislature.

- Concerns that activities and supports are funded through medical models, but these funds are being used for employment-related activities.

IDEAS and SOLUTIONS from PARTICIPANTS:

- Tiered rates may be easier and give the most flexibility.
- Look at how other states fund Project SEARCH and gather best practices.

THEME 2: Transportation is a significant barrier to successful transitions.

SUMMARY: Transportation is a widespread issue across all service areas, and providers are concerned about the financial feasibility of private rideshare services for individuals and access to public transportation in many areas.

INSIGHTS from PARTICIPANTS:

- Many consider transportation the most significant barrier to acquiring and maintaining employment. It is even more difficult outside of typical business hours (Monday-Friday, 9:00 am-5:00 pm).
- Transportation can be an even bigger issue if a person travels alone to work. Group transportation is cheaper than for individuals, so transportation is often easier in group employment.
- Paying for Uber/Lyft is not sustainable due to cost. It often exceeds the individual's paycheck.

IDEAS and SOLUTIONS from PARTICIPANTS:

- Consider group transportation options.

THEME 3: Providers would like to feel more supported by DDS when exploring new approaches to promote independence.

SUMMARY: Providers shared they feel DDS is asking them to take job placement risks to help the people they support gain independence. However, they do not feel like DDS will support them if something goes wrong.

INSIGHTS from PARTICIPANTS:

- On lack of flexibility: "As an example, we support maybe 30 or so individuals at a local university to offices and dining with different schedules. [They] can get hired or fired like a regular employee. DDS treats that as group supports since sometimes there are more than one of our individuals working on the same level or vicinity. That doesn't fit in with the goals."
 - DDS has a narrow view of what employment is that is strictly tied to service definitions. This can limit creative use of individual's support dollars.
- Providers are often blamed for outbursts or poor behavior in the workplace. In theory providers are protected by creating a list of potential dangers, but if something is not on the list the provider is considered at fault. "Not sure if I would take the risks I was helping individuals make 15 years ago today because there isn't any support for risk taking today. Risk is on the provider."
- Providers view DDS as just oversight rather than support or assistance.
 - "It has shifted the way you do business when you no longer [feel like you] have a resource."

IDEAS and SOLUTIONS from PARTICIPANTS:

- DDS could financially support risk-taking and give providers “dignity of risk.”

THEME 4: Providers are concerned about how prepared individuals leaving high school and their families are to transition to employment settings.

SUMMARY: Most providers, who participated in sessions, are in full support of the STEP initiative’s goals but frustrated about the poor transition infrastructure in many high schools. It leads to families that are unprepared for the realities of the transition to employment and day programs. Although these insights do not directly apply to STEP, they hold information and lessons for transitions from congregate settings to more individualized settings.

INSIGHTS from PARTICIPANTS:

- Families want stability and expect a school-like environment (Monday-Friday, 9:00 am-3:00 pm). This is very difficult to find.
- Fewer schools are supporting person-care transition programs.
 - Individuals may not receive training on employment-specific skills.
- Providers receive referrals when individuals become eligible for services, which can make transitions more challenging because agencies have limited time to plan for an individualized transition. This often leads to placements in positions that are not good fits.
- There are middle-aged and older individuals that could have had very different opportunities if they had been given the opportunity to fail and learn. “You can’t learn and get social-cue experience without the risk.”
- Schools are less person-centered in their transition planning, often placing individuals in the first open role regardless of fit. “A lot of these are at grocery stores, and it is just plugging people in to the open job. Providers prefer to have individuals be part of Project SEARCH.”
- Internship models can be effective in building skills, but some providers find they usually do not result in regular employment.
- Providers expressed the sentiment that Transition Coordinators used to play a more significant role in preparing individuals to transition to adult employment and day programs. Increasing their involvement and/or having them engage with individuals and families earlier would help the transition process.

IDEAS and SOLUTIONS from PARTICIPANTS:

- Improve school vocational placements to better fit individuals.
- Encourage and facilitate earlier coordination with adult providers for transition age youth.
- Increase the involvement of Transition Coordinators, either by expanding their scope of responsibility or by allowing them to engage with individuals and families earlier in the process.

2.4 DDS Self-Advocate Coordinators (1/12/23)

THEME 1: Self Advocate Coordinators highlight their “circle of supports” as the key group of people that are part of decision making, and also who they seek out to help get information.

SUMMARY: The most important people involved with helping Self-Advocate Coordinators find information and make decisions are their “circle of supports.” This can include their family members (parents, siblings, cousins, etc.), friends, support staff, and case managers. For person-centered

planning, they refer to their individual plans (IP) and use Charting the LifeCourse tools. Some Self-Advocate Coordinators also do independent research online (e.g., Google) when looking for more information.

INSIGHTS from PARTICIPANTS:

- Self-advocates turn to their circle of supports to help make decisions and learn about new supports or opportunities.
- Some individuals like doing independent research to find information on their own, but their circle of supports remains the most important group to involve in decision making and information gathering.

IDEAS and SOLUTIONS from PARTICIPANTS:

- Information about current supports or new supports must be written in a way that is accessible and understandable for a wide range of reading levels.

THEME 2: Independence is a top priority for Self-Advocate Coordinators and having social connection and companionship in new settings is also very important.

SUMMARY: Self-Advocate Coordinators prefer more independent residential options, as long as they still have opportunities to maintain social connections and spend time with friends. Some Self-Advocate Coordinators voiced concern that living in more independent settings may be isolating or lonely.

INSIGHTS from PARTICIPANTS:

- “I live with my parents now. It can be lonely living without someone else. It would be nice to have a significant other. Living on your own can be independent but might be lonely.”
- “Even if I am independent, it is good to have that companionship as well.”
- Provide options to live with someone else. Have people come in to support like family or staff.

2.5 Providers - Residential (1/17/23)

THEME 1: Lack of transportation and affordable, accessible housing are significant barriers to successfully transitioning individuals into more independent residential settings.

SUMMARY: Most providers are in full support of the STEP initiative’s goals but emphasize how the lack of transportation and affordable housing impact the ability to successfully transition individuals into more independent residential settings.

INSIGHTS from PARTICIPANTS

- “The vacancy rate in existing apartment complexes is very low in CT. So, finding existing apartment settings to create a cluster setting for apartment supports is very challenging. The solution is to design and build more Supportive Housing complexes but that takes years from planning to implementation.”
- Affordability of housing is a significant barrier, especially for clustered supports for new service recipients.
- In areas where affordable housing options are available for supportive living, lack of affordable and accessible transportation options make it challenging for individuals to receive additional supports and participate in community-based activities.

THEME 2: The ability to staff residential supports and residential transitions remains a primary concern of providers about the ability to implement STEP.

SUMMARY: The workforce crisis puts intense pressure on providers. This makes it challenging to think beyond day-to-day staffing needs to focus on transforming their agency or supports. Many providers are supportive of STEP but expressed concern that they could not make the changes necessary with current staffing levels, and with the experience/training of current staff.

INSIGHTS from PARTICIPANTS:

- Some providers do not feel ready for STEP since staff shortages are so challenging right now, we “keep talking about money and raising pay, but there is a 20% opening on positions [in my agency]. [It is] impossible to move forward without addressing this.”
- Agencies have lost, or anticipate losing, significant institutional knowledge and staff from waves of retirements.
 - “Lack of emerging leaders. We are losing staff quicker than we are replacing them.”
 - “We are often forced to promote DSPs who are not ready due to lack of other options.”
- People do not see incentives to stay in the field, especially when staff cannot expect wage increases over time. Stagnant low wages have led to DSPs with fewer qualifications and less experience over the years.
- Skill requirements for staff have increased (more medical and behavioral), and the two-week trainings from agencies doesn’t seem sufficient to meet these requirements.
 - Pay rates for staff are not adequate for the tasks they are performing, such as doing the work of CNAs without equal compensation.
 - “Grocery store workers get paid a lot more. How can DDS support us getting better wages for our staff?”
- “Our biggest competitor for staffing is the state/DDS. They pay a higher rate and better benefits. If we don't have the staff, we will not be successful.”
 - “Parity is a necessary discussion at this point because the wage gap between state and private agencies is large.”
- There are no staff trained to manage technology services and issues. Adding services like remote supports that require staff training is overwhelming.
 - One agency received three MOVIA robots to support service-recipients, but two are completely unused due to lack of staff to implement.

IDEAS and SOLUTIONS from PARTICIPANTS:

- Work to create a more flexible system with fewer administrative burdens. Additional administrative support for provider agencies would help free up additional time for existing staff.
- Adequately support staff so that they can build careers in the field. Consider increasing the salary of a DSP when they earn additional credentials and/or complete specific trainings.
- Evaluate pay rates for support staff so that they reflect expectations of the role.
- Create a standardized training curriculum for staff.
- Suggest finding a software solution for staff to make tracking their hours for multi-rates less cumbersome.
- Partner with the Department of Labor to identify staff with more qualifications.

THEME 3: Providers are eager to use assistive technology and remote supports but barriers make it challenging to expand the use more broadly.

SUMMARY: Providers expressed that the biggest barriers to expanding the use of remote supports are knowing what options are available and having enough staff to implement new technology or supports.

INSIGHTS from PARTICIPANTS:

- It is critical to have back-up systems in place for when technology doesn't work as expected or when Wi-Fi doesn't work.
- Several providers emphasize that the biggest challenge to implementing remote supports or new assistive technology is individuals and staff understanding how to use the technology.
- The effects of the workforce crisis extend to technology implementation—several providers noted that they have purchased technology but have struggled to set up and implement given the lack of staff and limited time for training.
- Many providers said that they would like to use more remote supports, but they don't know what options are available, or what systems meet the necessary security requirements.

IDEAS and SOLUTIONS from PARTICIPANTS:

- Having Tech Navigators to assist and teach on technology usage may help more agencies adopt remote supports.
- DDS-funded trial periods for technology would help train staff and provide time for individuals receiving supports to adjust to using the technology.
- A menu of remote supports would enable providers to better understand what options are available.

THEME 4: Partnerships and coordination are critical to successful residential transitions.

SUMMARY: Increased coordinated communication between DDS staff, case managers, providers, individuals and families, and community partners, as well as interagency collaboration is seen as a critical element to the success of STEP.

INSIGHTS from PARTICIPANTS:

- Providers see limited communication from DDS, especially around assistive technology programs, as a significant barrier to the success of STEP.
- Being partners with case managers is critical to help with transitions.
- Leveraging community supports and building relationships with other partners (i.e., home health nursing) has been critical in designing a plan of care that is individualized.

IDEAS and SOLUTIONS from PARTICIPANTS:

- Increase opportunities for more constructive, action-driven dialogue with DDS with a focus on solving issues.
- Providers should receive communication from DDS about new programs prior to families so there is time for them to prepare to assist with individual and family buy-in.
- Case managers need more training on the STEP initiative to provide support to individuals, their families.

2.6 Individuals & Families- Day Services (1/18/23)

THEME 1: STEP efforts must also include individuals that require a higher level of support.

SUMMARY: Families expressed concern that many of DDS's new employment efforts will not directly support high LON individuals. Some individuals lost work opportunities or hours with the closure of

sheltered workshops and the loss of most subminimum wage jobs. Relatives of loved ones with high LON expressed that competitive integrated employment is not always a feasible goal.

INSIGHTS from PARTICIPANTS:

- Since sheltered workshops closed, DDS programs have not been geared towards serving the high LON population that these settings served. The loss of this group employment has not been replaced with appropriate alternatives.
 - “What is replacing group employment doesn’t really apply to the groups it was set up to serve.”
- Many of the new DDS priorities are focused on individuals who are looking for minimum-wage work which is low on the priority list for this population. According to families in this session they place more value on welcoming job environments, social opportunities, and developing new skills.
- Many of the families in this session reported that their adult children have languished in work-from-home settings that are increasingly isolating and do not offer growth.

IDEAS and SOLUTIONS from PARTICIPANTS:

- Take a more individualized view of employment and understand that independence does not mean the same thing in all situations.
- DDS can partner with community organizations to get creative and provide more, diverse kinds of employment for these groups, i.e., public beautification projects in local parks.
- DDS can partner with local organizations to provide coworking space with infrastructure and materials, such as copy machines and office supplies, to help support microbusiness owners receiving DDS services while creating opportunities for community-building.

THEME 2: Finding jobs and appropriate employers is very difficult.

SUMMARY: Families feel the employment options for their loved ones are limited, so people settle for jobs that aren’t appropriate for their interests or goals. Families do not know which employers have a **strong track record of employing individuals with I/DD.**

INSIGHTS from PARTICIPANTS:

- Employers are often not trained in how to manage employment for individuals with high LON and are apprehensive to bring them on.
- Families run into issues where their children are determined “not eligible” by many programs that feel they are unprepared to support their needs.
- In general, families do not know how to find companies that are willing to hire this population and support their goals.

IDEAS and SOLUTIONS from PARTICIPANTS:

- Create a list of employers that the agency and providers have worked with and had success with previously. Post it on the DDS website or distribute through case managers.
- Leverage micro-businesses to allow individuals to explore their interests in less formal working environments.

THEME 3: Putting individualization first and not ignoring the value of opportunities to build connections with peers who also have I/DD.

SUMMARY: Families stressed the importance of tailoring supports based on each individual's needs. Building and maintaining relationships with peers with I/DD is important to many. An individual's needs may change over time, so the system needs to be flexible.

INSIGHTS from PARTICIPANTS:

- People want different things from their job or day program—for some this is seeing friends or doing recreational activities, for others this may be having a job doing something they like.
- Isolation continues to be a problem, especially with reduced hours resulting from minimum wage requirements and few opportunities to work together with peers with I/DD in congregate settings.
- There is often a high administrative burden when supports change, or when an individual needs to receive new supports. Reducing the layers of approvals currently required for service changes would help improve the likelihood of long-term success of STEP.

IDEAS and SOLUTIONS from PARTICIPANTS:

- Towns and local organizations are willing to help organize needed social opportunities.

THEME 4: Transportation is a major challenge.

SUMMARY: With specialized working hours, transportation can be even more challenging for people with higher LON.

INSIGHTS from PARTICIPANTS:

- Individuals with I/DD, especially those with higher LON, often work shorter shifts and on different schedules. This means they commute when buses run less frequently.
- Lack of accessible transportation can lead to more remote work, which is not always the most appropriate work, increases isolation, and can even conflict with the person-centered plans.

IDEAS and SOLUTIONS from PARTICIPANTS:

- Provide dedicated funding to get to job sites.

2.7 DDS Staff & Case Managers (1/19/23)

THEME 1: Early preparation, partnering, and sharing of information improves transitions.

SUMMARY: Case managers discussed how important it is to be in contact with individuals and families, schools, employers, and providers when preparing for a transition. The earlier this coordination starts, the more effective the whole team can be throughout the transition. Exploring the goals and anxieties of the individual, finding the right supports, and working with the employer to help create a smooth and successful transition are all critical elements of preparation.

INSIGHTS from PARTICIPANTS:

- When team members (guardians, care staff) are resistant to change, make sure to “bring it back to the person receiving services, talk WITH someone instead of about someone. Empower them to advocate for themselves.”

- Meeting with individuals around age 18 or earlier helps to get a feel for their needs and goals and helps remove the fear of the unknown by providing more time to prepare a transition.
- There is significant variance in the ways schools prepare individuals for transition. Reasons for this variance include location, type of setting, affluence, knowledge of the district, vocational services, and grant availability.
- Access to benefits specialists for individuals and families is essential. Much of the fear around gaining employment stems from the idea of losing benefits or funding. Case managers have difficulty helping people to access benefits counseling.
- Not enough employers know that there are incentives for them to hire people with disabilities.

IDEAS and SOLUTIONS from PARTICIPANTS:

- Many individuals are scared to use new technology. One approach could be to familiarize them with tech and have available support staff to provide guidance and trials.
- Develop training on social skills, how to behave in the workplace, and the importance of hygiene for workplace success.
- Encourage using and accessing benefits specialists to understand how changes in programming affect benefits. Create stronger relationship between regional offices and benefits specialists to facilitate access.
- FAQs on STEP transitions could be helpful so that they are documented and can be used in the field to address questions.
- Develop and share success stories to ease anxiety and improve planning. Consider mentor programs with peers who have gone through these transitions.

THEME 2: Shared learning is critical.

SUMMARY: Leverage successes to share best practices across case managers and provider agencies. These are the best ways to get supporting groups on the same page and increase effectiveness in service delivery.

INSIGHTS from PARTICIPANTS:

- “[I] see a lot of agencies and providers doing good work. How can we tap into quality providers and share knowledge?”
- Partnerships and determining roles within partnerships are important. Government partners include schools, probate courts, Department of Children and Families, Aging and Disabilities, Bureau of Rehabilitation Services.
- Increased training for providers with more effective dissemination would be helpful to increase participation in trainings and overall awareness.

IDEAS and SOLUTIONS from PARTICIPANTS:

- DDS or another agency should develop a general curriculum that can be used in provider agencies across the state, particularly around finding employment and how to teach individuals skills that will prepare them for their career.
- Gather lessons learned from leading providers. Create opportunities for them to share knowledge with or mentor providers that need more guidance.
- Create opportunities for case managers and staff to share lessons learned, best practices, and challenges. Case managers highlighted hosting regional meetings or using recurring meetings with case manager supervisors as opportunities to foster learning opportunities.

THEME 3: Communications around STEP need to improve.

SUMMARY: Some case managers who participated in the sessions feel that they are not aware of many of the program details. Because of this, they do not feel equipped to communicate with the people and families they support. Communication has seemed disorganized so far.

INSIGHTS from PARTICIPANTS:

- “Communication is paramount to being able to support STEP, to help people understand the intent of the effort, what it means, what all the options are, etc.”
- Staff are starting to hear questions about STEP and the surveys for individuals and families, like “what does STEP mean?” and “what is the intent of the surveys?”
- Specific concerns with families receiving STEP communications or requests without the case manager being updated. This leaves them unprepared to answer questions.

IDEAS and SOLUTIONS from PARTICIPANTS:

- More materials, FAQ, and one-pagers for case managers to use, including materials that can be shared with individuals and families. Include information on the DDS website.
- More information sessions.
- Would like more “trickle down” communications that come from case manager supervisors and other agency leaders.

3.0 Survey Result Highlights

3.1 Individuals & Families

DDS mailed a survey to 9,100 legal representatives for individuals receiving supports in congregate residential or congregate day settings to gather feedback on STEP (referred to in the survey as “Moving On”). Individuals who are their own legal representatives received the survey directly. In other cases, the legal representative was asked to complete the survey with the individual who receives supports. The survey was sent in two languages: English and Spanish. A total of **1,702 survey responses were received** (1,350 responses via mail, 352 online). Of the total 1,702 survey responses, 34 Spanish-language surveys were returned. Ninety per of the surveys were completed by A family member or support person completed 90% of the surveys with the person receiving supports from DDS completing the remaining 10%. Please note that the survey language was written directed at individuals receiving services, and other respondents were asked to answer from that perspective.

This survey collected baseline data on the perception and awareness of STEP, with follow-up surveys to be conducted in future phases of the initiative. A high-level summary of the survey results follows.

- **Awareness about STEP:** Awareness of STEP was low among respondents, with only 12% of respondents reporting that they were aware of STEP. Among those who reported being aware of STEP, 46% reported hearing “just a little” about it, and 43% say they had read or heard “something” about it. Only 11% of those who are aware of STEP reported that they have read or heard a lot about the initiative.
- **Attitudes about independent living:** 35% of respondents were not sure how the STEP goal to help increase independence would change their life. Twenty-six percent thought it would improve their life a little, and 22% thought it would greatly improve their life. When asked how

respondents would feel about STEP if they were able to return to their original setting, 39% reported feeling much better about STEP, and 24% reported feeling someone better.

- **Receiving information from DDS about STEP:** When asked what method of communications from DDS about STEP is preferred, a letter in the mail (56%) or communications from case managers (52%) were the most popular responses, and social media was the least popular (4%). Respondents could select multiple methods.
- **Trust in communicating about STEP:** Respondents were asked how much they trust each of the following to receive information from about STEP: DDS Commissioner's Office or Regional Director's Office, case managers, or providers. Options ranged from trust a lot to not trust at all. Case managers and providers are more trusted by respondents compared to the Commissioner's Office or Regional Director's Office. Fifty-nine percent reported that they trust their case manager a lot, and 56% reported that they trust their provider a lot. Twenty-seven percent of respondents reported that they trust the DDS Commissioner's Office or Regional Director's Office a lot, and 26% reported being not sure.

3.2 DDS Staff

DDS emailed a survey to DDS staff to determine their level of familiarity with STEP and collect information about staff concerns with STEP. This survey was sent to approximately 1,565 staff and **533 individuals completed the survey**. Of those that responded, 56% were case managers or case management staff, 15% were fiscal/resource staff, 15% were DDS directors or managers, 9% were DDS direct support workers, and 5% were contractors and service providers. A high-level summary of the survey results follows.

- **Awareness about STEP:** Although this group had a higher awareness about STEP compared to individuals and families, there are still notable gaps in knowledge about STEP. Forty-four percent reported some awareness of the plan, and 12% reported knowing a lot about the plan. On the other hand, 26% of respondents answered that they had heard only a little about STEP, and 18% reported hearing nothing at all.
- **Support for STEP:** Among staff that are familiar with STEP, 65% voiced support for implementing the plan with only 2% opposed to implementing the plan. One-third of staff reported that they did not have enough information to form a strong opinion. Responding staff are focused on the potential benefits for individuals who receive supports as reasons to support the plan. For example, reasons staff gave for supporting the plan included more independence for individuals receiving supports (39%), as well as the potential for STEP to create more opportunities and improve lives of individuals (19%).
- **Disadvantages of STEP:** When asked about some of the disadvantages of STEP for individuals receiving DDS supports, respondents noted a lack of supports/resources in the new setting (24%), along with concerns about change (16%). Notably, 18% of respondents responded "Don't know" to this question, which could indicate that there was not enough information to form an opinion, or that it was difficult to think of downsides to the plan.
- **Changes to DDS system that would encourage STEP participation:** Consistent with other stakeholder input, communication and staff training/resources were some of the most common responses to this question (21% and 17%, respectively). Plans tailored to the individual (10%) and funding/staffing resources (9%) were the next most-common responses. Sixteen percent of respondents reported that they were unsure what system changes would encourage participation.

- **Individualization of transition plans:** Responses to the question of whether STEP plans would be individualized to each person's needs were mixed, with only 22% of respondents answering that they were very confident and 51% reporting being somewhat confident. Thirteen percent of respondents answered that they were not too confident that STEP plans would be individualized to each person's needs.
- **Willingness to participate in STEP:** Most respondents thought that most individuals would be at least somewhat willing to participate in STEP. Twelve percent answered that they thought individuals would be very willing to participate, while 58% felt that most individuals would be at least somewhat willing to participate. Respondents were asked why they thought individuals may be unwilling to participate, and a general dislike or fear of change (41%) was the most common response. Other common responses included a lack of understanding (19%) about the program and a fear of losing services/familiar staff (11%).
- **Impact of plan on those who participate:** Survey respondents reported high levels of optimism about the impact on individuals who participate in STEP. Forty-eight percent of respondents answered that they thought participation in STEP would greatly improve opportunities for independence, and 27% answered that they thought it would improve opportunities for independence at least a little.

3.3 DDS Qualified Providers

DDS emailed a survey to all qualified providers via Everbridge to collect additional feedback on STEP and identify tools and resources provider agencies think would be most useful as they begin the transformation process. **Thirty-eight individuals completed the survey.** This could represent fewer than 38 agencies since multiple individuals from a single agency may have responded to the survey. The survey intentionally did not collect identifying information such as provider name. Of the providers surveyed, a majority (66%) administer both Day and Residential supports. One respondent wrote in Behavioral supports and one respondent wrote in Healthcare Coordination as additional supports provided; all other respondents administer only Day or Residential supports. A high-level summary of the survey results follows.

- **Tools to support STEP (Provider Survey Question 2):** When asked to rank potential tools or information to support their STEP efforts, providers showed a strong desire to receive direct updates from their regions about STEP (50% ranking 1st or 2nd choice and 3% ranking 6th or 7th choice), as well as an interest in additional DDS trainings on alternative service options (47% ranking 1st or 2nd choice). The most frequently low-ranked choices were additional digital communications like newsletters (26% ranking 6th or 7th choice) and a provider scorecard tool (29% ranked 6th or 7th choice). Some respondents chose to write in other options, some of which included which assistive technology solutions that are available for providers to use, projected timelines for STEP, and education to case managers.
- **Primary concerns (Provider Survey Question 3):** When asked to select up to three concerns with STEP, responding providers largely selected their staffing levels (76% listed as the biggest concern), as well as not having the financial resources to sustain transitions (68% listed as the biggest concern). This echoes concerns shared in the input sessions. Some respondents chose to write in other options, some of which included case management competency and the need for a "stepping down" system for STEP that would allow people to take the incremental steps to more independent living.
- **Transition challenges (Provider Survey Questions 4 and 5):** For both residential and day transitions, responding providers are concerned about ensuring a new setting has the

appropriate supports (residential 50%, day 37%) and concerned about long-term financial implications for providers (residential 45%, day 47%). Additionally, a top concern for responding residential providers is lack of affordable housing options and staff capacity (each 37%) with lack of transportation (42%) a key concern for day providers.

- **Alternative service conversations** (Provider Survey Question 6): The most common response to how often providers reported talking about alternative service offerings was quarterly (32%) and monthly (18%). Discussing every six months and not discussing at all each received 13% of responses. Three providers wrote in that they discuss annually during IP meetings.
- **Stakeholders engaged** (Provider Survey Question 7): Providers that responded to the survey reported that the stakeholder they speak with most commonly about alternative service offerings are their agency staff (68%), guardians/caregivers (61%), and individuals with I/DD (53%).
- **Incentive preferences** (Provider Survey Question 8): Providers could select up to three answers to indicate the type of incentive programs that they would find most beneficial to their organization. Providers responded most positively to two types of incentive payments: 71% reported that direct support staff sign on bonuses would be most beneficial, and 63% reported that provider incentive payments for each participant that successfully transitions to a more independent setting within a specific timeframe would be most beneficial. The latter incentive payments will be available to providers as part of STEP.
- **DDS Support** (Provider Survey Question 9): 23 of the 38 total respondents provided ideas for what DDS could do differently to better support providers or their agency in STEP. This was an open-text field. Common themes included:
 - Providing more guidance, education, information, and resources on STEP and the process for transitions. Increase communication and collaboration with regional teams.
 - Financial sustainability:
 - Provide fiscal resources and/or support agencies financially to help ensure that they can continue providing services.
 - Increase rates.
 - Although dignity of risk was only included by one respondent, it was a theme that was also voiced in the Stakeholder Input Sessions.
 - One respondent also noted greater collaboration with DSS to increase availability of service options including services already being used at other state agencies in Connecticut.

4.0 Next Steps

These stakeholder input methods collected reactions to concepts identified in the Current State Assessment report and dove deeper into issues or concerns from groups that may be impacted by these recommendations. Although many of the biggest concerns discussed in the sessions are beyond the scope of STEP, the discussions provided valuable insights into systemic issues that DDS will need to account for during the ongoing implementation of the program.

The findings of the Current State Assessment report, along with the feedback collected through surveys and the input sessions will inform the future phases of STEP and the final design of the program. The insights shared by the stakeholders throughout this effort will be used to shape DDS's approach to transforming services and supports in Connecticut.



5.0 Appendix

The appendix is available separately on the [DDS website](#).

Stakeholder Feedback Survey Questions

These attached PDF documents contain the survey questions shared with individuals and families, DDS staff, and providers to supplement the stakeholder input sessions.

Abridged Stakeholder Input Session Slides

These slides contain the background information and discussion questions from each stakeholder input session. Logistics slides have been removed.