

State of Connecticut



People & Families First

Department of Developmental Services

Dannel P. Malloy, Governor
Five Year Plan 2017-2022

Jordan A. Scheff, Acting Commissioner
February 16, 2017



relationships passions contributions
safe citizens financial security services
choices employees talents developmental
supported volunteers talents voters
friends life personal strengths feel
individuals students advocates facilitate
dignity rights lifelong learning
informed experience civic opportunities
neighbors personal responsibility risk
community work learn
enjoy
live

CONTENTS

About the Department	3
Mission	3
Vision	3
The People and Families	4
Residential Supports	4
Employment and Day Supports	6
Family Supports	8
Quality of Life	9
The Workforce	10
Fiscal	11
Celebrating Accomplishments Since 2012	13
A New Approach	18
How This Approach is Different	18
Guiding Principles	19
Project-Based Execution	20
The Projects	22
People and Families First	23
Strong Foundation	24
Innovation and Transformation	26
Excellence in Service Delivery	28
Sustainable Change	29
Feedback Received on the Draft Plan	31
Closing	34

ABOUT THE DEPARTMENT

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 system that relies heavily on private provider agencies under contract or enrolled with the department, in addition to some state-operated services. DDS also offers individuals and families the option of hiring their own staff and self-directing their services. These services fall broadly into three main categories: residential supports (in- or out-of-home), employment opportunity and day services, and family supports. Ancillary supports, such as transportation, interpreter services, and clinical services, are offered in certain situations.

MISSION

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

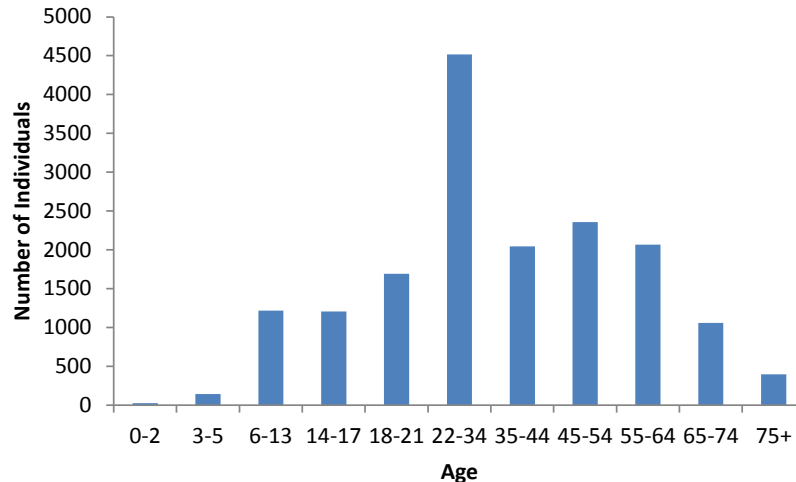
VISION

All citizens supported by the Department of Developmental Services are valued contributors to their communities as family members, friends, neighbors, students, employees, volunteers, members of civic and religious associations, voters and advocates. These individuals:

- Live, learn, work and enjoy community life in places where they can use their personal strengths, talents and passions.
- Have safe, meaningful and empowering relationships.
- Have families who feel supported from the earliest years and throughout their lifetimes.
- Have lifelong opportunities and the assistance to learn things that matter to them.
- Make informed choices and take responsibility for their lives and experience the dignity of risk.
- Earn money to facilitate personal choices.
- Know their rights and responsibilities and pursue opportunities to live the life they choose.

THE PEOPLE AND FAMILIES

Nearly 17,000 individuals and their families have been determined eligible for some type of support from the DDS. The age distribution of all eligible individuals is:



While available appropriations limit the scope of supports the department can provide in any one year, all eligible individuals have access to at least a minimum of Family Support Services (described on pages 8-9).

RESIDENTIAL SUPPORTS

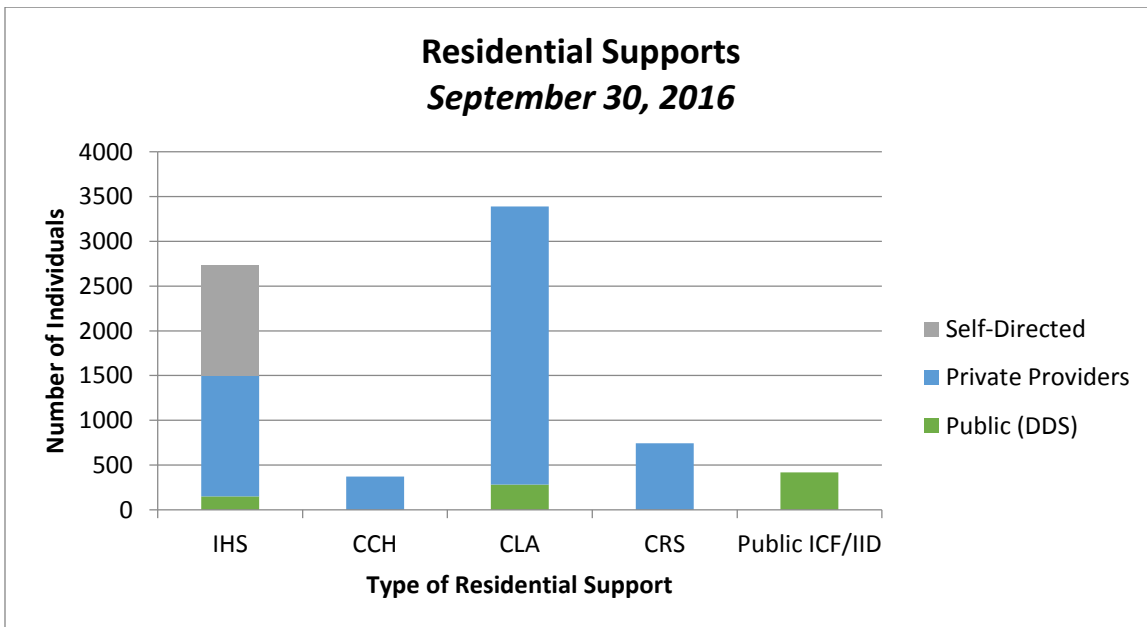
DDS offers a number of residential supports to eligible individuals within available appropriations. These support options include:

- **In-Home Supports (IHS):** a package of services and supports tailored to meet the needs, goals and preferences of an individual, delivered in their own or family home. Provided either by private providers or through self-direction (i.e. employees are hired by the individual or his or her legal representative), fewer than 24 hours per day.
- **Community Companion Homes (CCH):** a private family home licensed by DDS to provide a residence and necessary support services to three or fewer individuals with intellectual disability. A CCH provides a nurturing home environment where individuals can share responsibilities, develop relationships, be independent and make their own choices.
- **Community Living Arrangements (CLA):** licensed homes operated by private providers or DDS (a small number), that offer individuals 24-hour supports in community-based settings. More than 90% of CLAs are operated by private providers.
- **Continuous Residential Supports (CRS):** a shared living arrangement for three or fewer individuals supported through DDS. While a CRS is not licensed as a CLA, they can provide up to 24-hour staff support.

- **Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID):** ICF/IIDs provide comprehensive and individualized health care and rehabilitation services to individuals with intellectual disability, typically with more extensive needs than can be met in other community-based settings. DDS operates ICF/IIDs, licensed by the Department of Public Health, in campus settings (Southbury Training School and Regional Centers). There also are some privately operated ICF/IIDs, funded through the Department of Social Services and licensed by the Department of Public Health.

In addition, Shared Living was recently added to DDS’s Individual and Family Support Waiver and the Comprehensive Waiver as a residential option. Shared Living is based on the unique service needs of the individual, focused on developing a relationship between the individual and the life sharer who lives in the individual’s home. This service may be provided either by private providers or through self-direction (i.e. employees are hired by the individual or his or her legal representative), for up to 24 hours per day.

As of September 30, 2016, 7,656 individuals received some type of annually funded residential support through DDS. Of these individuals, 847 were supported in DDS-operated settings, 5,571 were supported by private providers, including in CCHs, and 1,238 self-directed their services. From 2012 to 2016, the number of individuals self-directing their residential services increased from 1,059 to 1,238.



On September 30, 2016, there were an additional 363 individuals supported in privately operated ICF/IIDs, as well as 579 individuals supported in other types of settings (e.g. Long Term Care/Skilled Nursing Facilities, residential schools, residences supported by other state agencies). Those figures are not captured in the chart above.

DDS continues to follow national trends, moving toward community-based residential supports and away from publicly-operated, institutional care. To this end, DDS worked to close two of its five Regional Centers during calendar year 2016. This, along with the department's continued work under the *Messier v. Southbury Training School* Settlement Agreement, is expected to bring the census at public ICF/IIDs down to fewer than 370 individuals by June 30, 2017. Under the Settlement Agreement, the teams supporting individuals residing at Southbury Training School (STS) exercise professional judgment in recommending the most integrated setting in which the needs of each individual can be met. The department is committed to the implementation of the Settlement Agreement, as it provides individuals and their families or guardians with the means to make informed choices regarding the most appropriate and integrated setting for each individual. Adhering to a person-centered approach, all transitions from STS and the Regional Centers occur in a thoughtful and purposeful manner.

Current appropriations support the continued provision of annually funded residential services for a fairly stable number of individuals, with modest funding increases for caseload growth in specific areas each year (e.g. children aging out of residential schools or the Department of Children and Families (DCF), forensically-involved individuals, etc.). As there are more individuals requesting residential supports than appropriations will allow the department to support, DDS maintains a waiting list for these services. As of September 30, 2016, there were 657 individuals living with their families or on their own who were on the waiting list for residential services with assigned statuses of "Emergency" or "Priority 1." From June 2012 to September 2016, the size of that list increased from 612 to 657. Additionally, as of September 30, 2016, 304 individual who were receiving residential funding still had unmet needs and had an Emergency or Priority 1 need for additional residential funding. Another 1,138 individuals were on the Residential Planning List with a Priority 2 or Priority 3 need for residential funding.

EMPLOYMENT OPPORTUNITY AND DAY SERVICES PROGRAMS

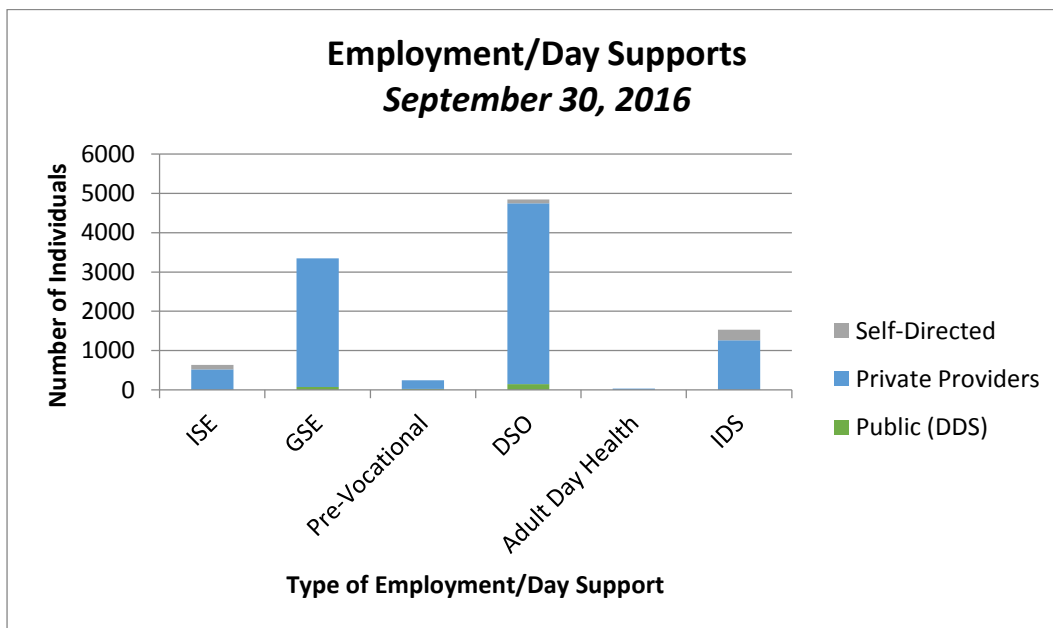
DDS offers a continuum of employment and day supports to eligible individuals within available appropriations. These support options include:

- **Individual Supported Employment (ISE):** supports to help individuals work as paid employees in work settings that also employ persons without disabilities. These services assist individuals in finding and applying for jobs, and offer job coaching support to individuals once work is secured.
- **Group Supported Employment (GSE):** similar to ISE, but provides supports to help individuals work in a group as paid employees, in work settings that also employ persons without disabilities.
- **Pre-Vocational:** a facility-based program for individuals that focuses on developing meaningful skills in the area of work, socialization and community participation.
- **Day Support Options (DSO):** supports for individuals that lead to the acquisition, improvement, and retention of skills and abilities to prepare for work, community

participation, or support for meaningful socialization, leisure, and retirement activities. Day supports include the development, maintenance or enhancement of independent functioning skills, including but not limited to: sensory-motor, cognition, personal grooming, hygiene, toileting, assistance in developing and maintaining friendships and skills to use in daily interactions; the development of work skills; opportunities to earn money; and opportunities to participate in community activities.

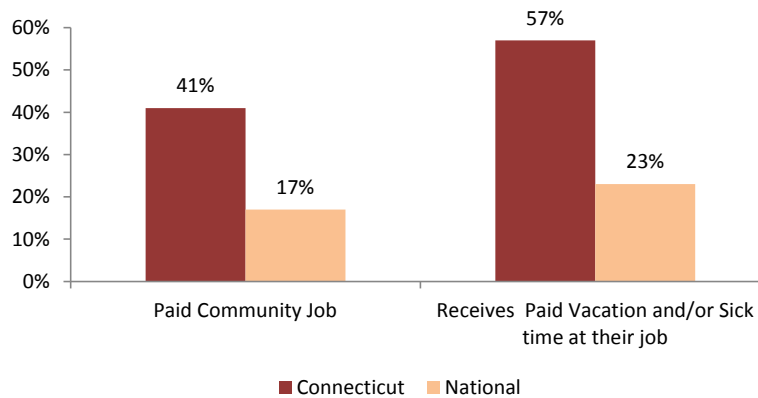
- **Adult Day Health:** supports provided through a community-based program designed to offer a variety of health, social and related support services including, but not limited to, socialization, supervision and monitoring, personal care and nutrition in a protective setting during any part of the day. There are two different models of adult day health services: the social model and the medical model.
- **Individual Day Supports (IDS):** individually tailored supports that help an individual gain or maintain skills to participate more fully and productively in work, leisure or community activities. These supports may include the development of independent functioning skills, relationship skills, exploring job interests or retirement programs. It also can provide funds for staff supports for an individual who has his or her own business.

As of September 30, 2016, 10,634 individuals received some type of annually funded employment or day support through DDS. Of these individuals, 241 received supports through DDS-operated programs, 9,907 were supported by private providers and 486 self-directed their services.



On September 30, 2016, there were an additional 305 individuals engaged in competitive employment with no supports, and 4,046 individuals supported in other types of settings (e.g., through a local education agency, residential schools, etc.). This is not captured in the chart above.

Connecticut has fully engaged in a national movement toward competitive employment for individuals with intellectual disability. As an Employment First state, we believe that everyone should have the opportunity to work and there is a job for everyone. DDS’s job is to be creative and persistent in providing supports that help people with intellectual disability to find, get and keep “real work for real pay”. According to the [2014-2015 National Core Indicators survey](#), Connecticut was ranked first and significantly above the national average, in percentage of persons in Community Employment. Connecticut was also ranked first in the percentage of individuals who receive benefits in their Community Employment.



In addition, the department continues to redesign our employment opportunity and day services to ensure compliance with federal guidelines, including the Workforce Innovation and Opportunity Act. We have recently implemented a new type of support called Transitional Services which is designed to assist individuals to explore different career paths and to learn work skills that will help lead to competitive employment. Transitional Services are provided in community settings and are time-limited. We expect that employment will continue to be a major area of focus and change for the department in the coming years.

FAMILY SUPPORTS

DDS offers intermittent supports to individuals and their families, focused particularly on those who do not have annually funded supports described in the sections above. Family Supports include respite services, family support teams, and family support grants, in addition to case management.

Individuals are assigned specific case managers when they have an annually funded support. DDS also employs Helpline case managers for individuals without an assigned case manager, who help connect individuals and families with resources, including DDS programs, community resources, and other state agencies.

DDS operates 10 public respite centers throughout the state, offering individuals respite stays Thursdays through Sundays, weekly. Operations are extended to full weeks during the summer months. Individuals and families work with the Regions to request respite stays, which are scheduled based on need, availability, appropriate peer groupings, and existing resources. In Fiscal Year 2016 (FY16), 992 adults and 184 children used public (DDS operated) respite centers.

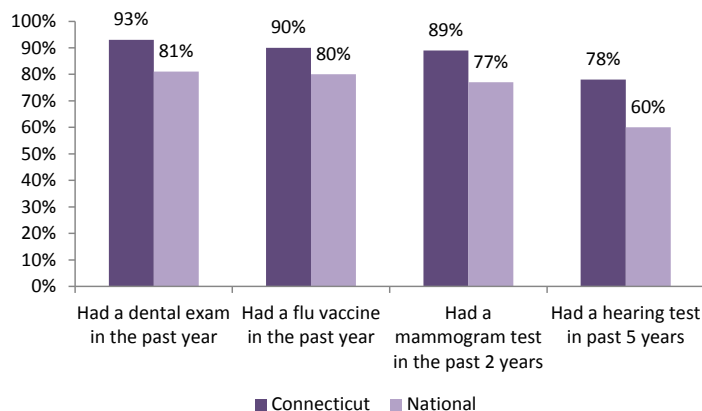
DDS also employs Supported Living Workers to staff Individual and Family Support Teams that offer in-home and community supports on an emergency and intermittent basis. On average, Individual and Family Support Teams provided supports to 880 individuals per quarter in FY16.

The DDS Family Support Grant program offers financial assistance for one-time expenses to individuals with less than \$20,000 in annualized funding. Families may apply for grants of up to \$5,000, up to twice per year. Grant funding is prioritized for health and safety-related items and activities for the individual, and is subject to funding availability. In FY16, 1,755 individuals received one or more grants. This number includes 466 children (age 0-17) and 1,289 adults (age 18+).

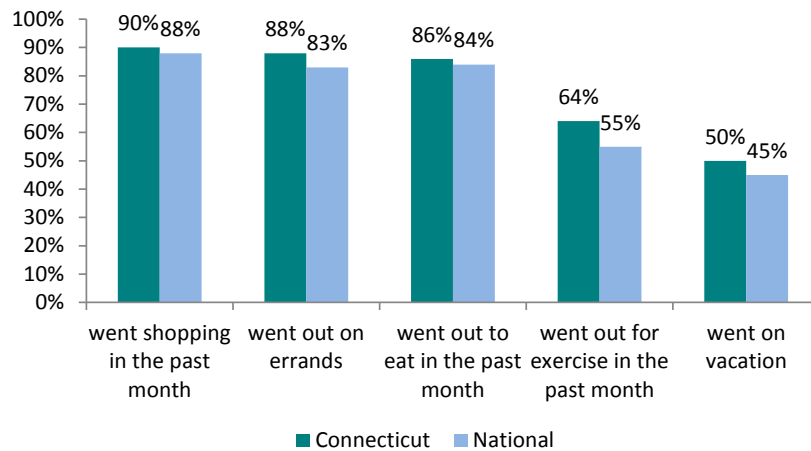
QUALITY OF LIFE

The National Core Indicators is a voluntary effort by public agencies across the country to measure and track their performance using standard measures to assess the outcomes of services provided to individuals and their families. Indicators address many key areas of concern, including several that speak to the quality of life of the individuals supported.

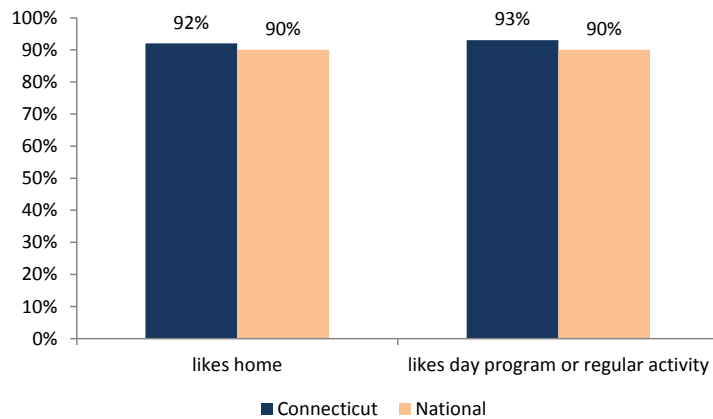
In the 2014-2015 survey, Connecticut was ranked significantly above the national average for several health indicators: dental exam in the past year, hearing test in past 5 years, mammogram test in the past 2 years, and flu vaccine in the past year.



Connecticut is comparable to the national average in many community inclusion indicators:



Additionally, the number of Connecticut respondents satisfied with their home or day program/regular activity is comparable to the national average.



THE WORKFORCE

DDS is able to provide supports through the critically important work of both DDS employees and staff of qualified agency providers. In particular, direct support professionals in both the public and private sectors provide meaningful and valuable services to the individuals and families supported by the department. As of September 30, 2016, DDS employed more than 3,100 full time and part time staff to deliver state-operated supports, and to provide administrative functions and oversight to the service delivery system as a whole. The department also partners with 196 qualified agency providers and 82 qualified individual practitioners to deliver the bulk of the supports described in sections above, through state contracting processes.

On July 1, 2015, The Birth to Three Program moved from DDS to the Office of Early Childhood (OEC). On July 1, 2016, the Division of Autism Spectrum Disorder Services moved from DDS to the Department of Social Services (DSS). These and other organizational changes cause the department's structure to change from time to time. Please see the DDS website www.ct.gov/DDS, "Office of the Commissioner," to see the most current table of organization.

FISCAL

DDS' operating expenses have seen substantial changes in recent years. In addition to experiencing the constriction of resources confronting all state agencies in the new economic reality, DDS has undergone some considerable structural changes. In Fiscal Year 2016, funding for the Birth to Three program was moved from DDS to the Office of Early Childhood. In Fiscal Year 2017, programs and funding for the Division of Autism Spectrum Disorder Services was moved from DDS to DSS.

Also in Fiscal Year 2017, funding that supports DDS' Community Residential Services was moved to DSS. This account funds the types of residential supports outlined in sections above, through contract payments to private providers and individual budgets self-directed by individuals and their families. Along with the shift in funding, an Intellectual Disability (ID) Partnership comprised of DDS, DSS, and the Office of Policy and Management (OPM) was created to develop and implement, within available appropriations, a continuum of residential supports for individuals with intellectual disability.

The ID Partnership seeks to increase access to quality services for persons with intellectual disability by: (1) Expanding individualized and community-based services; (2) maximizing federal revenue to fund services for persons with intellectual disability; (3) converting grant-funded services to rate-based, fee-for-service payment systems where possible; (4) exploring the feasibility of services management by an administrative services or managed care organization; (5) exploring opportunities for private and other third-party payments; (6) developing models to support persons with intellectual disability in supportive housing; (7) reducing unnecessary use of institutional and residential services; (8) improving administrative oversight and efficiencies; (9) monitoring individual outcomes, provider performance and overall program performance; and (10) identifying strategies to make resources available to address the waiting list for residential services. The ID Partnership has engaged stakeholders from family, provider, and advocacy communities to work together on these issues.

Although the funding has been shifted to DSS, DDS still maintains programmatic oversight for the provision of supports funded through the Community Residential Services account. This account is now in the DSS budget and is no longer shown in the DDS budget.

For Fiscal Year 2017, DDS was appropriated \$518.4 million:

Account	Allocation
Personal Services	\$ 212,010,546
Other Expenses	\$ 17,162,001
Family Support Grants	\$ 3,700,840
Clinical Services	\$ 2,551,496
Workers' Compensation Claims	\$ 14,073,176
Behavioral Services Program	\$ 24,544,319
Supplemental Payments for Medical Services	\$ 4,134,735
Rent Subsidy Program	\$ 4,979,910
Employment Opportunities and Day Services	\$ 235,273,859
Total	\$ 518,430,882

The majority of supports delivered or funded by DDS are reimbursed through the federal Medicaid program. Reimbursement is captured through Medicaid waivers, as well as through direct Medicaid billing for provision of services at ICF/IIDs and other services, such as Targeted Case Management. In Fiscal Year 2016, DDS Medicaid revenue by source was:

Home and Community Based Comprehensive Waiver	\$379,640,000
Individual Support Waiver	\$61,880,000
Employment and Day Services Waiver	\$10,240,000
Southbury and Regional Centers	\$75,250,000
Targeted Case Management	\$17,860,000
Total (after minor billing adjustments)	\$544,870,000

It should be noted that DDS regularly provides caseload information to OPM and the Office of Fiscal Analysis (OFA). Although we are unable to predict the number of emergencies in any given year, we offer projections for planned day and residential placements for: high school graduates, age outs, individuals exercising portability under the Money Follows the Person demonstration, and individuals leaving institutions through other mechanisms. These projections include the number of individuals and estimated costs. This information is tracked and updated on a regular basis. In addition, waiting list information is also tracked and provided at least quarterly, through our [Management Information Report](#), as well as through responses to ad hoc requests for data.

CELEBRATING ACCOMPLISHMENTS SINCE 2012

DDS' 2012-2017 Five Year Plan has helped to lead the department through critical work in recent years. Accomplishments have included:

1. Employment

- a. DDS has been an active participant in the national Supported Employment Leadership Network (SELN). SELN conducted a full assessment and provided a report with multiple recommendations based on current best practices nationwide. We are in the process of implementing the recommendations and will continue toward the goal of increasing employment.
- b. DDS closed admissions to Sheltered Workshops and worked with providers to successfully transition to Prevocational settings where applicable.
- c. In October of 2015, Connecticut was selected to participate in the Employment First State Leadership Mentoring Program (EFSLMP) offered through the National Office of Disability Employment Policy (ODEP). Connecticut state agencies and external community partners regularly convened for the purpose of coordinating and streamlining their efforts toward Employer Engagement designed to increase integrated employment outcomes for individuals with the most significant disabilities. Youth in transition (from school to employment) were identified as a demographic focus. The benefits of the program include: technical assistance, access to resources, and onsite visitation and training from subject matter experts from around the country. As a requirement to accepting the many benefits of the EFSLMP, Connecticut also supports ODEP's Employment First Community of Practice (COP) network. Through the assistance of ODEP and the technical assistance delivered through the EFSLMP, Connecticut completed a collaborative agreement to implement policy guidance offered in Section 511 of the Workforce Innovation and Opportunity Act (WIOA). Section 511 is intended to place limits on the payment of subminimum wage to individuals with disabilities, using special wage certificates under Section 14(c) of the Fair Labor and Standards Act (FLSA).
- d. In June of 2016, DDS released new information regarding modified Employment and Day Services to include Transitional Services (Community Based/Time Limited). Educational Liaisons and Transition Advisors have advanced their interagency efforts with transitioning youth by providing vocational and competitive employment education to families and educational systems throughout the state. They have embraced a consultative interdisciplinary approach of imparting information toward future planning for transitioning youth.
- e. Project Search is a nationally recognized internship program specific to pre-employment transition services for transitioning youth and recent graduates. Individuals who participated in Project Search in 2016 experienced a 77% competitive job placement rate.

- f. DDS has committed to organizing referrals and funding for a cadre of high school graduates for the 2016 and 2017 school years. DDS is active in the Connecticut Job Development Leadership Network, and collaborates with Connecticut Business Leadership Networks and Chambers of Commerce, providing information, referrals, and presentations.
 - g. DDS has continued to support the success of Industry Specific Training Programs such as Walgreens and has recently partnered with Connecticut-based provider agencies and businesses in preparation to launch a series of “Workability” Credit Union internships through 2016.
 - h. DDS remains an active representative on the Governor’s Committee on Employment of Persons with Disabilities and contributes to the committee’s mission to create interagency and community partnerships to improve access to competitive work opportunities throughout the State. The committee launched a major statewide campaign in October 2016 to celebrate National Disability Employment Month.
 - i. DDS has consistently supported statewide and national chapters of the Association of People Supporting Employment First (APSE) through participation on the Connecticut Board of Directors, as well as maintenance of an active and ongoing agency membership to up to 10 staff. Several DDS employees have been officially certified as Employment Support Professionals (CESP), and assist APSE with the scheduling and proctoring of CESP exams in the state.
2. **Mission-Driven** - A new department mission and vision statement were created in April 2012 after obtaining significant stakeholder input through a variety of forums. The mission and vision statements were rolled out through a series of events and continue to provide direction as DDS evolves into an organization that puts people and families at the center of everything we do.
3. **Self-Directed** – DDS has increased the number of individuals who self-direct their own day and residential services by 45%, from approximately 1,100 in FY12 to over 1,600 in FY16.
4. **People and Families First**
- a. DDS hired a Director of Family Support Strategies and Advocacy and has successfully initiated and transitioned to sustaining the Community of Practice for Supporting Families of Individuals with Intellectual/Developmental Disabilities.
 - b. A new easy-to-navigate family website was launched in February 2014 and continues to be updated regularly.
 - c. The Supporting Families Community of Practice System Change grant funded by the Administration on Intellectual and Developmental Disabilities (AIDD) led to the development of a multitude of family-oriented planning materials.
 - d. DDS continues to fund the Family Support Network to assist with family mentoring and networking activities.
 - e. Katie Arnold from the national Sibling Leadership Network was brought in to present to DDS on the importance of supporting siblings and the Community of

Practice Family Mentoring Committee helped start a chapter of the Sibling Leadership Network in Connecticut.

- f. Self-Advocates spearheaded the creation of a new policy ensuring the rights of individuals with disabilities to engage in relationships of their choosing. The healthy relationships policy and guidelines were signed by the Commissioner in June 2014.
- g. The DDS Self-Advocate Coordinators (SACs) unveiled a new initiative in February 2015, supporting and recognizing “People First Language” with a visual message and a Disability Awareness Pledge. The “*We are People – Call Me by My Name*” campaign requests that everyone be called by their given name, hence, eliminating negative words and terminology. The “*Disability Awareness Pledge*” reaffirms a commitment to seeing the person and not the disability. To date, over 1,000 people have taken the pledge.
- h. The SACs assisted in the development of a Self-Advocacy Advisor Manual to share with all Self-Advocacy Group Advisors across the state in September of 2016.
- i. The SACs have continued to develop and expand the number of Self-Advocacy Groups in the state, as well as the number of individuals attending Self-Advocacy Groups. The SACs continue to work with private providers, Regional Leadership Forums, the Cross Disability Lifespan Alliance, Self-Advocacy groups for individuals in public supports, education and transition programs, and more.
- j. The SACs have consistently promoted the idea of “Real Work for Real Pay” with a focus on the value of employment, and fair wages. The SACs promote employment through participation in many areas including: Job Development Leadership Networks, Family Forums, private provider meetings, DDS staff meetings, and Employment Steering Committee meetings. They also promote and support American Job Centers, Capital Regional Workforce Partnerships, Connect-Ability, and the state Department of Labor. Other employment themed activities include: transition fairs, filming and promotion of “Employment Idol,” and participation in Disability Employment Awareness events and activities.

5. Expanding Person-Centered Residential Options

- a. A Shared Living committee was established. The committee researched other states’ programs to develop basic guidelines for a shared living program. DDS added Shared Living to the Individual Support and Comprehensive Medicaid Waivers.
- b. A CCH committee is researching other states’ residential options and is reviewing the CCH program for ways to increase its use in Connecticut.
- c. In October 2016, the Department of Housing (DOH) released a Notice of Funding Availability to developers and providers interested in partnering to develop supportive housing for individuals with intellectual disability or autism spectrum disorder. This project will be funded through a \$20 million bond allocation, managed by DOH. DDS is partnering with DOH to develop a supportive housing service model.

6. **Assistive Technology** – The use of technology has become a common experience in most of our lives. There are many different ways that ordinary technology can be used by people with disabilities to make their lives easier, or safer, or to help them learn skills in faster and more effective ways, leading to greater independence. The Supporting Families Community of Practice has provided information and training to individuals, families, case managers, providers, and others on technology options that can help individuals with intellectual disability. Over the past five years, many DDS providers have embraced these opportunities, integrating technology into how they support individuals every day.

7. **Staying Healthy at Home**

- a. DDS issued health standard guidelines, which require notification to DDS prior to nursing home placement. This guideline was implemented June 1, 2013. This health standard follows many years of DDS’ advocacy for the provision of in-home supports whenever possible, to avoid nursing homes settings and allow individuals to “age in place.”
- b. DDS is a partner in Connecticut’s Money Follows the Person (MFP) demonstration program that is intended to assist with the rebalancing of Connecticut’s long-term care system, so that individuals can successfully return to community-based settings. As of FY16, the DDS MFP unit assisted more than 200 individuals in moving from long-term care settings like, hospitals, private ICF/IIDs, Southbury Training School and DDS Regional Centers into community settings.

8. **Expanding Skills to Support Complex Behavioral Needs**

- a. DDS held a Clinical-Behavioral Retreat at Camp Harkness in October of 2013.
- b. A comprehensive template to support best practices in positive behavior support for families has been developed by DDS psychologists, and multiple materials and trainings have been developed.
- c. DDS is one of seven Connecticut state agencies that partnered to form the Connecticut Restraint and Seclusion Prevention Initiative.
- d. DDS partnered with the Department of Children and Families (DCF) to provide positive behavior support (PBS) training to clinicians who work in Emergency Mobile Psychiatric Services (EMPS) to help them better understand and serve children and adolescents with developmental disabilities.
- e. Beginning in FY16, DDS Staff Development and Psychological Services divisions, in partnership with the Department of Mental Health and Addiction Services (DMHAS), offered workshops on mental health issues and PBS specific to persons with intellectual disability and autism spectrum disorder.
- f. DDS is in the process of revising its ongoing training programs on abuse and neglect prevention to incorporate the concepts of trauma-informed care, cyber bullying and exploitation, and PBS.
- g. Three DDS psychologists provided the plenary presentation at the Restraint and Seclusion Prevention Annual Conference in October 2016, entitled “*Holistic Approaches to the Prevent the Overuse of Psychiatric Medications for Persons with I/DD.*”

9. **Dignity in Healthcare Decisions** – A procedure detailing processes for end-of-life decisions was approved and disseminated on January 14, 2014 giving individuals more control of, and dignity in, these important healthcare decisions that are faced by all. This procedure enhanced the ability of each individual to have greater control over healthcare decisions at the end of life. DDS continues to support individuals who are non-adjudicated in establishing advanced directives consistent with federal and state laws. DDS believes in empowering individuals to have control of all aspects of their care, whenever possible.
10. **Changing How We Review Quality** – DDS conducted a Lean process improvement effort to focus on eliminating inefficient components of the Quality Service Review. Activities led to reducing redundant questions in the survey tool, consolidating questions, and transitioning responsibility for management of the corrective action plans directly to the Quality Reviewers, thus significantly reducing Corrective Action Plan backlogs.
11. **Improve Implementation of Medicaid Waiver Requirements** – DDS was able to consolidate reporting and sampling across Medicaid Waivers by reducing the Waiver Assurance Sample size by two-thirds from over 1,200 to 444 and relieving providers of significant administrative burdens.
12. **Streamline Processes** – DDS has applied Lean tools to a number of processes with great results.
 - a. Eligibility determination went from a several month backlog to a two-week determination process.
 - b. Planning and Resource Allocation Teams (PRAT) reduced the volume of requests by more than 50% by using rules-based decision-making. Certain requests are now automatically approved, reducing the number of requests that must go through the full PRAT process.
 - c. DDS became the first state agency to implement a fully electronic contract execution process through our partnership with the Department of Administrative Service’s Bureau of Enterprise Systems and Technology BizNet.
 - d. DDS increased timely completion of investigations and significantly reduced the amount of time before a case is reviewed for the DDS Abuse and Neglect Registry.
13. **Making Quality Transparent and Accessible to All**- Families can now access information about provider quality under the PROVIDER PROFILE information section of the DDS website.
14. **Transitioning to a Fee For Service model** - DDS transitioned to Level of Need (LON)-based day program rates and implemented a new Individualized Home Supports (IHS) rate methodology for individuals living independently in their own home. Significant work was completed on a LON-based rate structure for residential supports, as well. This work will continue through the ID Partnership over the next five years.

A NEW APPROACH

DDS has developed a Five Year Plan for 2017-2022, which builds on the department's accomplishments detailed above. The plan, as presented in this document, encompasses the department's goals for the next five years, creating a path for DDS to transform itself and continue to have a positive impact on the individuals and families it supports.

Our new Five Year Plan takes the foundational elements that we developed with stakeholders in 2012, and applies to them a project-based approach to implementation. Ongoing feedback and involvement from stakeholders over the last five years has helped to shape the direction in which we plan to take these foundational elements in the 2017-2022 plan. The department will continue to seek ongoing input in the next five year cycle; in fact, stakeholder involvement is a key feature of the project-based approach detailed below.

DDS' 2012-2017 Five Year Plan described a paradigm shift that would necessarily guide the work of the agency over that period. The elements of this paradigm still ring true today, as Connecticut and the rest of the nation work toward innovation and transformation across the board. In our new 2017-2022 Five Year Plan, DDS is committed to continued work toward this new paradigm, focusing on several overarching shifts:

- DDS is dedicated to moving away from traditional legacy systems, in favor of innovation and ever-increasing community integration in all areas of supports for individuals with intellectual disability.
- In this movement, DDS is seeking sustainability, as the state continues to face the need to do more with less.
- DDS will continue to support self-advocacy efforts, helping the individuals we support to engage, organize, and communicate.
- DDS is committed to maintaining and enhancing transparency, through participation of stakeholders in the work to come, and continual communication about progress to the community at-large.

HOW THIS APPROACH IS DIFFERENT

DDS is committed to a strategic approach for the 2017-2022 Five Year Plan, representing the next component of an overarching Lean-driven transformation program that began with the agency's Strategic Vision Project. The strategic vision has given the agency a goal for how we would like to see our organization function in the future; this plan gives us the path to get there.

The department must become more disciplined than ever, as we look to a future in which we are responsible for shepherding through significant changes in how we deliver supports, while simultaneously answering to increasing needs in the face of shrinking resources. Evolving

community beliefs, along with federal guidance, such as the Final Settings Rule issued by the Centers for Medicare and Medicaid Services (CMS) and the Workforce Innovation and Opportunity Act, demand that we become nimble and responsive to changing needs.

As an agency, we must be planful in how we tackle the work before us with limited resources. The project-based approach outlined below invites stakeholders at all levels to take ownership of the future of our service delivery system. In return, this approach asks for accountability and work product delivery that will help drive us to achieving our mission and vision.

GUIDING PRINCIPLES

DDS has worked with stakeholders from many communities connected to our department over the past five years. The agency has continuously heard from individuals, families, providers, advocates, policymakers, our own staff, and others, as we have worked together toward achieving the goals laid out in the 2012-2017 Plan. This feedback has allowed us to develop guiding principles to help set the direction for the work that lies ahead.

Our guiding principles speak to where the agency must focus its efforts and resources, if we are to be successful in transforming our models of supports in the years to come. They point us toward establishing a strong foundation first, on which to build innovation, transformation, and best practices in service delivery. They remind us to promote sustainability in the changes we seek. Most importantly, they ground us in a steadfast commitment to the individuals and families that we support.



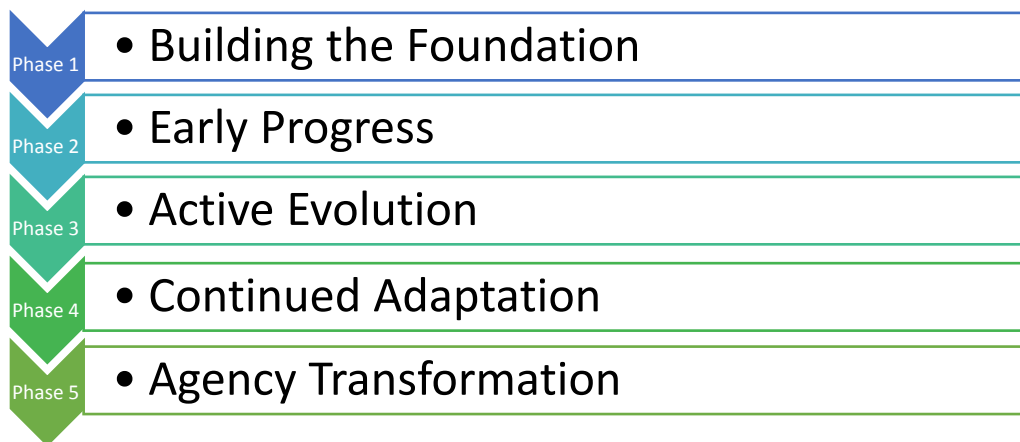
These principles are woven throughout our 2017-2022 Five Year Plan, giving us a lens through which to view and prioritize the projects that will make up the department's work going forward.

PROJECT-BASED EXECUTION

We define projects as initiatives that have a specified set of related work products or outcomes that are expected to be delivered or achieved through their execution. Before the work begins, each project will be fully detailed and presented to the agency's Strategic Leadership Team, which will determine an appropriate project team. Project teams will include DDS staff from all areas of the agency, as well as multiple stakeholders including individuals, families, providers, and advocates. The project teams will be tasked with deliverables and will then be responsible for defining task lists and timelines. Once these deliverables are produced, the project is considered complete.

This outlook provides a structured method of moving the goals of the agency forward in a way that focuses on outcomes and accountability. The project-based approach also acknowledges the fact that agency goals must be fluid and adaptable in a landscape of quickly changing priorities, expectations, needs, innovations, and resources. Our Five Year Plan defines a core set of projects to staff and execute, but also leaves room for new projects to be introduced as needed. These projects will help us work toward our agency mission and vision in the most efficient and effective manner possible.

The amount of change called for in this plan can seem overwhelming if we attempt to pursue each of the projects and programs outlined all at once. Rather, we will strive to break the work before us into smaller, more digestible pieces that, with patience and perseverance, will bring about the changes envisioned and close the gap between where DDS is today and where it wants and needs to be in the future. We plan to loosely stage the projects identified in five phases, as indicated below.



As the previous diagram suggests, each phase will focus on a systematic way to think about the agency's transformation from today into the future, ensuring that we are prepared to tackle projects at each level by building on foundational work.

We will seek to prioritize agency projects in a way that will allow DDS to learn and absorb new ways of operating before initiating new business practices. Strategically, we will focus on building a strong foundation and improving core competencies in the first phase. The second phase will allow us to achieve early progress in implementation of new programs, leading us to projects focused on active evolution in the delivery of sustainable and innovative supports in phase three. In phase four, DDS will focus on assuring all major foundation-setting and growth-promoting initiatives are poised for long-term improvement by being able to consistently adapt to changing situations. In phase five, DDS will be transformed into a responsive, modernized organization. Some projects may, by necessity, fall outside of this strategic timeframe, but by and large; the agency intends to follow this model to find success.

As noted, DDS staff and stakeholders are a critical element of this approach. DDS needs the full engagement and participation of all stakeholders to complete this work and we value all partners, as we work together to transform our agency. Both current and yet to be identified projects, represent opportunities for all stakeholders to support and take ownership of the agency's journey forward.

THE PROJECTS

DDS' specific goals for the next five years have been included in the projects defined below. We can be sure that this list will evolve and expand, as the landscape continues to change, but this list begins by pinpointing the major areas of work that have been identified through our daily activities, feedback from stakeholders, and strategic vision efforts since the 2012-2017 Plan was produced. The brief summaries below are intended to outline the purpose and goals for each project; more detailed information will be provided as projects commence.

The projects have been grouped by guiding principle, although many are driven by more than one. These projects represent new work to be accomplished, which will complement existing and ongoing efforts in each area. Each project will undoubtedly lead to additional efforts, as ongoing dialogue creates further recommendations. The 2017-2022 Five Year Plan acknowledges this reality and leaves room for new and evolving issues to be developed as additional projects. Altogether, this represents the agency's plan to transform and work toward achievement of our mission and vision in the next five years.

People & Families First	Strong Foundation	Innovation & Transformation	Excellence in Service Delivery	Sustainable Change
Family Engagement	Operational Governance	Employment Strategic Plan	Performance Measurement and Analytics	Streamlining Providers' Administrative Burdens
Life Course Planning	Change Management	Residential Supports Continuum Design	Quality Redesign	Balancing Incentives & Universal Assessment Implementation
External Communications	Project Management Office	Settings Rule Planning	Public/Private Training Partnership	Streamlining Electronic Licensing Management
Website Management	Provider Engagement Improvement	Supportive Housing	Workforce Collective Bargaining Agreement Implementation	Provider Electronic Enrollment
"Front Door" Information Packet	Skill Development Redesign	Transportation Redesign	Positive Behavior Support Strategies	Web IP-6 Payment
Residential Waiting List Definitions Implementation	Incident Reporting	Modernizing Data Systems		Targeted Case Management Optimization
Peer Mentoring				



PEOPLE AND FAMILIES FIRST

The work of the agency is, and will continue to be, grounded in a commitment to the individuals and families that we support. Despite increasing demands and shrinking resources, we strive each day to provide high quality supports to as many individuals as possible. In addition, we work to engage with individuals and families, seeking input and involvement wherever possible.

Our Council on Developmental Services and Regional Advisory Councils, made up of individuals and families, provide a formal opportunity for participation. Individuals and family members are also frequently asked to join committees and project teams to share important perspectives as the agency works through wide-ranging issues and initiatives. In addition, we have worked to improve access to information about the department, with a website update during calendar year 2016. However, we know that we can and must do better. The following projects will help us to do so in the upcoming five year period:

Family Engagement – The DDS mission statement was updated in 2014 to focus on family partnerships and life-long learning. The intent of this change was to ensure that DDS includes individuals and families in the design, delivery and evaluation of the work done by the department and to ensure that families are getting the information they need to effectively support their child’s transition from school to adult services. DDS will staff a project to analyze where and how often individual and family partnership activities are taking place, highlighting gaps in the organization, and providing recommendations for enhancement of individual and family partnership activities. This project will also look at how to purposefully invite individuals and families to the table for projects throughout the life of the Five Year Plan.

Life Course Planning – For several years, DDS has been using the Life Course framework to introduce the concept of lifelong planning to stakeholders. The Community of Practice has provided an important opportunity for staff and families to come together around these issues. In the coming years, DDS will continue to support this work, creating a project team to implement the plans and recommendations that have come from the Community of Practice. DDS will also work to strengthen the efforts of the agency’s Education and Transitional Advisors, who help families, school staff, and others plan for key transitions so that families are “a step ahead” in preparing for their child’s future.

External Communications – This project will establish the framework to ensure that the right communications vehicles are used in the right way to get information to external partners at the right time. The project will include a definition of stakeholders (including families and individuals, providers, etc.), stakeholder analysis, identification of desired results, and a plan to

address. In addition, the project team will be asked to identify where the agency may leverage existing vehicles to achieve goals, or, where needed, expand into new areas of communication to achieve rapid or targeted delivery of messaging.

Website Management – Tied to the External Communications project, DDS will develop a process by which to manage content on the DDS web portal. To maximize the effectiveness of our website as a powerful resource, education, outreach, and information tool for our internal and external stakeholders, DDS must develop a content management approach.

“Front Door” Information Packet – This project will result in the development of “welcome packets” for specific stakeholder groups. The information needed to become oriented with an agency and its functions can be hard to find. A key step toward putting the people and families at the center of our everyday work is to do a better job at getting key information to individuals, their families, new providers, new staff, and other stakeholders. This information must also be consistently messaged and distributed across the state.

Residential Waiting List Definitions Implementation – In calendar year 2016, DDS completed a project establishing recommendations for clear, streamlined categories and definitions for the DDS residential waiting list. After consistent feedback from multiple stakeholders to reconsider how this information is presented, the project team has created a commonsense approach to categorizing and defining the needs represented by the traditional residential waiting list. The implementation of these recommendations will require a renewed effort, particularly as changes are rolled out to regional staff and external stakeholders.

Peer Mentoring – Peer Mentoring is an evidence-based strategy that DDS plans to use to help families and individuals make informed decisions about important issues, such as competitive employment and community-based living. DDS will support a project designed to integrate peer mentoring strategies and opportunities into the agency’s offerings, assisting individuals and families in sharing success stories and lending support in innovative problem-solving. The goal of this project will be to provide ways to support individuals to effectively communicate their needs, so that they have a strong role in self-determining their lives.



STRONG FOUNDATION

In order to support innovation and transformation, DDS must have a strong foundation of business practices and partners upon which to build. We have recently increased our efforts to this end, completing a strategic vision for the agency, and seeking support to build a strategic

plan to achieve it. We have redesigned some business processes already, with an eye toward pushing service delivery out to regional offices, close to where individuals and families gain access. At the same time, we have centralized administrative functions, with the goal of increased efficiency and consistency. This work toward the development of a strong foundation will continue moving forward, through the following projects:

Operational Governance – This project will focus on creating operational procedures that map out the business processes by which we govern our agency. All processes must be defined and formalized to support our evolution into a learning organization that takes a project/results-based approach to problem solving. The program will also create a governing structure regarding the strategic commitment of resources to agency initiatives.

Change Management – As a state agency, DDS is not only required to drive change, but to respond to external changes and information on a regular basis. Whether guidance on service delivery comes from federal or state government entities, external input drives substantial change. The agency must formalize a process by which to roll out the impact of these changes, to ensure consistent understanding and implementation, including accountability structures.

Project Management Office – This project will establish the agency’s Project Management Office (PMO). The PMO will maintain the agency’s strategic plan, guiding future project development through a review process by the Strategic Leadership Team. The PMO will monitor all projects implemented across the agency and support project managers through training on project management tools. This project will include detailing reporting structures, staff roles, funding, and operating procedures for the PMO. These constructs will support the PMO’s initial development and ongoing work as a part of the agency’s organizational structure.

Provider Engagement Improvement – DDS routinely engages the provider community in agency activities, as the primary support delivery vehicle for individuals and families. This engagement must be, as much as possible, consistent, purposeful, and intentional in nature. DDS must, as often as possible, consider whether provider engagement is necessary at project inception, to ensure that these goals are met. This project will establish a “checklist” to discern the when/why/how/who of engaging providers in the agency work. The project will also identify and formalize all provider communication tools and input channels. This will help DDS to ensure that the provider community has the appropriate guidance for all supports and services.

Skill Development Redesign – DDS continues to experience a shift in agency staffing, which will eventually necessitate a change in the type of skill development programs offered to employees. This program will identify the skills and knowledge required by the workforce to do the daily work of their jobs, including an assessment of where we are currently and where we need to be in the future. Training programs of the future may focus on developing technical skills and delivering specific knowledge. Training may also focus on soft-skills, such as working on a team, managing conflict, adapting to a mobile work culture, and managing change in the workplace.

Incident Reporting – DDS has recently received recommendations from the federal Office of the Inspector General (OIG) around strengthening the agency’s incident management systems to ensure the highest level of safety possible for the individuals we support. In the coming years, DDS will formalize what is likely to become multiple projects to detail and implement the solutions framed in the OIG audit report. Focus areas will include: modernizing incident reporting systems, developing widespread community training, and partnering with sister agencies to access information.



INNOVATION AND TRANSFORMATION

As with state I/DD agencies across the country, DDS has already engaged in processes to push ourselves toward innovation and transformation, both in agency operations and delivery of supports. Much of our recent work has focused on responses to federal initiatives, such as the Workforce Innovation and Opportunity Act and the Medicaid Home and Community-Based Settings Rules. This led the department to create innovative supports, such as Transitional Services, which assist individuals to explore different career paths and learn work skills that will help lead to competitive employment.

These directives, and a commitment to providing the very best for the people we support, will drive us further in this direction during the upcoming five year period. This area, in particular, is subject to change and expansion, but has currently been defined to include the following projects:

Employment Strategic Plan – A major area of change for the entire country is employment for individuals with intellectual disability. With initiatives and mandates coming from multiple sources, we believe that employment must be a focus for the agency in the upcoming years, requiring a strategic plan of its own to ensure that all efforts are coming together in one cohesive strategy. This project will develop a strategic plan for the achievement of employment goals for supported individuals, building on the significant work of DDS and partners in recent years under the Employment First initiative. Under this project, DDS will formalize a new approach to increasing employment opportunities for all supported individuals, including efforts toward educating employers.

Residential Supports Continuum Design – DDS has committed to engaging with stakeholders and partners to design a better-rounded continuum of residential support options. This work is already taking place within the Intellectual Disability Partnership; the department anticipates

recommendations for direction on this continuum in the near future. Implementation of these recommendations will require additional consideration in the years to come.

Settings Rule Planning – The federal Centers for Medicare and Medicaid Services (CMS) has issued guidance on the final Home and Community-Based Services regulations, which set forth new requirements for Medicaid-funded home and community-based long-term services and supports. The regulations and guidance are intended to enhance the quality of these supports and provide additional protections to individuals that receive services under these Medicaid authorities. Connecticut has been engaged in transition planning for some time, looking toward the February 2019 compliance date. The state’s [Transition Plan](#) has received initial approval from CMS, and outlines the process for assessment, verification, remediation and monitoring of compliance. This work will certainly continue in the coming years, likely expanding into multiple projects as we work to implement our transition plan.

Supportive Housing – The purpose of this project is to develop a plan with providers to offer a supportive housing model for individuals supported through DDS. The Notice of Funding Availability has already been published through the state Department of Housing, which will be leading the process for the use of bond funding authorized for this purpose. However, there is still much work to be done to ensure successful transitions. The project team will be asked to define a path for individuals to transition to this model of support, including considerations of provider start-up costs, rates, “safety net” provisions for individuals who may need to return to a more structured environment, development of a shared support model for clusters, and clear delineation of providers’ roles, responsibilities, liabilities, etc.

Transportation Redesign – Transportation is a critical element in allowing individuals to live a meaningful and independent life as valued members of a community. This project is intended to identify efficiencies available in the transportation arena for all individuals with intellectual disability. Engaging a broad range of stakeholders (providers, community transportation liaisons and specialists, DDS self-advocates, supported individuals); this project will help the agency identify opportunities for streamlining the transportation systems of support. The goals will be to ensure as broad and consistent transportation coverage as possible, and to maximize efficiencies in transportation resources.

Modernizing Data Systems – DDS has been engaged in discussions around modernizing data systems and information technology for some time. This project must continue, and in fact ramp up, in the upcoming five year period. Building on the foundation of the nearly-complete Microsoft Access Database Migration project, in which data housed in Microsoft Access has been moved to a more stable environment, the agency is now better poised to move ahead. Reporting and business intelligence capabilities must be built out and platforms for modernized systems must be explored. Multiple projects will likely grow out of this initiative as we near implementation.



EXCELLENCE IN SERVICE DELIVERY

DDS intends to seek out innovation and transformation in the upcoming five year period, and will hold ourselves and our partners to a standard of excellence in the delivery of supports and services. Through partnerships at local, regional, and national levels, we expect to learn, share, and implement evidence-based best practices. We will leverage existing partnerships to gain access to pioneers in the field and data on what works. Relationships with national organizations, such as the American Association on Intellectual and Developmental Disabilities and the National Association of State Directors of Developmental Disabilities Services, will guide us to these resources. Additional projects to ensure excellence in service delivery include:

Performance Measurement and Analytics – This project will create an overarching, agency-wide performance measurement program, focused on measuring for outcomes. Recommendations will focus on integrating continuous process improvement tools into all agency activities and efforts, in order to support the development of a true learning organization. Through the identification of formalized tools, such as the “Plan Do Check Act” and “Define Measure Analyze Improve Control” methods of continuous improvements, we will begin to institute methodical ways to assess, identify, strategize and measure the effects of our efforts.

Quality Redesign – This project will focus on the integration of quality measures with the waiver service delivery system. Although the original intent of the agency’s Quality Service Review tool (QSR) was to deliver the capacity to measure outcomes for supported individuals, it has been used primarily to assess compliance with licensing, regulatory, statutory, or federal Waiver requirements. Although any organization responsible to provide services or administer programs meeting individuals’ health support must have a healthy compliance assessment capability, DDS is striving, with our private provider partners, to more effectively integrate the assessment of outcomes and valid indicators of quality into daily work. By integrating quality measures with the waiver service delivery system and support provision and documentation, we will embed measures of quality into everything we do.

Public/Private Training Partnership – Building on the work initiated by DDS’ Training Division in recent years, DDS, in conjunction with private provider stakeholders, will develop a training partnership to provide necessary skill development training to both DDS and private provider staff on an ongoing basis. Training may include specific skills necessary in caring for individuals supported by DDS and private providers, as well as relevant policies and procedures and other administrative trainings.

Workforce Collective Bargaining Agreement Implementation – This project will address a potential change to the rates of pay for direct hire staff based on Collective Bargaining Agreements, and to address the methodology by which allocations are made for those who self-direct their supports. The project team will be tasked with developing a system that fairly determines funding for individuals who self-direct that is adequate to meet their health and safety needs and that allows individuals/families to maintain control over their budgets within existing DDS guidelines. This work will be done in concert with sister agencies currently undertaking the same work, as it affects the populations that they serve.

Positive Behavior Support Strategies – DDS will continue to build on the strong partnerships that have been developed with DCF, DMHAS, DPH and others to help better support the complex behavioral needs of individuals supported by the agency. This project will focus on providing information to families on implementation of effective positive behavior support strategies across the lifespan, beginning at an early age.



SUSTAINABLE CHANGE

While innovation, transformation, and excellence are the goal, we must also remember that we are asked to do more with less, and promote sustainability in any changes we seek. We have a responsibility to strive for efficiency while ensuring that we are maximizing resources and remaining fiscally stable. DDS has been consistently working toward this goal, particularly focusing on Lean-driven activities to streamline the operations of the agency in recent years. This work will continue in the years to come, led by the following projects:

Streamlining Providers’ Administrative Burdens – This project will do an in-depth review of provider requirements, in order to identify every opportunity to reduce redundant or non-value added activities and efforts. The project outputs will support our commitment to ensure the rapid and systematic reduction of unnecessary administrative burdens placed upon the provider community.

Balancing Incentives & Universal Assessment Implementation – The Balancing Incentives Program (BIP) is developing a “No Wrong Door” approach to Connecticut citizens’ access to Long Term Supports and Services (LTSS). The work, being coordinated by DSS, involves a Universal Application to apply for services from LTSS agencies. This system will also include a Universal Assessment, which will replace the existing DDS Level of Need (LON) tool, and will be utilized by all LTSS agencies. DDS will need to continue its work with DSS and the other LTSS

agencies to ensure that both the Universal Application and Assessment meet DDS eligibility and assessment needs. DDS will also need to work with the statewide Information Technology division through the Department of Administrative Services to develop a reciprocal data system at DDS to receive data on Universal Assessments created and to accommodate the Universal Application as a part of the DDS Eligibility process.

Streamlining Electronic Licensing Management – The Electronic Licensing Management System (ELMS) is an enterprise solution approach to licensing of provider settings, involving multiple state agencies deploying a common technology platform. After a Lean process, requirements were identified and agencies worked together to select a product that meets common needs. This project will focus on the transition of licensing data to a new platform, as well as implementation of new workflow processes based upon capabilities present in the new system. The new system will allow 100% electronic processing of licensing activities, including provider access for system-managed plans of correction for citations. Automation and electronic distribution will be deliverables, along with the need for provider and staff training on system usage.

Provider Electronic Enrollment Implementation – This project will represent the implementation phase of an ongoing project collaborating with DSS to align the DDS Medicaid Performing Provider data in the DDS system with the data in the DSS systems. This will enable providers to self-enroll as Medicaid Performing Providers and establish electronic verification processes to remove the need for providers to mail documentation to DSS. Data validation, provider training, and interdepartmental data exchange will allow auditing of progress of provider enrollment and all deliverables.

Web IP-6 Payment – This project is ongoing, as we seek to bring the payment modules for each of our contracted services into our newly deployed .NET web environment. This will allow broader access to payment information; provide enhanced security of both users and data and streamline work through use of a single log-in via the DDS Application menu. Once completed, DDS will sunset our Microsoft Access database payments module.

Case Management Optimization – This project will define the responsibility of the case management position and provide formats to increase its effectiveness and caseload management. It will review required documentation and data management and reduce any redundant and time consuming activities. This project will create a format for case managers and their supervisors to establish prioritization of their job responsibilities. The outcome of this project will help to meet federal and DDS requirements and potentially increase federal reimbursement.

FEEDBACK RECEIVED ON THE DRAFT PLAN

DDS released a draft of this Five Year Plan 2017-2022 on November 22, 2016, receiving public comment through December 22, 2016. During the comment period for this plan, the department received testimony at two public hearings, as well as collecting written comments and information from more than 100 stakeholders, including individuals we support and their family members, guardians, advocates, private providers, DDS staff, and others. These comments were considered in the development of the final plan.

Some common themes of the comments and testimony offered included:

- **Calls for DDS to maintain and expand publically-operated services.**
While DDS appreciates this feedback, policy decisions such as these would need to be part of the state budget process as expanded publically-operated services require additional staff and operational support. Section 23 of Public Act 15-1 of the December 2015 Special Session required OPM, in consultation with DDS to develop a plan to implement the closure of facilities operated by the Department of Developmental Services, including, but not limited to, Southbury Training School and regional centers, in order to achieve targeted savings. This report will be available for legislative consideration as part of a larger policy discussion.

- **Calls for DDS to convert all direct services to private provider operation, reinvesting any savings generated into DDS systems and supports.**
Policy decisions regarding this issue would be part of the state budget process as resources would need to be directed toward accounts that fund privately provided services.

- **Appeals to address the needs of individuals on the residential waiting list.**
The department remains acutely aware of the support needs of many individuals eligible for DDS services. DDS has been working continuously to better engage individuals and families in discussions around their needs and preferred timelines during their individual planning processes, so we better know how to express what supports individuals need and in what timeframe. This has been a central focus of the Residential Wait List Definitions project, the outcomes of which will be implemented in 2017. Additionally, many of the projects outlined in this plan tie to this request in a variety of ways. In order to provide information often requested on the needs of the individuals on the waiting list, the agency must maintain accurate data in robust systems – the focus of our Modernizing Data Systems project. We must also have clear and standardized processes for collecting this information, which we are addressing through several “quick win” projects already in FY 2017, including redesigning the Individual Plan forms, optimizing Case Management processes, and implementing recommendations from the Residential

Wait List Definitions project team. Finally, the department continues to concentrate on the provision of efficient and effective supports for individuals and families – an issue addressed at every level and through multiple outlets, including the planned Residential Supports Continuum Design project, as well as through the work of the larger Intellectual Disability Partnership.

- **Requests to “think outside the box” in terms of how supports are delivered.**
DDS constantly strives to reshape our systems and services to best support individuals and families, including working toward serving the largest possible number of individuals within available appropriations. Our Five Year Plan 2017-2022 demonstrates a continued commitment to this work, through projects seeking to define innovative supports, such as the Residential Supports Continuum Design and Supportive Housing projects.
- **Positive feedback on the prioritization of issues in the areas of supportive housing, transportation, and employment.**
- **Comment on the disparity of wages for direct support staff between public and private sector, and the need for all of these staff to be paid a living wage.**
DDS is able to provide supports through the critically important work of DDS employees and staff of qualified agency providers. In particular, direct support professionals in both the public and private sectors provide meaningful and valuable services to the individuals and families supported by the department. Policy changes regarding this issue would be part of the state budget process.
- **Concern that services for individuals with autism spectrum disorder were not specifically discussed.**
Although individuals with intellectual disability and autism spectrum disorder are certainly eligible for DDS services, the Division of Autism Spectrum Disorder Services was moved from DDS to the Department of Social Services (DSS) as of July 1, 2016. Therefore, future planning for these services now resides with DSS. DDS will continue to be on the Autism Spectrum Disorder Advisory Council as they continue their important work regarding the future of services for individuals with ASD. Connecticut continues to improve the availability of ASD services, for example with the addition of Medicaid coverage for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) for children under 21.
- **Appeals to include private provider network in the implementation of the plan.**
DDS remains committed to involving all stakeholders, including members of the private provider network, in the completion of all appropriate projects.

- **Suggestions to enhance communication to private providers.**
The draft plan outlined several projects to this end, which remain in the final plan. First, the External Communications project will be focused on analyzing the communications needs of all department stakeholders and devising the best strategies to ensure that their needs are met. Second, the Provider Engagement Improvement project is specifically focused on meeting the needs of our partners in the private provider network, to ensure that the provider community has the appropriate guidance for all supports and services.

- **Consideration of allowing private providers to access deemed status, in replacement of current licensing processes.**
DDS has initiated conversation on this and other administrative tasks required of the provider community in the Streamlining Providers' Administrative Burdens project. For issues such as deemed status with wide-reaching potential effects, the project team would be a starting place for further discussion. There has also been legislation proposed on this issue this session which DDS will be tracking closely.

- **Requests to allow private providers to cost settle any savings they may be able to generate in any given fiscal year.**
DDS has worked with the provider community and sister agencies to pilot this approach in years when the state budget allows. Policy changes concerning this issue would need to be part of the state budget process.

- **Observation that provider profiles offered on the DDS website lack data on quality measures.**
Each provider's profile contains a link at the bottom of the PDF document to quality measures.

- **Comment on the lack of detail on employment metrics within DDS data systems.**
The details of metrics needed to measure the success of our employment initiatives will be developed and fine-tuned in our Employment Strategic Plan projects. Data systems will be updated accordingly.

- **Remarks that the plan does not adequately estimate the type and quantity of staff and client services that will be needed in the five year timeframe.**
As noted in the "About the Department – Fiscal" section, we provide caseload growth estimates wherever possible. Individuals and individual needs are fluid and ever-changing; while the department's data systems capture as much of this as possible, it is impossible to predict the exact type and quantity of supports needed in the next five years. However, as previously discussed, we are redesigning processes to gather more information on individual and family needs and estimated timelines, so we better know how to estimate needs to various inquiring stakeholder groups.

- **Comment on the project-based approach to the plan, including an appreciation of the methodical tactic, as well as questions around the lack of specified timelines and how updates will be provided.**

As noted in the “Project-Based Execution” section, timelines will be established by each project team, reflective of the specific outcomes and deliverables determined by both the team and DDS senior leadership. DDS plans to develop a project webpage that will provide updates on all projects outlined in the plan.

CLOSING

The DDS 2017-2022 Five Year Plan presented above can be thought of as only the beginning of the agency’s transition into the future. The projects discussed here are sure to evolve over time, as the landscape around us continues to change, prompting continued refinement of our approach. However, this plan provides a framework with which to begin the substantial work identified in recent years. The project-based approach offers a method by which to tackle the issues and prospects before us, which we believe will lead us to success.

Our 2017-2022 Plan looks to meaningfully improve the quality of life of individuals with intellectual disability and their families. With the new economic reality that DDS and many other state agencies face, as well as quickly evolving expectations for service delivery, we find ourselves with an opportunity and mandate for change.

Focusing on people and families first, our 2017-2022 Five Year Plan was developed to be responsive and proactive to these many changes, as we transform in order to best carry out our mission and vision. We look forward to partnering with all of our stakeholders in working toward these goals in the years to come.

DDS wishes to thank everyone who provided feedback, both formally and informally, on the draft plan. The department looks forward to continuing the important work ahead in collaboration with our multiple valued partners and stakeholders.



NAVIGATING SUPPORTS ACROSS THE LIFE COURSE