



**State of Connecticut
Department of Developmental Services**



Dannel P. Malloy
Governor

Jordan A. Scheff
Acting Commissioner

Appropriations Health Subcommittee Workgroup: March 2, 2017

Co-Chairs: Senator Terry Gerratana, Senator Heather Somers and Representative Patricia Dillon

We appreciate the opportunity to discuss Governor Malloy’s recommended budget for Fiscal Years 2018 and 2019 as it relates to the Department of Developmental Services (DDS). We have included the following information in response to questions posed at the Appropriations Committee Public Hearing on February 23, 2017.

1. Provide a breakout of DDS Employment Opportunities and Day Services.

➤ Below is a breakout by program code for Employment Opportunities and Day Services:

Program	FY 2017 (July - Feb)	FY 2016	FY 2015	FY 2014
Fiscal Intermediary (FI) administrative fees	\$1,012,018	\$1,500,020	\$1,484,081	\$1,592,350
Training and/or Technology (through FIs)	\$12,495	\$9,329	N/A	N/A
Pre-Vocational Supports	\$2,245,096	\$3,896,187	\$4,365,416	\$5,094,103
Group Supported Employment (GSE)	\$44,944,838	\$71,002,422	\$69,779,119	\$70,271,525
Day Support Options	\$87,109,642	\$128,772,474	\$121,139,992	\$114,997,926
FI service payments	\$10,055,939	\$14,509,609	\$13,450,634	\$14,928,111
Individual Supported Employment	\$2,906,081	\$4,240,741	\$4,226,273	\$3,848,648
Residential School (day portion)	\$1,021,067	\$1,419,117	\$1,536,827	\$1,395,292
Total	\$149,307,176	\$225,349,897	\$215,982,341	\$212,127,956

A. How many individuals are being served in FY 2017 both existing and new?

➤ Below is a breakout of the number of individuals receiving employment and day services, as of 12/31/16, by type of service funded by the above referenced account. The chart does not include individuals who receive public day or employment supports or individuals who are competitively employed.

Type of service	Private	Self-Directed	Grand Total
Individual Supported Employment	516	114	630
Group Supported Employment	3222	0	3222
Pre-Vocational	220	0	220
Day Support Options	4602	97	4699
Adult Day Health	31	0	31
Individual Day Supports	1061	279	1340
Senior Supports	201	0	201
Total	9853	490	10343

B. How many individuals would be served in the Governor’s Proposed FY 2018/FY 2019 budget?

- The Governor’s proposed budget includes new funding to DDS for caseload growth for individuals supported by DDS. Over the biennium, the DDS budget is increased by \$10 million for day age-outs and high school graduates:
 - \$3.5 million to annualize the costs of FY 2017 placements including 117 individuals who aged out of school systems and 292 individuals who graduated high school;
 - \$4.6 million is provided over the biennium for 93 individuals that have been identified as age-outs in FY 2018; and
 - \$1.9 million is provided in FY 2019 for 99 individuals who have been identified as age-outs.

C. How much did the agency request for High School Grads in FY 2018 and FY 2019?

- FY 2018: \$7,594,185 for 335 individuals.
- FY 2019: \$7,889,913 for 355 individuals.

2. Provide information on the DDS Behavioral Services Program (BSP)

A. How has the DDS Behavioral Services Program been reduced since 2014?

- Below are the BSP expenditures by each fiscal year since 2014.

Fiscal Year	Expenditure Total
2014	32,376,861.15
2015	31,083,304.07
2016	30,980,165.98

B. What is the number and funding associated with (a) age-outs, (b) the average cost of service by type?

- Age-outs from BSP as of 1/31/17 **29**
- Currently Served by BSP **396**
- Remaining FY 2017 age-outs in BSP **26**

➤ Below is BSP data as of 1/31/17

Residential Setting	# Served	Total Annual Authorizations	Estimated Average Cost per person	Estimated Utilization	Estimated Total FY2017 Annual Cost
Group Home	26	\$ 4,031,522.00	\$ 155,058.54	100%	\$ 3,632,148.68
Continuous Residential Supports	14	\$ 3,339,504.00	\$ 238,536.00	100%	\$ 3,261,511.76
Community Companion Home	2	\$ 20,336.00	\$ 10,168.00	100%	\$ 19,341.43
Family Home (In-Home Supports)	335	\$ 15,491,350.00	\$ 46,242.84	75%	\$ 11,618,513.00
Hospital Facility	1	\$ 276,220.00	\$ 276,220.00	100%	\$ 218,705.42
Private Residential School	18	\$ 4,325,721.00	\$ 240,317.83	100%	\$ 4,261,834.98
One time allocations for enhanced staffing support					\$ 1,097,683.73
Fiscal Intermediary Admin Fee					\$ 434,580.00
Grand Total	396	\$ 27,484,653.00			\$ 24,544,319.00

C. Number of individuals on Behavioral Services Program waiting list and cost to fund them in FY 2018 and FY 2019.

➤ There are currently 31 individuals who have been found eligible for BSP and are on the BSP waiting list. Although the BSP program has a cost cap of \$55,000 per year for in-home supports, using the average cost of in-home supports for BSP participants, which is currently \$46,243, the annual cost of the 31 would be \$1,433,533.

3. Discuss Agency Privatization of Group Homes, In-Home Supports, and Day Services and Regional Center Closures.

A. Provide the number of consumers served and DDS employees impacted, DDS savings by account, private provider contract costs in DSS, fringe benefit account impact and net savings.

➤ For information on the conversions, please refer to the attached [DDS Public Conversion Worksheets](#).

➤ For Regional Center closures, please refer to the attached [DDS Regional Centers Closure Savings Estimates](#) that displays the estimates used in determining the net savings to the state as a result of the closures of the Ella Grasso Regional center and the Meriden Regional Center (except for the Transition Unit on the grounds of the Meriden Campus). The estimated savings are displayed by SID for each of the two Regional Centers along with the Private Provider contract costs and fringe benefit impact.

B. Discuss current obstacles to achieving savings in the current year and projected for FY 2018 and FY 2019. By what date must the conversions be implemented in order to achieve the savings in the Governor’s Budget?

- The conversion delays are related to ongoing discussions between the Office of Labor Relations, the Office of Policy and Management (OPM) and other interested parties. Please refer any specific inquiries regarding those discussions to OPM Secretary Barnes.

4. Discuss Community Residential Services funding in DSS and additional funds provided for conversions.

- Funding to reflect the conversion of the transitional unit (TU) at the DDS Meriden Campus, public Community Living Arrangements (CLAs) and other residential programs is removed from DDS’s Personal Services line and added to the residential account at DSS to support the provision of these services by qualified private community providers. Savings achieved through this process are reflected in DDS’s proposed appropriation.

5. Provide Personal Services breakout for reductions that have occurred in the account since FY 2016.

FY 2016 appropriation	\$262,989,799	FY 2016 expenditures
GOV-FY 2016 Holdbacks	-\$2,961,944	
Deficiency Bill per PA 16-2, Sec. 31 and 32	-\$11,800,000	
FAC to Behavioral Services Program	-\$1,700,000	
FY 2016 Net Appropriation (to be allotted)	\$246,527,855	\$244,132,052
FY 2017 original appropriation	\$265,087,937	
LEG-Gov 5.75% reduction	-\$21,167,052	
LEG-Full-year savings privatize 10 CLAs	-\$8,367,747	
LEG-Half-year savings privatize 20 CLAs	-\$8,367,747	
LEG-Allocation of targeted lapses	-\$7,086,079	
LEG-Rollout of FY 2016 DMP PA 15-1	-\$4,629,897	
LEG-Transfer Autism to DSS	-\$790,000	
FY 2017 Revised appropriation	\$214,679,415	
GOV-FY 2017 Holdbacks	-\$2,668,869	
FY 2017 Net Appropriation (to be allotted)	\$212,010,546	

A. Discuss the impact of the delays in conversions on the PS account in the current fiscal year and projected for FY 2018 and FY 2019.

- Any such delays would reduce the amount of savings attributed to the transition of these operations from public to private. Specifically, there would be more costs related to state employees and fewer for contracted services. As such, money which would be appropriated to DSS in the Community Residential Services account, to support contracted residential services, may be relied upon to offset savings DDS is unable to achieve in its Personal Services account.

6. Southbury Training School

A. Provide the status of Southbury Training School (STS) cottage consolidations. Discuss the possible consolidation to the STS Main Building and the conversion of the STS power plant.

Status of STS Cottage Consolidations

- The Cottage Closure process at STS has been in operation for almost twenty years. As a result of this process, the current 229 residents live in a total of 14 residential buildings. Twelve of these buildings

have large populations ranging from fourteen to twenty-five individuals and two smaller residences have populations of two to four residents.

- In the coming fiscal year, one residence is planned for closure, and two smaller residences will be consolidated to one structure. It is preferable not to identify the cottage numbers of these buildings as our closure process calls for the residents, family members and staff to be informed by management when closure is imminent. The cottage closure process is governed by collective bargaining which clearly stipulates how the process is to be completed.
- Additionally, for many years, STS operated 12 group home style buildings across the street from the main campus, known as the Personnel Village. These buildings were typically home for three to five residents. The last Personnel Village building was closed in February 2016.
- All cottage closures are designed to ultimately downsize toward the area traditionally known as ‘Girls Village.’ This area is the location of Cottages 40, 41 and 42. These are first floor buildings which can accommodate residents with physical disabilities. These cottages also have their own heating systems, which operate independently of the STS powerhouse.

Status of STS Power Plant

- The Power Plant at STS has been in operation since the opening of the facility in 1940 and continues to provide heat and hot water to all buildings on the STS campus with the exception of Cottages 40, 41 and 42, which have their own heating systems.
- The Powerhouse operates on a high pressure steam system and can burn either oil or natural gas. The Powerhouse currently produces a capacity much greater than is required to serve the number of residential and non-residential buildings currently in operation.
- In the summer of 2016, a request was made through the Department of Administrative Services (DAS) for an engineering study of the STS Powerhouse to determine more efficient options to maintain heating of the STS campus as it downsizes. The Vanzelm Engineers Consulting Group was tasked with this project, and in December 2016 they issued a report that recommended replacement of the current Powerhouse with individual heat pump systems in each building. This recommendation is being reviewed by the STS Maintenance Department and DDS engineering staff. Further details regarding cost of heat pump systems have been requested of the Vanzelm Engineering Group. It is anticipated that this would likely be the most cost-effective approach at this time.

B. Provide information on the STS Fire Department including staffing, number of responses, inventory of major equipment, and agreement with the town.

- **STS Fire Department Staff:** Currently there are 10 total full time staff, including one Fire Chief and nine fulltime Firefighters/Advanced Emergency Medical Technicians (AEMT) staff. Three fulltime Firefighters/AEMTs positions are currently vacant. Additionally, there are 12 volunteer firefighters.

- Below is an overview of fire type emergency calls over the past five calendar years:

Fire Type Emergencies	2016	2015	2014	2013	2012
1-Fires	16	15	20	20	29
2-Overpressure, Heat	3	2	0	0	0
3-Rescue	7	14	3	7	1
4-Hazardous Conditions	5	7	6	9	11
5- Service Calls	9	6	9	14	13
6-Good intent calls	25	16	53	144	198
7-False Alarms	41	47	82	88	85
7A-(trouble alarms)	209	159	159	136	111
8- Weather	1	2	3	0	7
9- Other	0	0	1	2	0
Total of Fire-Related Events	316	258	336	420	455

- Below is an overview of EMS calls over the past five calendar years:

Emergency Medical	2016	2015	2014	2013	2012
Emergency Medical Calls (911) At STS	545	418	446	342	399
Emergency Medical Calls (911) Mutual Aid	117	212	249	205	230
Non-Emergency Medical Calls required by ambulance (Certificate of Medical Necessity Required)	182	549	512	348	360
Total of EMS-Related Events	844	1179	1207	895	989

- **STS Fire Department Major Equipment**

Asset #	Year	Color	Make	Description	Notes
5-2030	2012	Red	Ford Expedition	Command	DDS would retain
5-6052	2016	Grey	Chevrolet	Cargo Van	
472	1987	Red	E-One	Fire Truck	STS Trustee Asset
0004789	1981	Red	Duplex D-300 fire truck	Fire Truck	Out of Service
186750	2001/2013	Red	GMC Ambulance	Ambulance	2001 ambulance body reinstalled onto 2013 chassis
00001807	2008	Red	Ford, Ambulance	Ambulance	
0004790	2006	Red	Am/Haul	Covered Trailer	
0004791	2005	Red	Allmand	Lighting System	

- **Discussions with the Town of Southbury:** Eugene Harvey, DDS's Director of Southbury Training School has been in ongoing discussions with officials from the Town of Southbury for multiple years regarding the proposed transfer of responsibility for fire and EMS calls from the STS Fire Department to the Town of Southbury. It is anticipated that discussions with the Town will continue and the top priority will be ensuring the safety of, and the continued responsiveness to the needs of, all residents of the town of Southbury including those individuals residing at Southbury Training School.

7. Provide detail related to Federal Funds and Private Funds budget items and their funding sources. (See additional funds available on OFA sheets.)

- The OFA budget sheets were updated to reflect the correct amounts (Federal Funding: \$2.8 million and Private Contributions: \$40,000). Included in these amounts are:
 - \$2 million of federal funding for the Home and Community Based Services (HCBS) Modernization Project beginning in 2018: DDS is modernizing its existing Home and Community Based Services (HCBS) application and technology infrastructure environment. The project's goal is to create an integrated application system utilizing a configurable, off-the-shelf, software and database platform solution. The system would address DDS business processes supporting (1) Consumer Service Planning, (2) Resource Allocation, (3) Fiscal and Resource Management, and (4) Quality Management. In addition there would be a business analytics and reporting capability, and interfaces with other Connecticut Health and Human Service agencies.
 - \$800,000 for funding for the Council on Developmental Disabilities (DD Council): The Council on Developmental Disabilities was established in 1971, and since its inception has been at the forefront of change, promoting education for children, meaningful work for adults, community living for all persons with disabilities, and self-advocacy by persons with disabilities and parents. This is federal funding available to the council for the sole purpose of funding DD Council expenses.
 - \$40,000 is reflective of projected Private Donations in the amount of \$40,000 for Camp Quinebaug.

8. Provide the information that DDS will be sharing with parents about the ABLE Act savings accounts.

- DDS is in the process of developing information to be shared with families at Transition Fairs, Family Nights, LifeCourse Planning events and conferences. Information is shared at trainings with DDS Case Managers and qualified community providers. Information will be disseminated by DDS Transition and Educational Advisors, Case Managers and Life Course Ambassadors and is posted on the DDS website [here](#). Information also is shared through the LifeCourse Community of Practice Leadership and Mentoring Group during meetings with families in the community.
- The ABLE National Resource Center was launched in 2016 to inform families and states on the current status of the ABLE Act. The Center provides webinars on varying topics. They also provide a Comparison Chart on ABLE accounts, listed state by state. DDS will provide links to this information on its website.
- Additionally, DDS appointed a member to the Office of the Treasurer's ABLE Act Advisory Committee to review options for structuring Connecticut's program to determine how to effectively serve the greatest number of eligible citizens and to explore the feasibility of Connecticut partnering with another state with an existing ABLE program.

9. Discuss the Transitional Unit (TU) at the Meriden Regional Center and the safe placement of individuals residing in the TU into the community.

- Since it was first occupied in October of 2000, 23 different individuals have resided at the Transitional Unit (TU) on the Meriden Campus. Many came directly from the Department of Corrections or the Department of Mental Health and Addiction Services. The average length of stay is 2.25 years. The longest stay was almost 8 years. The shortest stay was just 39 days.
- Of the 23 individuals:
 - Two individuals remain there;
 - Two are deceased;
 - One lives in a Regional Center; and
 - 18 individuals live in the community either in a family home, or a CLA or CRS.
- As this program is transitional in nature, the focus is always on moving the individuals into the least restrictive community setting with appropriate supports as developed through an individual planning process to ensure safety of the residents and the community at large.

10. Provide information on Waiting List (“Emergency” and “Priority 1”) projections.

In FY 2016, 77 individuals had their residential needs met and came off the residential waiting list and 136 individuals received additional supports to fully meet their residential needs.

As there are more individuals requesting residential supports than available funding 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 an assigned status of “Emergency” or “Priority 1.” From June 2012 to September 2016, the size of the residential waiting 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.

The current method of presenting this list of individuals and their needs has become complicated and often difficult to explain in a concise manner. After consistent feedback from multiple stakeholders to reconsider how this information is presented, a project team was put together to establish recommendations for clear, streamlined categories and definitions for the DDS residential waiting list. As a result of this project, a common sense approach to categorizing and defining the needs represented by the traditional residential waiting list was developed.

Starting March 1, 2017, DDS will begin using the following new categories:

1. **Future Needs:** The individual or family’s services and supports needs are identified; however, the individual or family would not accept services, if funding and services were currently available.
2. **Urgent:** The individual or family is requesting services and would immediately accept services, if funding and services were currently available.
3. **Emergency:** The individual is at imminent risk and needs supports and services immediately.

These categories better define the identified need of the individual and when funding for the supports would be utilized.

Various stakeholders have asked for improved data from DDS regarding individuals' day and residential support needs. Families and advocates have voiced concerns that current available data does not accurately reflect the future needs of the individuals eligible for DDS. While the current data system used by the DDS Planning and Resources Allocation Teams (PRAT) cannot provide that information, DDS fully recognizes that accurate and up-to-date information is critical in order to correctly identify and more accurately project the future needs of individuals eligible for DDS funding and services.

Therefore, case managers and the individuals' planning and support teams will begin using a "Residential Request Assessment" beginning March 1, 2017. During the annual planning meeting, case managers will review the individual's needs and desires for future DDS residential and day services with their teams. Individuals and families also will be required to complete a Support Survey which will be submitted to PRAT. The survey is specific to potential DDS supports an individual may need. This information will then be collected, as requested by stakeholders, and entered into the PRAT database so that the future needs of the individuals eligible will be available on an ongoing basis.

Survey responses will be that an individual:

1. has DDS funded supports meeting his or her needs and does not request any additional services, or
2. does not have DDS-funded supports, but is not requesting or planning for any, or
3. has identified service needs and a PRAT request will be submitted. In this instance, a case manager must submit a PRAT request, and a Residential Request Assessment, if applicable.

Case managers will begin conducting the Support Survey with individuals and families at annual meetings starting on March 1, 2017. It will take a full year to complete all the surveys. Other resources for supports that individuals and families may seek in developing future plans such as family, other state resources, community or natural supports also will be discussed at the same time.

11. Provide an updated Residential Supports Variable Cost Analysis for FY 2016.

- This information has not been updated since it was last shared with the legislature in FY 2016 and included an analysis for FYs 2013 and 2014.

Attachments

Attachment A [DDS Public Conversion Worksheets](#)

Attachment B [DDS Regional Centers Closure Savings Estimates](#)