STATE OF CONNECTICUT
NATIONAL GOVERNOR'S ASSOCIATION

Transition Services for Youth with Disabilities
EXECUTIVE SUMMARY
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INTRODUCTION AND METHODOLOGY

Connecticut has received a technical assistance grant from the National Governor’s Association to conduct an analysis of resources available to youth with disabilities who are transitioning into employment. Connecticut is pursuing a multi-agency, multi-discipline approach by reviewing the services provided by each agency. This method will help determine where transition services are provided, the type of services provided, overlap and gaps in services provision.

The Connecticut NGA project contracted with Public Consulting Group, Inc. to map the resources available from several agencies. The project was divided into two phases. During the first phase of the project, PCG examined the Bureau of Rehabilitation Services (BRS), the Department of Mental Health and Addiction Services (DMHAS), the Department of Mental Retardation (DMR), the State Department of Education (SDE), and the Board of Education and Services for the Blind (BESB). During the second phase of the project PCG examined the Department of Social Services (DSS), the Department of Labor (DOL), Capital Workforce Partners (CWP), the Department of Correction, (DOC), the Department of Children and Families (DCF), and Court Supported Services Division (CSSD).

The goal of the project was to identify state agency resources associated with transitioning youth with disabilities to employment. The target population for this review included individuals age 14-30, with an identified disability. Identified disability included substance abuse, as well as all students with an IEP and “504” students.

PCG met with each identified agency to learn about the state agency resources. We collected a great deal of information from the agencies through staff conversations, online sources and printed materials. PCG focused on the services provided and the data systems used to maintain information about these services.
I. FINDINGS, RECOMMENDATIONS AND NEXT STEPS

PCG would like to thank all of the agency staff who met with us and provided information for this report. We received a great deal of information and in the following paragraphs seek to consolidate and present some of the findings that came out of our meetings and the information gathered. Findings are categorized in the following groupings:

- Service Provision
- Contracted Providers
- Mission and Critical Functions
- Service Expenditures
- Technology & Data Gathering
- Interagency Collaboration and Communication
- Success Measurement and Tracking
- Barriers to Employment

The findings are followed by questions, recommended next steps and other areas for improvement.

Service Provision

The resources mapped for each agency can be grouped into 13 service categories. These service categories and the corresponding agency program or services are illustrated in the following table.
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<tbody>
<tr>
<td>SDE</td>
<td>Transition Coordinators/Specialists</td>
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<td></td>
<td>LEAs operate a number of vocational training programs for alternative education students.</td>
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<tr>
<td></td>
<td>Cooperative Education Services</td>
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<tr>
<td>DMHAS</td>
<td>Vocational Counselor</td>
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<td></td>
<td>Connecticut Valley Hospital Mall employs hospital consumers to prepare them to transition to the community</td>
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<td></td>
<td>Psychosocial Clubs may offer vocational training opportunities</td>
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<tr>
<td>DSS/BRS</td>
<td>Voc Rehab Counselors</td>
<td>Employment Specialists</td>
<td>Vocational Rehabilitation</td>
<td>Individualized Plans Included in Voc Rehab</td>
<td>VR Comprehensive Services $7,922,359 $2,601 per client Included in Voc Rehab</td>
<td>Vocational Rehabilitation Included in Voc Rehab</td>
<td>Vocational Rehabilitation Included in Voc Rehab</td>
<td>Vocational Rehabilitation Included in Voc Rehab</td>
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<tr>
<td></td>
<td>Embedded Transition Counselors</td>
<td>579 Youths Served in Transition</td>
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<tr>
<td>DMR</td>
<td>LEA/School Coordinators</td>
<td>3971 clients</td>
<td>Day Support Program 4034 clients</td>
<td>Day Support Program 912 clients†</td>
<td>Day Support Program / VR through BRS 547 clients</td>
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<tr>
<td>BESB</td>
<td>Voc Rehab Counselors</td>
<td>Employment Specialists</td>
<td>Vocational Rehabilitation 1,000 Clients</td>
<td>Individualized Plans Included in Voc Rehab</td>
<td>VR Comprehensive Services Included in Voc Rehab</td>
<td>Vocational Rehabilitation Included in Voc Rehab</td>
<td>Vocational Rehabilitation Included in Voc Rehab</td>
<td>Vocational Rehabilitation Included in Voc Rehab</td>
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<tr>
<td></td>
<td>Transition Coordinators</td>
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</tbody>
</table>

- **SDE**: Special Education
- **DMHAS**: Department of Mental Health and Addiction Services
- **DSS/BRS**: Department of Social Services
- **DMR**: Department of Mental Retardation
- **BESB**: Division of Special Education, Bureau of Specialises

$26,006,721
792 Youths Served

- Young Adult Services
- Young Adult Services

$7,922,359
$2,601 per client*

579 Youths Served in Transition

3971 clients 4034 clients 912 clients† 547 clients 3482 clients

- Vocational Rehabilitation
- Vocational Rehabilitation
- Vocational Rehabilitation
- Vocational Rehabilitation
- Vocational Rehabilitation

- High School Summer Program
- Vocational Rehabilitation

5

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</thead>
<tbody>
<tr>
<td>DOL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Case workers follow-up with clients to ascertain if the client needs further help, and to update performance measures</td>
<td></td>
<td>One-stops offer training workshops</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>DOC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DOC offers vocational training</td>
<td></td>
<td>May access one-stops</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>CSSD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CSSD funds CRPs that provide vocational training</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>CWP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CTWorks centers provide vocational training/job preparedness programs</td>
<td></td>
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</tr>
<tr>
<td>DCF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CTWorks centers provide vocational training/job preparedness programs</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>DSS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HUSKY A&amp;B, Medicaid for the Employed Disabled ConnPACE SAGA</td>
<td></td>
<td></td>
<td>T-RAP, TRSP, Security Deposit Guarantees, Rental Assistance Program</td>
<td></td>
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</tr>
</tbody>
</table>

* Total amount for all Vocational Rehabilitation
† Total number in sheltered employment
‡ Not including BRS or JFES Services

*DCF may fund Vocational Training, Job Search, and Supported Employment in these programs.
There is significant overlap in the types of services offered by participating agencies. For example, every agency interviewed has a transition planning component. In addition, every agency provides some type of job or vocational training. BRS, BESB, DMHAS and DMR offer the broadest range of services with each agency offering 5 or more services in the 13 categories identified. Services tend to be provided based on who the client is (e.g. what disability the client has, what age the client is) rather than what the client needs (e.g. job training).

In addition to the overlapping services provided, agency staff noted several gaps in services delivery. For example, clients transitioning from high intensity services in DMHAS or DCF may go from receiving maximum support often including multiple services, housing and round the clock care to receiving services that provide significantly less support. There is no “step-down” or medium intensity service for clients to transition into before entering the community and workforce with minimal supports.

As a second example, transitioning “504” students may fall through the cracks of transition planning because they do not have IEPs and therefore are often not identified by schools as needing transition planning. No division of the State Department of Education is specifically responsible for ensuring that these students have adequate transition planning and supports.

**Contracted Providers**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Yes</th>
<th># Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOL</td>
<td>☒</td>
<td>Not Available</td>
</tr>
<tr>
<td>DOC</td>
<td>☒</td>
<td>Not Available</td>
</tr>
<tr>
<td>CSSD</td>
<td>☒</td>
<td>Approximately 80</td>
</tr>
<tr>
<td>CWP</td>
<td>☒</td>
<td>Over 30</td>
</tr>
<tr>
<td>DCF</td>
<td>☒</td>
<td>Over 100</td>
</tr>
<tr>
<td>DSS</td>
<td>☒</td>
<td>Not Available</td>
</tr>
<tr>
<td>DSS/BRS</td>
<td>☒</td>
<td>75</td>
</tr>
<tr>
<td>BESB</td>
<td>☒</td>
<td>Over 75</td>
</tr>
<tr>
<td>SDE</td>
<td>☒</td>
<td>Over 70</td>
</tr>
<tr>
<td>DMR</td>
<td>☒</td>
<td>87% of Day/Employment programs provided by CRPs</td>
</tr>
<tr>
<td>DMHAS</td>
<td>☒</td>
<td>Over 90</td>
</tr>
</tbody>
</table>

All of the participating agencies utilized contracted providers for some part of their program service provision. Because similar services are provided, it is likely that agencies utilized some of the same providers. Agencies are generally not comparing provider rates or seeking to bulk purchase services.
Mission and Critical Functions

The objective of this project was to map the resources available to youth with disabilities as they transition to employment. All agencies included offer some services associated with this target population and the target objectives. However, the missions and critical functions of the agencies included in this project often are not focused on the team’s target population. There are several considerations when thinking about agency missions and priorities including:

- If youth or people with disabilities are not part of an agency mission how will services targeted to these populations be a priority?
- Developing programs and services not aligned with an agency’s mission is often costly and inefficient.
In addition to the participating agencies’ differing missions, state agencies do not utilize consistent definitions of disability in the provision of services. This is an important consideration when identifying the goals and next steps for this multi-agency team for this project.
Does the Agency Define Disability

<table>
<thead>
<tr>
<th>Agency</th>
<th>Does the Agency Define Disability</th>
<th>Does the Agency Use Disability in the Eligibility Determination?</th>
<th>Does the Agency Track Disability Electronically?</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOL</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>DOC</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>CSSD^</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>CWP</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>DCF#</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>DSS</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>DSS/BRS</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>BESB</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>SDE*</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>DMR</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>DMHAS</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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</tbody>
</table>

*The LEA has the individual student data. SDE has this information in the aggregate
^CSSD tracks mental health and substance abuse issues, but does not have an agency wide definition of disability
#DCF uses disability to determine eligibility for mental health services

Six of the 11 agencies included in this project do not use income as a factor in eligibility determination. Three of the agencies utilized income as a factor in some instances or for some services.

Issues such as whether age, disability and income are included as focuses and/or priorities in service delivery are important considerations when the agencies are determining next steps in addressing service gaps and overlaps.
Service Expenditures

Per client service expenditures vary widely for the programs reviewed (from $138 to over $39,000 depending on program and service type.) Items/services are not priced by component and there is no commonality among agencies in how programs and services are priced. For these reasons, there is currently no effective way to compare costs between services for the purpose of analyzing efficiency and joint purchasing opportunities.

Agency programs are funded with federal, state, local, or private funds. CSSD and BRS programs reviewed are funded with a single funding source, while four of the agencies utilize three funding sources.
Technology/Data Gathering

The participating agencies use many different data systems to manage program and client information. The names of the data systems are listed in the following table:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Data System</th>
</tr>
</thead>
<tbody>
<tr>
<td>BESB</td>
<td>Libera</td>
</tr>
<tr>
<td>DSS/BRS</td>
<td>Wang</td>
</tr>
<tr>
<td>CSSD</td>
<td>Softscape (CMIS)</td>
</tr>
<tr>
<td>DCF</td>
<td>Link</td>
</tr>
<tr>
<td>DOC</td>
<td>Inmate Information System</td>
</tr>
<tr>
<td>DOL</td>
<td>Softscape (CTBusiness Works System)</td>
</tr>
<tr>
<td>CWP</td>
<td>Softscape (CTBusiness Works System)</td>
</tr>
<tr>
<td>DMHAS</td>
<td>Visual Basic Application</td>
</tr>
<tr>
<td>DMR</td>
<td>CAMRIS</td>
</tr>
<tr>
<td>DSS</td>
<td>Medical Services and Public Assistance:</td>
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<tr>
<td></td>
<td>DBMS(IBM) - known as EMS, Housing: Homeless</td>
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<td></td>
<td>Management Information System (FOCUS)</td>
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<tr>
<td>SDE</td>
<td>Special Education Data Application and Collection</td>
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</table>

Various agency staff expressed interest in exploring data sharing to make service provision more effective and efficient. Agencies do not collect the same data, and in some cases programs within the agencies do not collect the similar data. In some cases pieces of data that would be important for information sharing or program effectiveness or efficiency determinations are not currently collected in existing systems. Data analysis between agencies and programs is not useful or even possible unless the data has commonality.
Overall, there is no formalized, consistent way to share information about clients, programs or spending between agencies. Many agencies do share client data, in accordance with HIPAA policies and through MOUs, when a particular client agrees to the data sharing. Often this information is provided in a hard copy format.

In addition to the overall technology findings, there are also some agency specific findings:

- BESB and BRS have the same data requirements and federal reporting requirements but have purchased different technology systems.

- Two agencies, CSSD and DOL, utilize a *Softscape* data system but have not been able to obtain a data dictionary from the vendor.
Interagency Collaboration and Communication

The agencies reviewed have complex relationships. Young adults may receive services from multiple agencies during the same time period. Some agencies have formal Memoranda of Understanding or Memoranda of Agreement to work together on transition related issues, others have informal agreements. In some cases agencies will refer consumers for services to other agencies, while in other cases they may not. This creates a web of services and relationships.

The diagram to the left illustrates which agencies refer clients to other agencies, and whether those referrals are formally tracked, or informally made and not tracked.

The diagram below illustrates the Memorandums of Understanding (MOUs) and Memorandums of Agreement (MOAs) that were identified during the resource mapping project. The majority of agencies have multiple MOUs and MOAs for services provided to the target population.
The MOUs and MOAs utilized vary in scope and relationship. Scope and relationship range from co-location of staff to service provision. The graphic below lists the agencies that utilize each kind of arrangement.

The following are some examples outlining just a few of the many interagency agreements in place.

- **DOC Job Centers** help inmates find jobs as they are transitioning back into the community. Inmates use the DOL database to search for jobs.
- **DOC and DMHAS** meet monthly regarding pending discharges of inmates who are DMHAS involved.
- **DOC and DCF** have an agreement regarding information transfer for DCF youth who enter DOC custody.
- **BRS locates staff** at some of the DOL CTWorks centers. This agreement allows BRS staff to help facilitate job searches for BRS clients.
- **CSSD and DMHAS** have an agreement whereby CSSD buys services through the DMHAS service network for offenders in need of residential substance abuse treatment.
- **CSSD and DSS** have an agreement whereby CSSD reports to DSS any eligible claims under TANF for qualifying contracted services.
- **SDE and BRS share an FTE, a Transition Coordinator**, who coordinates employment and training services for individuals with disabilities.
**Success Measurement and Tracking**

One of the areas reviewed during the resource mapping was whether agencies formally tracked and measure the outcomes of their various transition related programs and services. Four agencies were identified as having formal, tracked measures of success. The agencies that formally measure and track success (BRS, BESB, CWP and DOL) are federally required to do so. These agencies are tracking outcomes that are easily quantifiable – the number of people who get jobs.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Formal Success Measurement</th>
<th>Informal Success Measurement</th>
<th>No Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSS/BRS</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>BESB</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>CSSD</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>CWP</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>DCF</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>DMHAS</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>DMR</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>DOC</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>DSS</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**Elements of Formal Success Measurement Include:**
- Electronically Tracked
- Not Electronically Tracked
- Ability to be Queried
- Info Compiled through Ad-hoc Surveys
- Reported On
- Not Monitored for 100% of Program Population

**Elements of Informal Success Measurement Include:**
- 100% of Program Population Monitored
- Not Monitored for 100% of Program Population
Barriers to Employment Identified by Agency Staff

Agency staff were asked to identify barriers to employment for individuals with disabilities. The following barriers were identified. Barriers are not listed in any particular order of importance or ranked.

<table>
<thead>
<tr>
<th>Major Barriers to Employment Identified by Agency Staff</th>
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<tbody>
<tr>
<td>Transportation</td>
</tr>
<tr>
<td>Individuals with disabilities who don’t live near public transportation may have a particularly difficult time achieving and maintaining employment</td>
</tr>
<tr>
<td>Low Expectations</td>
</tr>
<tr>
<td>A culture of low expectations discourages individuals who are disabled from becoming employed</td>
</tr>
<tr>
<td>Lack of Transition Counselors</td>
</tr>
<tr>
<td>Individuals with disabilities may need services, but many not have access to them because of a dearth of transition counselors</td>
</tr>
<tr>
<td>Dependence on Benefits</td>
</tr>
<tr>
<td>Individuals with disabilities may not seek employment if they believe they will lose their current benefits and services once they are employed</td>
</tr>
<tr>
<td>Lack of Interagency Coordination</td>
</tr>
<tr>
<td>Lack of interagency communication leads to service overlap and among agencies</td>
</tr>
<tr>
<td>Agency Lack of Ability/Resources to Serve the Disabled</td>
</tr>
<tr>
<td>Some agencies reported that services are not designed for people with disabilities</td>
</tr>
<tr>
<td>Lack of Uniform Electronic Tracking</td>
</tr>
<tr>
<td>Agencies are not able to share comparable electronic data due to technology and data sharing constraints</td>
</tr>
<tr>
<td>Employers Lack Confidence</td>
</tr>
<tr>
<td>Employers may not view individuals with disabilities as capable of maintaining employment, involvement in the criminal justice system further amplifies this issue</td>
</tr>
<tr>
<td>Affordable Housing</td>
</tr>
<tr>
<td>Individuals who lack stable housing will have a difficult time finding and maintaining employment</td>
</tr>
<tr>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Consumers with substance abuse barriers may have a difficult time maintaining employment</td>
</tr>
</tbody>
</table>
**Questions and Next Steps**

The initial objective of this project was to map the resources available to youth with disabilities who are transitioning to employment. This objective has been accomplished with a comprehensive report listing and describing the available resources in detail. The team’s ultimate goals influence next steps. PCG offers the following questions, areas for discussion, next steps and recommendations to further Connecticut’s conversation about improving service provision for transitioning youth with disabilities.

- Now that resources have been identified how will the agencies use this information to move forward? (What is the goal the team is seeking to achieve?)

- **Mission and Specialization – Align Services with the Agency’s Mission**
  - Agency mission should be an important consideration for moving forward. Developing state of the art programming for youth with disabilities in transition will be costly in agencies that do not focus on this population.
  - When an agency experiences conflicting priorities they must go back to their critical mission. Generally, agencies will not be the most successful in areas of service delivery that are not part of their critical mission.

- **Questions:**
  - What are agencies’ critical missions and how do these missions align with the team goals?
  - Where does self sufficiency rank relative to your agency’s critical mission?
  - Where does work fit into self sufficiency?

- **Recommendations**
  - Consider using a facilitated conversation focused on agency critical mission to think through how services should be aligned.
  - Consider more interagency service agreements. Allow the agency that specializes in that particular area of service delivery to provide the service.

- **Technology & Data Gathering Questions:**
  - What is the goal of utilizing a common data system and/or sharing data among agencies? Possible goals include the following:
    - EASIER - Ease client interactions with state agencies – e.g. allowing clients to provide information only once to the state.
    - CHEAPER - Measuring the overall state impact of providing services for individual clients. Allowing service coordination, particularly in light of the multiple case managers and transition plans a single client may have.
- BETTER - Measure/compare agency programs to each other to identify effective programs and improve effectiveness.
- Who will make sense out of the data?
  - The agencies involved are not grouped under a single secretariat.

- Contracted Providers
  - Agencies use many contracted providers to deliver similar services. It is likely that the same providers are being used by multiple agencies but without the benefit of coordinated purchasing and cost savings.

- Recommendation:
  - Review contracted providers utilized by multiple agencies, determine areas of overlap and identify contracting and service provision efficiencies.

**Agency specific Areas for Improvement**

During our meetings and conversations with agency staff various potential areas of improvement and service gaps were identified. In some cases multiple agencies would be impacted by any change to address the issue.

During the course of the project we have not worked with all of the agencies involved to determine 1) if there is agreement around the existence of the identified area, or 2) whether the agencies prioritize the area for change.

In the following table we list several of these areas for your consideration. We recommend that the agencies review these identified areas and determine internally and with the other agencies if the areas represent areas of focus for change.
<table>
<thead>
<tr>
<th>Agency Involved/Impacted</th>
<th>Agency Staff Identified Service Gaps and Areas of Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSSD, DOC, SDE</td>
<td>Court-involved children and youth need more educational and vocational support. Educational and vocational support will help youth avoid recidivism.</td>
</tr>
<tr>
<td>DOC, LEA</td>
<td>DOC is required to educate the youth population. When a youth enters DOC care, the LEA that had served the youth must transfer the student’s IEP to DOC. This transfer often takes a significant amount of time, and DOC must rely upon the youth in custody to relate IEP information. Medical issues may also be listed on the IEP, leaving DOC unaware of medical needs.</td>
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<tr>
<td>SDE</td>
<td>“504” students are not provided service through SDE’s Secondary Transition Services. There is no specific program within SDE that is responsible for ensuring transition services are provided to these students. When questions do arise, they are often referred to the Department of Equity.</td>
</tr>
<tr>
<td>SDE/LEA, DMR</td>
<td>LEAs may provide services to students with mental retardation through the school year during which an individual turns 21, or until the individual graduates. DMR does not begin to provide service until clients are 21. This requires clients to remain in high school until they are 21 to avoid a gap in service provision, even though they may be ready to graduate from school. Limited resources at both DMR and the LEAs exacerbate the service provision tug of war.</td>
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<tr>
<td>DMHAS</td>
<td>There is a gap in services regarding LMHA and hospital communication during the transition from the hospital to the LMHA. LMHAs are not always involved in the transition plan, and therefore clients do not smoothly transition from hospital care to LMHA care.</td>
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<tr>
<td>DMHAS, DCF</td>
<td>The Young Adult Services program is a high intensity program that provides maximum support to participants. Few participants have transitioned out of the program, in part because “step-down” or intermediate levels of care/service are often not available. DCF also provides clients with high intensity services with limited “step-down” programs available.</td>
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<tr>
<td>CSSD, DOL, CWP</td>
<td>CSSD and DOL purchased a data system from Softscape. CWP, as part of DOL also uses this system. Softscape has not provided a data dictionary to either CSSD or DOL.</td>
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<tr>
<td>BRS, BESB</td>
<td>BRS has embedded transition counselors in six of the state's largest school districts. Both agencies' staff have noted that transition counselors in additional schools may be helpful.</td>
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<tr>
<td>BESB</td>
<td>BESB recognizes the need for a benefits counselor to assist people in understanding the benefits of work. BRS has 7 benefit counselors that BESB may utilize, but few BESB consumers are referred to these counselors.</td>
</tr>
<tr>
<td>DCF</td>
<td>Due to challenges operating in the field, DCF Social Workers do not maintain unified reporting techniques. Querying data becomes difficult when information is not centrally-located.</td>
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<tr>
<td>DCF</td>
<td>CT does not have a single agency that provides services to individuals with pervasive developmental disorders such as autism. DCF will provide services to these individuals as children, yet when they become adults there is no single agency responsible for their care.</td>
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<tr>
<td>CWP</td>
<td>Employment specialists at the One-Stop Centers are not trained as vocational rehabilitation counselors and often cannot provide extensive services to individuals with disabilities.</td>
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<tr>
<td>CWP</td>
<td>CWP reports that many employers are less interested in part time work arrangements that may be more beneficial to people with disabilities.</td>
</tr>
<tr>
<td>DMR</td>
<td>Individuals must be enrolled in Medicaid to be eligible for the DMR waiver. To receive significant services, individuals must be enrolled in the DMR waiver. However, individuals participating in the Medicaid Buy-In program cannot qualify for the waiver and therefore must reduce assets to receive significant services.</td>
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