

Connecticut Council on Developmental Disabilities

Five Year State Plan

For year 2012

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Molly Cole, Director

Connecticut Council on Developmental Disabilities
460 Capitol Avenue

Hartford, CT
06106

Section I : Council Identification

PART A: State Plan Period: **October 1, 2011 through September 30, 2016**

PART B: Contact Person: **Molly Cole, Director**

Phone Number: **(860) 418-6157**

E-Mail: **molly.cole@ct.gov**

PART C: Council Establishment:

(i) Date of Establishment: **1971-Mar-02**

(ii) Authorization: **N/A**

(iii) Authorization Citation: **Letter from Governor Meskill in 1971**

PART D: Council Membership [Section 125(b)(1)-(6)].

(i) Council Membership rotation plan:

(1) Each member shall be appointed for a term of office of three years. The membership term shall expire on September 30.

(2) To maintain the staggering of memberships, the expiration date of each membership term of office shall be fixed, even when the membership position is vacant.

(3) A member may be appointed for a maximum of two full consecutive three-year terms.

(4) A Council member whose term of office is expiring may continue beyond the end of the term until re-appointed or until a successor qualifies and is appointed.

(5) Appointment of a new member shall be effective at the completion of his/her predecessor's term of office. If the predecessor leaves office before the end of his/her term, the successor may complete the term of office, with all member benefits, rights and responsibilities, however, no member may serve more than seven (7) years total.

Bylaws as revised November 9, 2010.

(ii) Council Members:

#	Name	Code	Organization	Appointed	Term Date	Alt/Proxy State Rep Name
1	duPree Kathryn	A9	Department of Developmental Services	2005-Nov-21	2011-Sep-30	NA
2	Feyre-Calish Gabriela	A6	University of CT Center for Excellence in Developmental Disabilities	2007-Oct-29	2013-Sep-30	NA
3	Knight William	B1	NA	2008-Oct-09	2011-Sep-30	NA
4	Paul Dwayne	B2	NA	2009-Sep-03	2012-Sep-30	NA
5	Smyth Monica	A7	Abilis	2009-Sep-03	2012-Sep-30	NA
6	Baker Joyce	B1	NA	2005-Jun-15	2011-Sep-30	NA
7	Belske Stephen	B1	NA	2008-Sep-12	2011-Sep-30	NA
8	Borre Darlene	B2	NA	2010-Sep-03	2011-Sep-30	NA
9	Carlson Lawrence	A4	Department of Social Services	2005-Jun-15	2011-Sep-30	
10	Carlson Lawrence	A3	Department of Social Services	2005-Jun-15	2011-Sep-30	NA
11	Carlson, Lawrence	A1	Department of Social Services	2005-Jun-15	2011-Sep-30	
12	Curtin John	B1	NA	2010-Aug-30	2013-Sep-30	NA
13	Frank Fredrick	A7	Center for Disability Rights	2006-Sep-08	2012-Sep-30	NA
14	Keenan Mark	A8	Department of Public Health	2009-Sep-17	2012-Sep-30	NA
15	Kelley Hayley	B2	NA	2008-Dec-31	2011-Sep-30	NA
16	King David	B1	NA	2008-Dec-18	2012-Sep-30	NA
17	Lombardi Maryann	B3	NA	2009-Sep-03	2012-Sep-30	NA
18	Lortie Jenifer	B1	NA	2006-Sep-06	2012-Sep-30	NA
19	Martinez Zulieka	B1	NA	2009-Sep-17	2012-Sep-30	NA
20	Mayo Sabra	B2	NA	2009-Sep-03	2012-Sep-30	NA
21	Morrisette Peter	C1	NA	2006-Sep-21	2012-Sep-30	NA
22	Murdica Perri	A2	Department of Education	2006-Oct-01	2012-Sep-30	NA
23	Piehl Al	B2	NA	2009-Sep-17	2012-Sep-30	NA
24	Rafala Sarah	B1	NA	2009-Sep-17	2012-Sep-30	NA
25	Reed Frank	B1	NA	2008-Sep-12	2011-Sep-30	NA
26	Sullivan Guy	B2	NA	2010-Sep-03	2011-Sep-30	NA
27	Tremarche Anita	B2	NA	2005-Nov-21	2011-Sep-30	NA
28	Tyler Patricia	A5	Office of Protection and Advocacy	2005-Dec-27	2011-Sep-30	NA

PART E: Council Staff [Section 125(c)(8)(B)].

#	Name	Position or Working Title	FT/PT %
1	Cole, Molly	Executive Director	100.00%
2	Langton, Mary-Ann	Disability Policy Specialist	100.00%
3	To Be Determined	Disability Policy Specialist	100.00%

Section II : Designated State Agency

PART A: The designated state agency is:
Department of Developmental Services
460 Capitol Avenue
Hartford, CT 06106
phone: (860) 418-6015, fax: (860) 418-6001
email: Kathryn.duPree@ct.gov

PART B: Direct Services. [Section 125(d)(2)(A)-(B)].
The DSA provides direct services to persons with developmental disabilities. (The DSA provides: Residential support, Day/Employment support, vocational, Birth To Three, Individual and Family Support,)

PART C: Memorandum of Understanding/Agreement: [Section 125(d)(3)(G)].
N/A or No agreement.

PART D: DSA Roles and Responsibilities related to Council. [Section 125(d)(3)(A)-(G)]
The DSA provides some administrative support, including fiscal management, personnel/human resources, public relations, and provides space for the Council.

PART E: Calendar Year DSA was Designated. [Section 125(d)(2)(B)]
1971

Section III : Comprehensive Review and Analysis [Section 124(c)(3)]

INTRODUCTION: A broad overview of the Comprehensive Review and Analysis conducted by the Council.

At their January 11, 2011 meeting and public forum, the Council developed a plan to solicit public input for the Comprehensive Analysis and DD Network Public Input Process. This plan included a schedule of 8 focus groups and a dissemination plan for a public survey. The survey was posted on the Council's website and blog and was distributed at Council related events. The survey was used as a basis for stimulating open discussion during the focus groups, and discussions were scribed on paper by Council Staff. The survey requested that respondents select 5 issues (from a list of 16 possible choices) that were important to them. Individuals could also write in other suggestions. 85 surveys were returned by June, 2011. Priority issues identified through these surveys were:

- Employment (41 respondents)
- Inclusion in community associations and events (35 respondents)
- Inclusion of students (33 respondents)
- In-home supports (28 respondents)
- Self Advocacy (27 respondents)
- Changing public perception of people with developmental disabilities (27 respondents)

The Council also conducted 8 focus groups with specific populations of people with developmental disabilities and their families. Focus groups were held with the following groups:

- 30 youth with developmental disabilities from an inner city in southwestern Connecticut
- 6 parents of children with developmental disabilities ages 5-22 from affluent, suburban towns in southwestern Connecticut
- 10 parents and grandparents primarily affiliated with African Caribbean American and Latino/Latinas parent groups in Hartford
- 4 people with developmental disabilities, and representatives of professional organizations, in semi-rural northwestern Connecticut
- A person with developmental disabilities who resides in a skilled nursing facility, and representatives of that service system
- 2 people who are active volunteers in several circles of support around people with developmental disabilities
- Parents and professionals affiliated with the University of Connecticut at the UCEDD
- 2 people with developmental disabilities affiliated with a center for independent living in rural eastern Connecticut.

The Council used input from these initiatives to determine goals and objectives for the 2012-2017 Five Year State Plan, at its June 14, 2011 meeting. The Council's goal selection was also influenced by a combination of demographic data from the U.S. Census, longitudinal studies on residential services, federal and state reports, state agency plans, reports and legislation from the Connecticut General Assembly and the U.S.

Congress, court decisions and settlements, and discernment by members of the Connecticut Council on Developmental Disabilities.

The proposed 5 Year State Plan was posted on the Council's website, blog, and Facebook page for public comments, beginning on July 15, 2011 before submission on August 15, 2011.

PART A: State Information

(i) Racial and Ethnic Diversity of the State Population:

Race/Ethnicity	Percentage of Population
White alone	79.27%
Black or African American alone	9.4%
American Indian and Alaska Native alone	2.6%
Asian alone	3.6%
Native Hawaiian and Other Pacific Islander alone	0%
Hispanic or Latino of any race	0%
Some other race alone	3.2%
Two or more races:	2.2%

(ii) Poverty Rate: 9.1%

(iii) State Disability Characteristics:

a) Prevalence of Developmental Disabilities in the State: 282354

7.9% of state population as used by Braddock.

b) Residential Settings:

Year	Total Served	A. Number Served in Setting of 6 or less (per 100,000)	B. Number Served in Setting of 7 or more (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)
2009	1780	182.000	46.000	233.000	1319.000

c) Demographic Information about People with Disabilities:

People in the State with a Disability	Percentage
Population 5 to 17 years	4.5%
Population 18 to 64 years	8.4%
Population 65 years and over	31.8%

Race and Hispanic or Latino Origin of People with a Disability	Percentage
White alone	10.8%
Black or African American alone	10.5%
American Indian and Alaska Native alone	14.9%
Asian alone	4.8%
Native Hawaiian and Other Pacific Islander alone	4.8%
Some other race alone	11.6%
Two or more races	9.3%
White alone, not Hispanic or Latino	0%

Hispanic or Latino (of any race)	11.3%
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Employment Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Employed	40.7%	82.4%
Not in Labor Force	9.1%	59.3%

Education Attainment Population Age 25 and Over	Percentage with a Disability	Percentage without a Disability
Less than High School graduate	25.9%	8.7%
High School graduate, GED, or alternative	36.5%	24.7%
Some college or associate's degree	26.7%	28.5%
Bachelor's degree or higher	15.6%	39.6%

Earnings in the past 12 months Population Age 16 and Over with Earnings	Percentage with a Disability	Percentage without a Disability
\$ 1 to \$4,999 or loss	28.8%	18.8%
\$ 5,000 to \$ 14,999	10.3%	6.1%
\$ 15,000 to \$ 24,999	13.9%	11.8%
\$ 25,000 to \$ 34,999	13%	11.6%

Poverty Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Below 100 percent of the poverty level	23%	9.3%
100 to 149 percent of the poverty level	9.5%	4.5%
At or above 150 percent of the poverty level	57.5%	86.2%

PART B: Portrait of the State Services [Section 124(c)(3)(A and B)]:

(i) Health/Healthcare:

Beyond basic health needs, affordable and accessible healthcare services are the foundation for living independently in the community for people with developmental disabilities. People with disabilities are more likely to experience higher rates of chronic conditions, symptoms of depression and less likely to have dental health and have less access to preventive care and wellness programs like exercise, diet and nutrition supports. Payment sources significantly impact access to health care, including access to specialty providers. In Connecticut 32% of people with disabilities are on Medicaid and 7% are dually eligible for Medicare. Thus these two payment sources are critically important in providing health insurance and long-term services and supports for people with developmental disabilities, while becoming more and more supportive of community-based services. The Medicaid program is complex, with an array of long term care programs and community based waivers. Each varies in term of eligibility, services provided and type of disabilities addressed. Additionally, Connecticut was recently awarded a demonstration grant to integrate care for persons who have Medicaid and Medicare (dual eligibles). This model of care will develop an ICO (integrated care organization) to create a single point of accountability for the delivery, coordination and management of health care services for these individuals. With the increasing challenges to the CT economy, an over reliance on Medicaid threatens to significantly challenge access to health care for people with disabilities. However, all these avenues to access health care through Medicaid are limited by a small pool of providers who accept the Medicaid rate, particularly dentists and specialists. It is also challenging to find the medical professional who is accessible, sensitive and open-minded to people with developmental disabilities. Additionally, people with developmental disabilities, regardless of their access to professional assistance, have significant challenges upon admission to in-patient facilities, such as hospitals, hospital emergency rooms and skilled nursing facilities. People who are chronically ill, technology dependent and who have severe communication disabilities are at greater risk of not receiving life saving interventions. Private insurance is used by people with developmental disabilities. Although 48% of people with disabilities

have employer based insurance, and 10% purchase insurance, they are a population of underinsured—having inadequate coverage to meet their health care needs. Another 10 percent of the population is uninsured. With the passage of the Affordable Care Act, people with disabilities and family members also need substantial support and training to understand the changes, the Exchanges, and other options that may be open to them in the coming years.

Both Medicaid and Title V are striving to improve access to quality care through the development of medical homes in the state. Medicaid is moving away from managed care and as of January 2012 will be operating through one administrative services organization and a model that embraces person centered care through a patient centered medical home. While the state has not agreed on standards for care coordination, and has yet to adopt a definition of person centered planning as part of this model, there are many consumers and groups involved in this discussion, including the Ct DDC. The state's Title V program has also focused on building medical homes as a way to improve access to care for children and youth with disabilities. The agency has focused on family and person centered care in the community as their major strategy to improve health access for this population.

(ii) Employment:

Connecticut ranks third in the nation with 51% of its citizens with ID/DD in supportive competitive employment. The issue is much broader than placement in supportive competitive employment. The job opportunities are dwindling and CT, which has the highest per capita income in the nation has an equally high cost of living. This requires competitive salaries to make a living wage. Employment was the highest ranking issue in the forums and surveys conducted by the Council in 2011 and among the youth with disabilities who participated, the lack of meaningful work opportunities beyond school was a significant issue. Connecticut's unemployment rate remained steady at 9.1 percent in May of 2011. However, the employment rate among Connecticut's citizens with disabilities was much lower. 42.1 % of Connecticut's population with ANY disability between the ages of 21 and 64 were employed and 29.7% of those with a cognitive disability were employed. That puts unemployment among these two populations at 59.3% and 70.3% respectively.

Connecticut has operated a Connect-Ability project to strengthen the employment infrastructure for individuals with disabilities who are seeking jobs. This CMS funded project created a technical assistance center designed to meet the needs of persons with disabilities, employers, state agencies and other interested groups throughout the state. The project hosts a comprehensive website and a toll free number that provides a single point of entry into the system, and project staff help navigate the process.

The employment opportunities for people with disabilities is hampered by lower expectations and limited opportunities that require increased public education regarding career potential. Additionally, there are other opportunities for entrepreneurship, micro enterprises, mentorships and internships that could broaden the array of employment opportunities that enhance community participation for persons with disabilities.

Data from the CT State Department of Education suggest that relatively high numbers of special education students transition into higher education (49%) or employment (66%) This data came from a sample of 20.1% of all students transitioning from high school. However, anecdotal data from youth across the state suggest otherwise. In the surveys and focus groups conducted by the Council in 2011, youth identified jobs as their number one concern. While Connecticut has focused more attention on educating parents and youth about the process of transitioning into adult services, the fact remains that there are very limited opportunities, and many youth are completing high school and languishing at home or in non-employment day programs in their communities. The youth are extremely concerned about the lack of options upon completion of school.

Data in Connecticut shows that work settings for people with disabilities is very limited:

- 54% of people with IDD in integrated employment settings
- 4175 in community based non work (with IDD)
- 4654 in facility based non work (increased from 2008)
- 136 on waiting list for day service

The Ct Bureau of Rehabilitation Services data on closed cases and employment shows a consistent lack of effective job placement.

- 516 of those were persons with IDD
- 1523 went into employment (157 with IDD)
- 1033 went to no employment even with an IPE (183 with IDD)
- 166 had supported employment goal (69 with IDD)

The Department of developmental Services and BRS have collaborated on 4 areas of employment out of 9 possible areas according to state data.info.. More collaboration across efforts could yield greater opportunities.

And the earnings within those job placements was low. The mean earnings from BRS closed cases was \$608 per week.

- With IDD: \$276 per week
- Mean hours/week 30.5
- With IDD 24

(iii) Informal and informal services and supports:

The ability of persons with disabilities to enjoy full participation in their communities must include a balance of both formal and informal supports. Among the formal supports available to Connecticut's citizens with disabilities are services provided through the CT Departments of Developmental Services, Social Services, Public Health, Transportation, Housing, Aging and Education as well as through the UCEDD and the Office of Protection and Advocacy. Access to formal services and supports can be challenging for even the most seasoned help seeker. People with disabilities and their families must often rely on care coordinators or case managers to help them navigate through this complex system of varying applications, eligibility, and service programs. Connecticut does have an extremely functional 211 system, operated through United Way Info line, which provides easy access to information. The Community Results Center is a specialized unit of the United Way of Connecticut with access to the extensive United Way 2-1-1 information and referral database. This database of over 4,500 providers and 48,000 services can be used to map the assets of an area which allows a community to better understand the services available and to identify gaps in services. Individuals who are trying to locate resources in their community can contact the Community Results Center for a customized asset listing that will aid in their planning efforts. Asset Maps can be created to identify resources in the areas of: Youth, Older Adults, Workforce Development, Basic Needs, Health Care and Substance Abuse. They will also conduct a community needs assessment that includes primary research gathered through interviews, focus groups and surveys with stakeholders and residents. Analysis of community, demographic and economic data indicators is also included. Assessments can be general in nature or focus on a segment of the community, such as veterans, youth or older adults. They have NOT conducted a community needs assessment for persons with disabilities. Our formal system of silos is compounded by the design of our Medicaid Waivers: A Home Care waiver for Elders; an individual and family supports waiver serving adults over 18 years; a DDS comprehensive support waiver serving adults over 18 years; A Katie Beckett waiver, serving 250 children with complex medical needs and disabilities; an acquired brain injury waiver serving people ages 18 to 64; and a PCA waiver. Adding to this multitude of waivers are other funded initiatives through all the state agencies and an array of community support programs. These include respite, through the CT Lifespan Respite Coalition, five independent living centers and a statewide organization, People First of CT, CT KASA, CT Family Support Network, Family Voices of CT, The Family to Family Health Information Network, the CT Family Support Council, the PCA Coalition, the CT Disability Advocacy Coalition and many others, who also assist, in varying degrees, in accessing this fragmented system of care. Yet many individuals and family members continue to struggle with access to information and assistance in navigating this highly fragmented system of services and supports in Connecticut. The process of applying, understanding and accessing formal services and supports can be very challenging in such a siloed system. Unfortunately, case managers who are funded by specific agencies only know the services of those

agencies, and are not generalists who can assist in navigating an array of programs to meet unique needs and choices. The nursing home transition through the Ct Money Follows the Person initiative does offer this type of support through an array of community based case managers, who are well connected with both formal and informal supports in their communities. Title V and the Family to Family Health Information Network also offer similar supports through their initiatives.

(iv) Interagency Initiatives:

There are a multitude of interagency initiatives in Connecticut. The largest is the nursing home transition through the Ct Money Follows the Person initiative. Money Follows the Person is a Connecticut initiative designed to promote personal independence and achieve fiscal efficiencies. It is funded by the U.S. Centers for Medicare and Medicaid Services and the State of Connecticut as part of a national effort to “rebalance” long-term care systems, according to the individual needs of persons with disabilities of all ages. MFP represents a large alliance of interagency providers and consumers including the Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, Department of Developmental Services, Department of Mental Health and Addiction Services, Department of Economic and Community Development, Office of Policy and Management, U.S. Department of Housing and Urban Development, Department of Public Health, Center for Aging, University of Connecticut, 28 transition coordinators working at a local level within Area Agencies on Aging and Independent Living Centers and a 25-member steering committee comprised of stakeholders including Commission on Aging, National Alliance on Mental Illness, National Association of Social Workers (CT Chapter), Ombudsman, DSS Bureau of Rehabilitation Services, Brain Injury Association, Board of Education Services for the Blind, University of Hartford, DSS Aging Services Division, Ct DD Council, CT Legal Services, Leeway Inc., M.S. Society, AARP, ARC, people with disabilities and family members, 5 housing coordinators located at FSW, Inc., HOME, Inc., and Housing Education Resource Center, Emergency Back-Up Triage located at Connecticut Community Care Inc. Ct has an ACT EARLY Summit, run through the UCEDD which address the early identification of children on the Autism Spectrum, focusing on the material developed through CDC. The Summit members consist of DDS Early Intervention, DSS, the Academy of Pediatrics, Yale University, UConn, Ct Children's Medical Center, Department of Health, numerous private providers and family members.

The Ct Aging and Disability Resource Centers offer an array of supports and initiatives to promote choice in the community. This is offered through a coalition of organizations including the state Unit on Aging, the Bureau of Rehabilitation Services, 5 Centers for Independent Living, Medicaid Division, Money Follows the Person, CT Home Care Program. The Steering Committee includes the Council on Developmental Disabilities, the UCEDD, and numerous providers across the state. They interface with legal services, info line, hospitals, nursing agencies, CONNPACE, Long term Care Ombudsman, Senior Housing Residential Coordinators, Department of Public Health, Tech Act, Protection and Advocacy, Rehabilitation Services, Dept. of Developmental services, Services for the Blind, American School for the Deaf and the Commission on the Deaf and Hearing Impaired, the Alzheimer's Assoc., Senior Center Managers and Disease/Injury Associations.

(v) Quality Assurance:

Thirty one percent of Ct citizens with ID/DD are receiving protection from abuse services. Significant attention has been focused on this issue in Connecticut and nationally. P.A. 99-210, “An Act Concerning Physical Restraint of Persons with Disabilities,” was created, passed and signed into law, effective October 1, 1999. It is now codified into statute and is located at Conn. Gen .Stat. §§ 46a 150-154. The State of Connecticut also passed a law in 2007 that governs the use of restraint and seclusion in public schools. In 2009 the CT Office of Protection and Advocacy received 1131 allegations of suspected abuse or neglect of persons with mental retardation, resulting in 1,117 cases. P&A staff investigated or monitored 1018 cases while 99 allegations did not meet the statutory requirements for a P&A investigation. The 1,117 cases involved 1,227 victims: 558 females and 669 males. Of the 1,112 cases accepted for investigation or

monitoring, more than 48% of the alleged perpetrators were residential staff while 16% were vocational staff and almost 16% were family members. Other perpetrators included Community Training Home Providers (12), Nurses (34), Van Drivers (14), Step-father (8), Guardian/Conservators (7) and others (52). The identity of the perpetrator was not known in 124 of the cases.

In addition to protection from abuse, the quality of life for persons with disabilities is measured by the level of control and independence that they enjoy. Assuring quality of care requires attention to self direction and control so that the individual with a disability has a voice in the way services and supports are provided to them. Within the health care arena, Connecticut is beginning to focus on person centered/family centered care through a Medical Home model. However, no agreed upon definitions of person centered planning, or extensive dialogue about this process have occurred. The Medicaid Care Management Council has convened a work group to begin to discuss this process, and that group includes consumers and providers of care.

Beyond person centered planning, Quality Assurance needs to focus on reducing isolation and increase community participation, so that the gifts and assets of all community members can be shared. Measures of quality improvement must reflect the persons preferences and choices, including risks that they choose, through an informed consent process. Quality Assurance should also include educational programs, identification of mechanisms to encourage longevity of employment and minimize turnover, and public education. Emergency Preparedness for persons with disabilities also comes under Quality Assurance. Connecticut has an Emergency Preparedness Council that includes persons with disabilities to address their needs during an emergency, including EMT's police and community teams.

Quality Assurance and increased control can be enhanced by the use of Robotics. The CT DDC has funded a Robo-Waiter initiative to increase independence and choice and reduce reliance on paid staff for all supports. According to the Long-Term Care Needs Assessment, Connecticut has only achieved partial success in implementing a self-directed model of service delivery. The defining characteristic of a self directed model is that it empowers people to take control and make choices that embody recovery, independence and personal choice over which services they receive, how they receive supportive services and from whom. Some self directed programs go further by providing a cash benefit, called Cash and Counseling, with which the individual can purchase services or pay caregivers including family members. Examples of this in Connecticut are found in the DDS Medicaid waiver programs, the Medicaid Personal Care Assistance or PCA waiver program and the Nursing Home Diversion Grant.

(vi) Education/Early Intervention:

In 1991 the ARC Ct filed a federal class action lawsuit on behalf of school age students with ID/DD who are not educated in regular classroom settings. Known as the P.J. case the lawsuit settled in 2002. There were five goals in the settlement agreement: 1) Increase regular class placement to 80% 2) Increase time spent with non-disabled peers 3) Increase home school or neighborhood school placements 4) increase involvement of students with ID/DD in extracurricular activities and decrease disparate identification based on race, ethnicity and gender. Despite the lengthy litigation and the settlement agreement, inclusion remains elusive for many in Connecticut's schools.

Students who are in regular class placements increased from 12% in 2002 to 54% in 2010. The time spent with non-disabled peers increased from 36% to 72%. The number of students with ID/DD who participated in extracurricular activities increased from 22% to 42%. For students in larger urban settings the challenges are more significant. In Bridgeport and Hartford, the two largest urban school districts in the state, the average time spent with non-disabled peers was 45% and 39%. This lengthy litigation, and the inconsistent results following the settlement are indicative of a larger problem encountered by many families and students in Connecticut. Unfortunately, in many instances the goal of full inclusion in the schools can only be realized through substantive and sometimes very costly litigation and advocacy. Connecticut's schools have often been resistant to efforts at inclusion. Many fear that with reduced budgets and other staffing constraints, this

effort to achieve quality inclusive education for students with ID/DD will be met with increased resistance in the coming years.

In contrast, the Ct Early Intervention program provides services to families to meet the developmental and health related needs of infants and toddlers who have delays or disabilities. Services are provided in natural environments by a network of 44 providers in local programs throughout the state. The state cost of service is offset by parent fees, commercial health insurance, IDEA Part C and Part B and Medicaid. Birth to Three negotiated a bundled rate for EI services paid under Medicaid. It is possible that with the current budget crisis, this may be re-negotiated in the coming year. In 2010 there were 8578 children referred to Birth to Three from across the state, with both urban and rural referral sources. The mean age of children referred was 19 months. Early Intervention offers specialty services to children on the autism spectrum and children who are hearing impaired, through specialty providers. The birth to three system has a strong family focus.

(vii) Housing:

There are a number of housing options for persons with disabilities in Connecticut. This includes Supportive Housing through Housing Plus Services (HPS). This provides access to an affordable home plus support services that can ensure that vulnerable people, like the elderly and people with disabilities, are able to live independently in their communities. The HPS model promotes a systemic approach that can save dollars while providing better independent living opportunities.

Choices are for Everyone Choices Plan was developed to assure that Connecticut residents with long term support needs have access to community options that maximize autonomy, freedom of choice and dignity. The Nursing Facility Transition Project was established in 2001 with an \$800,000 three year grant from CMS. The goal was to create a system to assist 150 individuals in transitioning from nursing facilities to the community with any needed supports.

Connecticut has received seven Systems Change for Community Living Grants from CMS to assist individuals with long-term care needs by allowing them to have more control over where they live and the services they receive.

Money Follows the Person Rebalancing Demonstration: MFP began in December 2008 with a 24.2 million dollar five year grant to rebalance long term care services from institutional care to home and community based long term care services. MFP serves all individuals who have physical, mental, or intellectual disabilities and have longer term care needs, As of September 2009 MFP transitioned 95 individuals from 54 different nursing homes.

Community Housing Options in Connecticut 2009

Number of Facilities	Number of Units	Number of Residents/Beds	Age
Supportive Housing	4,400	4,400 Households	All Ages
State Congregate Housing	23	951	62 and Older
Assisted Living	107	5,508	Adults and older adults
Residential Care Homes	100	2,765	Adults and older adults
Continuing Care Home	18	3,200	Older Adults
Nursing Facilities	242	28,981	All Ages

As can be seen, this leaves far too many people with disabilities in public institutions or nursing facilities, or in housing that consumes the greater portion of their income. Housing must be affordable AND accessible, making the challenge greater.

CT ranks 34th nationally in the percentage of its citizens with ID/DD who live in setting with one to three residents. 74 percent of Connecticut's citizens with I/DD are living in setting with one to three residents.

(viii) Transportation:

In order to facilitate choices in full community participation, Connecticut must improve its transportation options at the state and local levels for persons with disabilities. The need for on demand transportation for persons with disabilities is due to the decentralized nature of development in Connecticut. Transit that connects to bus stop locations, attractions and other amenities in the community are often lacking. The locations of housing, entertainment, medical services and shopping are separated by long distances in many areas of the state. Often development occurs, and then transportation is considered. Connecticut must improve the availability and affordability of transportation options available, not just for medically related purposes but also for employment, social and recreational activities. This includes same day, on-demand transportation services. These are usually taxi services, which by definition provide the flexibility of service on demand with no need for reservations and the ability to make trips at any time of the day. Connecticut has one accessible taxi program in New Haven, with a second due in the fall of 2011 in Hartford. More municipalities must work together to form regional transit districts. Additionally persons with disabilities who want to access public transportation may not be able to get to and from the public transportation lines, thus necessitating the creation of a feeder-system of vans that can transport people to and from public transportation lines..

(ix) Child Care:

Connecticut's Child Care Assistance Program, Care 4 Kids, is funded by the Child Care Development Block grant, and has had program cutbacks in the last two years. The program helps low to moderate income families in Connecticut pay for child care costs. Connecticut also offers assistance in locating child care through 2-1-1 Child Care Info line. Child care referral specialists assist parents and child care providers in locating appropriate resources and referrals. While this staff have been trained to assist parents who have a child with a developmental disability the fact remains that parent must hunt for a provider who can accommodate their child. There are three types of licensed child care facilities in the state: 1. Family Child Care – an individual approved by the Connecticut State Department of Public Health to provide care in their own home. Care can be provided for up to six full time children, with only two of those children being under the age of two years. Additionally, there can be up to three additional school age children before and after school (during the school year). 2. Group Homes – a program licensed by the Connecticut State Department of Public Health that provides care for seven to twelve children. In group homes and child care centers, children are often grouped by age. For example, infants and toddlers are usually separated from preschoolers, and preschoolers from school age children, etc. 3. Child Care Centers – a program licensed by the Connecticut State Department of Public Health that provides care for thirteen or more children. For infants and toddlers (0-36 months), group size is limited to eight children. There must be one adult for every four children. For preschoolers (3-5 years) and school age children (5-12 years) group size is limited to twenty children. There must be one adult for every ten children. Despite assistance from 2-1-1 and the array of licensed options, families who have a child with a disability face other challenges including accessibility, ability of the staff to administer medications, special feeding, or issues with older children who are using diapers. Additionally Connecticut offers early Head Start, federally funded for low income infants and toddlers to enhance the children's physical, emotional social and intellectual development. These programs can be center based, home based or a combination. The state also offers a Nurturing Families Network, a no cost voluntary program to provide information, guidance and assistance to first-time parents whose children are at risk for abuse or neglect. The program offers home visiting, parenting groups and connecting parents with other service in the community.

(x) Recreation:

PART C: Analysis of State Issues and Challenges [Section 124(c)(3)(C)]:

(i) Criteria for eligibility for services:

Many of the programs that serve people with disabilities are governed by restrictive eligibility criteria that are established in federal or state regulation. For example, eligibility for the Department of Developmental Services requires that the person must have an intellectual disability which is defined as an IQ of 69 as tested before the person turns 18 years of age. Additionally, the application process is complex, including the filing of a request for services form, copies of medical insurance cards, copies of psychological testing, copies of medical history and the most recent physical exam from the person's primary physician, a copy of guardianship or conservatorship if applicable. If the child is under five, then a recent IFSP or documentation that the child is under five with significant delays which may lead to intellectual disability must also be submitted.

Medicaid is complex due to the array of entry points into Medicaid eligibility. Basic Medicaid eligibility is determined by income, and ranges from 100% of Federal Poverty Levels to 185% depending on a number of criteria. However, there are also spend down provisions for eligibility, and an array of waiver options that require other criteria but may or may not be income determined.

Title Five has dual eligibility, meaning both an income limit of 300% FPL and the requirement that the child has a special health care need using the MCH definition. Families who meet this requirement can also access limited funding for respite services.

SSI also has dual eligibility criteria, including income and functional limitations. This is often challenging for parents who have learned to focus on their child's strengths, and who must focus on their child's limitations in order to successfully apply for SSI. Connecticut is a 209 B state. This means Connecticut uses more restrictive Medicaid eligibility criteria for their aged, blind and disabled recipients than are used in the SSI program.

(ii) Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families:

Connecticut is a small state, but it is really two states. While Ct has the highest per capita income in the nation, it also has three of the poorest cities in the nation, and a complex system of services that is reliant on underfunded and understaffed programs and dwindling community resources. In order for Connecticut citizens with disabilities and their families to enjoy full participation in all aspects of their community life, the state needs to focus on two areas--improving access to formal supports and services and building the capacity and will of local communities to engage all citizens with disabilities. Formal services, for the most part, do not create relationships. At best, they create paid companions. Engagement of neighborhoods, communities, faith organizations and other local opportunities is required for local communities to enjoy the participation of all their citizens. As the economy declines Connecticut is experiencing significant cuts in services and programs, with a potential for 6500 layoffs of state workers. Further, non-profit providers are impacted by cuts to state contracts, and their services are also declining. This forces Connecticut advocates to consider creative mechanisms to engage local communities in the support and engagement of their citizens with disabilities.

Specific barriers, as stated by those who participated in our forums and completed surveys, as well as directly from Council members are:

1. Limited expectations and opportunities for employment
2. Limited access to choices in affordable, accessible housing, including home ownership
3. Limited access to transportation that is affordable and flexible to support full participation in the community
4. Limited access to full inclusive education settings, as well as concerns with bullying, seclusion and

restraint in schools and other settings

5. Limited access to preventive health and wellness opportunities
6. Challenges in accessing quality health care in hospital settings
7. A fragmented and confusing service system with varying applications, eligibility and services, and with staff who are not always familiar with effective strategies to navigate this complex system
8. Lack of consistent family supports in the home, including limited access to home and community based waivers for Katie Beckett eligible children (waiting list of 4 years)

(iii) The availability of assistive technology:

Connecticut has an array of initiatives to facilitate access to assistive technology for persons with disabilities.

The Connecticut Technology Act Project (CTTAP) is administered by the Department of Social Services. CTTAP's mission is to increase independence and to improve the lives of individuals with disabilities through increased access to Assistive Technology for work, school and community living. The CT Tech Act Project has established the State Level activities of Assistive Technology Demonstration, Assistive Technology Device Loan Program, Assistive Technology Reutilization Program, and Alternate Financing Program by partnering with agencies in the community. The CT Tech Act Project provides education and awareness at various fairs and expos, conferences, trainings and other events. The CTTAP Advisory Council is comprised of individuals with disabilities who use assistive technology (AT), family members or guardians of individuals who use AT, and representatives of agencies concerned with advancing the use of AT. The CTCDD's Disability Policy Specialist is the Chair of this Advisory Council. The Assistive Technology Loan Program (ATLP) is a low-interest financial loan to help individuals with disabilities or their family members purchase Assistive Technology devices and services needed to enhance independence and/or functioning in the community, education and/or employment. Funds may be used for a broad range of assistive technology devices and services. The CT Bank & Trust Company helps to operate the Assistive Technology Loan Program (ATLP) for the Connecticut Tech Act Project.

The New England's Assistive Technology (NEAT) Center is a place to learn about products, equipment and services that assist people with day-to-day activities that they have trouble doing themselves, either because of a disability or the effects of aging. It is also a place to donate or buy durable medical equipment. The NEAT Marketplace, located in Hartford, maintains a list of assistive technology devices that have been refurbished and are available for sale. They also operate a loan center to try equipment before using, and they maintain an array of adapted toys and other devices for children that can be borrowed. They also maintain a computer lab used for training and for trial of adaptive computer programs. Southern CT State University partners with the Connecticut Tech Act Project to provide Computer Loans with adaptive software to students with disabilities at 3 universities in Connecticut (ECSU, SCSU and WCSU). They also provide Computer Loans with adaptive software to high schools throughout Connecticut to allow students with disabilities the opportunity to have a trial with the device and software to help school purchase. Additionally, the UCEDD publishes CONNSENSE Bulletin, an online Assistive Technology Bulletin. The Capitol Region Education Council (CREC) provides training and professional development to educators who work with students with disabilities on Assistive Technology devices and services in partnership with the Connecticut Tech Act Project. Additionally, CREC offers short term AT device loans to educators in their AT Consortium. The Disability Resource Center of Fairfield County (DRCFC) is one of five Independent Living Centers in Connecticut. DRCFC has entered into partnership with the CT Tech Act Project and the NEAT Marketplace to operate a satellite Equipment Recycling Center and Assistive Technology Demonstration Center at their location in Stratford.

(iv) Waiting Lists:

a. Numbers on Waiting Lists in the State:

Year	State Pop. (100,000)	Total Served	Number Served per 100,000 state pop.	National Averaged served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000
2010	3574.097	15519	15.520		542.000	369.000

b. Description of the State's wait-list definition, including the definitions for other wait lists in the chart above:
 The waiting list is defined through a level of need analysis as those individuals who have an emergency need for placement or supports as well as those people who need residential services and support within one year. The information is reported periodically to the legislature. There is no limit on length of time on a waiting list and there is no requirement for services while on the waiting list.

c. To the extent possible, provide information about how the State selects individuals to be on the wait list:
 The state has developed criteria to make a determination based on level of need. The list includes individuals living at home with no services, individuals on a waiver whose service needs have increased, individuals wanting to leave congregate care settings.

d. Entity who collects and maintains wait-list data in the State:

- Case management authorities
- Providers
- Counties
- State Agencies
- Other:

e. A state-wide standardized data collection system is in place:

- Yes/No

f. Individuals on the wait list are receiving (select all that apply):

- No services
- Only case management services
- Inadequate services
- Comprehensive services but are waiting for preferred options (e.g., persons in nursing facilities, institutions, or large group homes waiting for HCBS)
- Other: Day Services, Educational Services, Family Supports, Respite

Other services:

Day Services, Educational Services, Family Supports, Respite

Other services description(s):

individuals on the waiting list who live at home may be receiving employment or nonvocational day services. Their family may be offered state funded in home family supports and use of the state's respite centers of grants to provide in home supports.

g. Individuals on the wait list have gone through an eligibility and needs assessment:

Yes/No

Comments for the above:

The state has waiting list priority checklist which includes information regarding the individual's needs but more importantly the level of urgency of the family or caregiver for the person to have greater residential support or placement. Once a person is selected to receive residential supports, the state uses a level of need (LON) assessment which ties to a needs based resource creation process.

h. There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g. person-centered planning services):

Yes/No

i. Specify any other data or information related to wait lists:

j. Summary of waiting list Issues and Challenges:

The state has a five year waiting list initiative from 2004 to 2009 which was the result of a lawsuit filed on behalf of families. This provided predictable funding for at least 150 people each year and another 150 getting family supports at an enhanced level. Since then there has been no new funding. Now the state's priority is to serve people in emergency situations. Approximately 75 individuals were supported in 2011 using vacancies and reallocated dollars. The state does have a program for youth with co-occurring conditions that continues to be funded. This assists families and reduces some of the growth of the waiting list. However the list is growing and older caregivers are supporting people at home for longer periods of time. The state is also reducing its public sector residential programs which reduces capacity.

(v) Analysis of the adequacy of current resources and projected availability of future resources to fund services:

Connecticut spends \$7.69 per \$1000 of personal income on persons with ID/DD. However, this is a misleading number. With the highest per capita income in the nation, and three of the poorest cities, Connecticut is a state with the richest and the poorest citizens. The extremely high cost of living in the state means that \$47.69 buys less in Connecticut than in other states, and therefore, the services are less available. In the best of times, there are limited resources to meet the needs of people with disabilities in their communities. Currently Connecticut has limited resources for employment, housing, transportation

respite and other community supports. As the economy worsens, it is anticipated that these services will further decline as need for supports and assistance increases. The complexity of need in hard economic times is demonstrated by the data from the Family to Family Health Information Center, which serves families who have a child with a disability by facilitating access to health financing information and other supports. The project tracks time spent per family. Over a three year period, the average time spent with a family increased from 3.2 hours to over 8 hours, with some families requiring over 20 hours of support to assist them in navigating an increasingly complex system of services. Primarily, this relates to the fact that families who are now unemployed were facing housing challenges, insurance challenges, transportation challenges, and significant stress in their daily lives. Further complicating this scenario is the increasing reluctance of schools to provide appropriate supports, thus increasing the need for families to advocate for their child in the school setting.

Connecticut ranked number 4 in the nation in the provision of cash subsidies to families. the program served 3,751 families. However, the average subsidy per family was only \$91, meaning that many families were served, but were essentially underserved in meeting the needs of family members who have ID/DD in the state.

DDS, as it projects layoffs, may have to close 9 out of 10 respite centers, reducing residential and day programs, cut back on services under the Autism pilot and eliminate family support teams in the regions. DSS may close some offices, thereby making it extremely difficult for people with disabilities to access Medicaid programs. There are possible cutbacks to Community Health Centers, school based health centers and other health programs. Additionally, if there are further cuts in Medicaid funding to the state, there may be cuts to reimbursement rates, thus limiting an already small pool of Medicaid providers in the state. Every facet of community living has been impacted by these dire economic challenges, and all persons with disabilities are at risk of losing some of the inadequate resources they currently have been able to access.

(vi) Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive:

Our current nursing home occupancy rate across the state is 91%. Future projections of need vary, based on policy decisions and other rebalancing efforts. Connecticut has increasingly focused on moving individuals out of nursing homes into the community. Specifically, the state has a Money Follows the Person nursing home transition project, and has focused efforts on re-balancing the flow of Medicaid dollars into the community. Thus, less attention is focused on the quality of care for those individuals who continue to live in nursing homes. Several persons with disabilities who do live in nursing homes have commented on their care, and all agree that the care in a nursing home is not individualized, does not offer choice, and is not person centered. Connecticut could achieve parity among age groups, across disabilities, and between programs by allocating funds equitably among people who require longterm care services and supports based on their functional need as opposed to their age, diagnosis or disability. This would go a long way to addressing the lack of individualized care currently delivered. Connecticut could break down silos that exist within and among state agencies and programs to improve access and coordination and thereby avoid redundant expense. Additionally, the state could assist nursing homes and other institutions to develop and implement short and longterm plans for diversification. The Departments of Social Services and Public Health, and other public and private entities, should provide incentives and technical support to help nursing homes diversify their services. New services could include adult day care, shortterm rehab and even independent apartments. Diversifying would also provide needed financial stability for these institutions. Further the long term care commission in CT focused on helping nursing homes modernize. Small house nursing homes and other models that encourage a "culture change" could enhance the quality of life for residents. The LTC commission recommended that the state could provide lowinterest loans and technical expertise toward this goal. Only one third of Ct nursing homes were rated above

average, according to AARP. All agree that there is a need to close those nursing homes that are poor performers. This would involve empowering DSS and DPH to close poor performing nursing homes.

(vii) To the extent that information is available, the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c))):

Connecticut has an array of waivers and spends \$133 per citizen on its waiver programs, placing the state ninth in the nation. There are wait lists for some of the waivers themselves. The Katie Beckett waiver has a 4 to 6 year wait list. The program is capped at 250 persons, and the waiting list is over 400. The services authorized under this waiver include skilled nursing services, which are also unavailable. Families have had up to 96 hours per week of services authorized, but have only been able to fill 20 to 30 hours due to the shortage of home nursing staff. Other waivers also have waiting lists. Thus, these services, which support community participation and support, are inadequate to meet the growing demand for supports. Individuals who are at home and choose to age in place also experience a challenge in accessing home and community based waivers to assist them. The DD Council has been supporting a pilot Aging in Place project to begin to assist this population, but the reality is that there are not enough services to meet the needs.

Our formal system of silos is compounded by the design of our Medicaid Waivers: A Home Care waiver for Elders; an individual and family supports waiver serving adults over 18 years; a DDS comprehensive support waiver serving adults over 18 years; A Katie Beckett waiver, serving 250 children with complex medical needs and disabilities; an acquired brain injury waiver serving people ages 18 to 64; and a PCA waiver.

PART D: Rationale for Goal Selection [Section 124(c)(3)(E)]:

At their January 11, 2011 meeting and public forum, the Council developed a plan to solicit public input for the Comprehensive Analysis and DD Network Public Input Process. This plan included a schedule of 8 focus groups and a dissemination plan for a public survey. The survey was posted on the Council's website and blog and was distributed at Council related events. The survey was used as a basis for stimulating open discussion during the focus groups, and discussions were scribed on paper by Council Staff. The survey requested that respondents select 5 issues (from a list of 16 possible choices) that were important to them. Individuals could also write in other suggestions. 85 surveys were returned by June, 2011. Priority issues identified through these surveys were:

- Employment (41 respondents)
- Inclusion in community associations and events (35 respondents)
- Inclusion of students (33 respondents)
- In-home supports (28 respondents)
- Self Advocacy (27 respondents)
- Changing public perception of people with developmental disabilities (27 respondents)

The Council also conducted 8 focus groups with specific populations of people with developmental disabilities and their families. Focus groups were held with the following groups:

- 30 youth with developmental disabilities from an inner city in southwestern Connecticut
- 6 parents of children with developmental disabilities ages 5-22 from affluent, suburban towns in southwestern Connecticut
- 10 parents and grandparents primarily affiliated with African Caribbean American and Latino/Latinas parent groups in Hartford
- 4 people with developmental disabilities, and representatives of professional organizations, in semi-rural northwestern Connecticut
- A person with developmental disabilities who resides in a skilled nursing facility, and representatives of that

service system

- 2 people who are active volunteers in several circles of support around people with developmental disabilities
- Parents and professionals affiliated with the University of Connecticut at the UCEDD
- 2 people with developmental disabilities affiliated with a center for independent living in rural eastern Connecticut.

The Council used input from these initiatives to determine goals and objectives for the 2012-2017 Five Year State Plan, at its June 14, 2011 meeting. The Council's goal selection was also influenced by a combination of demographic data from the U.S. Census, longitudinal studies on residential services, federal and state reports, state agency plans, reports and legislation from the Connecticut General Assembly and the U.S. Congress, court decisions and settlements, and discernment by members of the Connecticut Council on Developmental Disabilities.

This the goals for this five year plan were based upon public input through surveys and public forums, and a robust discussion with Council members over two meetings. The Council identified the seven priority areas and further identified their desire to continue funding of some current initiatives under these goal areas.

PART E: Collaboration [Section 124(c)(3)(D)]

(i) As a Network:

The Directors of these three sister agencies meet monthly to plan initiatives and maximize their resources. In 2012 the Network will implement Partners in Policymaking as a joint effort. Staffed by the Council, and operated out of the Council offices, P&A and the UCEDD will contribute staff time, trainers and recruitment to this effort. Additionally, the Network will implement at least two jointly sponsored forums on topical issues affecting persons with disabilities in Connecticut. In these difficult economic times, all three agencies agree that collaborative efforts to address the needs of persons with disabilities in the state is critical and will continuously seek opportunities to share resources and address identified needs.

(ii) With each other: (e.g. Describe the plans the Council has to collaborate with the UCEDD(s). Describe the plans the Council has to collaborate with the P&A.)

The Council will establish a Partners management committee to implement the training, involving representatives from all three agencies in the planning and implementation. Specifically, the UCEDD will collaborate in the identification of speakers who may be participating in other training at the UCEDD and who could function as partners trainers. The UCEDD may also identify participants, and will publicize the training on its web site and in other outreach opportunities. The UCEDD will assist in the evaluation of the training and follow up of trainees.

The Office of Protection and Advocacy will also assist in providing staff from P&A as trainers on various aspects of Ct laws and regulations, and programs. They will also recruit participants, and will publicize the training on their web and in various other venues.

(iii) With other entities: (e.g. network collaboration with other entities in the State, including both disability and non-disability organizations, as well as the State agency responsible for developmental disabilities services)

The Network members and staff have established relationships with a vast array of provider and consumer organizations. These partnerships are critical to the implementation and success of Network Initiatives. The joint initiatives sponsored by the DD Network are implemented through outreach to the Department of Developmental Services, the Department of Public Health, the Birth to Three System, the Disability Advocacy Collaborative, all members of the advisory groups of the UCEDD Consumer Council and the P&A Advisory Council, as well as the DD Council, parent organizations including the CT Family Support Network, the CT Family Support Council, the CT Lifespan Respite Coalition, the Medical Home Advisory Council, the Medicaid Care Management Council, the Behavioral Health Partnership, the CT Juvenile Justice Coalition, the Department of Children and Families and the DCF State Advisory Council. Through this vast recruitment and outreach effort, participation at any jointly sponsored DD Network event is representative of an array of organizations and disciplines.

Section IV : 5-Year Goals [Section 124(4); Section 125(c)(5) and (c)(7)]

GOAL # 1: Self Advocacy

Over the next five years the Council will implement training including Partners in Policymaking, use community partners to bring self advocacy programs, tools and resources to communities; promote a mentor advocacy program so that people with developmental disabilities and parents of children with disabilities will have opportunities to learn about and implement effective self advocacy strategies that promote greater choice, independence and self-determination in all aspects of life.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives

1.1. Train 30 parent and self advocates in leadership and self advocacy using the Partners in Policymaking training curriculum.

Activities

1.1.1 Develop collaborative plan to implement Partners in Policymaking training with P&A and the UCEDD.

1.1.2 Identify a planning team with members from all three agencies to implement the training

1.1.3 .Select location dates and speakers for all training sessions

1.1.4 Develop outreach materials to recruit applicants for training

1.1.5 Select applicants in collaboration with sister agencies

1.1.6 Implement training in collaboration with sister agencies.

1.1.7 Evaluate training using pre/post surveys, Pre/post tests at each session, follow up surveys,

Timeline

1.1.1 First quarter FY 2012

1.1.2 First quarter FY 2012

1.1.3 First quarter FY 2012

1.1.4 First quarter FY 2012

1.1.5 First quarter FY 2012

1.1.6 Second through Fourth quarter FY 2012

1.1.7 Fourth quarter FY 2012

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

family and consumer organizations, DDS and BRS.

GOAL # 2: Employment

Over the next five years the Council will support initiatives that promote job creation for people with developmental disabilities through internships, mentorships, entrepreneurships and job training including the development of innovative options for personal assistant support in the home/work/community setting. These initiatives will support people with developmental disabilities to have meaningful, gainful and competitive employment opportunities.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- | | |
|---|--|
| <input type="checkbox"/> Quality Assurance | <input checked="" type="checkbox"/> Outreach |
| <input type="checkbox"/> Education and Early Intervention | <input checked="" type="checkbox"/> Training |
| <input type="checkbox"/> Child Care | <input checked="" type="checkbox"/> Technical Assistance |
| <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Supporting and Educating Communities |
| <input checked="" type="checkbox"/> Employment | <input checked="" type="checkbox"/> Interagency Collaboration and Coordination |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Coordination with related Councils, Committees and Programs |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Barrier Elimination |
| <input type="checkbox"/> Recreation | <input checked="" type="checkbox"/> Systems Design and Redesign |
| <input type="checkbox"/> Formal and Informal Community Supports | <input type="checkbox"/> Coalition Development and Citizen Participation |
| | <input type="checkbox"/> Informing Policymakers |
| | <input checked="" type="checkbox"/> Demonstration of New Approaches to Services and Supports |
| | <input type="checkbox"/> Other Activities |

Objectives

2.1 The Council will support 4 student internships/mentorships that will develop a model to promote job creation for people with developmental disabilities through internships and mentorships. This model will include documentation of all process, materials and outcomes so that the model can be replicated or modified as needed.

Activities

2.1.1 Develop criteria and an application for the internships with Council input

2.1.2 Develop and disseminate the announcement of availability of funds through outreach, electronic dissemination and Council assistance

2.1.3 Review applications and select four recipients of internship funds

2.1.4 Meet quarterly with student and mentor/supervisor to review plan, and document process

2.1.5 Assist intern in seeking employment opportunities in last quarter of internship

2.1.6 Conduct follow up with intern to document access to employment following internship.

Timeline

2.1.1 First quarter FY 2012

2.1.2 First quarter FY 2012

2.1.3 First quarter FY 2012

2.1.4 First through 4th quarters FY 2012

2.1.5 Fourth quarter FY 2012

2.1.6 Fourth quarter FY 2012

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

BRS, DDS, community providers and private employers.

GOAL # 3: Housing

People with developmental disabilities will live in accessible, affordable, safe and universally designed housing that is appropriate to the unique needs of the individuals. The Council will support initiatives which raise the awareness of the housing needs of people with an array of disabilities, identify model communities that provide accessible housing and housing innovations to people with developmental disabilities and address the barriers to home ownership for people with disabilities.

Area(s) of Emphasis:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

Strategies to be used in achieving this goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives

The Council will form a housing task force comprised of representatives from the Dd Council, consumer groups, housing and zoning boards, public housing, city programs that fund modifications, and contractors/builders, architects, developers, and landlords. This group will identify barriers, model programs and develop recommendations for a housing initiative for the Council to implement and will identify other partners to work with the Council on this initiative.

Activities

- 3.1.1 Develop a list of potential invitees with assistance from the Council and DD Network
- 3.1.2 Articulate the purpose, outcomes and timeframe for the housing task force
- 3.1.3 Invite participants
- 3.1.4 Meet five times in 2011-12
- 3.1.5 Identify Barriers, Models, Recommendations for a housing initiative and suggested partners for the Council

3.1.6 Develop report to present to the full Council

Timeline

3.1.1 1st quarter FY 2012

3.1.2 1st quarter FY 2012

3.1.3 1st quarter FY 2012

3.1.4 1st through 4th quarter FY 2012

3.1.5 1 through 4th quarter FY 2012

3.1.6 4th quarter 2012

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

Ct Housing Coalition

architects

zoning boards

city programs

contractors

GOAL # 4: Health

The Council will support training to hospital and emergency room staff regarding the rights of persons with disabilities who are receiving emergency or in patient care, provide training on ACA and its implications for people with disabilities, and support wellness programs for people with disabilities so that they will have full access to the health care system including hospital care, wellness, preventive and specialty care.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Quality Assurance | <input checked="" type="checkbox"/> Outreach |
| <input type="checkbox"/> Education and Early Intervention | <input checked="" type="checkbox"/> Training |
| <input type="checkbox"/> Child Care | <input checked="" type="checkbox"/> Technical Assistance |
| <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Supporting and Educating Communities |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Interagency Collaboration and Coordination |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Coordination with related Councils, Committees and Programs |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Barrier Elimination |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Systems Design and Redesign |
| <input type="checkbox"/> Formal and Informal Community Supports | <input type="checkbox"/> Coalition Development and Citizen Participation |
| | <input type="checkbox"/> Informing Policymakers |
| | <input checked="" type="checkbox"/> Demonstration of New Approaches to Services and Supports |
| | <input type="checkbox"/> Other Activities |

Objectives

4.1 Support Connecticut Legal Services to continue with this initiative to create and implement a legal-medical partnership to educate local hospital staff on the complexities of providing medical services to people with developmental disabilities; and empower and represent members of this community so that they can enforce their right to adequate and appropriate health care.

Activities

- 4.1.1 Update the advocacy training curriculum developed by Ct Legal Services.
- 4.1.2 Implement 4 trainings with hospital staff in the greater Waterbury community
- 4.1.3 Implement the evaluation tool to measure the effectiveness of training sessions with health care professionals
- 4.1.4 Update, maintain, and disseminate appropriate educational materials to supplement training
- 4.1.5 Continue contacting medical professionals and administrators in area hospitals to schedule additional presentations
- 4.1.6 Begin providing information to a minimum of 25 healthcare decision makers (consumers and

family members)

4.1.7 Provide legal advice and/or representation to 5 consumers and family members

4.1.8 Document the process, issues, challenges and successes to the Council for possible replication.

Timeline

4.1.1 1st quarter FY 2012

4.1.2 1st through 4th quarter FY 2012

4.1.3 1st through 4th quarter FY 2012

4.1.4 2nd through 4th quarter FY 2012

4.1.5 1st through 4th quarter FY 2012

4.1.6 1st through 4th quarter FY 2012

4.1.7 2nd through 4th quarter FY 2012

4.1.8 4th quarter FY 2012

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

School of Medicine

Department of Health

Medicaid

GOAL # 5: Community Inclusion

The Council will support an Aging in Place initiative so that people with developmental disabilities who are aging will have access to effective, high quality and appropriate supports based on individual needs and choice. These supports will foster community inclusion, independence and community involvement.

Area(s) of Emphasis:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

Strategies to be used in achieving this goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives

5.1 The Council will continue to support the Aging in Place initiative funded through WeCAHR. WeCAHR will identify and support 25 persons in the greater Danbury community who have developmental disabilities and are aging and who wish to age in place and live in their community.

Activities

- 5.1.1 Conduct outreach using Social Media tools, Press Releases; Networking to providers, local, state and federally funded agencies, commissions, collaboratives, services for the elderly, Governor and city appointed boards and commissions, networks, Danbury Hospital, independent physician services
- 5.1.2 Create and disseminate individual surveys to identify needs of individuals in the community who are aging and have disabilities
- 5.1.3 Compile results of individual surveys
- 5.1.4 Develop an Interagency agreement with an Independent Living Center to assist in providing support to participants
- 5.1.5 Identification of 25 persons to participate in the Aging in Place initiative

5.1.6 Create 25 AgePlans- member centered plans, engage in MAPS training (persons centered plan) or other trainings to enhance the planing.

5.1.7 Provide follow up surveys to recipients of Age Plans

Timeline

5.1.1 1st to 4th quarters FY 2012

5.1.2 1st to 4th quarters FY 2012

5.1.3 1st to 4th quarters FY 2012

5.1.4 2nd quarter FY 2012

5.1.5 1st to 4th quarters FY 2012

5.1.6 1st to 4th quarter FY 2012

5.1.7 4th quarter FY 2012

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

GOAL # 6: Education

The Council will support an initiative to train 150 individuals in the MAPS/PATH process that result in positive outcomes for students when they transition from high school into work or post secondary education.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives

6.1 Train 150 participants (individuals with developmental disabilities, parents and professionals) across the state on the philosophy, value, and process of creating MAPS, PATH, and Circles of Support (April 2011 through December 2012).

Activities

- 6.1.1 Advertise training.
- 6.1.2 Recruit 150 participants (approximately 25 participants for each of 6 regional training sessions).
- 6.1.3 Schedule 6 training sessions
- 6.1.4 Conduct training sessions.
- 6.1.5 Collect, analyze, and disseminate data to determine impact of training on the transition of students with developmental disabilities from school to adult life.
- 6.1.6 Collect demographic and consumer satisfaction data.
- 6.1.7 Collect policy-change data 6-12 months after participants attend training.
- 6.1.8 Analyze and disseminate data.

Timeline

- 6.1 1st quarter Fy 2012
- 6.1.2 1st through 3rd quarter FY 2012
- 6.1.3 1st through 4th quarter Fy 2012
- 6.1.4 2nd through 4th quarter FY 2012
- 6.1.5 2nd through 4th quarter FY 2012
- 6.1.6 2nd through 4th quarter FY 2012
- 6.1.7 4th quarter Fy 2012
- 6.1.8 4th quarter Fy 2012

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

local school systems, parent organizations.

GOAL # 7: Policy

The Council will implement strategies to ensure the dissemination of information people with developmental disabilities and family members will be informed about current issues at the state and national level that may impact them, and will have access to the political process to address these issues.

Area(s) of Emphasis:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

Strategies to be used in achieving this goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives

7.1 Improve the website to include public policy issues affecting persons with disabilities.

Activities

7.1.1 DD staff meet with the Council Public Policy Committee to develop a protocol for disseminating updated issues briefs and information regarding state and national issues.

7.1.2 Meet with the Council webmaster and re-design the web to include an easily accessible site on current issues.

7.1.3 Develop mechanisms for individuals to sign up for alerts from the DDC from the web site and through face to face invitations at meetings.

7.1.4 Publicize the availability of this information

7.1.5 Maintain a current website

7.1.6 Elicit feedback on the web site through a link on the site.

7.1.7 Track number of visits to the site.

Timeline

- 7.1.1 1st quarter FY 2012
- 7.1.2 1st quarter FY 2012
- 7.1.3 1st quarter FY 2012
- 7.1.4 1st quarter FY 2012
- 7.1.5 1st to 4th quarters FY 2012
- 7.1.6 1st to 4th quarters FY 2012
- 7.1.7 1st to 4th quarters FY 2012

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

Section V : Evaluation Plan [Section 125(c)(3) and (7)]

PART A: Outline of how the Council will examine the progress made in achieving the goals of the State Plan.

Over the course of five years, the Council will use multiple methods to evaluate Council goals. This includes formative, process evaluations to describe process, strategies, and challenges in each goal area; evaluation will also include summative data from funded initiatives, surveys and data collected by the Council staff on current issues.

The Council will use a Proposal Review Committee to review progress reporting from grantees and make funding recommendations for continuing and new proposals. This committee is focusing heavily on accountability, starting with the re-design of requests for funding that will have a strong focus on measurable outcomes which can move the Council towards achievement of each five year goal. This Committee and the Executive Director are exploring utilizing DD Suite for the design and reporting function of the proposals. The Committee meets every other month, and will work with council staff on the redesign and template which will include a required evaluation component for each proposal. The Council will also require the use of a consistent reporting mechanism for each proposal. The Proposal review Committee and Council will conduct site visits with each grantee and will have a template for reporting on each site visit.

Each five year goal has evaluation criteria consisting of summative and formative process. The evaluation plan is appended and includes pre/post tests, consumer surveys, interviews, and process evaluations through agendas and minutes.

The Council staff are initiating a mechanism to track all calls into the office using an Access data base that will track issues, concerns, needs and comments. This data base will also allow the Council to be more responsive to needs in the community and to assess on an ongoing basis the progress on goals. This data base will be initiated in the Fall of 2011.

The Council website is also undergoing redesign with a feed back and response function that is easy to use and will allow for easy response, consumer satisfaction and comments. This process is already under design and will be completed in the fall of 2011.

The Council will be initiating significant public outreach to consumer and provider groups across the state in 2012. All activities and all Council meetings will include consumer surveys and comment forms. All DD Network events will also continue to utilize surveys.

The Council meetings will be evaluated using a consumer satisfaction and comment form or interview for each meeting. Annual interviews with each Council member will be conducted by the Executive Director to identify issues and concerns from the Council regarding initiatives and progress on the five year plan.

PART B: Methodology to determine if the needs identified and discussed are being met and if the Council results are being achieved.

Funded projects and other Council initiatives and events will use surveys to assess progress toward achieving Council goals, including full inclusion and participation. These will be conducted in both paper and interview format, as will all evaluation methods. Progress towards goals will also include a summary of the process/activities in each project. These will be documented using minutes from meetings, agenda, and

participant lists.

Consumer satisfaction surveys will be used to ensure that all projects are effectively meeting their training objectives and accommodating all participants. These will be conducted in both paper and interview format, as will all evaluation methods. Other surveys will measure the Council's effectiveness in enhancing the ability of participants in enhancing their ability to meet the needs of persons with disabilities served by agencies and programs. Surveys on the website will measure the effectiveness and timeliness of the information regarding policy issues and other current topics relevant to persons with developmental disabilities and to the Council's goals. Process will be documented using minutes from meetings, agenda, and participant lists.

Each funding application and all progress reports from projects will include a required section on evaluation of goals. Progress reports will be submitted to the Council on line, using a template for reporting. In addition to data from pre/post tests, surveys, interviews and process data, progress reports from projects will include a section on challenges encountered, strategies to address challenges, modifications to the proposed activities and emerging issues. All of this will be summarized and presented to the council in making annual decisions on progress toward the five year goals, next steps, revisions and unanticipated challenges that need to be addressed. Evaluation reports from projects will include a section on challenges encountered, strategies to address challenges, modifications to the proposed activities and emerging issues. A complete evaluation table by goal is appended.

PART C: Council's role in reviewing and commenting on progress towards reaching the goals of the Plan.

Council Role in Evaluation:

The Council will use a Proposal Review Committee to review progress reporting from grantees and make funding recommendations for continuing and new proposals. The Committee reports recommendations to the entire council for ratification or modification. This committee is focusing heavily on accountability, starting with the re-design of requests for funding that will have a strong focus on measurable outcomes which can move the Council towards achievement of each five year goal. This Committee and the Executive Director are exploring utilizing DD Suite for the design and reporting function of the proposals. The Committee meets every other month, and will work with council staff on the redesign and template which will include a required evaluation component for each proposal. The Council will also require the use of a consistent reporting mechanism for each proposal. The Proposal review Committee and Council will conduct site visits with each grantee and will have a template for reporting on each site visit. Overall evaluation of progress on each goal will be reviewed by the Council twice per year in January and July. The Proposal review committee will review progress reports annually for each project, including the three Council initiatives (Housing, Partners training and Policy). In the fall of 2011 the committee, with approval by the full council will develop a new reporting template to be utilized by all grantees. This will include a template for evaluation data, and required appendices of appropriate process evaluation documents, sample surveys, etc. This data will be reviewed and used to inform continued funding of projects, planning for new projects, challenges, emerging issues and progress towards the five year plan.

PART D: How the annual review will identify emerging trends and needs as a means for updating the Comprehensive Review and Analysis.

With the economic upheaval in the state, these are fluid and complex times in the planning and delivery of services to persons with disabilities. With current fluctuations in funding and the potential for significant program reductions, the annual review will include a summary of those changes in relevant areas of the report, as well as a discussion of the potential impact on people with disabilities that those changes have had or could have in the future.

The annual review will consider data, input from forums, input from council meetings and reporting from grantees in both assessing progress toward the five year plan and updating the Comprehensive Review and Analysis. The Council Proposal Review Committee will review and summarize data from each of the grantees as well as emerging trends and challenges identified by the grantees in their progress reports. A discussion of unanticipated challenges and emerging trends will be a required component of the reporting for each grantee in the coming year. Data from council events, and DD Network events will also be reviewed and summarized to identify changes and new directions. The annual public forum, as well as meetings and contacts with consumer and provider groups across the state throughout the year will be summarized for consideration. Additionally, data from Council initiatives, notably Partners training, the Housing Task Force and the data from the web on policy information will be considered. Partners Training longitudinal data can be used to identify successes, opportunities and challenges in the self advocacy efforts made by the Council. Data from the Housing task Force will identify the direction of future housing initiatives for the Council, including a summary of resources, challenges and opportunities. The Council will be tracking trends and issues through phone calls received into the Council offices. Summary data from calls into the Council office will assist in identifying trends, challenges and policy and program responses. All of this information will be summarized, presented to the Council and used to inform the Annual Review.

ATTACHMENTS:

evaluation table.doc

evaluation methodolgy by goal/objective.

Section VI : Projected Council Budget [Section 124(c)(5)(B) and 125(c)(8)]

Goal	Subtitle B \$	Other(s) \$	Total \$
1. Community Inclusion	28,509	22,839	51,348
2. Education	64,633	24,338	88,971
3. Employment	45,132	7,244	52,376
4. Health	74,633	20,588	95,221
5. Housing	70,057	5,588	75,645
6. Policy	44,261	5,588	49,849
7. Self Advocacy	169,266	5,588	174,854
8. General Management	191,557	0	191,557
9. Functions of the DSA	36,213	61,324	97,537
10. TOTALS	724,261	153,097	877,358

Section VII : Assurances [Section 124(c)(5)(A)-(N)]

Written and signed assurances must be submitted to the Administration on Developmental Disabilities, Administration for Children and Families, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124 (C)(5)(A) – (N) in the Developmental Disabilities Assurance and Bill of Rights Act.

Assurances submitted

Approving Officials for Assurances

For the Council (Chairperson)

For DSA, when not Council

Section VIII : Public Input and Review [Section 124(d)(1)]

PART A: How the Council made the plan available for public review and comment and how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.

The CT Council posted the five year plan on their web, sent notices of its availability and circulated announcements of the availability of the five year plan for review. Electronic distribution included dissemination across parent and consumer list serves. The Plan was made available at DD Network events including the forum with John McKnight in July. Council members were encouraged to share and disseminate across their various constituencies. The plan was sent to the UCEDD Consumer Advisory Council for comment. The outreach by this Council was limited by time constraints since the new Council Director did not begin until July 1, 2011 and little work other than Spring surveys, focus groups and a public forum had been completed. No summaries or data had been presented to the Council until July 11, when the goals and objectives were finalized with consideration of Council, state and national data.

PART B: Revisions made to the Plan after taking into account and responding to significant comments.

Few comments were received by the Council post review. the comments received were from the State Independent Living Council and WeCaHr, our grantee on the Aging in Place project. Those comments re-affirmed the selection of goals and outcomes that were identified in the plan. No changes were made.