Program Report Card: Voluntary Services Program, Department of Developmental Services (DDS)

Program Purpose: All Connecticut children and adolescents thrive in school, at home and in life.

*Contributes to Population Quality of Life Result:* The Voluntary Services Program provides in-home supports and training to families to decrease a child's challenging behaviors and allow the family to remain intact.

*Partners*: Department of Children and Families (DCF), DDS-contracted private providers, families of children served in VSP, Local Education Agencies (LEAs) and Office of the Child Advocate

**Performance Measure 1:** Number of Children enrolled in the DDS Voluntary Services Program.



# Story behind the baseline:

The blue bars represent the number of children and adolescents who were enrolled in the program at the end of the fiscal year (FY). During any fiscal year, adolescents age out of the program when they turn age 21, thus the actual number served during the FY includes approximately 15 to 20 additional children.

# Proposed actions to turn the curve:

DDS plans to continue its efforts to expand capacity to support individuals in their own homes however, services for newly eligible applicants is dependent on new funding and the ability to reuse existing resources when children age out of the program at age 21. **Performance Measure 2:** Percentage of Children who remain in-home vs. receiving out-of-home placements.



Percentage of children who, if placed out-of-home, are placed out-of-state.



# Story behind the baseline:

The blue bars in the first graph represent the percentage of children and adolescents enrolled in the program at the end of the fiscal year, who were receiving in-home supports and services vs. having to be placed out-of-home. Since DDS began this program the percentage of those receiving services in the home has increased.

The blue bars in the second graph represent the percentage of children and adolescents enrolled in the program at the end of the fiscal year, who, if placed out of the home, were placed out-of-state. Since DDS began this program, the agency has been able to decrease the number of out-of-state placements by half.

# Proposed actions to turn the curve:

Since DDS began this program, the agency has been able to provide more in-home services. Also, if the services had to be provided out of the home, DDS has been able to provide placement within Connecticut closer to family.

DDS plans to continue its efforts to expand capacity to support individuals in their own homes by recruiting additional behavioral consultants. The agency has increased the number of providers of in-home supports. Behavioral consultation has been added as a waiver service. This is an essential service for families to address the behaviors exhibited by their children so that they can be reduced or ameliorated allowing the child to remain living at home and helping parents to learn skills to manage their children's remaining

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behaviors. DDS is in the process of reviewing existing behavioral programs for an analysis of the utilization of behaviorists. Depending on what is learned from this review, the analysis may give rise to a new "How Well" measure going forward.

DDS will continue to have the Children's Committee (an interagency, interdisciplinary committee) make recommendations to teams to strengthen in home supports before recommending an out-of-home placement to the Commissioner. This provides a deterrent to out-ofhome placements by expanding options to support the child staying at home.

# **Performance Measure 3:** Time waiting for supports.



# Story behind the baseline:

The agency had set a goal of initiating services within 45 days of the child's eligibility for VSP being determined. The efforts in this regard have not been successful as yet. While the data shows an increase of 6.5 days from FY07 to FY09, the number of days waiting actually reached a height of 101 days in FY08. This in part is the result of funding uncertainty. Families receive notice of their eligibility but are placed on a waiting list until a decision is made regarding the availability of additional funding pursuant to the state budget appropriation process.

The wait is also impacted by changes in case managers. Currently, DDS has removed case managers from consumers who are not enrolled in fee-for-service Medicaid as a result of case manager retirements due to the Retirement Incentive Program. Referrals for VSP will be handled by the regional hotlines which were established this year to make service referrals for people without case managers. In the case of VSP applicants, this may increase the waiting time for supports to be planned and started.

#### Proposed actions to turn the curve:

The Department will use the help lines in each region to respond to families requests for VSP services. Waiting time will increase if the department receives no additional funding for newly eligible children.

# Performance Measure 4: Cost of Service

DDS has worked to lower the costs of its Voluntary Service Program. Average costs per child have decreased from approximately \$83,000 in FY 08 to \$73,200 in FY 09.

#### Story behind the baseline:

The agency understands the state's fiscal situation and has made every effort to manage its costs. An out-of-home placement typically is at least three times more expensive than supporting a child living with their family. Therefore, DDS efforts to support families and improve behavioral interventions with in-home supports is both best practice and fiscally responsible. DDS also is working to reduce out-ofstate placements, which are not eligible for federal reimbursement under the HCBS waiver.

#### Proposed actions to turn the curve:

DDS has worked to expand the number of clinical behavioral service providers qualified to provide services under the waiver. Through quality improvements in services to families, DDS hopes to further reduce out-of-home placements.

# Data Development (New):

DDS is in the process of developing a family survey to measure family satisfaction of the VSP program. Included in the survey will be questions to determine whether or not a family believes that their child is better off for being in the program. Survey results should be available prior to the next legislative session and will be used to report new "How Well" and "Better Off" measures going forward.