

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

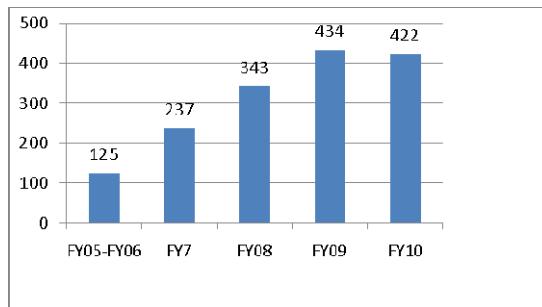
Quality of Life Result: All Connecticut children and adolescents thrive in school, at home and in life.

Contribution to the 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.

Total Program Funding (State Funding FY 11): \$30,996,026 (Although separate revenue statistics are not kept for this group, revenue is estimated to be greater than 10 million dollars in FY 11 based on the number of children enrolled in the waiver.)

Partners: Department of Children and Families (DCF); DDS-contracted private providers; Families of children served in VSP; Local Education Agencies (LEAs); 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.

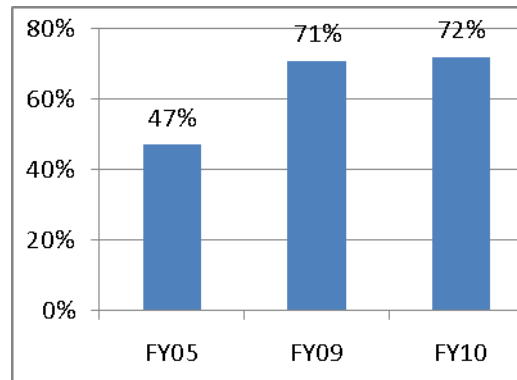
Proposed actions to turn the curve:

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.

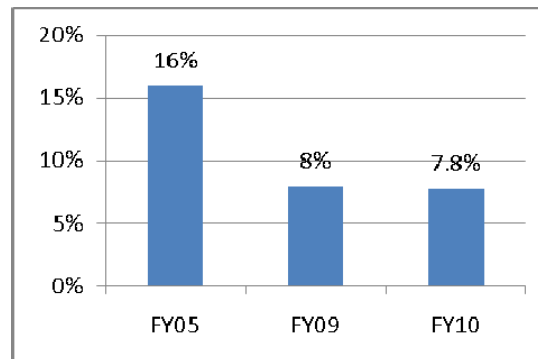
In FY10 the number decreased as a result of children aging out and the funding level being reduced.

Performance Measure 2:

Percentage of Children who remain in-home vs. receiving out-of-home placements.



Percentage of children who are enrolled in out-of-state DDS-VSP placements.



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 versus being placed out-of-home. Since DDS began this program the percentage of those receiving services in the home has increased. As no new children entered the program the percentage is essentially the same as the previous year.

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 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 children's families.

The agency has increased the number of providers of in-home supports. DDS plans to continue its efforts to expand capacity to support individuals in their own homes by recruiting additional behavioral consultants. 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 behaviors.

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Quality of Life Result: All Connecticut children and adolescents thrive in school, at home and in life.

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-of-home placements by expanding options to support the child staying at home.

Performance Measure 3: 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-of-state placements, which are not eligible for federal reimbursement under the HCBS waivers.

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.

Performance Measure 4: Survey of Families with Children in DDS-VSP

During testimony before the Appropriations Committee the Department proposed doing a

Survey of families participating in In-Home Behavioral Supports and Services as part of the DDS-VSP Program. The Committee supported this and during September of 2010 the Survey was completed. This is a new Performance Measure.

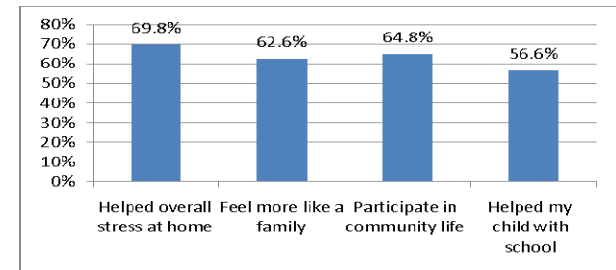
Story behind the baseline:

Survey Results:

- 306 Families were sent the survey.
- There was a 38.2% return rate as 117 surveys were returned.
- The average percentage for all responses to all questions was 65% Strongly Agree or Very Strongly Agree.
- **For the Survey Question #15 - Overall the Voluntary Services Program has been beneficial to our family – 81.6% of the responses were Strongly Agree or Very Strongly Agree.**

During the testimony before the Appropriations Committee there were specific questions as to the Behaviorist and the behavioral support plans that are developed as part of the Individual Plan. There were four questions in the survey that addressed the supports and services of the Behaviorist. The Behaviorist must become a Qualified Provider of the Department, and his/her experience and training is reviewed by a DDS Supervising Psychologist as part of the process. Applicants must have a Masters Degree in an appropriate field, at least 3 years of experience, and training in behavioral interventions.

The percentages of responses listed to the following questions, reflect the number of responses that were either Strongly Agree or Very Strongly Agree.



- Supports and Services have helped our family with the overall stress at home = 69.8%
- Supports and Services have helped my child and we feel more like a family = 62.6%
- Supports and Services have helped my child and we participate in community life = 64.8%
- Supports and Services have helped my child with school behavior and achievement = 56.4%

Proposed actions to turn the curve:

The Department is committed to expanding the capacity to support individuals in their own homes by recruiting additional behavioral consultants, and agencies to support children. The agency has increased the number of providers of in-home supports. Behavioral consultation has been added as a waiver service, and the number of behaviorists who are qualified providers increased during FY10.

During FY11, DDS will be providing workshops and additional training to behavioral consultants to better meet the needs for the children and families in the DDS-VSP Program.

DDS will be conducting the Survey each year and comparing results in order to continue to improve the quality of the supports and services requested by families and provided under the HCBS Waiver.