

**2013 Program Report Card: Community Companion Home (CCH) Program (formerly Community Training Home)  
(Department of Developmental Services-DDS)**

*Quality of Life Result:* All individuals with intellectual disability reach their fullest potential for independent living in a community setting.

*Contribution to the Result:* Individuals with intellectual disability benefit from being supported in a natural family setting by experiencing relationships with the CCH licensee's extended family, friends and community connections.

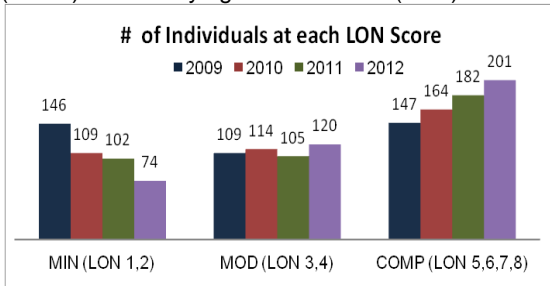
Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual FY 12	\$13,222,338.	0*	0	\$13,222,338.
Estimated FY 13	\$14,319,930.	0*	0	\$14,319,930.

\*Federal Reimbursement (back to the General Fund) totaled approximately \$3.2 million in FY12 and is estimated to be \$3.3 million in FY13.

*Partners:* Families or guardians; CCH licensees' family and friends; members of the community; vocational and day support agencies; employers; DDS self advocates and other advocates.

**How Much Did We Do?**

**Performance Measure 1:** Numbers of individuals living in Community Companion Homes (CCHs) are at varying levels of need (LON).



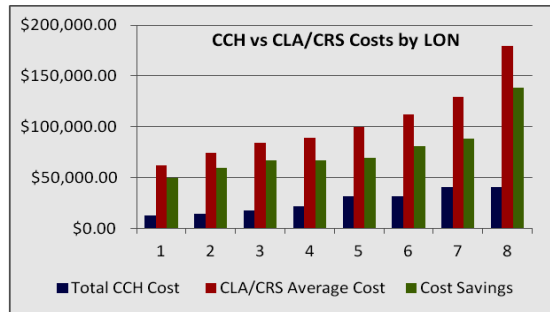
**Story behind the baseline:**

The LON score is an indicator of the amount of support an individual requires to live successfully. The higher the LON score the greater the support needs. There were more individuals in CCHs at the higher LON scores in 2012 than in previous years. Currently 395 individuals are served throughout the state in 307 licensed community companion homes, as compared to 406 individuals served in 267 licensed homes last year. At the same time, the number of individuals served at the comprehensive LON level has continued its previous increase. The underutilization of CCH placement capacity is likely because of three things: an aging population moving on to other services, DDS's success at licensing new homes and the challenges faced in the matching process for new CCH placements.

**Trend:** ◀▶

**How Well Did We Do It?**

**Performance Measure 2:** Cost of Service



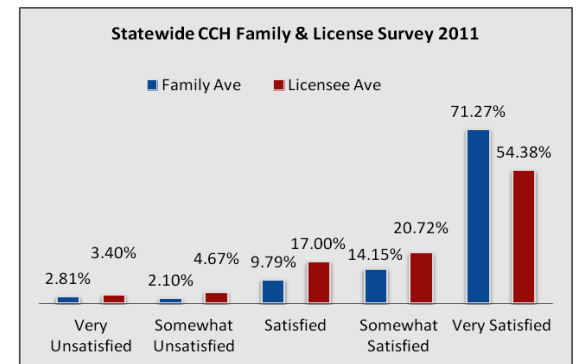
**Story behind the baseline:**

The cost of a CCH is less than other 24-hour staffed settings, such as community living arrangements (CLAs) or continuous residential supports (CRS). In July 2010 DDS established the current payment method which uses the LON assessment to set funding levels. This method allows a fair and equitable distribution of resources and is designed to attract additional qualified CCH licensees. This method supports individuals with increased needs to age in place in a home setting with existing licensees.

**Trend:** ◀▶

**How Well Did We Do It?**

**Performance Measure 3:** Family & Licensee satisfaction with CCH involvement



**Story behind the baseline:**

As a result of the RBA process a statewide satisfaction survey was developed for CCH licensees, and families and guardians of individuals supported by the CCH program. Licensees report a high level of satisfaction with becoming a CCH provider. Families and guardians report a high level of satisfaction with the CCH residential model for individuals living in CCHs.

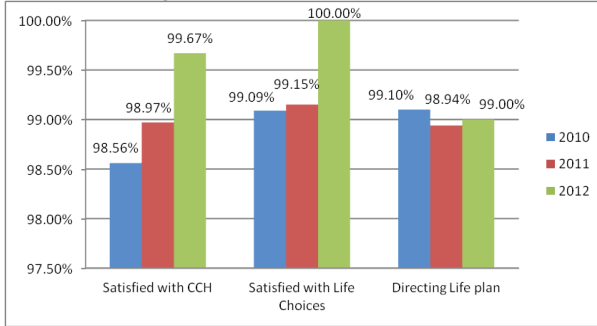
**Trend:** ▲

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**Is Anyone Better Off?**

**Performance Measure 4:** Individuals residing in CCHs report high satisfaction.



**Story behind the baseline:**

To measure individuals' satisfaction with services, DDS uses the Quality Service Review (QSR) survey with each individual placed in a CCH. The QSR data for 2011 was based on 218 QSR surveys. For 2012, the data is based on 179 new QSR surveys. This is approximately 45% of individuals residing in a CCH. The goal is to increase this survey rate to 100%. The data consistently shows high individual satisfaction over the two year period, although the sample size decreased by 5%.

In FY 2012, DDS reinstated the National Core Indicator survey as a means of measuring satisfaction with services in Connecticut as well as in comparison to other states who participate in the survey. No data is available at this time to share.

DDS ensures quality of services through licensing, annual quality review meetings with providers and through quarterly case management review as well as monthly home visits by qualified agency personnel.

**Trend:** ▲

**Proposed Actions to Turn the Curve:**

Future emphasis will be placed on promoting the CCH option to individuals with lower LON scores instead of higher cost residential programs. DDS will be working on strategies to market the CCH living option to those with lower LON scores currently residing in higher cost settings. A long term goal is to develop additional capacity in the CCH program to accommodate individuals with higher LON scores.

In order to have the capacity to place more individuals in CCH homes, there need to be more licensed homes developed from which to choose. The data in performance measure one, shows 40 more licensed homes from 2011 to 2012. This trend needs to continue in order to assure a variety of appropriate and culturally diverse residential opportunities in the communities where individuals are from.

DDS CCH Coordinators have recommended qualifying new CCH providers through the existing Provider Qualification process which will serve to expand the number of agencies who can develop licensed community companion homes and provide support to them.

DDS and provider agencies will be working to develop marketing strategies for attracting new CCH licensees.

CCH Coordinators scheduled forums in May 2013 for each of DDS's three regions as an opportunity for CCH licensees to share information and to promote networking. CCH Coordinators will conduct a follow up survey to measure satisfaction regarding improvement in the following focus areas: communication, connections to community and access to community.

**Data Development Agenda:**

CCH Coordinators will collect data on the expansion of CCH services and the number of individuals who receive services in these settings as well as the Level of Need scores of the individuals served.

It is the department's goal to continue to increase the number of QSR surveys completed until 100% of individuals receiving CCH services is reached.

The LON based rate structure for CCHs began in FY11. DDS will collect data on those moving from higher cost settings to CCHs for the 2014 calendar year with respect to LON levels 1, 2, 3 and 4. This will coincide with the proposed initiation of the LON based rates for CLA's and CRS's. This will better inform performance measure 2 regarding cost of service.