

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 DDS Voluntary Services Program provides in-home supports and training to families to decrease a child's challenging behaviors, allow the family to remain intact, and allow children and adolescents to thrive at home.

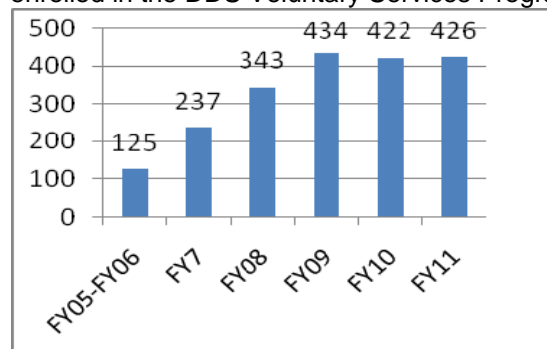
Total Program Funding:

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual FY 11	\$27,394,028	0	0	\$27,394,028
Estimated FY 12	\$31,256,734	0	0	\$31,256,734

Partners: Department of Children and Families (DCF); Families of children served in VSP; Local Education Agencies (LEAs); Office of the Child Advocate

How Much Did We Do?

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



Story behind the baseline:

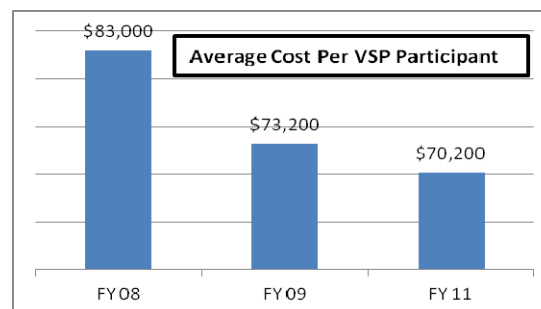
The blue bars represent the number of children and adolescents who were enrolled in the program at the end of the fiscal year (FY). During any fiscal year, adolescents age out of the program when they turn 21, thus the actual number served during the fiscal year includes approximately 15 to 20 additional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

With no new funding in FY11, there were no new children or adolescents entering the program either through the DDS application process or through the DCF yearly transfer process.

Trend: [Flat/No Trend ◀▶]

How Well Did We Do?

Performance Measure 2: Cost of Service DDS has worked to lower the cost of its Voluntary Service Program. Average cost per child has decreased from approximately \$83,000 in FY 08 to approximately \$70,200 in FY 11. The average cost has gone down as a higher percentage of children are served at home.



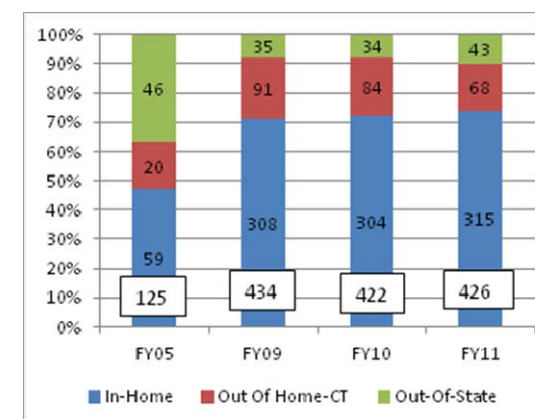
Story behind the baseline:

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's 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.

Trend: [▲ Yes]

Is Anyone Better Off?

Performance Measure 3: Children who remain in-home vs. receiving out-of-home (in CT) and out of CT placement.



This graph represents in home supports vs. out of home supports. Since DDS began this program, this percentage receiving in-home services has increased. In FY11 there were significant numbers of psychiatric emergencies. In-state provider capacity to place these individuals in appropriate settings was strained and thus the percentage of out-of-state placements increased.

Trend: [▲ Yes]

Is Anyone Better Off?

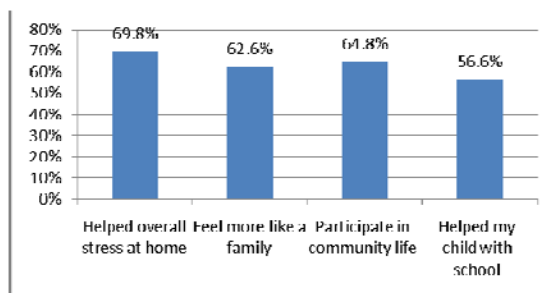
Performance Measure 4: Survey of Families with Children in DDS-VSP

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.
- For all responses to all questions by all 117 families, the average for all 15 questions was 65% were 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.**

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



Due to the Department receiving no new appropriation for the VSP Program, there were no new children or adolescents entering the Program either through our application process or through the DCF yearly transfer Process. No Survey was completed for FY11 as there were no new children or adolescents added to the VSP Program. We would have been surveying basically the same families. *** See Data Development Agenda****

Trend: [Flat/No Trend ◀▶]

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 are dependent on new state funding and the ability to reuse existing resources when children age out of the program at twenty-one. In FY10 the number decreased as a result of children aging out and the VSP funding level being reduced. A VSP waiting list was created in FY11 because no new funding was appropriated to expand the program.

In FY 11 DDS expanded by 14 the number of clinical behavioral service providers qualified to provide services under the waiver. Through quality improvements in supports and services to families, DDS hopes to further reduce out-of-home placements.

In FY 11, DDS added four new providers of Individualized Home Supports. 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 was added as a waiver service in FY10, and the number of behaviorists who are qualified providers increased during FY11. In FY10, 35 new individual behavioral providers were approved as qualified vendors, and an additional 27 were approved in FY11.

Data Development Agenda:

Although a survey can be helpful in determining the effectiveness of a program, DDS is unable to commit to doing another survey at this time given staff resources to collect and analyze data. Also, families do not always welcome the intrusion of a survey and for this population; it might make more sense to do a survey every few years so as not to badger the program participants' families. That being said, there are other options that could be used to evaluate the effectiveness of this program for families. DDS will discuss the possibility of utilizing the Quality Service Reviews as a tool for quality and effectiveness measurements. Also, DDS has recently agreed to once again participate in the National Core Indicators (NCI) project. DDS will be looking to see if there is a relevant assessment tool as part of the NCI project that could be used to assess the VSP program going forward.