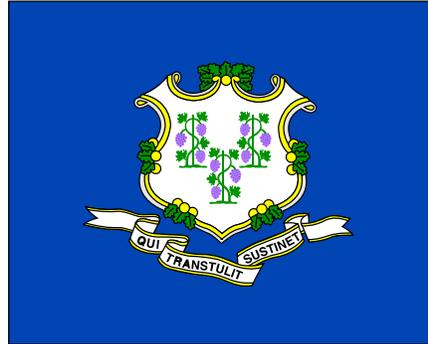




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STATE OF CONNECTICUT

*Medicaid Infrastructure Grant
State Agency Employment Processes*



May 26, 2006

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I. INTRODUCTION AND METHODOLOGY

Connecticut has received a five year Medicaid Infrastructure Grant (MIG). In the first year of the grant Connecticut is using funds to develop a state-wide strategic plan to increase the employment rate of disabled Connecticut citizens. As a step in information gathering to inform the strategic plan, Connecticut seeks to identify and map the major state level processes associated with moving disabled citizens to employment. As the Steering Committee develops its strategic plan it is critical to gain a good understanding of “what is”. Connecticut is pursuing a multi-agency, multi-discipline approach and reviewing the systems and processes of each agency provides a better opportunity to determine how the strategic plan and objectives will “make sense” under the current agency structures. This will help the team understand how to work within the current system to better leverage agency resources or to propose modifying processes that may prove an impediment to the target population.

The Connecticut MIG project and the University of Connecticut contracted with Public Consulting Group, Inc. to develop employment services process maps for the Bureau of Rehabilitative Services (BRS), the Department of Mental Retardation (DMR), the Department of Mental Health and Addiction Services (DMHAS) and the Board of Education and Services for the Blind (BESB). The goal of the project was to identify state agency processes associated with moving consumers into employment. The focus of the MIG project is on individuals with disabilities. As such, the target population for this review was adults with an identified disability. Identified disability included substance abuse.

PCG focused on agency work processes for assisting consumers with preparing for, accessing and obtaining employment. The review was generally limited to work tasks undertaken specifically with the goal of obtaining consumer employment. PCG met with each identified agency to learn about the state agency process that consumers move through when they are seeking employment. Our meetings were open conversations based on a question guide prepared with the MIG team. In addition to understanding agency/consumer employment processes we sought information on how the agencies track and measure data at various stages in the employment process. The questions utilized during these meetings can be found in Attachment A.

The following sections outline our findings and illustrate the employment processes undertaken by each agency. A narrative description of the agency process follows.

II. SUMMARY OF FINDINGS

We have summarized findings in several categories including Referral/Entrance to Process, Eligibility and Services, Process Gaps, Outcome Measurement/Success, Data Elements/Databases, Community Rehabilitation Providers, Appeals Processes, Career Advancement, Benefits Counseling, Total Length of Time Served and Agency Follow Up, System Barriers and Possible System Improvements.

Referrals/Entrance to Process

- In each of the agencies reviewed, consumers are referred to the agency or program at the start of the process. These referrals come from many different sources – both from inside and outside of state government and often include self-referral.

Eligibility and Services

- Each agency reviewed has unique eligibility criteria for consumers receiving services. However, there is some overlap in the populations served by the four agencies, and consumers may be receiving services from more than one of the agencies simultaneously.
- The uniqueness of the eligibility criteria leads to some gaps in service delivery between the agencies. For example, BESB may serve children who are visually impaired but adult services are only available to the legally blind. BESB will refer visually impaired adults to BRS for services. BESB staff has suggested that often these adults will not meet the prioritization criteria at BRS, and therefore will not receive vocational rehabilitation services.

Process Gaps

- DMHAS identified a communication gap in the state hospital transition process. Hospital staff reported that they do not often get to talk to the LMHA employment staff when they develop the individual's transition plan to the community. DMHAS is working to facilitate linkages between these two pieces of the system.
- DMR identified a gap in providing services to adults who apply for services after high school graduation. The Department often does not have resources available to fund services for this population. DMR suggested that including funding for these adults in their annual budgetary request allow them to provide for a continuous spectrum of services for Connecticut residents with MR issues.

Outcome Measurement/Success

- Each agency reviews individuals' progress and determines individual success compared to the goals outlined in the various individual plans.
- The agencies reviewed conduct varying levels of aggregate success measurement.
 - BRS reviews occupations, wages, hours worked and levels of public assistance and calculates the number of cases successfully closed each year.
 - DMHAS has begun collecting employment services outcome data from the LMHAs for analysis.
 - DMR utilizes a Quality Service Review Process that includes input from clients, providers, and client support networks to evaluate the effectiveness and safety of services.
 - BESB reviews occupations, wages, hours worked and levels of public assistance and calculates the number of vocational rehabilitation cases successfully closed each year. The agency also completes a post transition survey five years after high school students exit the vocational rehabilitation system to assess the long-term employment stability of its consumers. The agency also conducts a voluntary employment satisfaction survey for adults whose vocational rehabilitation case has closed.

Data Elements/Databases

- Each agency reviewed maintains individual consumer data in electronic format. None of these systems are connected to each other, nor is electronic data easily transferable from one agency to another. The lack of connectedness makes the process challenging when consumers move among agencies and programs.
 - BESB and BRS are federally required to maintain and report a significant amount of consumer specific data, including outcome data on vocational rehabilitation services. BESB uses a Libera system and BRS uses a Wang database system.
 - DMHAS maintains consumer specific data in a visual basic/SQL database. The LMHAs submit data to the state through a web-based interface on a monthly and quarterly basis.
 - DMR maintains consumer data in the Connecticut Automated Retardation Information System (CAMRIS) as their main system for client-specific data. However, the Department also utilizes a number of stand-alone systems to manage targeted steps in their process.

Community Rehabilitation Providers

- Each agency reviewed utilized community rehabilitation providers or other private/non-profit service providers in their delivery system.

- BRS has active business relationships with 75 Community Rehab Providers. Services provided by those CRPs are statistically broken down as follows: 55% for Situational Assessment, 32% for Job Coaching, 12% for Job Placement, and 1% for other services such as Work Adjustment.
- BESB utilizes the same 75 providers as BRS, with additional out of state CRPs for their residential program.
- DMHAS contracts with 27 community-based employment providers that work with LMHAs to provide employment supports to consumers.
- DMR provides 76% of its Day and Employment support services through Community Providers.

Appeals Processes

- Each agency maintains a process through which consumers can appeal or grieve agency decisions and service provision. The level of agency oversight and the use of outside parties varies among the four agencies reviewed.
 - DMHAS – A consumer may submit a grievance to the DMHAS grievance officer at any time while receiving services.
 - BRS maintains multiple appeals avenues. The consumer may appeal through the BRS appeals process or may appeal to the separate state Office of Protection and Advocacy for Persons with Disabilities, or seek mediation through an impartial arbitrator.
 - Like BRS, BESB consumers may appeal through the agency’s internal process, through protection and advocacy, or through the use of an impartial arbitrator.
 - DMR clients have a number of avenues to appeal agency decisions and or grieve service provisions. The Departments Programmatic Administrative Review (PAR) process can be utilized to appeal any aspect of a client’s services. Medicaid Fair Hearings may also be used to review the Department’s decisions. Specific appeals of the client’s Priority Level are reviewed through a Priority Setting Administrative Hearings.

Career Advancement

- Career advancement is a key focus of both BESB and BRS. With BRS, consumers may re-enter vocational rehabilitation if they are either unhappy with their employment or are seeking further advancement. BESB consumers may receive vocational rehabilitation services if they are deemed to be underemployed.

Benefits Counseling

- Various levels of benefits counseling occurs at the agencies reviewed. The focus of the counseling also varies. For example, at BRS benefits counseling is focused on educating consumers about moving off of public benefits as they enter

employment. At DMHAS the focus of benefits counseling is to move consumers onto public benefits when they enter the public system.

- At DMHAS benefit counseling is offered to consumers at intake, to ensure that they receive the entitlements for which they are eligible. Young Adult Services consumers also receive benefit counseling when they are transitioning out of the program. At this transition, the benefit counselor works to ensure the consumer that they will not be removed from entitlements when they leave Young Adult Services.
- At DMR counseling on public benefits occurs regularly in that the Department of Mental Retardation works with consumers receiving services, and those waiting to receive services after graduation or on the DMR waiting list, to ensure a continuous flow of benefits as long as the consumer is eligible and requires the supports.
- At BRS benefits counseling is offered by the Connect to Work centers and is available to assist individuals to assess the impact employment will have on their disability benefits.

Total Length of Time Served and Agency Follow-Up

- The length of time served by each agency varies greatly depending on the mission and target population of the agency.
 - BESB and DMR are lifetime service agencies. They provide services to consumers from birth through end of life and consumers may receive services throughout their lives. Vocational Rehabilitation services at BESB are limited and the average length of time a consumer receives these services is 20 months.
 - BRS is specifically focused on vocational rehabilitation services. Consumers remain in the BRS system for an average of 21 months.
 - At DMHAS, length of time in the system varies depending on the type of service being provided and the facility type. Stays at the state hospitals average 2 years and longer.
- Each of the agencies reviewed has some ability to query their data systems to determine length of time between various process steps and the number of consumers at various points in the process. However, this information is not generally determined of significant importance to the agencies and as such is not reported and reviewed. There are some exceptions to this in BESB and BRS where federal and state standards govern the maximum length of time between certain process steps.

System Barriers

- Each of the agencies reviewed noted that transportation is a barrier to service delivery in Connecticut. Transportation impacts process as consumers are

challenged with how to access services and agencies struggle to find a way to the meet the transportation need.

- DMHAS- Transportation is a barrier for those consumers in the Young Adult Services Program. Transportation for this cohort is expensive, and must be set up on an individual basis. Consumers will often get rides from caseworkers to appointments.
- DMR- Transportation is a barrier for DMR consumers as well. Many DMR consumers require supported transportation which can not be provided readily by localities and it can be taxing on the consumer's support network to provide transportation during business hours. Further, lack of transportation can significantly limit employment options for DMR consumers.
- BESB- Transportation is a major barrier for vocational rehabilitation services and continued job retention for the state's blind population. BESB will provide transportation services for a limited period of time, but individuals will have to arrange their own transportation over time, often hindering their ability to retain competitive employment.
- BRS- Transportation is a major barrier to basic mobility and employment for the state's disabled population. BRS works to overcome these barriers by providing vehicle modification and transportation services to its consumers.

Possible System Improvements

- The agencies reviewed provided some suggested system improvements that could be made to the existing state infrastructure.
 - DMHAS suggests adding more staff to act as liaisons between agencies. Interagency staff would foster communication and collaboration between agencies.
 - BESB suggests that each school district should have its own vocational rehabilitation counselors to assist disabled children to gain competitive employment before graduation. Likewise, a greater emphasis on benefits coordination would assist individuals receiving Medicaid to understand the benefits of employment and the range of assistance that would remain available upon being employed.
 - DMRs suggested adding more Case Management, Transition Planning, and Education Liaison staff in order to improve their process and develop more capabilities within the Department. Improvements in IT Systems integration and capabilities are also important to develop more coordinated systems that will allow for efficient client management and consistent data analysis.

Proposed Next Steps

The four agency review undertaken for the MIG project provides a process overview for a limited part of the Connecticut system. There are many other Connecticut agencies that interact with and provide employment related services to people with disabilities in the

state. In addition, in the case of DMHAS a great deal of services are provided by the LMHAs. Each LMHA may utilize a different process and to fully understand the system a review at the LMHA level would be necessary. For the purposes of this report PCG worked with state agency level staff to provide a general overview of LMHA services, but was not able to work directly with the LMHAs at this time.

AGENCY PROCESS NARRATIVES

The following section describes the process used to move consumers into employment for each of the four agencies reviewed. A graphic representation of the process can be found in Attachment B.

BOARD OF EDUCATION AND SERVICES FOR THE BLIND

The Process Used to Move Consumers Into Employment

Overview

The Board of Education and Services for the Blind initiates, coordinates and provides education and training to Connecticut's blind and visually impaired children in order to maintain their academic, physical, emotional, and social progress at age-level, or diagnosed ability. BESB serves Connecticut's blind adults through ongoing educational, vocational, and living skills programs in order to empower them to achieve employment success in their chosen profession and to enhance their self-sufficiency.

BESB provides rehabilitation services for all ages, ranging from newborns with vision impairments to seniors who are legally blind. Because blindness is often a degenerative condition, 75% of the agency's clients are seniors. The populations served by BESB may be broken down as follows: birth to five, school age, transitional, and adult populations. There is a difference in eligibility criteria between children and adults. In order for children to receive services they must meet the state-defined visual impairment level, which is 20/70 best corrected vision. The adult population, covering individuals over the age of 18, must meet the state criteria of legal blindness to receive services.

Process

Child Services

BESB provides teachers of the visually impaired to work with all preschool children who are blind or visually impaired, at no cost, upon the request of the parent or legal guardian. Once a child reaches school age and is enrolled in the Local Education Agency (LEA), the LEA may choose to utilize a BESB teacher of the visually impaired to work with their visually-impaired students, free of charge, or they may hire or contract for their own teacher of the visually impaired for these students. For LEA's that hire or contract directly for the services of a teacher of the visually impaired, they may seek reimbursement for this cost through BESB. Typically, the larger school districts choose to hire their own teachers as they have higher concentrations of children who are blind or visually impaired within the city population. There are 23 LEA's that have made their own arrangements for a teacher of the visually impaired, with another 132 LEA's

selecting BESB for these services. The agency serves approximately 1075 children between the age of birth and high school graduation.

Children are mainly referred to BESB by their doctors or through self/parent-referral. After an eligibility determination, they begin to receive child-specific services. If the child is considered to be visually impaired and not legally blind, they will be referred to BRS at the age of 16 for vocational rehabilitation services. They will continue to receive BESB child services until high school graduation. If the child has been determined legally blind, they may begin receiving vocational rehabilitation services from BESB at the age of 14. After high school graduation, the child will transition to BESB vocational rehabilitation and/or adult services.

Adult Services

Individuals may enter BESB as adults without having received services as children. Adults are referred to the agency primarily by their doctor or through self-referral. To receive adult services, an individual must be determined to be legally blind. By law, a doctor must refer legally blind patients to BESB. When an individual is determined to be legally blind they are placed on the state's blind registry. There are roughly 10,500 individuals on the registry. Once referred, the individual is contacted by an intake worker and by a vocational rehabilitation counselor to explain the services that are available. The individual may choose whether or not they wish to receive vocational rehabilitation services. If they wish to participate in vocational rehabilitation, they will be assigned a vocational rehabilitation counselor. Regardless of the decision of whether to participate in vocational rehabilitation services, they will be assigned a social worker to coordinate other rehabilitative services offered by BESB. About 10% of BESB consumers, or 1,000 individuals, are participating in the vocational rehabilitation process at any given time.

The vocational rehabilitation counselor will assist the consumer in completing the application for vocational rehabilitation services. By federal standard, an assessment of the individual's eligibility for vocational rehabilitation services will be completed within 60 days of application submittal. After eligibility has been determined, the consumer will work with the vocational rehabilitation counselor in the development of an employment plan. Before it can take effect, the employment plan must be mutually agreed upon and signed by both the individual and a BESB representative.

If an individual is approaching high school graduation and is planning on attending college, they will be assigned a school-to-college counselor. In FY06 this counselor carried a caseload of 105 individuals. The school-to-college counselor makes referrals to college counselors. A Transition Coordinator will assess the particular needs of the individual and is responsible for creating programs for the transitioning population. The Transition Coordinator does not carry a caseload. If the individual receiving services is under the age of 18, they will be assigned a vocational rehabilitation counselor and will be eligible for transitional services and programs.

The vocational rehabilitation counselor will follow-up with a consumer to assess job stability 90 days after the individual has attained employment. If the employment is determined to be stable, vocational rehabilitation services will close. The consumer will remain on the state's blind registry once vocational rehabilitation services are complete, and may continue to receive other BESB services. While on the blind registry, a consumer may request specific BESB services at any time in their life.

Referrals to the Agency or to Other Entities

Referrals sources for both children and adult services have a very similar breakdown. Over 80% of referrals made to BESB come from doctors and approximately 10% are self-referral. All referrals made to the agency vocational rehabilitation program are tracked in the Libera database system. On an individual basis, caseworkers may ask referring agencies, for a release on personal information if it is deemed necessary.

BESB makew referrals to BRS for individuals in children services who are not legally blind at the age of 16. BESB does not track outgoing referrals on a case-by-case basis.

Community Rehabilitation Providers

BESB has working relationships with 75 CRPs – the same providers utilized by BRS. By law, BESB is required to provide services statewide so that individuals do not have to travel to receive service. BESB also uses out of state providers for their residential services. On average, these out of state placements last 6-9 months for an individual and focus on assisting the consumer to adjust to blindness.

BESB does not regularly track outcome data associated with the CRPs but BESB staff did note that many of the CRPs do not have enough familiarity with the blind population to provide services in the most effective manner.

Success

Determining success for individuals in children services is difficult in that individuals who are legally blind will remain with the agency, and those who are visually impaired will be referred to BRS. High school graduation is often not an indicative measure because LEAs might mandate that a student graduate once they reach a certain age.

Vocational Rehabilitation defines success as the achievement of earnings. The agency refers to the achievement of career goals as a Status-26, the earning of wages at or above the commensurate wages of one's peers. BESB follows federal reporting criteria in determining the success of a case. The agency measures success based upon achievement of the federally prescribed Standards and Indicators.

Appeals

An individual may appeal their services through the internal BESB appeals process, through Protection and Advocacy, or through a hearing with an impartial arbitrator at any time in the process. The consumer may contact the Client Assistance Program at the Office of Protection and Advocacy for Persons with Disabilities, which will provide information, advice, advocacy, and necessary legal representation to persons who have concerns about the rehabilitation services they receive from BESB. The consumer may also to undergo more formal dispute resolution procedures, including Mediation or an Administrative Hearing.

Total Length of Service Time and Agency Follow-Up

The average length of time for individuals involved in vocational rehabilitation services is typically 20 months. Though an individual might achieve successful employment and their vocational rehabilitation services end, their case with BESB will never close. In the past BESB had done vocational rehabilitation follow-ups six and 12 months after successful employment to determine the stability of the job. The agency now compiles a consumer satisfaction survey one year after a vocational rehabilitation case has closed. The survey focuses on consumer satisfaction with the services rendered and does not measure employment success.

Improvements and Possible Changes

BESB staff offered the following thoughts on the current system. The lack of vocational training in the public school systems leaves BESB clients at a severe disadvantage in terms of opportunities for successful employment and competitive wages after graduation. To correct this problem, schools should have their own counselors on site to assist these children in earning a paycheck before they graduate from high school. School districts spend the majority of their time and resources on preparing students for matriculation to college. In the case of BESB consumers, the student might transition to a university, but they would be faced with fewer supports than were available in high school. College-bound BESB students are the least likely to have any vocational experience and any services they receive in college would be tied to work study rather than vocational rehabilitation.

A possible infrastructure change would be the creation of benefits coordinator positions in addition to those offered by BRS. The position would help consumers to understand the benefit options tied to work. BRS was able to create such a position after receiving a federal grant.

THE BUREAU OF REHABILITATION SERVICES

The Process Used to Move Consumers Into Employment

Overview

The Bureau of Rehabilitation Services (BRS) creates opportunities that allow individuals with disabilities to live and work independently. There are 4 separate, yet inter-related component programs housed within BRS that contribute towards these goals. Consumers may access services from any one or all four the programs listed below:

The **Independent Living (IL)** program provides comprehensive independent living services, through contracts with Connecticut's five community-based independent living centers (ILCs).

The **Connecticut Tech Act Project** has a primary purpose of making assistive technology (AT) more accessible to persons with disabilities living in Connecticut. Assistive Technology is any device which helps an individual with a disability to maintain or improve their independent functioning.

The **Connect to Work Center** provides benefits counseling to assist individuals to assess the impact returning to work will have on their disability benefits.

The major component program of BRS is the **Vocational Rehabilitation (VR) Program**. The goal of the **VR Program** is to assist individuals with significant physical and mental disabilities to prepare for, obtain and maintain employment. Through the provision of individualized services, persons with disabilities who are eligible for vocational rehabilitation are supported in planning for and achieving their job goals. BRS provides an array of services for those eligible, including but not limited to: vocational counseling and guidance, adaptive technology, vehicle and home modifications, post-secondary education and training, physical and mental restoration, and on-the-job rehabilitative services such as job coaching and job placement.

Process

The BRS Vocational Rehabilitation process typically begins with a referral of an individual to the agency. Referrals are usually made to the local BRS offices from a variety of sources including: Physicians and Medical Institutions, Elementary/Secondary Schools (or Local Education Authorities), Colleges and Universities, Community Rehabilitation Providers, the Social Security Administration and other state agencies. In many cases, the agency may be approached directly by the applicant. Of the 3,329 applications BRS received in FY05, the agency received 932 self-referrals.

After referral, an applicant is assigned a vocational rehabilitation counselor to assist in completing the steps necessary for application. All VR Counselors have (or will obtain within 3 years of hire) a Master's Degree in Vocational Rehabilitation or a closely related

field with specific graduate level coursework in rehabilitation counseling. The average caseload for vocational rehabilitation counselors is 79:1.

Once an application is filed, by law BRS must process the application and determine the eligibility assessment within 60 days of its receipt. In certain cases an extension of time may be necessary to procure additional information about the applicant's disability. The applicant may be asked to participate in some form of assessment services such as a trial work experience to help determine disability severity and provide input for the employment plan. In these or any cases where a determination of eligibility is expected to take longer 60 days, an extension of specific duration can be granted provided it is mutually agreed upon by the applicant and the agency. Upon receipt of necessary information, an eligibility determination is completed by the vocational rehabilitation counselor. Nearly 87% of applicants are deemed eligible for services. Of the 13% who do not receive services, 69% choose to exit services on their own, while the remaining 31% are determined ineligible for services.

It should be noted that VR conducts no means testing for acceptance into the program and bases eligibility strictly upon the severity of an individual's disability and the impact it has on their functional capacity. Basic service eligibility criteria as outlined by the BRS policy manual states that an individual must have an impairment that is an impediment to employment that *requires* vocational rehabilitation services in order to enter or retain employment. Due to funding limitations, BRS prioritizes eligible consumers for services. To receive BRS services, an individual must meet the federal definition of a significant or most significant disability. An individual with a significant disability is defined as having serious limitations in one or more (out of 7) functional areas. A most significant disability is defined as having serious limitations in a total of three or more functional areas. In FFY 2006 BRS is serving individuals determined have both Most Significant and Significant Disabilities

After being deemed eligible and prioritized for services, an applicant will work with their vocational rehabilitation counselor to develop an Individualized Plan for Employment (IPE). By state standard, progress must be made towards the development of an IPE within 90 days of the eligibility determination. The plan must be developed in a manner that affords the consumer an opportunity to make an informed choice in selecting an employment outcome, the specific vocational rehabilitation services, the provider of those services, and the methods used to procure those services. An IPE must be approved and signed by the consumer and a BRS representative before it can take effect. BRS may deny approval of the IPE if the employment outcome sought is inconsistent with the consumer's strengths, weaknesses and functional limitations.

With the approval of an IPE, the consumer will receive the agreed upon services necessary for them to prepare for, secure, retain or regain employment. As mentioned above, there is a wide spectrum of potential services a consumer may receive. All services provided are specific to the individual consumers needs and are delivered in the

context of assisting the consumer to reach their employment goals. At any point during the application, eligibility, plan development or service provision process the consumer may be referred to or receive services from any one of the other BRS component programs listed in the overview section.

Some consumers exit BRS services, without achieving an employment outcome, at various points in the process and for many different reasons. A significant percentage of these “unsuccessful closures” are due to the consumer self-selecting themselves out of the process by refusing further services, failing to cooperate or no longer engaging with their VR Counselor. Although participation in the VR program is completely voluntary, VR Counselors are required to make reasonable attempts to re-engage with these consumers prior to case closure. Other reasons for unsuccessful case closure include but are not limited to: transportation not being available to the consumer, Supported Employment services are not available for an individual who requires them, disability issues becoming too severe to benefit from VR services or institutionalization of the consumer.

A consumer’s file may be closed as successfully rehabilitated when the individual is performing satisfactorily in employment that has been maintained for a minimum of 90 days and which is reasonably consistent with his/her choice. The following criteria must be met in order to make a determination that a consumer has been rehabilitated and to close the case:

1. The employment outcome is consistent with the individual’s strengths and priorities.
2. The employment outcome is in the most integrated setting possible.
3. Rehabilitation services provided under the employment plan have contributed to the achievement of the employment outcome.
4. The consumer has maintained the employment outcome for an appropriate period of time (90 days) necessary to ensure stability of the employment outcome.
5. At the end of the 90 day period, the consumer and BRS consider the employment outcome to be satisfactory.
6. The individual has been informed of the availability of post-employment services.

Referrals to the Agency and to Other Entities

BRS receives consumer referrals from several sources including from LEAs, physicians, other agencies, self-referrals and other sources. Most referrals are self-referrals and the highest percentage of referrals for those aged 41-50.

For all cases closed in FY05, BRS made 442 referrals to other agencies. Due to limitations of the Bureau’s current MIS system, there is no specific information available regarding to whom these referrals were made. BRS does have formal and informal agreements that have been developed or have evolved over several years to provide comprehensive inter-agency support services to consumers.

BRS is a HIPAA compliant agency and is takes confidentiality of information very seriously. Standardized Release and Disclosure forms, once signed by the consumer or their guardian, are utilized to share or procure sensitive information about the consumer with external sources.

Community Rehabilitation Providers

BRS has active business relationships with 75 Community Rehab Providers. These CRP's typically provide rehabilitative services to consumers in the workplace. CRP Services were the largest area of Purchase of Service (POS) expenditure in FFY05 and represented 34% of the overall (POS) expenditures. Services provided by the CRPs include: Situational Assessment services, Job Coaching, Job Placement, and for other services such as Work Adjustment and Vocational Evaluation.

Success

A successful outcome is achieved when a consumer obtains and maintains a job consistent with their employment plan. Examples of data elements collected at successful closure include: Occupations, Hourly Wages, Medical Insurance, Primary Source of Support and a listing of services received. BRS examines hourly earnings of consumers as compared with those of the general population employed in similar positions. BRS also examines the number of hours a consumer is able to work and the level of public assistance they continue to receive after job placement. The VR programs success is evaluated in accordance with National Standards and Indicators prescribed by the U.S. Department of Education. These Standards and Indicators are based on:

1. The number of Successful Employment Outcomes reported in a Federal Fiscal Year.
2. Of the individuals who exit the program after receiving services, the percentage who are reported to be successful employment outcomes.
3. The percentage of successful outcomes that exit the program earning at least minimum wage.
4. Of the individuals who exit the program after achieving a successful outcome, the percentage who were determined to have a severe or most severe disability.
5. The average hourly earnings of all successful VR consumers as a comparative ratio to the average hourly earnings for all workers in the state.
6. The percentage of consumers who went from financially non-self supporting at application to self supporting at closure.
7. The service rate for all individuals from minority backgrounds as a ratio to service rates for those with non-minority backgrounds.

Appeals

If a consumer disagrees with a decision made by BRS, they have several options to resolve the disagreement and continue with vocational rehabilitation. The consumer may

contact the Client Assistance Program at the Office of Protection and Advocacy for Persons with Disabilities, which will provide information, advice, advocacy, and necessary legal representation to persons who have concerns about the rehabilitation services they receive from BRS. The consumer may also to undergo more formal dispute resolution procedures, including Informal Review, Mediation, or an Administrative Hearing. Mediation is an informal dispute resolution process in which the mediator, who is not a BRS employee, assists the consumer and BRS to reach an agreement. Both parties must agree to be involved with mediation and must sign any agreement reached. In an Informal Review, the consumer presents their issue to a reviewer, usually the locally BRS District Director. BRS counselors and staff familiar with the case would present their views, and the reviewer would provide a decision in writing within a few weeks of the Informal Review. An Administrative Hearing is a more formal process where the consumer presents their information to a hearing officer, who is not a BRS employee. In an Administrative Hearing, the consumer and BRS are usually represented by attorneys. The process to reach a decision takes much longer than Informal Review, and if the consumer disagrees with the hearing officer's decision, they may further appeal to the Commission of the Department of Social Services or through the court system.

Total Length of Time Served and Agency Follow-Up

The average total length of time between an application and case closure is 21 months. BRS does not provide continuing services and is strictly focused on vocational rehabilitation. However, BRS does engage in providing the following additional employment supports.

- **Supported Employment Services:** BRS may provide supported employment services for those individuals with the most severe disability that have been unable to maintain competitive employment because of the severity of their disability. These employment support plans must include an extended service plan for ongoing supports for the individual to receive services from agencies such as the Departments of Mental Retardation or Mental Health and Addiction Services, and the BRS Employment Opportunities Program, natural supports, provider in-kind services, family resources and Social Security impairment-related work expenses.
- **Post Employment Services:** BRS may provide services for consumers who have been closed as rehabilitated by opening the case for post employment services if the individual needs short-term, discrete services in order to maintain, advance in or regain employment.

Barriers to Employment

Below are some identified barriers to employment as seen by the BRS.

- Lack of fully integrated counselors in school systems (currently there are 6 transitional counselors housed in schools) to engage young adults age 14 and older who are engaged in special education and 504 (students with other disabilities) in transitioning services offered by BRS.
- Culture of low expectations of employment opportunities
- Dependency on federal and state public assistance benefits creates fear of losing benefits with employment
- Transportation

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

The Process Used to Move Consumers Into Employment

Overview

DHMAS aims to improve the quality of the life of the people of Connecticut by providing an integrated network of comprehensive, effective and efficient mental health and addiction services that foster self-sufficiency, dignity and respect.

DMHAS provides mental health and substance abuse services across the state through a number of state facilities as well as private providers, and non-profit entities. LMHAs, hospitals, state colleges, and community-based providers all have programs that provide various DMHAS services.

DHMAS services include:

- MH/SA Inpatient Hospitalization
- Assertive Community Treatment
- Case Management
- Mobile Crisis and Respite
- MH/SA Residential
- Housing Supports
- Peer Supports
- Young Adult Services
- Forensic Services
- Dual Diagnosis Treatment
- Specialized Women's Services
- Methadone Maintenance
- Residential SA Detox
- Ambulatory Detox
- Psychosocial Rehab
- Job Supports/Vocational
- Basic Need Supports
- Outpatient and Intensive Outpatient
- Lab, Transport, pharmacy

Clients are encouraged to interact with the community as part of their recovery. This is frequently accomplished through the employment services that are offered through the various facilities.

Process

DMHAS provides mental health and substance abuse services to those people who are severely persistently mentally ill, have an axis 1 diagnosis or have no access to private treatment services.

Consumers enter the DMHAS system through a referral process. The consumer may be referred through many channels including by a primary doctor, hospital, family members, another agency, legislators, or through self-referral

To request services, a consumer completes an intake form and an LMHA will conduct an evaluation. These evaluations include any diagnosis information already reported. The LMHAs all use different diagnosis tools, but the data gathered is relatively consistent throughout the system. Following the evaluation, the LMHA may refer the consumer for services in the Young Adult Services program, Cedarcrest Hospital, Connecticut Valley Hospital or through the LMHA.

Consumers eligible for the vocational programs at the hospitals are individually evaluated at the hospitals.

Young Adult Services Process

Consumers eligible for the Young Adult Services program are between the ages of 18 and 25. Through outreach and work with the Department of Children and Families, DMHAS begins developing transition plans for targeted youth at age 16. These plans are designed to transition young adults into the Program at age 18. In FY06, there are approximately 750 consumers in the Young Adult Services program.

Once the referral and evaluation process has been completed by the LMHA, and the consumer has been accepted into the Young Adult Services program, the consumer is advised to apply for state entitlement programs; private insurance does not cover the type of care that Young Adult Services provides. A recovery plan is developed for each individual. The recovery plan has several pieces including an employment plan. The employment plans are individually based.

Services available to Young Adults Services program participants include all DMHAS services, but with a higher level of intensity, round the clock supervision, transportation, and housing available.

As the consumer progresses through the program, and they are getting ready to leave Young Adult Services, a transition plan is developed. A vocational counselor is part of the transition plan team. The vocational counselor advises the consumer on employment choices. Also part of the transition team is a benefit counselor. This person advises the transitioning consumer of the benefits that they will no longer be able to receive when

they have exited the program, as well as new benefits the consumer will qualify for once they no longer have the support of Young Adult Services.

Connecticut Valley Hospital Process

Connecticut Valley Hospital (CVH) is a medium and long term care facility. When patients are evaluated, they complete an intake form, as well as meet with a benefit counselor to evaluate their access to entitlements. When the consumer enters the care of the hospital, the staff will work with them to develop a recovery and employment plan. A piece of this plan may include working in the hospital mall. This mall which contains among other things, a beauty salon, nursery, and bank, will employ patients, to help them learn a vocational skill, as well as work with the community that they will eventually be re-joining.

When the consumer is rehabilitated the hospital develops a transition plan to the community. When the consumer is transitioned to the community the LMHA assumes responsibility for treatment. Hospital staff has reported a gap in the process at this point. Staff report that they often do not get to talk to LMHA employment staff during the planning process. DMHAS is attempting to facilitate linkages to encourage this communication.

Cedarcrest Hospital Process

Cedarcrest Hospital is a medium and long term care facility. The employment process mirrors the CVH process except that rather than provide employment services through an onsite mall, Cedarcrest consumers are placed in external job placements in the community. External job placement staff assist the consumer to find, access and maintain employment as part of the employment/recovery plan.

DMHAS reports that Cedarcrest staff has also noted a gap in coordination with LMHA employment staff during the transition process.

LMHA Process

There are 14 LMHAs in Connecticut. Each LMHA is unique and the services provided are based on the resources available in the community. LMHAs may contract services out to providers if they choose not to provide the service directly. There are 92 providers in the state that are used for case management, vocational services, psycho-social rehabilitation, out-patient substance abuse, and detox.

All consumers are evaluated by the LMHA for eligibility determination. The intake process includes an intake form that is completed by the LMHA and consumer as well as an appointment with a benefits counselor, who can help the consumer access entitlements.

A recovery plan including an employment plan is developed for each individual who is determined to be eligible for service. The goals and strategies in this plan guide the

consumer's treatment. The employment plan is based on quasi-IPS model, linking the clinical piece of service to the employment piece of service. The degree to which employment is initially discussed in the evaluation and planning process depends on the LMHA. Some LMHAs may wait until the consumer is well into treatment before discussing employment as part of recovery while others may discuss employment goals sooner. However, it is a goal of DMHAS to ensure that all clients being working on employment plans at the point they express an interest in working.

The state has asked LMHAS to file plans that describe how they will increase employment participation among clients. The following is an outline given to the LMHAS to ensure that their plan is comprehensive.

- basic demographic information regarding the total number of persons who are served by the agency and the number receiving employment services,
- the agency's employment services structure including the roles of LMHA staff and affiliate clinical and employment providers,
- the agency's employment planning process and the individuals who were involved in developing the plan,
- the status of employment services as they are currently provided through the agency's service system,
- the work that was done this year to develop this plan, and
- key employment system goals that have been identified for the coming year.

Referrals to the Agency and to Other Entities

DMHAS consumers may be referred from several entities including from families, self referral, LEAs, other agencies, hospitals, and primary care providers. The source of referral is tracked by DMHAS at admission.

DCF has an MOA with DHMAS, and often refers consumers to DHMAS. DCF identifies children at the age of 15 for possible participation in the Young Adult Services program. DCF collects and provides consumer information pertinent to DMHAS. DMHAS will determine if the person is eligible for the program, and works with the consumer, family, and the program they are currently in to develop the transition action plan, and coordinate services.

DMHAS case workers may refer consumers to other agencies on an individual basis, as appropriate.

Community Rehabilitation Providers

LMHAS may develop and provide their own employment services, but they may also contract these services to various providers. There are 27 community-based employment

providers. Beginning in January 2006, Community Rehabilitation Providers and LMHAs who offer employment service are required to provide consumer employment related data to DMHAS. This data is submitted electronically each quarter.

Success

Young Adult Services

For the Young Adult Services program success is determined as leaving the program with a completed service plan. This may mean that consumers are employed, have their own housing, or education. Because this is a relatively new program, outcome data is just beginning to be captured. DMHAS estimates that approximately 10% of the young adults exit the program before a successful outcome.

LMHAs

Approximately 3,000 of the 35,000 consumers served by LMHAs receive employment services. Success is defined as achieving integrated competitive employment for the individual consumer.

In 2005 DMHAS and the LMHAs began working to strengthen the employment services offered by LMHAs and to move toward a system utilizing recovery oriented indicators. Each LMHA was asked to develop an employment plan. 13 of the 14 LMHAs have submitted employment plans to date.

In January 2006, DMHAS began collecting employment outcome indicator data from the LMHAs. Data is to be collected on those consumers who are receiving state funded employment services. The measures being used include:

- Percentage of consumers who find competitive jobs within 120 days after intake
- Percentage of consumers who maintain competitive employment for 60 days or more
- Percentage of people who are engaged in career-enhancement activities.

This data is being electronically submitted on a monthly and quarterly basis through a web-based system.

Appeals

DMHAS consumers may submit a grievance to the DMHAS grievance officer if they are unhappy with the services provided to them. The grievance may be submitted at any time during the process. The consumer can also seek other or additional services if they are unhappy with the services provided to that point.

Total Length of Time Served and Agency Follow-Up

Consumers in the Young Adult program may receive services for several years. The program is designed for consumers aged 18 – 25, with an anticipated length of stay of the full 7 years. As the first cohort of consumers age past 25, the program is being lengthened until the consumer is able to transition back into the community.

Consumers in Cedarcrest Hospital have on average, a 2 year length of stay. Consumers in CVH, typically tend to spend many years in the care of the hospital. The average length of service time in LMHAs was not available at the time of this report.

DMHAS conducts an annual consumer satisfaction survey. The 2005 edition surveyed 21,575 consumers. Eight out of ten consumers who responded to the survey had a positive perception of Access, Outcome, and Recovery. 90% of survey respondents agreed with the statement, “ I liked the services that I received here”. 815 of survey respondents thought the location of provided services was convenient.

Possible Changes

Trauma Database

If victims are not able to access trauma care, it is likely that they will not be able to access employment services. A central directory of trauma care should be established and easily accessible statewide. This directory should divide trauma services by gender.

Transportation

DMHAS noted that transportation is a barrier for many consumers. In the Young Adult Services program and the LMHAs transportation is generally addressed on an ad hoc basis. Some agencies are able to provide some transportation services, while others do not have the resources to do so.

Staffing

While there are a few staff members who act as liaisons between agencies, there should be more of an effort to develop and maintain links between agencies, especially DMHAS, BRS, DOL, and VA. Dedicated staff would foster interagency communication and collaboration.

DEPARTMENT OF MENTAL RETARDATION

The Process Used to Move Consumers Into Employment

Overview

The Department of Mental Retardation (DMR) provides employment and day services to residents of Connecticut with mental retardation transitioning/graduating from high school, aging out of their placement with the state's Department of Children and Families (DCF), or adults who meet eligibility requirements and require supports. Clinical eligibility for DMR services requires that a client reside in the state of Connecticut and have mental retardation as defined in state statute section 1-1g *or* have a medical diagnosis of Prader-Willi Syndrome.

DMR Services are provided as a self-directed care model, under which a client is assigned budget allocation based on their need for services and factoring in their existing support services. Clients then work with the Department to develop a plan of care and purchase approved services from approved providers according to their IP to meet their own unique service needs. Clients also have the option of hiring their own staff directly.

Process

Referral & Application

Many families apply for eligibility for DMR services when their child is in a Local Education Agencies (LEAs) program, where clients receive educational, health, and transitional services from their school districts. While in the schools, an eligible consumer will receive case management and can request family supports. Services and supports from DMR are not available as an entitlement. The department's ability to meet service needs is always based on appropriation.

From age 4 – 14, DMR's Regional Education Liaisons work with districts to identify children with MR and work with the districts and families to address any ad hoc needs of the child. As the child begins to approach graduation, typically at age 14, DMR's transition coordinators work with the district and child to ensure that they are providing the students with adequate transition planning services and are preparing the student for post-graduation supports. Information about the students post graduate needs are used for budgeting purposes to secure funding for vocational or other day support services.

Clients may also enter the system as an adult at any point, but services may not be immediately available. Available funding is a prerequisite for receiving DMR services, and the Legislature funds the program annually to include a particular scope of clients: those already receiving services, known clients who have already applied to DMR for day/vocational services transitioning from a school setting, and a set number of clients

annually in accordance with DMR's multi-year Waiting List Initiative for residential services. When funding is not available, clients are placed on a waiting list until resources are available.

The Legislature consistently provides funding for adult day services for all identified school graduates. However, new funding for day supports is specifically targeted for individuals graduating from school or transitioning from DCF. DMR staff indicated that this creates a gap in the process because it makes it very difficult to provide timely services to students not known to the department by the time of graduation. For example, when a resident with MR and their family chooses not to apply to DMR for services, but then experiences a change in their condition or family support network that necessitates further state-provided support services, the Department may not be able to provide the person with a complete service package until the funding is authorized by legislature.

Assessment & Waiver Enrollment

When a person has been determined eligible they are assigned a Case Manager who will assist the client in completing each of the following:

- *A Request for Service*, which formally documents a specific and current service request
- *A Level of Need (LON) Assessment*. The LON Assessment is a process that looks at the client's independence level, existing supports, and other aspects of the client's daily life to determine the level of support services they require.
- *A Priority Checklist* designed to assess the client's immediate need for services and will be used to assist the Department in prioritizing available resources.

Clients receiving day or residential services must also enroll in one of the Department's Home and Community Based Services waivers, if requested to do so. Waiver eligibility is a prerequisite for receiving DMR residential services, though clients who are ineligible, or chose not to enroll, may receive minimal state funded supports and respite services based on resource availability. For day/vocational services, clients who are transitioning from high school may receive those services without enrollment in a waiver if they will not be eligible for additional necessary residential supports at the same time. DMR will often work with clients who do not meet waiver financial criteria to develop an Asset Reduction Plan to bring them in line with financial eligibility to receive services.

PRAT Review, Initial Allocation, and Individual Plan Development

The information completed during the client's initial assessment is then sent to a regional Planning and Resource Allocation Team (PRAT), who review the information to

- Assign a priority to each client's case using information from the Priority Checklist. Clients who are determined to have emergency needs will receive a higher prioritization than clients whose needs are less immediate and/or have existing supports available.
- Determine the Client's Level of Need, based on the assessment completed by the Case Manager. The client's LON is updated annually to accommodate ongoing changes to their needs.
- Determine an initial allocation (budget) based on the client's service needs and available DMR resources.

Clients have the right to fair hearings only if waiver enrollment or service levels are involved and if they feel that the PRAT has incorrectly determine their Level of Need or other elements of their case.

Clients for whom resources are not currently available are placed on a waiting list. Clients on the waiting list will receive access to services when the resources become available based on their determined priority level as discussed above. While on the waiting list, clients may have access to a very limited scope of state funded support and/or respite services based on availability.

The limited availability of state funded services for clients was identified as another gap in the process by DMR staff. In instances where DMR clients either have yet to qualify for the waiver or are placed on the waiting list due to limited state resources, the Department is only able to offer a small set of minimal support and respite services. The lack of services can create difficult situations for clients and their families who are in need of care but can not be served due to resource limitations.

PRAT will then establish an Initial Allocation (Budget) for the client to purchase services based on the client's established LON. Once the amount of resources is determined, the client will establish an Individual Plan (IP) for services with their Case Manager. IP development may also involve family, friends, or other supports, and a clinician, as requested by the client. Individual Plans and budgets that are within their initial allocation are implemented once all signatures are obtained. IPs that exceed their initial allocation but remain under the Regional approval threshold must be approved by the PRAT.

Receipt of Services

Once an approved IP is established, the client will work with the Case Manager to use their budget allocation to purchase IP approved residential and day support services. Day services available through DMR include: supported employment, sheltered employment, and vocational training. A range of group and individual support services designed to

develop “meaningful skills in the area of employment, socialization, and community participation” are also available.

Residential services are also available in a number of different settings: independent living, supported living, community living, community training homes, and residential centers. Though the majority of DMR clients live at home with their families or in their own homes (54% as of 12/2005), these services are available to offer a residential placement that provides support with daily living activities. Residential supports are also available in the family or own home.

DMR clients have a choice in selecting the providers and services that they prefer within the framework of their IP for both residential and day services.

Portability

All DMR client service funds are portable, meaning that the client can choose to change providers, services, or the level of services they purchase at any time, provided that the change is within the framework of their IP and that they follow the Department’s portability process.

Quality Service Review

All providers are regularly reviewed by the Department’s Quality Service Review process. Case Managers and Regional Quality Review Teams collect the following information during each review:

- Interviews with client and family;
- Interview with support staff;
- Observe support staff during the process of providing support;
- Documentation reviews; and
- Safety Review.

After reviewing all of this information, the Review Team will develop recommendations as part of the review. As necessary, recommendations may include:

- *Quality Improvement Plan* with the vendor and client where services are acceptable but particular elements can be improved under a plan.
- *Corrective Action Plan* where vendor actions are found to be putting a client’s health or safety at risk. Specific corrective steps are outlined for the vendor.
- *Employer Quality Action Plan* for staff directly employed by the client who requires improvements to the services offered to the client.

Referrals to the Agency and to Other Entities

1,124 people were either referred to, or applied to, DMR in fiscal year 2005. DMR receives referrals/applications from many sources, including: school districts, families of young children, self-referrals, town social service programs, and other state departments. Schools are the largest source of ongoing referrals during the development of IEPs as part of the IDEA process. Typical self-referrals occur when a family/individual experiences a change in their situation that necessitates services that previously they had been able to go with out.

DMR will refer clients to other needed supports as needed/requested. Typical referrals will be to DCF, BRS, DMHAS and BESB.

Community Providers

DMR relies heavily on a large network of Community Providers (CPs) to provide almost all of the services offered by the Department, including: day support, employment, and residential services. As of December 2005, 76% of the 15,019 DMR clients received their Day and Work Support services through private CPs.

The Department manages the quality of services, safety, and outcomes of these providers through its Quality Service Review (QSR) process, which regularly reviews and evaluates the provider's standing in these areas. The QSR process includes input from both providers and clients, as well as quantitative evaluations and observation of provider activities. Providers with identified deficiencies are put under corrective action plans to ensure improvements.

Success

DMR does not utilize a universal definition of 'success'. Client goals are identified individually for each case and are revisited periodically, with many goals centering around self-sufficiency and increased independence. Because most DMR clients remain with the Department for life, its employment support programs do not currently evaluate a success as the receipt of a job, or increased job training, but rather utilize an ongoing review and evaluation of the client's status and growth in independent functioning to determine each individual's progress.

DMR is a 'cradle to grave' agency. Once a client is determined eligible for services and enters the system, the client has a budget for life provided that they continue to meet eligibility standards and follow proper procedures for maintaining an IP. The Department does not currently collect and utilize information about the amount of time that it takes for clients to navigate through the system because such information is not viewed as relevant to the progress of each client.

Issues such as underemployment and inappropriate placements are meted out during client IP reviews, ongoing client service acquisition and the QSR process. Because of DMR's self-directed model, clients are able to address issues such as these with the provider as needed and ultimately may change services or providers if necessary. There is also a formalized process for clients to review the services they are receiving and work with the provider to make improvements.

Appeals

There are a number of opportunities for DMR clients to appeal Department decisions, or review concerns about services provided, with Department staff:

Clients have the right to *Medicaid Fair Hearings* when there is a concern related to waiver enrollment or service levels, and if they feel that the PRAT has incorrectly determine their Level of Need or other elements of their case.

Programmatic Administrative Reviews (PARs) are managed by the Department and can be used to review anything related to a client's Individual Plan or other issue with services received.

Priority Setting Administrative Hearings are used when a client wants to have the Department reconsider the Priority Level assigned to them by the PRAT.

Total Length of Time Served and Agency Follow Up

DMR is typically a 'cradle to grave' agency, so it does not measure length of time in the process with any importance. Even after reaching a 'successful' employment outcome, the client is likely to continue receiving significant services from the Department.

Follow up is conducted constantly with clients as part of the IP review process. This ensures that clients are receiving adequate services in the appropriate settings, and is also used to address issues regarding client concerns about services, issues with employers, and problems with job placements. Formal processes exist for clients to negotiate service improvements with their providers or to move their budget allotment to receive services from a more appropriate provider.

Less follow up is conducted for clients who are competitively employed. While DMR's case managers may assist the client in raising concerns to their employer, or on occasion even attend meetings with the employer when requested by the client, private employers are not subject to the same quality evaluation process as DMR's public and private providers. Private employment would be discussed as part of the client's IP review and the Case Manager would offer to assist with any issues discovered as part of that process.

Possible Changes

Staffing

DMR staff indicated that they would increase the number of Case Managers, Education Liaisons, and Transition Coordinators to improve the process. These additional staff would assist in identifying children who may qualify for DMR services while in school, assist in developing adequate transition service plans for children as they prepare to leave school, and improve management of DMR services once clients enter the system.

Additional staff in these areas would also allow existing and new staff to focus on needed improvements in staff development, waiver management and IT development.

Funding for Adult Entry to DMR Services

The Department does not always have available funding for adults who apply for services after high school graduation. DMR suggested that including funding for these adults in their annual budgetary request would allow them to provide for a continuous spectrum of services for Connecticut residents with MR issues.

Information Technology Improvements

The Department identified a need for improvements to their IT systems, particularly in the areas of system integration and development of new capabilities:

Systems Integration: The Connecticut Automated Mental Retardation Information System (CAMRIS) is the Department's main operating system. It contains client specific information, but a number of other databases are utilized for targeted functions such as eligibility, waiting list management, Level of Need Determination, client spending plans and other operations. Very few of these stand alone databases – usually built in Microsoft Access – speak to CAMRIS or each other, and therefore require different applications to be used for different parts of the process. Developing the capability to link these systems, or a single application to handle all DMR functions, would increase the agency's ability to manage their programs with coordinated and readily-available data.

Increased Capacity: DMR highlighted the areas of Individual Plan and Budget development as functions where new IT capacities would be useful. IP's are currently developed in offline templates that are not linked to CAMRIS or other important operating systems. When a worker needs to review a client's IP they must work from a paper copy that can not be accessed through CAMRIS.

Similarly, client budget information is kept in a separate database that does not fully link to the billing system or CAMRIS. Therefore, DMR must use multiple data sources to review client budgets and complete budgetary analysis.

ATTACHMENT A

PCG conducted agency interviews around the following questions. The questions were not used in a survey format but rather as a staff guide to facilitate information collection.

Process

1. Does the agency have processes that assist persons with disabilities to gain employment? If so, what are these processes?
 - a. For each point in the process identified does the agency track:
 - i. Number of consumers in the process
 - ii. How long the process takes?
 - b. If so, what are the measures used? How is the data maintained?
 - c. Does the agency maintain contact with the consumer during this period? If so, what types of communication is used and who is responsible for issuing them?
2. How and where do consumer/consumers enter the agency to gain services?
3. Does your agency keep data on the number of consumer/consumers served and the disabilities associated with each person? If so, how is this data collected and stored?

Referrals

4. Are consumer/consumers referred to the agency?
 - a. Does the agency track the number of referrals and other data associated with referrals?
 - b. If so, what is the number of referrals per month and per year?
5. Do consumer/consumers contact the agency without referral?
 - a. If known and maintained, what is the number of consumer/consumers who contact the agency per month, and per year?
6. Does this agency refer consumer/consumers to other agencies or programs?
 - a. If known and maintained, what is the number of referrals that you make per month and year (FY05)?
 - b. What are the criteria that would warrant the agency to make a referral?

Community Rehab Providers

7. Does the agency utilize community rehab or other private providers to deliver services?
 - a. If yes, what services does these providers offer?

- b. Does the agency impose standards related to quality of outcomes on the community providers? If so, what tools are available to define, measure, and report these standards?
8. Are CRPs utilized to provide an employment placement component for consumers or is this service provided by agency staff?
- a. If CRPs are utilized, does the agency have any information on employers' perceptions of the providers, or overall effectiveness of the providers?

Success

9. How does the agency define successful outcomes of its employment programs?
- a. Does the agency have a definition of successful outcomes for its employment programs? How is "success" measured? Is it tracked and reported?
 - b. Does the agency examine factors of underemployment?
 - c. What is the number of consumer/consumers that attain employment with agency help per month and year (FY05)?

Total Length of Time and Follow Up

10. From access to placement/success outcome, what is the average length of time it takes to move a consumer/consumer through the agency process?
11. Does the agency collect input from consumers/customers while they are receiving services?
- a. Is there a process for handling consumer/consumer concerns about the services they are receiving? Is there a formal appeals process?
12. What type of follow-up does that agency do with consumer/consumers after they have gained employment?
- a. How long does a consumer/consumer remain with the agency after gaining employment?
13. Does the agency collect input from consumers/consumers who have been placed in a job?
- a. Is there a process for handling consumer/consumer concerns about their job placement? Is there a formal appeals process?

Possible Changes

14. If your agency had additional funds or authority, what changes would you seek to make to your agency's infrastructure? That is, without adding additional services, what types of changes would you like to see made?

Additional Prompts

If the agency does not bring up the following areas, PCG will, when appropriate in the conversation prompt the agency to discuss:

- Career Advancement – is this a focus for the agency? How is career advancement assistance triggered?
- Transportation – does the agency provide transportation? Are there limitations? Is this a barrier? How do consumers access transportation if it is offered by the agency?

Benefits Counseling – is this a focus for the agency? How do consumers access benefits counseling if it is being offered? Who (what staff role/part of the agency) is responsible for conducting the benefits counseling?