

Testimony of Walter L. Glomb, Jr.  
to the Program Review and Investigations Committee  
September 27, 2011

Good afternoon members of the Committee – and thank you for holding this public hearing on the costs of providing public and private residential and day services to individuals with intellectual disabilities who are clients of the Department of Developmental Services (DDS).

My name is Walter Glomb. I am a resident of Ellington and I am a parent of an adult who has Down syndrome. In addition to my experiences as a parent, I have been active in many organizations that advocate for individuals who are eligible for services from DDS, including the Connecticut Down Syndrome Congress, The Arc of Connecticut, the Family Empowerment Task Force and the Connect-Ability Steering Committee among others. Through these activities I have met many families who rely on residential and day services.

I am here today to plead for a fair and equitable allocation of the available resources among those in need – and let's be clear – the current system does not satisfy the need.

Sadly, the present allocation of funding among clients of DDS is anything but equitable. There are some individuals who receive an allocation of several hundred thousand dollars per year for 24-7 care while others with the same need are placed on a waiting list and get nothing. In between there is a wide range of situations with little parity in public support relative to individuals' needs.

Hundreds of families in need have been turned away and placed on waiting lists. Those who receive services are subject to arbitrary limits on their activities. Yet, by some calculations, the Department already has sufficient funding to serve everyone in need – if services were delivered in the most efficient manner. For those families on waiting lists, this would be more than just a tweak in the cost structure of the Department; it would be the difference between receiving something and having nothing.

Already there are efforts underway to develop a more equitable allocation of funds among private provider agencies – as you know from the recent report by the DDS Legislative Rate Study Advisory Committee – however, these efforts seem unfair while state-operated facilities are not included. Private providers already serve the majority of DDS consumers with a smaller share of the budget per capita for the same services. Your present investigation is an important step forward. We need more equitable and sustainable systems regardless of the facilities where families receive services.

In closing let me share one more perspective. My professional training is in science and engineering – where decisions tend to be based on data. When we don't have the data that we need for a decision, we do experiments to get the data that we need. For decisions about social programs, I find that we sometimes don't have the data we need – but that is not the case here. For the past thirty years, the State of Connecticut has been running a grand experiment comparing public and private services for individuals with intellectual disabilities who are clients of DDS. We now know the relative costs of a variety of service models.

Please help us to build a more equitable and sustainable system based on the more efficient, proven models.

Thank you.