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Testimony before the Public Health Committee:

In OPPOSITION to: Proposed [HB No. 6005](#)
'AN ACT CONCERNING A MORATORIUM ON THE CLOSURE OF GROUP HOMES
OPERATED BY THE DEPARTMENT OF DEVELOPMENTAL SERVICES'

Presented By:

Julia Wilcox, Senior Public Policy Specialist, Connecticut Association of Nonprofits

Public Hearing Date: February 27, 2013

Senator Gerratana, Representative Johnson and distinguished members of the Public Health Committee: I appreciate the opportunity to submit testimony. My name is Julia Wilcox, Senior Public Policy Specialist for the Connecticut Association of Nonprofits (CT Nonprofits.) CT Nonprofits is a membership organization that represents more than 525 mission-based, nonprofit agencies. Approximately 300 of our member organizations contract with state government for a variety of human and social services. The following testimony is presented on behalf of the Developmental Disabilities Division of Providers who contract with the Department of Developmental Services (DDS.)

CT Nonprofits stands in strong OPPOSITION to Proposed [HB No. 6005](#) 'AN ACT CONCERNING A MORATORIUM ON THE CLOSURE OF GROUP HOMES OPERATED BY THE DEPARTMENT OF DEVELOPMENTAL SERVICES.' In addition, for similar reasons, we have submitted separate testimony in opposition to Proposed [SB No. 129](#) 'AN ACT CONCERNING THE HARTFORD REGIONAL CENTER OPERATED BY THE DEPARTMENT OF DEVELOPMENTAL SERVICES

The underlying purpose of both [HB No. 6005](#) and [SB No. 129](#) is in direct conflict with the substantial efforts and progress that have been achieved, under the direction of Commissioner Macy and his Administration. Commissioner Macy has implemented a Five Year Plan for 2012 – 2017, which demonstrates an extremely collaborative and inclusive approach to an ever-evolving system of services. At the forefront of the SHARED vision for the Department, is a philosophy which supports a truly person-centered approach to all aspects of the delivery of services, and includes all stakeholders in the process. Specifically related to the proposed legislation – The Nonprofit Provider Community continues to partner with the State to design the systems changes necessary to achieve our collective goals. In addition, the Provider network continues in their efforts to convert services in all areas, to the least restrictive and most meaningful environment.

To assist in your efforts to better understand the intricacies of the DDS system of services, and the relationships within the 'Community of Providers' – Public & Private – I present the 2012 Study on the Provision of Selected Services for Clients with Intellectual Disabilities, developed by the Legislative Program Review and Investigations Committee (released January 2012, Revised February 2012):

- [Provision of Selected Services for Clients with Intellectual Disabilities](#)
- [Final Report Summary](#)

Please Note: I submit to you the Key Findings and Recommendations, outlined in the report as follows:

PRI Committee Key Findings and Recommendations

Based on the findings that it is on average about twice as costly for residential care in public settings, and inspection results show on average no better quality, the PRI committee recommends:

- An accelerated pace of moving away from a dual service system to a private sector service model
- DDS use the provisions of Southbury settlement agreement offering choice to current residents of regional centers
- Use DDS CLAs only as residential placements for clients from Southbury or regional centers
- DDS LON assessment tool be used to gauge staffing levels needed and where they are higher than would be in private sector, staff should be redeployed to serve clients on wait list
- **DDS should not refill any vacancies in residential or day/work programs**
- **Ultimately, DDS should provide direct services only for extremely hard-to-place clients or where directed by the courts**
- DDS should examine the salaries paid to private provider direct care staff using several factors to assess adequacy
- A centralized utilization review process be established clients exceeding funding guidelines with results published annually
- Each client's day/work program be reviewed to ensure they are participating

Quality Assurance

- There is no consensus around a set of measures that could assess or rate quality.
- This study focused on the results of licensing and certification inspections at residential facilities as those were the most available data.
- Inspections are conducted by the Department of Public Health for ICFs using federal regulations similar to those used for nursing homes; DDS inspects private and public group homes using state regulations.
- **Based on the number of deficiencies per home or facility for FY 10 inspections, the results were better in the private facilities than in the public as shown in Table 2 (refer to report).**

It is our contention that while some progress has been made, a shift in philosophy is necessary. Discussion must continue to move away from a debate over whether services should be provided by State employees or private providers, to a thoughtful discussion focused on planning for an affordable and sustainable system of services for those who will rely upon them in the coming decades. The dialogue must center upon a strategic discussion about how the needs of individuals may best be addressed with quality services now and for future generations.

As the Legislature continues efforts to address the ongoing fiscal crisis of the State, it is essential to view the support of human and social services (as provided by the nonprofit provider network) not as an 'expense,' but rather, an 'investment' in human capital and the welfare of our state. I would urge all legislators to appreciate and utilize both the capacity and the willingness of the Private Provider Community, to assist the individuals and families served by their collective programs, and to work in conjunction with the state in every way possible.

In closing, I would encourage you to contact nonprofit providers within your local communities. The ability of the state to adequately meet the needs of its residents is greatly dependent upon the ability of the Nonprofit Provider Community to sustain a vibrant network, which will continue to serve as the ultimate safety net for Connecticut's most vulnerable citizens.

For Your Information – Please note the following summary of separate Testimony submitted 2.27.13, Public Health Committee, regarding the following proposed legislation:

In SUPPORT of the following legislation:

(Proposed by the Department of Developmental Services & Raised by the Public Health Committee):

[SB No. 874](#) (RAISED) PUBLIC HEALTH. 'AN ACT CONCERNING VARIOUS REVISIONS TO THE DEPARTMENT OF DEVELOPMENTAL SERVICES' STATUTES', to make a technical change to the statute establishing the Camp Harkness Advisory Committee, to change term limits and appointments to the Birth-to-Three Interagency Coordinating Council, and to establish the Autism Spectrum Disorder Advisory Council.

[HB No. 6388](#) (RAISED) PUBLIC HEALTH. 'AN ACT CONCERNING INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES', to replace the terms "intermediate care facility for the mentally retarded" and "residential facility for the mentally retarded" with "intermediate care facility for individuals with intellectual disabilities" and "residential facility for persons with intellectual disability", respectively, in accordance with the federal terminology.

In OPPOSITION to the following, proposed legislation:

Proposed [SB No. 129](#) 'AN ACT CONCERNING THE HARTFORD REGIONAL CENTER OPERATED BY THE DEPARTMENT OF DEVELOPMENTAL SERVICES,' to prevent the closure of the Hartford regional center group home located in Newington.

Proposed [HB No. 6005](#) 'AN ACT CONCERNING A MORATORIUM ON THE CLOSURE OF GROUP HOMES OPERATED BY THE DEPARTMENT OF DEVELOPMENTAL SERVICES,' to prevent the disruption of current, long-term group home clients.

I thank you for your time and consideration of these critically important issues. As always, please do not hesitate to contact me at any time, with questions, or for additional information:

Julia Wilcox, Senior Public Policy Specialist
Connecticut Association of Nonprofits (CT Nonprofits)

JWilcox@ctnonprofits.org 860.525.5080 ext. 25