

**Testimony to the Public Health Committee**  
**March 19, 2014**  
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**Testimony: H.B. No. 5534 AN ACT CONCERNING THE PROVISION OF SERVICES  
TO INDIVIDUALS WITH INTELLECTUAL DISABILITIES**

My name is Collette Bement and I am from Tolland. My husband and I have a 27 year old son, Scott, who has developmental disabilities, autism and a seizure disorder. Scott began having seizures when he was only 4 months old and we noticed developmental delays when he was a toddler. He began attending a special education school when he was only 4 years old. Scott has been a DDS client since he was about 10 years old. It was a very emotional day for us when Scott was accepted as a DDS client because it meant admitting to ourselves that Scott's life was going to be a little more difficult, a little more complex. Scott has an older brother and sister, and we have always wanted for Scott to have as normal a life as possible, like his brother and sister. Every year at his annual review, we would be asked if Scott would be requiring residential supports at any time in the future. We always answered yes and Scott's name was added to the waiting list for housing supports he was 18. Scott is now 27 and at their March 4, 2014 meeting, the Planning and Resource Allocation Team (PRAT) changed Scott's priority from 2 on the DDS residential planning list to priority 1 on the DDS residential waiting list. According to DDS, "Priority One (P1) indicates that the individual/family is requesting placement within one year and has been determined to have the most pressing need for services."

But in reality, this change to P1 status means nothing because we are also now being told by DDS that the waiting list no longer exists. Due to a significant reduction in the DDS budget over the past few years, funding to provide adequate residential supports for young adults like Scott who would like to move into their own homes, is now non-existent. DDS has taken the approach that consumers should remain in their family home unless and until there is an emergency, like the critical illness or deaths of the parents. This is not humane or logical – this is just wrong! We have spent his whole life caring for Scott in a loving and nurturing environment, preparing him to be as independent as he possibly can be. And now we are being told that at some time in the future, when an emergency occurs, like our deaths, Scott could be forced to live "wherever there is an opening"! I have health problems and my husband is 74 now. We would like to be able to have the opportunity to help Scott plan to live where he wants to live, now, while we are able to, just like we helped our older children. We want no less for Scott. Scott is very capable of self-advocating for himself, but he will need patient guidance in adjusting to a new living situation – the kind of guidance that we, as his parents, can give him now. But we need the support from DDS to be able to do that. Scott has his own hopes and dreams. Please do not let him down. Please support H.B. No. 5534.

