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**TESTIMONY IN SUPPORT OF PROPOSED BILLS 38, 39, 244, 245, 246**  
**Public Health Committee**  
**March 7, 2017**

Good morning Senator Gerratana, Senator Somers, Representative Steinberg, and members of the Committee. Thank you for the opportunity to testify **in support of Proposed Bills 38, 39, 244, 245, 246**, all related to improving services to people with developmental disabilities.

My name is Christina Ghio and I am an attorney in private practice in Cheshire, CT. I represent children, parents, and legal guardians in special education, disability discrimination, and child abuse and neglect matters. Prior to establishing my own practice, I was an Assistant Child Advocate for the Office of the Child Advocate, the Director of the Child Abuse Project at the Center for Children's Advocacy, and an attorney at the Disabilities Rights Center (in New Hampshire). I come to you with a commitment to representing children and a belief that all children deserve an opportunity to succeed. Over the last ten years, I have increasingly focused on the group of children who are transitioning from school into our adult services systems, like the Department of Developmental Disabilities (DDS). I am increasingly concerned about the degradation of the services available to people with intellectual disabilities and that is why I am providing this testimony.

Proposed Bills No. 38, 39, 244, 245, 246 all include similar language aimed improving services for individuals with intellectual disability, providing information to individuals and families about how long they will wait for services, developing a state-wide waitlist for residential, and planning to reduce the DDS waitlist. In particular, I support conducting a state-wide census and needs assessment, as would be required by Proposed Bill No. 244, and developing a strategic plan, as would be required by Proposed Bill No. 245.

I urge all of you, however, to do two things. First, please address funding for services. While it is helpful to conduct a census and require a strategic plan, it will do no good if the underlying budget issue is not addressed.

Second, I urge all of you to look at planning for children aging out of the education system. They are being educated and schools are obligated to prepare students to transition to independent living, post-secondary education, and employment. Children aging out of the education system need employment and day habilitation services. Some of them need residential services. Families with children with intellectual disability are, frankly, terrified about what the future holds.

Children currently receiving residential services are in the process of being kicked out of DDS services and, unless this plan is reversed, will become part of future waitlists. As background, until recently, DDS provided residential services to a number of children. These children have intellectual disability and significant needs that require them to be in a residential setting. In November 2015, DDS sent letters out to a number of parents informing that, effective December 31, 2015, DDS would no longer fund the placement of their children. DDS directed the parents to pursue funding for the residential placements from their school districts. This sent families into crisis, as they rushed to ensure their children wouldn't be precipitously removed from their residential placements and schools. In at least some of

these cases, DDS agreed to continue funding, providing a temporary reprieve. On December 5, 2016, the State Department of Education notified parents that the DDS was reviewing residential placements of children and would be terminating funding in cases where DDS decided the services are educationally necessary. Not surprisingly, DDS has again been notifying parents that funding will end and directing parents to pursue residential placement by their school districts. Parents have literally been told by DDS that they must sue their school districts if necessary.

While DDS is correct that residential services are educationally necessary for this group of children, these cases raise important legal and policy considerations. The result of DDS' action to end funding for residential services for children is two-fold. First, it is creating crisis for families, instability for kids, and costly litigation between parents and schools. Second, because residential services are educationally necessary, local schools will ultimately pay for the residential programming. This shifts payment for services from a state agency to local towns, state taxpayer dollars to local tax dollars. The children will be taken off the DDS roles, so to speak, and out of the current DDS budget. So what happens when they turn 21 and age out of educational services? They go on the waitlist.

Related to this is DDS' efforts to re-define the term "age-out" to exclude children whose parents contribute to payment for residential educational services. (See Interim Procedure I.B.I.PR.002, Resource Planning for Students Completing Educational Services). DDS policy requires that planning for children who are going to "age out" of residential educational programming began well in advance of the child's transition out of educational services. DDS has, however, narrowed the definition of which children will be considered "age-outs." DDS decided that if parents have contributed payment for any portion of the educational or residential programming, that these children are NOT considered "age-outs" for purposes of planning for care when the child reaches the age of 21. For children and parents, that means years of sitting on waitlists without adequate services. For your local town, it means that when parents believe their child needs residential programming for educational reasons, they have no option other than to pursue 100% funding from the local school district. Parents cannot, for purposes of avoiding litigation costs/risks to both parents and districts, negotiate with the school and agree to pay some portion of the placement. The result is likely to be increasing litigation costs to both parents and school districts.

So, as you look at the waitlist issue, please ask DDS how they are planning to meet the needs of children, while they are under 21 and as they age out of educational services. DDS has been very creative in finding ways to exclude individuals who need services from their budget. I'm asking you to be creative in finding solutions that provide care to the families and children who need them.