

Testimony of Shelagh McClure, Chair
Connecticut Council on Developmental Disabilities

Before the Public Health Committee

March 7, 2017

Submitted to: phtestimony@cga.ct.gov

Senator Gerratana, Senator Somers, Representative Steinberg, members of the committee. Thank you for the opportunity to present testimony on the following bills on the Public Health Committee agenda for today:

Proposed SB No. 38. An Act Concerning the Provision of Services to Persons with An Intellectual or Developmental Disability.

Proposed SB No. 39. An Act Concerning a Public-Private Partnership to Provide Quality Supports and Services for Persons with Intellectual and Developmental Disabilities

Proposed SB No. 85. An Act Concerning the Training of Individuals Staffing Residential Homes Licensed by the Department of Public Health

Proposed SB No. 244. An Act Concerning Improving Services for Persons with Developmental Disabilities

Proposed SB No. 245. An Act Concerning Protecting the Interests of Persons with Developmental Disabilities

Proposed SB No. 246. An Act Concerning a State-Wide Waiting List for Residential Placement for Persons with Intellectual and Developmental Disabilities.

Proposed HB No. 5808. An Act Streamlining Filings Across State Agencies of Families Receiving Services from the Department of Developmental Services.

I am Chair of the Connecticut Council on Developmental Disabilities, a public agency whose mission is to promote independence and full inclusion of individuals with developmental disabilities in their communities, and to foster capacity building and system change. I am also the parent of a 26-year old

son with an intellectual disability who lives at home with my husband and me. He is on the DDS residential waiting list.

Proposed Senate Bill 38: A bill that speaks in terms of “prevent[ing] disruption” of state-operated residential facilities can mean only one thing—that state-operated, segregated institutions for people with intellectual disabilities will remain open indefinitely, and the privatization of state-operated group homes that is now in progress will cease. The DD Council does not support this, and I hope the committee will not either.

This bill defends the status quo and abandons our values. Let us not forget that a foundational principle underpinning the Americans with Disabilities Act was that segregation and isolation of people based on disability is discrimination that our country should no longer allow. This legislature should reject any bill that would burden the closure of segregated facilities, as antithetical to our commitments under the ADA.

Further, privatization of publicly operated group homes could help begin to deal with the inequity that has grown out of the high cost of publicly operated services. Dollars saved can be used to finally begin to offer hope to people on the residential waiting list. The Council urges the Committee not to report this bill out of committee.

Proposed Senate Bill 39: The concept of a continuum of services is a good one, and families have been encouraging DDS to offer greater options and more flexibility for many years. The lack of innovation has not been for lack of trying by families and at least some private providers.

However, it is difficult to comment effectively on this bill because there are no details. The Council would be quite concerned if this bill receives a favorable report, only to get detailed amendment after the fact. Should greater detail be added, we would hope and expect a second public hearing will occur.

So the question is: what is intended by continuum of care options?

On one point we have no flexibility: the Council opposes a continuum of care that includes continued long term use of Southbury Training School or the Regional Centers. Our support is contingent on the well-planned transition of residents to community-based settings, which we believe can be accomplished by the year 2020.

A continuum of care must also focus on cost savings from the outmoded legacy system, savings which can be used to expand services to those who are currently unserved or underserved.

The state faces a long-term budget crisis. Yet, in continuing to operate our most expensive residential options--Southbury Training School, Regional Centers and state operated group homes--we act as if there are unlimited funds, and that we are serving all in need, when we know the opposite is true. Funds are limited, services that used to be provided are cut to the bone, the residential waiting list has grown, and now we have waiting lists for other services as well. In this environment, if you care about a system that equitably delivers services to those with I/DD, it is no longer viable to continue to operate expensive, outmoded institutions.

The continuum of care must be flexible, innovative and cost effective. Our community providers can and do deliver high quality services and supports, and residents who move from institutions can be well supported in the community at a much lower cost. In addition to traditional options, greater use of options like shared living and supported apartments, and expanded access to assistive technology, hold great promise for people with I/DD to live fully included lives in their communities. This is the direction the Council supports.

Proposed Senate Bills 244 and 246: The Council offers the following comments on these bills. DDS already maintains a waiting list, which it updates quarterly (not annually as required by the bills) and maintains by geographic region. Additional items, such as conducting needs assessments of individuals to determine the types of supports and services needed, and developing an individual plan, are the responsibilities of case managers employed by DDS. Are the case managers doing their jobs? There is no excuse for the DDS not understanding the needs of the individuals it serves.

While the Council does not oppose the concepts included in these bills, it may be more valuable to get a report from the Commissioner on the facts first, particularly with respect to case managers.

In addition, is there a cost associated with these bills? In this year when we are asking for funding to be restored to the Employment and Day Services Program, Behavioral Services Program, and Family Support Grants, funding for services is a higher priority. We would not support a diversion of funds to support these functions which DDS should be doing already, using existing staff and existing funds.

A final note on **Proposed Bills 244 and 246**: it is difficult to comment effectively on bills that lack details. The Council would be quite concerned if either of these bills receive a favorable report, only to get detailed amendment after the fact. Should greater detail be added, particularly if it substantively adds to or changes the bills, we would hope and expect a second public hearing will occur.

Proposed Senate Bill 245: The Council supports all concepts in this bill, with the following comments:

(1) We were extremely disappointed that the recently released DDS 5-year plan contained no strategy for dealing with the 2,000-person residential waiting list. A need of that extent, which has been the subject of extensive lobbying, meetings and a Governor's Taskforce, ought to have been addressed in the Department's planning for the next 5 years. A strategic plan is long overdue.

(2) OPM, in consultation with DDS, was due to produce a report by December 31, 2016. See Conn. Public Act 15-1 Dec. Sp. Sess. Sec. 23. That report, we have been told, is due to be released soon. A better approach might be to require public hearings on that report when it is released, with the opportunity for legislative recommendations.

(3) The Council supports this recommendation.

Raised Bill 839: The Council supports this bill.

Proposed House Bill 5808: The Council supports this bill, although if there is a cost associated with it, we would prioritize restoration of services above this bill.

Thank you for the opportunity to present testimony on these bills.