

March 16, 2018

Dear Honorable Members of the Public Health Committee,

My name is Collette Bement and I live in Tolland. I am the mother of a 31-year old young man, Scott, who receives employment and residential supports from two community based providers, Opportunity Works Connecticut and Horizons. Scott lives with two housemates in Willimantic.

I am testifying in support of Raised Bill No. 296 - AN ACT ESTABLISHING A PILOT PROGRAM TO SERVE PEOPLE SEEKING RESIDENTIAL SERVICES FROM THE DEPARTMENT OF DEVELOPMENTAL SERVICES. This bill would establish a pilot program to encourage private providers to offer more residential alternatives including Shared Living (SL), Housing Clusters (HC), Community Companion Homes (CCH), and assistive technology in order to serve more people and to reduce the size of the DDS residential waiting list, which currently stands at 2075 individuals. The pilot program would be funded with available appropriations already within the DDS budget and it does not call for the elimination of Community Living Arrangements (CLAs) or Continuous Residential Support (CRS) models.

I am also testifying on Raised Bill No. 400 – AN ACT CONCERNING GRADUATE FUNDING AND THE PROVISION OF SUPPORT AND SERVICES FOR PERSONS WITH INTELLECTUAL DISABILITY:

- **I tentatively support Section 1** which would make day and employment supports for new grads a mandatory entitlement ***if and only if new money is added to the DDS budget*** for the new grads. Money should not be reallocated within the existing DDS budget to provide this critical funding.
- **I strongly support Section 2** which would increase the wages for private providers who have not had a raise in more than a decade. The community non-profits deliver services to more than 92% of individuals receiving residential supports. The money for this expenditure could be available from completing privatization of public-operated group homes and the closure of all state-operated institutions.
- **I oppose Section 3** which would establish a training and development advisory committee to develop training guidelines because I do not think that it is needed. Community non-profits already provide adequate training and resources for the education of their staff, even for those workers who care for elderly individuals

with high levels of need. The need to establish an advisory committee simply adds another layer of bureaucracy and implies that the private providers have not been providing quality care!

I am testifying in opposition to Raised Bill No. 463 – AN ACT CONCERNING THE DEVELOPMENT OF A FACILITIES AND RESOURCES PLAN FOR PERSONS WITH INTELLECTUAL DISABILITY. I would never believe that in 2018 that the state of Connecticut would be considering the establishment of a task force to examine the use of underutilized nursing homes and rehabilitation centers as residential placements for individuals with I/DD. There is a reason the nursing homes are underutilized – no one want to live in them! Non-profit community providers are already supporting people with I/DD across their lifespan, including those with high levels of need. Shame on the state for looking to reduce the DDS waiting list with this solution! Person-centered planning and community-based residential supports offer the path forward. Nursing homes have no place in this vision!

Please consider my testimony as you decide to support or oppose to these bills.

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