

Dear Representative Steinberg, Senators Gerratana and Somers, and members of the Public Health Committee,

We are writing to you today in opposition to Raised Bill 463, *AN ACT CONCERNING THE DEVELOPMENT OF A FACILITIES AND RESOURCES PLAN FOR PERSONS WITH INTELLECTUAL DISABILITY*. Despite this bill's stated goal of studying the "short-term and long-term needs of persons with intellectual disabilities," this goal is not reflected in the actual study to be undertaken. Rather, the task force to be formed will study "alternative underutilized resources, including, but not limited to, nursing homes and rehabilitation centers." Additional use of such settings would increase the number of people with intellectual and developmental disabilities (I/DD) living in segregated institutional settings, contrary to both State and federal policy.

The undersigned represent groups that are working to maximize community inclusion for people with disabilities. Our efforts include working to close Connecticut's segregated state-operated institutions. But we also support programs like Money Follows the Person (MFP), which encourages moving people with I/DD and other disabilities from nursing homes back to the community, and the Independent Living Centers, supported with both state and federal funds, which help people with disabilities remain in their own homes and avoid moving to nursing homes, through a variety of programmatic supports.

On March 6, the Human Services Committee heard extensive testimony in support of expanding MFP (HB 5253), because it is both cost effective and results in positive quality of life and health care outcomes. Reducing utilization of nursing homes has become the policy of the State, because the positive outcomes have significantly reduced Medicaid and Medicare program costs of the participants. It also reflects the desire of the participants—to live in their own home in the community. It is where people with and without disabilities report the highest satisfaction with their quality of life.

The positive outcomes in Connecticut under MFP mirror the extensive national data from research on closure of institutions for people with I/DD: individuals with I/DD moving from institutions to the community do better by all measures—health, relationships, and daily living skills to name a few.

Ironically, the day after MFP was strongly supported in the Human Services Committee, RB 463 was raised in the Public Health Committee--ignoring the evidence of the positive effects of community living and, conversely, the high cost of institutional living.

Connecticut's budget crisis has created a long waiting list for services, and families are increasingly pessimistic about their prospects for residential services and supports. But we should not ignore the fact that the DDS system is already heavily reliant on expensive institutional services, and adding to this type of service delivery system cannot improve the long-term health of the DDS system.

Instead, the future depends on more efficient, more cost-effective ways of delivering services and supports. An example is Senate Bill 296, which establishes a pilot program of innovative services which are person-centered and community-based. This is the type of system change that is needed—not a return to outmoded, segregated institutional settings such as nursing homes.

We urge you to reject RB 463 and its discredited model of segregated institutional settings which isolate people with I/DD. This bill should not receive your committee's favorable action.

Sincerely,

Shelagh P. McClure, Chair

Connecticut Council on Developmental Disabilities

Win Evarts, Board President

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Dr. Mary Beth Bruder, Director

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