

On Dec 22, 2016 7:22 PM, "Jack Frost" <whflr@aol.com> wrote:
Commissioner Murray et al,

Having carefully read the five year plan in its entirety, I submit the following observations and recommendations. It is clearly easier to review someone else's work, so I first want to applaud the effort that went into this document. While some of my comments may appear to be wordsmithing, the goal is clarity of meaning.

1. In summary, the first half is a good review of the type and scope of services provided to the ID community, where those services are provided and by whom (public, private provider, family). The beginning of the document could be improved by the incorporation of the Department's full Mission Statement and Vision Statement, the development of which in 2012 had broad stakeholder participation.
2. The underlying qualification that the Plan is subject to "available appropriations" needs to be made only once, but it needs to be made early in the document: in an Introduction or About the Department paragraph.
3. The last paragraph under Residential Supports on page 5 beginning with "Current appropriations" dealing with the Waiting List should be reworked. As I read it, the paragraph says current year appropriations for residential services amount to last year's (final) funding plus new money annually for caseload growth defined in parentheses. Because demand exceeds appropriations, DDS maintains a Waiting List of E's and 1's which went up by 47 to 657 from 6/2012 to 9/2016. But that is not the whole story. What were the pluses and minuses to the list during the four year period?
4. How many of the 125+ >70 funded from the \$8MM appropriation in 2015(?) came from the Waiting List? Has there been no progress in this regard?
5. Final sentence of the last paragraph of Employment and Day Supports section on page 7 - Define change - what's the plan? What's going to change? Give a sense of magnitude of the change.
6. The Workforce first paragraph page 9 "department also partners" (what's the FTE of private providers and individual practitioners?) Is "also" redundant given the preceding sentence regarding administrative functions and oversight?
7. On page 15 - paragraph 7.b Staying Healthy at home - Over what period of time were 200 individuals assisted?
8. On page 16 - paragraph 12 Streamlining processes - 12-b PRATs reduced number of requests? or time to process requests?
9. 12-e Explain
10. On Page 17 - Paragraph 1 - "transform itself" - From what to what? or rework.
11. Paragraph 3a - "overarching shifts:" "... traditional legacy systems" Do not be shy about sharing with families that DDS plans, over time, to withdraw from the business of providing direct care to the ID community.
12. Paragraph 3 b - Sustainability - needs definition here to tie to other uses of the word later
13. Paragraph 3 b - "do more with less" - impossible, so change to something like "do as much as we can with the appropriated resources we get to keep".
14. Page 17 and 18 need to be reworked to be made more readable by the people and families looking for the long term plan. Language needs to be simplified from the "Consultant-speak" presented.
15. Page 19-22 Project based execution is an excellent change in management style and technique. Should encourage intra-departmental collaboration.
16. An opening list of 30 projects seems daunting.
17. Page 26 - Supportive Housing. Needs definition. Money is in the works, but models are not?

As presented in rather illusive language, the second half of the Plan is more a framework for change in DDS function, structure and management style than the presentation of quantified goals of how to help more individuals and their families with some number of assumed resources. Will DDS be operating any

CLA's by 2022? How about STS? Day services? Respite Centers? Or is DDS on its way to becoming a quality control agency overseeing how well the private sector is delivering services at a presumably and substantially reduced cost?

There is no estimate of attrition or growth of individuals coming of age during the plan period.

And perhaps most significantly, There no goal to reduce the 657 E's and 1's on the Waiting List for residential services.

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Thank you for the opportunity to provide comment.

Happy Holidays,

John H. Frost
28 Laurel Rd
Essex, CT 06426

whflr@aol.com