

To whom it may concern,

I am writing to provide comment regarding the ***DDS Five Year Plan 2017-2022: People and Families First***. I am currently the Executive Director of Benhaven and spent over 25 years working for DDS in administrative positions. I realize the amount of time and staff effort it takes to create these plans and appreciate that families, individuals, the public and providers have the chance to review it in draft form and provide feedback. The positive quality of life indicators support the strength of the service delivery system, and the department's accomplishments are noteworthy especially in the areas of employment, self-advocacy, and expanding the system's capacity to support individuals with complex and challenging behaviors.

The DDS vision of greater community integration will continue its efforts to ensure that individuals with disabilities are respected and valued members of their communities. The guiding principles will help the department focus its works and stay with its priorities during this period of fiscal challenge. As the plan notes the number of projects and initiatives can appear overwhelming. It would be helpful if the plan or a compendium specified timelines, responsibilities and measurable goals.

So many challenges face our field for which the department is in the lead position in Connecticut to set direction and define public policy. These challenges are not all addressed or defined in the draft 5-year plan. What is most glaring to me is the lack of planning to address the growing waiting list. Clarifying definition is part of this plan. While clarity is important it lacks meaning when the needs of individuals on the waiting list go unaddressed. Individuals in our communities are suffering as a result of a lack of supports to meet their needs. Families are being expected to be the primary caregivers sometimes with a level of support, other times with only natural support to rely on. It is not reasonable to expect that all families can continue to support their adult children with significant needs within their family unit. Families need to believe that the state has some plan to address these needs over the next five years.

Connecticut faces extreme financial problems that require reductions in many areas. However, a plan that sets the vision and direction through 2022 cannot remain silent on how the needs of these individuals will be met. Families cannot remain without hope or a sense of when support can potentially be made available. The department continues to be asked to reduce public services. Its plans to date have been successful although often unsettling for individuals and families whose service providers' change. Fortunately there is a strong private sector in Connecticut that can and does respond with quality alternatives. What is missing is any commitment from the administration to use some of the savings garnered from these changes to support individuals on the waiting list.

Connecticut needs a strong workforce to continue to address the needs of individuals with disabilities. Wage stagnation, inadequate benefits and turnover are

recurring issues for our field. The plan is silent on the needs of direct support professionals. These employees become even more critical as individuals receive their support in less supervised settings where staff make more decisions independently, and families and individuals hire staff directly through self-determination.

CMS has clarified its expectations for HCBS waiver programs in its current definitions of community living. The implementation of these expectations will benefit the individuals we serve giving them greater choice and control of their lives and enhanced opportunities to be actively involved in their communities. I applaud the DDS for its achievement in getting its transition plan approved. These changes require existing service providers to redefine, revise and improve how services are individualized and reflect meaningful community inclusion. Accomplishing these transitions over the next two years will be extremely challenging. Although surveys had been conducted by DDS, the department has not developed specific strategies to identify programs that are significantly out of compliance with the new definitions; provide general training; and to offer technical assistance.

It seems critical for DDS to define its core functions in light of the many changes innovated by DDS and being imposed upon the field by external forces. Its role as a service provider has been diminishing for years and is continuing at an enhanced pace. Aspects of its previous functions have been or are being transferred to other departments, most notably the Birth to Three Program, the Autism Waiver and the financing of private residential services. The plan does not address the core functions the department will maintain, enhance or develop. It does not address the requirement of conflict free case management that is a Medicaid requirement and should be part of an analysis of core functions.

I appreciate the opportunity to provide input and wish the department success in its implementation efforts.

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