

Testimony on the DDS Five Year Plan

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My husband and I have two sons, both of whom have autism and intellectual disabilities. One of my sons is lucky enough to be placed in a group home, and another now receives day programming services. Over the years we have at times used Respite, VSP (now BSP) services, In-Home Supports, and Family Grants. So, I feel that I am familiar with a range of services and supports that DDS offers.

My main comment about the Five Year Plan is that it is not a plan. It has set no goals for the constituents that it serves, only internal plans for itself. The document is, sadly, passive – it treats the lack of resources as a given that it cannot control, and turns all of its attention to internal matters. I have no argument with streamlining internal operations, or creating missions and visions. However, where in the Five-Year Plan does it say something like, “Residentially place 50 people each year,” “Provide supports so that 100 new consumers are competitively employed each year,” or “Increase respite days by 20% over the five year period?” Without actual goals, this is not a plan.

The gaping hole in the plan document is a lack of attention paid to the Residential Waiting List. I, like two thousand other families, want to see attention paid to this matter. I fully recognize that the funding is not entirely within the control of the Department. However, as a department tasked with serving this population, I would like to see intensive and creative attention paid to finding ways to provide residential placements for more of the consumers that are now languishing on the waiting list.

I support the direction toward privatization that the Department has taken. Scarce resources requires us to be more efficient with the resources we do have, and the Department’s privatization of group homes and closing of the two

Regional Centers is a step in the right direction. However, letting this money disappear into the General Fund does not help any of our population, so Department advocacy in protecting and redeploying those savings is critical. In addition, privatization only works when the private providers are treated fairly – savings cannot come from treating workers inhumanely. Therefore, fair payment for the private providers is a key part of making this strategy work. Finally, this only provides savings for so long. When the last state-run group home is privatized, and the last regional center is closed or privatized, that will no longer be a source of savings. What then? I would hope that the Five Year Plan would address that as well.