



STATE OF CONNECTICUT
COUNCIL ON DEVELOPMENTAL DISABILITIES



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Testimony Regarding The DDS Five Year Plan
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I am Chair of the Connecticut Council on Developmental Disabilities, a public agency whose mission is to promote independence and full inclusion of individuals with developmental disabilities in their communities, and to foster capacity building and system change. Thank you for the opportunity to present this testimony on behalf of the Council regarding the Department of Developmental Services' Draft Five Year Plan for 2017-2022 (the Draft Plan). I am commenting on three issues, residential services, employment and transportation, as these align with the Council's three areas of priority.

The Draft Plan makes reference several times to the Department being asked to do more with less resources. But, the reality is DDS is doing less, not more. There can be no dispute that Connecticut has been in a state of fiscal crisis for several years. Unfortunately, for many years, DDS bore a disproportionate share of the budget cutting that occurred to balance the State budget. The fiscal outlook for the next few years does not look any better. Often, in just such circumstances, out of dire necessity, organizations make long overdue changes for the better.

But at DDS, at the end of the last 5-year plan, individuals with I/DD face a longer waiting list for residential services, a severely constrained employment and day supports program, a frozen BSP Program, and severely cut family supports and respite. So, this is not more with less—this is less.

In this severely constrained budget environment, the State has failed to do what it could do to maximize its resources to serve people with I/DD. In the area of DDS residential services and supports, Connecticut still is too heavily reliant on its legacy institutional system. Although 2 Regional Centers recently closed, the overwhelming majority of residents relocated to other Regional Centers, barely making a dent in Connecticut's institutional census or reducing costs. This was a wasted opportunity caused by a lack of planning and overall poor management. It is particularly troubling when viewed in the context of Commissioner Murray's statement that the reason for the closings was to create savings to provide additional services. Somehow, DDS managed to close two institutions and save almost nothing.

Southbury Training School (STS) and 3 Regional Centers remain open, and the Draft Plan offers no road map for closure. This is true, even though the STS census is rapidly declining and will soon be close to 200 residents—often described as the “tipping point” for institutional closure based on cost.

The Council has called on the Governor and the Legislature to close all state institutions by 2020. Along with other advocates for individuals with I/DD, we have documented, year after year, the case for institutional closure, including the high cost of institutions vs. private community-based settings, and the improved lives of former residents, once they are settled in high quality homes in the community. We have shown that for the same amount of money, all people in the institutions as well as many people on the waiting list could be served. Among the facts presented:

- Longitudinal studies of individuals who have left institutions and have moved to community living show that all improve in their adaptive behavior skills, but the largest gains are among individuals with “severe and profound” disabilities. All of the longitudinal research that has been done tracking individuals who have moved from state institutions is consistent across the country on this point, including the study of individuals leaving Mansfield Training School in Connecticut.
- Connecticut's institutions cost over \$400,000 per person per year, compared to less than 1/3 that in privately

operated group homes, and even less in other private settings

- 15 states and the District of Columbia have no institutions—we know that institutions are not necessary
- 12 states have fewer than 100 residents residing in institutions but the small State of Connecticut has over 400
- Nearly all STS residents, except a small number facing end of life medical issues, have been judged able to leave the institution and live in the community by the State's own experts.

In spite of these facts, little progress has been made.

It is time for the Department to lead on this issue. The 2017-2022 Plan must, once and for all, set forth a plan for the closure of Connecticut's remaining institutions. They are not justifiable as best practice for the individuals living there, and they are fiscally irresponsible. In the face of Connecticut's ongoing fiscal crisis and increasing Waiting Lists, keeping the remaining institutions open is fiscal malpractice and a waste of resources badly needed to serve additional, equally deserving individuals, and it is time for it to end.

The privatization of State-run group homes, while a welcome step, also was a missed opportunity. State-run group homes are much more costly than those operated by private providers, so the privatization effort will surely result in cost savings. However, unless DDS can retain those savings to serve other individuals with I/DD, they are just more dollars lost from the DDS system. Moreover, by insisting in some instances that private providers serve residents at rates that do not cover their costs, DDS has doomed some privatization to fail.

The privatization effort could have been improved if, at the same time, an evaluation was conducted to determine whether the current residents were being properly served in a group home. Group homes represent a 24/7 service model that some current

residents may not need. The development of a continuum of care, which is within the purview of the ID Partnership, is an important priority to ensure that individuals are receiving the proper level of service, and can move to a different level if his or her needs change. It is untenable and unjust to maintain a system where some people are over served at the same time that thousands are receiving no services at all. It should also ensure efficient payment systems.

However, in the development of this system, it cannot be overlooked that Connecticut has a residential system that has locked out all but the most urgent cases for nearly a decade. Development of an efficient system for those already receiving services, but that does nothing to address the increasingly desperate situation of those individuals and their aging caretakers who have waited for years or decades for DDS residential supports, can no longer be acceptable.

Connecticut owes an enormous debt of gratitude to I/DD advocates and Waiting List families for leading in the area of system reform. **But, it has not gone unnoticed by those families and advocates that the efficiencies they have advocated for, as a matter of fairness and best practices, and the dollars saved, have yet to help their families and loved ones.** It is an abdication of DDS' s duty to not have a single project addressing the residential waiting list in this 5-year plan.

In the area of employment, the Council applauds the Department's work with providers to close admissions to sheltered workshops. We agree that a key component of an independent life is having a job, and sheltered workshop placements did not lead to jobs.

However, the Draft Plan is less clear on the true accomplishments regarding those who are working, and even more important, earning at least the minimum wage. These are statistics that should be stated clearly in the report. Working for sub-minimum

wage is still widespread nationally, and hinders the ability of individuals with I/DD to achieve true independence. Without pre-judging what the statistics would show, if a significant number of Connecticut's employed individuals with I/DD work at sub-minimum wage, that is something that we should be transparent about and should have a goal of improving.

The Council appreciates the Department's determination to focus on Employment in the 2017-2022 Plan. Given the significant amount of work outlined as accomplishments under the previous 5-year plan, the Council recommends that the Department should commit to developing the Employment Strategic Plan in the first year of the 2017-2022 Plan. It should have measurable goals with regard to governmental partners, new employer partners, supported individuals and actual jobs filled. As noted above, a goal regarding the sub-minimum wage should be included. It should commit to reporting actual results in a clear and transparent manner.

Many people with disabilities, especially individuals with the most significant disabilities do not have access to an array of appropriate, community integrated employment options at competitive wages in Connecticut. To address this, the Department plan should include an interagency customized employment project that will promote Customized Employment in Connecticut as a part of its obligations under WIOA.

The Council also agrees that transportation is an area that deserves the Department's focus. The Council often hears that lack of available or reliable transportation is the chief impediment to getting and keeping a job, so its importance cannot be overstated. However, the problem as presented to the Council has not been the inefficiency of transportation resources and a need for streamlining—things that the Draft Plan identifies. Rather, it is that transportation resources do not exist at all in certain geographic areas, or they are not available except during certain hours, or they are not available on demand.

So, we believe that if the Plan proposes to use scarce resources to address a true need, a more fruitful project for the Department would be a collaboration with appropriate state and local partners to explore ways to *expand* transportation services—this is what people with disabilities need. The Governor’s interest in transportation and infrastructure may provide a means to work with other state departments on this issue. Also, the proliferation of ridesharing applications like Uber and Lyft may hold promise, with appropriate subsidies. This is an area worth exploring.

Thank you for the opportunity to present the views of the Council.

Shelagh P. McClure, Chair
CT Council on Developmental Disabilities