



State of Connecticut  
Department of Developmental Services

DDS

Ned Lamont  
Governor

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Commissioner

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Deputy Commissioner

**DEPARTMENT OF DEVELOPMENTAL SERVICES TESTIMONY  
BEFORE THE PUBLIC HEALTH COMMITTEE  
March 6, 2020**

Senators Abrams and Somers, Representatives Steinberg and Petit and members of the Public Health Committee. I am Jordan A. Scheff, Commissioner of the Department of Developmental Services (DDS). Thank you for the opportunity to testify in support of **S.B. No. 246 AN ACT CONCERNING VARIOUS REVISIONS TO THE DEPARTMENT OF DEVELOPMENTAL SERVICES STATUTES.**

This bill implements numerous recommendations of the Department of Developmental Services that improve and advance the important work of our agency.

As this bill combines four separate department proposals, I would like to take this opportunity to summarize and explain each section of the bill.

**Section 1-** Current state law outlines with which state agencies and other entities DDS may share its abuse and neglect registry information. Specifically, the statute details that the department may make registry information available to the Departments of Children and Families (DCF), Mental Health and Addiction Services (DMHAS), and Social Services (DSS), for the purpose of determining whether an applicant for employment appears on the DDS registry.

As Governor Lamont's Executive Order No. 2 calls for the centralization of Human Resources under the Department of Administrative Services (DAS); DAS will soon become the single state agency overseeing the hiring of all DCF, DMHAS, DSS and DDS employees. For this reason, section 1 of this bill proposes to allow DDS registry information to be made available to DAS for the purposes of determining whether an applicant for employment with the four human services agencies referenced above appears on the DDS registry.

For background, the DDS abuse and neglect registry is a confidential, centralized data base that contains the names of former employees who have been terminated or separated from employment as a result of substantiated abuse or neglect, through DDS. This administrative process is separate and distinct from any legal process in which a person could be charged or convicted of such abuse or neglect through the criminal justice system.

**Section 2-** This section would allow the DDS Commissioner or a DDS Regional or Training School Director to provide consent for necessary treatment of an emergency nature when the individual's legal representative is unavailable or unable to give such consent.

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Currently, DDS has the statutory authority to “authorize necessary surgery for such person where, in the opinion of the person's attending physician, the surgery is of an emergency nature and there is insufficient time to obtain the required written consent...” There are circumstances; however, when an individual under the department’s care requires emergency treatment, other than emergency surgery, and there is insufficient time to obtain the required consent. In these situations, the department is currently unable to grant consent for such emergency treatments. With advances in medical treatment that require less invasive treatments than surgery, DDS believes that allowing the Commissioner or his designees to consent to emergency treatment for an individual, either (1) when a legal representative is not available to give consent or, (2) if the individual has no legal representative, and the individual is unable to give consent, would allow that individual with intellectual disability to have access to appropriate medical care while remaining independent in the community.

The department also would like to take this opportunity to highlight two important provisions in this section that provide additional safeguards to this process. First, the bill’s language requires that the designation of what constitutes “emergency treatment” is determined by the individual’s attending physician. This means that a clinical professional, not DDS, is making the determination that the treatment is necessary and that the situation is an emergency. In addition, the language requires that the attending physician prepare a report describing the nature of the emergency which necessitated the treatment and a copy is filed in the patient’s record. This requirement confirms that the decision to treat has been made by the physician and is fully documented and recorded. Both provisions are currently in statute as part of the Commissioner’s existing ability to consent for emergency surgery.

**Section 3-** Statute currently prohibits DDS from notifying and sharing any documents regarding a report of abuse or neglect that warrants an investigation, when an individual’s legal representative is the alleged perpetrator of such abuse or neglect, or the legal representative is residing with the alleged perpetrator.

To ensure the ongoing protection of individuals with intellectual disability and those individuals that are reporting suspected cases of abuse and neglect, this section expands the statute to prohibit DDS from sharing the original report of abuse or neglect and the evaluation report (also known as the final report) with a legal representative who has been found to be the substantiated perpetrator of abuse or neglect or who is residing with the substantiated perpetrator.

**Section 4-** This section takes a two-pronged approach to reducing the department’s carbon footprint and helping meet our state’s energy goals.

Subsection (a) encourages any new construction of DDS-licensed residential settings to adopt standards that promote energy efficiency and incorporate certain environmentally friendly materials and techniques. Suggestions for improvements may include the use of Energy Star rated appliances, light emitting diodes (LEDs) lightbulbs, low flow faucets, showerheads, etc.

Subsection (b) allows any existing DDS-licensed residential setting to complete an energy assessment through the Department of Energy and Environmental Protection. The section requires that a copy of the assessment should be submitted to DDS for review. Based on the assessments received, DDS will compile a report for the Public Health Committee summarizing the findings of such energy assessments and provide recommendations for energy efficiency improvements for DDS residences.

In addition, DDS would like to take this opportunity to respectfully request joint favorable substitute language to update the DDS statute regarding the membership of the Camp Harkness Advisory Committee. This committee advises the department with respect to the health and safety of the persons

who attend and utilize the state-run camp. Specifically, the amendment would reflect the name change of the “Arc of New London County” to the “Arc Eastern Connecticut” and the merger of United Cerebral Palsy Association of Greater Hartford Inc. with Sunrise Northeast, Inc. The department understands that the Camp Harkness Advisory Committee plans to testify in support of these proposed changes while also requesting an additional amendment to change current appointments to include a special education director and a representative of a mental health organization that utilizes Camp Harkness. DDS has no concerns with the change of these two appointments but additional discussions with the appointing authorities may need to occur.

DDS would like to provide the amendment below for the committee’s consideration as joint favorable substitute language for [S.B. No. 246](#).

“Subsection (a) of section 17a-217a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2020*):

(a) There shall be a Camp Harkness Advisory Committee to advise the Commissioner of Developmental Services with respect to issues concerning the health and safety of persons who attend and utilize the facilities at Camp Harkness. The advisory committee shall be composed of twelve members as follows: (1) Six members appointed by the Governor, one of whom shall be the director of Camp Harkness, who shall serve ex officio, one of whom shall represent the Southeastern Connecticut Association for Developmental Disabilities, one of whom shall represent the Southbury Training School, one of whom shall represent the Arc ~~[of New London County]~~ [Eastern Connecticut](#), one of whom shall be a person who uses the camp on a residential basis and one of whom shall be a relative or guardian of a person who uses the camp; and (2) six members appointed by the General Assembly, one of whom shall be a relative or guardian of a person who uses the camp, who shall be appointed by the president pro tempore of the Senate; one of whom shall be a member of the Family Support Council established pursuant to section 17a-219c and represent persons who use the camp on a day basis, who shall be appointed by the speaker of the House of Representatives; one of whom shall represent the board of selectmen of the town of Waterford, who shall be appointed by the majority leader of the House of Representatives; one of whom shall represent a private nonprofit corporation that is: (A) Tax exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, or any subsequent internal revenue code of the United States, as amended from time to time, and (B) established to promote and support Camp Harkness and its camping programs, who shall be appointed by the majority leader of the Senate; one of whom shall represent the Connecticut Institute for the Blind and the Oak Hill School, who shall be appointed by the minority leader of the House of Representatives; and one of whom shall represent ~~[the United Cerebral Palsy Association]~~ [Sunrise Northeast Inc.](#), who shall be appointed by the minority leader of the Senate.”

Thank you again for the opportunity to testify in support of [S.B. No. 246](#) **AN ACT CONCERNING VARIOUS REVISIONS TO THE DEPARTMENT OF DEVELOPMENTAL SERVICES STATUTES**. Please contact Krista Ostaszewski, DDS Director of Legislation, Communications and Regulations at (860) 418-6066 with any follow up questions.