



DATE: March 16, 2018  
TO: Public Health Committee  
FROM: Julia Wilcox, Manager of Advocacy & Public Policy  
RE: S.B. No. 296: An Act Establishing a Pilot Program to Serve People Seeking Residential Services from the Department of Developmental Services (Support)

Good morning, Senator Gerratana, Senator Somers, Representative Steinberg, Representative Betts, and distinguished members of the Public Health Committee:

My name is Julia Wilcox, Manager of Advocacy & Public Policy at the CT Community Nonprofit Alliance. The Alliance is Connecticut's statewide association of community nonprofits. Our members deliver essential services to more than half a million people each year and employ almost 14% of Connecticut's workforce.

Thank you for the opportunity to submit testimony **in support of S.B. No. 296: An Act Establishing a Pilot Program to Serve People Seeking Residential Services from the Department of Developmental Services**. We commend the committee for your efforts to bring forth this important legislation.

### ***Exploration of Innovative, Cost-Effective, Long-Term Solutions***

There are several aspects of the proposed legislation which will begin to address the ongoing crisis of a severely underserved population - individuals with intellectual/developmental disabilities (I/DD.) The State of Connecticut must increase efforts to achieve innovative, cost-effective, long-term solutions, which will positively impact the more than 2,000 individuals with I/DD who have languished on the Waiting List for appropriate residential services. The absence of these services negatively impacts not only the health and well-being of the individuals involved, but their extended families as well. We must provide the systems and tools, for each individual to achieve their full potential and maximum quality of life.

Section 1 of the proposed legislation requires the Department of Developmental Services (DDS), to establish, within available appropriations, a pilot program to serve individuals who are eligible and waiting for residential services from the department. This initiative reflects the nationwide trend towards enhanced community integration and independence. It is extremely encouraging that the pilot will focus on evaluation and establishment of alternative service models. This approach will provide an opportunity to ensure that each person is living in the least-restrictive, most appropriate residential placement. Certain individuals, who are currently receiving residential supports, may be moved from their existing residential placement, into more independent, less restrictive and less expensive placements. Care must be taken to ensure that the individual, and/or their legal guardian, are intensively involved in the process, and approval.

The range of service models will include (but need not be limited to): shared living arrangements, housing clusters, community companion homes, habilitation services and the use of assistive technology.

This approach is in keeping with national trends, as well as the evolving requirements and expectations of the Center for Medicare and Medicaid Services (CMS.) Maintaining a system of services that meets all CMS requirements, is essential – not only for the impact in terms of quality of life, but in terms of the very critical, matching, federal funding.

The Alliance is honored to be among the entities (including the Arc of Connecticut, and the Council on Developmental Disabilities), designated to partner with the state, to establish the proposed Pilot Program.

***Mission-Driven, Quality Care in the Community***

As the Department of Developmental Services continues to explore solutions to the Waiting List, we look forward to partnering with DDS in their utilization of services as provided by the nonprofit provider network.

Community providers are mission-driven and highly committed to serving people with I/DD. They provide high quality programs at a fraction of the price of state-operated services, and more than 90% of people who receive services from the DDS are supported by community providers.

A 2012 study by the General Assembly’s Program Review and Investigations (PRI) Committee looked at the experience of 17 group homes for people with intellectual and developmental disabilities that had been converted from state to nonprofit operation. The study found that DDS operated group homes converted from public to private settings had fewer deficiencies after the conversion than before, illustrating how quality – as measured by DDS inspection outcomes – does not deteriorate in private settings and may even improve.

The study found nonprofit-run homes received nearly 40 percent fewer deficiencies when inspected than when the same homes were run by state government, and that only 13 percent of the private homes were cited for “plan of correction” deficiencies, while 38 percent of state-run homes were cited. The study states that, “In all categories there were fewer deficiencies after the conversion to private homes,” and “the average percentage drop in the total number of deficiencies was 44 percent.”

The PRI study concluded that “although public settings cost more, the quality of care provided does not appear superior to that in private settings. Licensing and inspection results for all residential homes and facilities show how on average community residences have fewer deficiencies per home, fewer serious condition reports and better compliance in implementing corrective actions.”

Once again, we urge the Committee to continue your support of Senate Bill number 296.

Thank you for your consideration and the opportunity to testify **in support of S.B. No.296**. Please feel free to contact me with questions or for additional information.

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