



DATE: March 16, 2018  
TO: Public Health Committee  
FROM: Julia Wilcox, Manager of Advocacy & Public Policy  
RE: S.B. No. 463: An Act Concerning the Development of a Facilities and Resources Plan for Persons With Intellectual Disabilities (Oppose)

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 opposition to S.B. No. 463**: An Act Concerning the Development of a Facilities and Resources Plan for Persons With Intellectual Disabilities, seeks to establish a task force to develop a facility and resource plan to meet the needs of persons with intellectual disability.

***Please Do Not Allow SB No 463 to Derail Progress Towards Independence***

While the basic premise for this legislation would appear to be a noble effort to develop new residential options for individuals on the Waiting List for services from the Department of Developmental Services- (DDS), the underlying options, as outlined, reflect a clear step backwards for the entire I/DD community.

S.B. No. 463 proposes an initiative which would significantly reverse so much of the extremely important progress that has been made in recent years. The current DDS administration, under the leadership of Commissioner Scheff, has demonstrated a commitment to enhanced residential options which reflect the national trend towards the least-restrictive, most appropriate residential option.

***Institutionalization is Not the Answer to the Residential Waiting List***

The proposed task force would study the short-term and long-term needs of individuals with I/DD. The task force would (1) examine alternative underutilized resources, including, but not limited to, nursing homes and rehabilitation centers, that may be repurposed to meet such needs, and (2) develop a state-wide facilities and resources plan designed to meet such needs. The misguided consideration of these options demonstrates a misunderstanding of the critical importance of enhanced independence, and true community integration.

The community-based system of care was established decades ago to move people with I/DD out of institutions to live integrated in their communities. Creating a facilities plan that would repurpose nursing homes and rehabilitation services to care for people with I/DD in those institutional levels of care would be a step backwards and would go against nationwide practices of supporting people with I/DD in the least restrictive setting possible.

We encourage the Committee to review testimony presented in support of H.B. No. 5253, "An Act Expanding Access to the Money Follows the Person Demonstration Project and Repealing Obsolete Statutes," which passed the Human Services Committee on March 15, and testimony supporting S.B. No. 296, "An Act Establishing A Pilot Program to Serve People Seeking Residential Services from the Department Of Developmental Services." H.B.

5253 and S.B. 296 reflect an approach which 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 and is essential – not only for the impact in terms of quality of life, but in terms of the very critical, matching, federal funding.

***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. Nonprofit community providers have proven expertise and success in supporting individuals with I/DD throughout every stage of their lives. These services are essential, and a significant part of the solution.

We urge the Committee to **take no further action** regarding Senate Bill number 463.

Thank you for your consideration and the opportunity to testify **in opposition to S.B. No. 463**. Please feel free to contact me with questions or for additional information.

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