Date: December 28, 2015

To: Commissioner Murray, DDS

From: Lisa Weisinger, M.D.

Position: parent

I am the mother of a 20 year old son, Jamie, who has Down syndrome. We moved to Connecticut to give Jamie a better life 6 years ago. We understand that the system is overburdened but the dichotomy in the DDS system screams inequality. DDS has set up a dual system, the "haves" and the "have nots". We are one the "have nots" family and the future looks bleak for us.

I recommend the following:

Recommendation 1: Close STS and move the remaining residents into the private sector.

Justification: Studies have shown that the residents are as well cared for, if not better cared for, in the private sector than an institution. The savings will be substantial including: overheard, personnel, maintenance, overtime... The initial outlay to move these individuals will be mitigated by the cost savings over the decades and allow other families a chance for residential placement. The number of cooks, fire fighters, maintenance personnel employed by STS is unjustifiable in today's economy. We all have to make sacrifices, why does my child receive no services and individuals at STS receive the "Rolls Royce" care? We have to reach a middle ground where we help the most individuals within the state. I have visited STS and I understand why families do not want to move their loved ones out of there. It is one stop shopping - they have music therapy, on site dentistry, OT... While it is nice to have all of these amenities at this establishment, the time has come to close STS for good. The families will need to understand that this type of living arrangement is unfair and unjust. As a state, we can not afford to live this life and ask the other 2,000 families to accept this practice. It is time to take a stand and hear from the families who pray each day that they are alive and hope to G-d that they outlive their children. It is unconscionable.

Recommendation 2: Decrease overtime expenditures in the public sector

Justification: Not only do some people receive an exponential increase in their base salary in overtime, when they retire, they are able to receive their benefits reflected in the gross overpayment of OT. As a state, we can not substantiate that kind of expenditure over the lifetime of the employees. It is hard to fathom that some individuals are making \$100,000 and their retirement package is reflected in all of this overtime! How can we allow

this to happen? It is not just the \$100,000 payment – it is \$100,000 for the life of that employee upon retirement. The system is broken and we can no longer afford to carry these individuals.

Recommendation 3: Close all of the regional centers and move the residents to private settings

Justification: The public regional centers are a financial drain on the DDS and state funds. Again, these clients can be well served, for far less money in the private sector. Again, the money saved over the next few decades will serve far more people and relieve the waiting list for residential placement. We need to think creatively with the end result being a placement that serves the needs of the individual. With today's technology, 24/7 care may not be necessary for all individuals. There are no easy solutions to a problem that has plagued this state for decades but it is time to move out of the 1960's, deinstitutionalize our loved ones and move to a far more equitable solution to meet the needs of the majority of the state's population of individuals with disabilities.