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Governor

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Department of Developmental Services

DDS

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**TESTIMONY OF THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
TO THE
SELECT COMMITTEE ON CHILDREN
March 4, 2010**

Senator Musto, Representative Urban and members of the Select Committee on Children. I am Peter O'Meara, Commissioner of Developmental Services (DDS). I am submitting written testimony in opposition to **House Bill 5360 - An Act Concerning Children in the Recession**, that provides for the establishment of a children in recession leadership team that would implement and coordinate the state's emergency response to children affected by the recession.

The Commissioner of Developmental Services (DDS), who is named as one member of the children in recession leadership team, is not a good fit with the intended mission of this team. There are 5,000 infants and toddlers in the Birth to Three program and another 28% of the DDS caseload includes youth under the age of twenty-two. However, DDS is an agency that provides services primarily to adults with intellectual disabilities. DDS supports and services are provided to those individuals who meet the eligibility requirements for a diagnosis of mental retardation. There is no DDS qualification for eligibility based upon income-level or ability to pay for services. Once an individual is determined to be eligible for DDS services, a Level of Need Assessment (LON) for that individual is used to determine a budget for supports and services. These eligibility and budget determinations are not based on recession criterion but on what an individual needs by way of supports and what funding is available from the department.

The DDS services that are provided to children are Birth to Three Services and the Voluntary Services Program (VSP). Birth to Three services are available to all families who have a child that may be at risk of developmental delays. There is a sliding scale fee for services that only begins when a family's income is greater than \$45,000. Again, these services are based upon specific criteria for developmental delays in a child and are available to all families regardless of a family's income or a family's economic constraints. In the same way, the Voluntary Services Program (VSP) determines eligibility and services based upon criteria that begin with the child's intellectual disability coupled with a child's emotional, behavioral, or mental health needs.

DDS's model of service provision is based on an individual's psychiatric and behavioral needs, not a child's or a family's economic circumstance. Service provision does not fluctuate due to economic upturns or downturns but changes due to an individual's level of need and the funding that is available from the Department of Developmental Services. This model does not fit with the charge of this leadership team as outlined in House Bill 5360. And, because the various provisions in Section 1 of the bill are required to be done "within available

appropriations”, we are concerned that the department would have to divert funding from the actual provision of services to individuals to fulfilling the requirements placed on the leadership team.

We are worried that by having to devote precious administrative time and resources to serving on this leadership team, we are being drawn away from our agency’s core mission of serving individuals with intellectual disabilities and developmental delays. Although the bill’s intent is admirable, there are other groups, including the Child Poverty and Prevention Council, which have the charge of responding to children’s economic insecurity. In these tough economic times, DDS needs its entire administrative staff to focus on preserving the health, safety and well-being of the more than 19, 000 individuals who receive on-going supports and services from the department.

Thank you for the opportunity to express our concerns with H.B. 5360. Please contact Rod O’Connor, DDS Legislative Liaison at (860) 418-6130, if you have any questions.