



**THE MASSACHUSETTS COALITION  
OF FAMILIES AND ADVOCATES**

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## COFAR'S Budget Priorities – FY10

In COFAR's experience as advocates for people with MR/DD in all settings, we have come to see all parts of the DDS system as related and all as underfunded. We know that revenue projections are down, and not everything can be done. The governor's budget falls short of increased costs and needs, but also contains unnecessary new spending to close four of the six developmental centers. We are supporting budget language to defer this closure plan until DDS has submitted a full and transparent accounting of the fiscal and human costs. The Governor's budget also has merged historically distinct line items, and thus conceals both new spending and important shortfalls. Despite some discussion with DDS analysts, we are unclear in several areas and urge the legislature to break up the giant lines and demand a real accounting of the human and fiscal costs and cost-shifting. Our focus is necessarily on safety-net areas, and the crisis in day services for people living at home. In addition, two small sums will preserve capacity of the Disabled Person's Protection Commission, the major watchdog over the increasingly unsupervised DDS system, and the Tufts Dental Facilities Program, the only source of dental care for almost 10,000 people with developmental disabilities, movement disorders, and other disabling conditions. We are asking the House and Senate to:

1. Adopt Rep. Karyn Polito's language at line **5930-1000** to halt all facility closures until DDS has made a full report of its plan.
2. Split line **5920-2000** into its five component parts (last year's 5920-2000, community residential \$567,321,000; 5920-2006, residential rate increase, \$2,000,000; 5920-2010, state-operated group homes, \$141,780,000; 5920-2020, Boulet waiting list settlement, 87,988,000; and Rolland nursing home settlement, which has been cost shifted from the executive office of elder affairs, Community First Initiative, 4000-0650, now at 4000-0700, a mammoth MassHealth item that has doubled in size this year.) Then find out why this item is about \$30 million more than the sum of its previous parts. This is probably where some the new spending to close facilities is hiding.
3. Restore full funding for **5911-2000**, community programs, which despite \$21 million in stimulus money added is still \$24 million short of level funding. Because of the way the funding has to be prioritized, this would still leave 10,000 families with a disabled family member living at home in crisis, as their loved one would have no day program or job, and no way to get there.
4. Add \$190,000 for the Tufts Dental Facilities Program (Line Item: 4512-0500 in FY09, now part of \$52.5 million item **4510-2500**. Thus again, either the line item has to be divided, or the moneys added in a clearly described fashion.)
5. **Add \$176,931 for the Disabled Persons Protection Commission (1107-2501)**. The DPPC is independent of any other state agency, and the last line of

COFAR is a 25-year-old statewide coalition of parent/family groups and individuals caring for people with Mental Retardation/Developmental Disability. We are advocates for a full continuum of care and for family choice. COFAR is the Massachusetts affiliate of the national VOR, [www.VOR.net](http://www.VOR.net)

defense against abuse and neglect for several disability groups. The DPPC has each year faced a larger caseload with a reduced staff, and has fallen into a major backlog. The state auditor has recommended increasing DPPC funding (Audit No. 2007-0046-4T, Dec. 21, 2007). The House 1 Recommendation, a 4% decrease from fiscal year 2009, would require DPPC to layoff five of 32 staff based on seniority. Less than \$100,000 would level-fund the DPPC, forcing two layoffs. A maintenance budget, recommended here, will allow the DPPC to reopen its database for provider cross-checks on potential employees, running at 15,000 checks per year when it ended a week ago. **This is the single best investment against abuse, neglect, and medical errors given the increasingly decentralized and privatized nature of disability services, and the present budget limitations.**

6. We are also concerned, along with other advocates, about cuts to the transitional special education budgets, to programs within Mass Rehab proving employment for disabled people, and to the growing number of disabled people pushed just outside the IQ-70 “Berlin Wall” of eligibility. Although it is politically easy to advocate cuts in administration, DDS service coordinators now have caseloads in the 50s, and can barely see the people they are supposed to serve more than a few times per year, yet are the frontline inspectors of an increasingly dispersed and atomized community provider system. Will it take another “Raynham House of Horrors” case to stop the annual reductions in the number of service coordinators?