

Testimony of the Office of Protection and Advocacy for Persons with Disabilities
Before the Government Administration and Elections Committee

Presented by: James D. McGaughey

Executive Director

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Good morning and thank you for this opportunity to comment on SB # 1059 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE COMMISSION ON ENHANCING AGENCY OUTCOMES. My comments pertain to Sections 20, 21, and 22 of the bill.

Section 20 calls for the Commissioner of Developmental Services to develop a plan for closing Southbury Training School (STS). It envisions a working group comprised of representatives of various interest, and requires that the plan take into consideration a variety of factors including whether residents can be safely transitioned into community residences, the relationships that exists between current residents and staff at STS, whether it is appropriate to have State employees or private providers delivering direct services, and the overall costs and benefits involved in closing the institution.

Our Office has supported an independent advocacy program for residents of Southbury for nearly 25 years. For ten years we also operated a major advocacy project for residents of the former Mansfield Training School who were transitioning to community living. The importance of independent advocacy in assuring successful transition planning and actual transition cannot be overstated. In the Mansfield experience, there were a number of situations where things would have gone seriously awry but for the presence of advocates from our Office to troubleshoot and pursue administrative and legal mechanisms to safeguard against bureaucratic mistakes and unfair results. Even when things went relatively smoothly, individual residents and their families knew they had allies to advise them on their rights and to whom they could turn if problems developed. The need for independent advocacy for residents being considered for community placement is important enough to merit specific reference in the charge to the Department and its working group. I would urge you to include language to that effect.

The last working group assembled to study the closure of STS was formed at the behest of then Governor Lowell Weicker. It was composed of representatives from parent groups, unions, community providers, advocacy organizations, Southbury administrators and other State officials. Meetings were facilitated by an experienced mediator of labor-management disputes who, believe me, earned his money. I served on that group. While I would definitely not recommend that the dynamics of that process be replicated, I do think it is important that our Office have some role in the planning and assessment process envisioned in this bill. If this bill goes forward I would request that an explicit reference be added to the Office of Protection and Advocacy for Persons with Disabilities, either as a member of the working group to be assembled by the Commissioner, or as a source that must be consulted in development of the

plan. We have real expertise to offer, and a statutory mandate to safeguard the rights of people receiving services from DDS.

Section 21 describes a similar study and planning process with respect to Riverview Hospital. I would point out that Riverview is operated by the Department of Children and Families (DCF), not DMHAS, as assumed in the bill. As with Southbury, our Office has been operating an advocacy project at Riverview, albeit for a much shorter period of time. We initiated the project after investigating reports of serious injuries sustained by children while being restrained and secluded at the hospital. Our investigation led us to interview the children, as well as to review their treatment programs and the general programming options available to them at the hospital. We determined that many of the incidents that led to use of restraint and seclusion could have been avoided, and that the children themselves often were able, with some active listening and guidance, to articulate options that would have worked better for them and for their staff. We then worked with groups of those children to teach and encourage them to advocate for their own needs and rights in the hospital setting. I believe these efforts have been worthwhile, but the fundamental dynamics that led us to become involved in the first place – over-reliance on restraint and seclusion – have proven difficult to address. There is a perception on the part of the staff that at least some of their clients “need that” – a perception that is difficult, and some would say is impossible to overcome, especially as the facility has been subjected to considerable scrutiny and criticism in recent years and staff has grown defensive.

Given this experience, one might expect that our Office would enthusiastically support the proposal to close Riverview and transfer its clients to privately operated intensive programs. However, we have also been receiving reports of serious injuries resulting from restraint use in privately operated children’s psychiatric residential treatment facilities. In fact, we recently concluded an investigation into restraint-related injuries in one private provider’s programs. Our findings, which we have brought to DCF’s attention, indicate that those programs also over-rely on restraint and seclusion – practices that have led to serious injuries to some of the children they serve and, in at least one case, caused a child to lose consciousness for approximately ten minutes before he could be revived. Just as we had observed at Riverview, we found that children in that private facility were not well understood as individuals, and that treatment practices tended to be driven more by the program’s culture and perceived need to maintain control than by the individual needs of the children who are its clients.

So, in contrast to the situation presented by the possibility of closing STS, where a number of community providers have clearly demonstrated their competence to serve people who previously lived in institutions, the situation confronting the kids at Riverview is more complex. There is a clear need for significant change and improvement in the community service system for children with behavioral health support needs. Just transferring kids from one problematic program to another would be a disservice to them, and would represent a lost opportunity for improvement. The fiscal analyses underlying this section of the bill are certainly compelling. However, the real driver for change ought to be the fate of the children themselves, something that can only be figured out by looking at them as individuals, understanding what they really need, and then finding or developing support programs that are truly competent to meet those needs. Again, if this section of the bill goes forward, I would urge that an independent advocacy source (perhaps our Office or the Office of the Child Advocate) be explicitly included in the

working group charged with studying and developing a plan, and that provisions be added requiring that any plan for Riverview's closure contain provisions to assure independent, individual advocacy for each resident being considered for transition to community services.

Section 22 addresses the question of supervisory ratios in State agencies. Having run a small State agency for the past 16 years, and having previously led various programs and projects within a State agency since 1985, I believe there is more to this question than can be addressed by directing OPM to develop a plan to reduce supervisory or managerial positions. From my perspective, the fundamental problem is the inflexibility inherent in the State's current job classification system – a system which makes assigning project or team leadership roles quite difficult without permanently promoting people to supervisory positions, even if the purpose to be served by the project or team is time-limited. I would also point out that the criteria used to define the terms "supervisor" and "manager" do not take into consideration situations in smaller agencies such as ours, where people considered "supervisors" are also quite active as "lead workers" who carry caseloads, directly conduct investigations, etc. Reducing their number would significantly reduce our overall case capacity, especially because, as the most experienced staff, they typically become involved in the most difficult cases.

Thank you for your attention. If there are any questions, I will try to answer them.