

Testimony to the Public Health Committee on Raised S. B. No. 1088 – AN ACT CONCERNING SERVICES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITY, March 17, 2015

Good afternoon Senator Gerrantana , Representative Ritter and members of the Public Health Committee. My name is Collette Bement Langner. My husband and I live in Tolland with our 28 year old son, Scott. Our family was one of the 2014 Wait List Initiative families that received funding for residential supports last year, but there are so few people with residential funding that Scott has not been able to find a roommate and has been told that it could be two years before a suitable roommate is available.

I am testifying today on behalf of my son and others with intellectual disabilities IN SUPPORT OF Raised S.B. 1088 - AN ACT CONCERNING SERVICES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITY. I believe that it is time for the Department of Developmental Services to develop a plan to close Southbury Training School (STS) and the regional centers, not only for civil rights reasons, but also because these institutional facilities are grossly inefficient.

In a Nov 4, 2014 report, the Remedial Expert appointed by the court in the settlement of the Richard Messier et al. v. Southbury Training School, reported that the professional staff at STS has evaluated each resident no less than three separate times to determine the most integrated setting that would be appropriate for each of them. The results show that 294 of 319 residents should most appropriately live in the community. Why does the State of Connecticut still have no plan to close STS and give these residents the community placements they deserve?

The other reason I support this bill is because last year the State spent \$91 million in employee compensation for staff at STS, including \$49 million in wages and salary and \$16 million in overtime. Why is the cost so high?

The main reason is the cost for 744 direct care staff. Last year the total salary and wages for the direct care staff was \$30 million dollars. 95% of them were paid overtime and the average rate for overtime was 50% of their base salary – their overtime cost was \$14 million! **A total compensation of \$62 million was paid to 744 direct care staff for 348 STS residents!** The highest paid direct care staff had a base salary of \$58,337 and \$116,785 in overtime (200% of base), and a total compensation package of \$212,106. A DSW 1 earned a base salary of \$40,671 and \$107,909 in overtime (265% of base salary).

I calculated the staff-to-client ratio for the direct care staff at STS in 2014. With 348 residents at STS in 2014, the staff-to-client ratio was 2.7 to 1. The ratio at comparable residential facilities is 2.1 to 1. Right now the number of residents at STS has decreased to 310, but the excessive overtime continues. I recommend that all overtime for direct care staff be eliminated at STS.

The client-to-staff ratio would be 2.1 to 1 and \$14 million dollars could be used to prevent some cuts to the DDS budget and to address the 2000 person waiting list.

This is the situation at STS, but the regional centers also have excessive overtime. I have not yet reviewed the client-to-staff ratios at the regional centers, but I will. In FY 2014, overtime totaled \$13 million in the North region, \$8.6 million in the South region, and \$7.3 million in the West region. The percentage of salary and wages paid as overtime was 29%, 20% and 19% in the three regions, respectively.

In 2014, DDS spent a total of \$45 million in overtime, most of it at STS and the regional centers. The estimated overtime for FY 2015 is \$49 million, and the requested amount for overtime in FY 2016 and 2017 is \$51 million dollars each year.

It is time to close these institutions, respect the civil rights of the residents and allow them to move into the community, and use the money spent at these institutions to fund the cuts to the DDS budget and to fund the waiting list.