

To the Public Health Committee of the Connecticut General Assembly,

We are here today to discuss SB 1088, a bill proposing closing state operated facilities including the Southbury Training School (STS) and five regional centers over the next five years. This bill would determine the state's policy on treating the I/DD population for decades into the future. And that policy is headed in the wrong direction.

Under SB 1088, CT would close all state operated ICF/DD facilities. The State would be abdicating its responsibility for maintaining a vital stake in the social safety net for the I/DD population. It would in effect, entirely privatize the housing and health services for CT's most vulnerable citizens, giving up CT's considerable assets forever instead of maintaining them as part of a more comprehensive system. It will be difficult, almost impossible, to turn back once this has been done and a future generation realizes the magnitude of this error.

First of all, there are no funds available to adequately move people from STS or regional centers while addressing the needs of the waiting list. Currently, it takes one to two years to move an individual from STS to a group home, at a current rate of approximately 40 people per year. By the time this bill were to be enacted, it would more than double that rate, likely putting many of the people moved at risk or putting them into facilities that don't completely address all of their needs for the sake of meeting an unrealistic and ill-considered deadline. It would require the building of hundreds of new facilities or refurbishing existing ones. It would require recruiting staff and training to meet the requirements of some of the most profoundly disabled patients in the system. And not all of these homes would be subject to the same standards and levels of inspection and reporting required of existing ICF/IID's like STS. Furthermore, each move would require countless hours of planning and supervising for the parents, siblings and guardians of the residents to make sure that everything is in order in the new homes. Many of these parents and guardians are elderly, and many live at a considerable distance from their wards and loved ones. To say this would be costly to the state, and disruptive and upsetting to the families of those involved is a gross understatement.

SB 1088 would divert funds away from the urgent and time-sensitive needs of families on the waiting list, and away from better utilizing CT's existing assets, and divert them toward changing the residence of people whose needs are already being met and whose families and guardians wish for them to age in place.

Since the 1970's there was a movement to create smaller group homes for people who should not be living in larger institutions, an idea that has proven to be beneficial to many, but not all members of the I/DD community. At some point in the 1980's, CT lawmakers took this a step further and cease admissions to state run facilities and to move all of CT's I/DD citizens to group homes. Now, after 30 years of pursuing this direction, we can see that it has failed. The fact is, per capita costs at facilities like STS have gone up due to the loss of economies of scale, while private operators of group homes generated enough facilities to meet the needs of CT's I/DD population. The result is that that CT still has a waiting list of over 2,000 people, the DDS has under-utilized its assets like STS, and the state's government has devised no particular way out of this hole except to dig deeper. And that's exactly what SB 1088 does: it digs us deeper into that same hole.

It's time to stop digging.

CT needs a comprehensive system of care that includes both state-run and privately operated facilities, tailored to the needs of individuals. These needs change over the course of people's lives, especially as age and physical illnesses compound their existing disorders. Small homes simply cannot adapt to some of these changes, and that's why larger facilities are such an important component in a comprehensive, lifelong system of care. Ideally, people should be able to move to whatever environment best suits their needs. But this is costly. That's why there must be a complete and inclusive plan for how to use all of the available facilities to their fullest efficiency and effectiveness. While group homes and individual living arrangements are great for those who meet these criteria, there must be good ICF facilities with a wide range of medical, behavioral, and psychiatric services available for those who need them, when they need them. CT has these facilities, but they are not using them to their fullest extent. What's worse, misguided advocates are writing legislation like this bill in an effort to close them. This must be stopped.

I respectfully ask that you vote NO on SB 1088, and encourage the new Commissioner of the Department of Developmental Services to develop a comprehensive plan for helping all of the intellectually and developmentally disabled people in Connecticut in a manner that best uses all of the resources available and includes long-term planning for developing new ones.

Thank you for your consideration,

Hugo Dwyer
Brother of Tom Dwyer, Resident of the Southbury Training School