

**Testimony of Martha M. Dwyer to be presented at the Appropriations Committee Public Hearings –
February 18, 2016**

I am the President of the Home and School Association of the Southbury Training School and the sister and co-guardian of Thomas Duane Dwyer, who has resided at Southbury Training School since 1973, when he was 17. Tommy is profoundly “retarded”, severely autistic, bipolar, has lost the sight in one eye (due to self-injurious behavior, which has long been under control at STS) and has Parkinson’s and cannot walk without the assistance of two people. He is unable to appear here today as that would require two staff people from STS, he cannot speak and he would probably be confused and become upset. I am here to present his case and those of other severely disabled individuals.

My brother Hugo, also co-guardian, and I both still believe that STS is the best home for Tom. I ask that you consider investing and improving STS, rather than dismantling this vital facility.

Please remember that Individuals with intellectual and developmental disabilities are entitled to choice regarding the type of facility in which they will live both under the Supreme Court’s *Olmstead* decision and Developmental Disabilities Assistance and Bill of Rights Act. Choice should be made available to all.

I wish to address the continuing proposals to close STS and the concern we all share about the huge number of individuals on the waiting list and the length of time many of those individuals have been waiting.

In the recommendations submitted to Commissioner Morna Murray by Home & School on December 29, 2015 we proposed that that STS remain open, that a fair assessment of costs be made by DDS, that STS services available to non-residents be expanded, in some cases using public-private partnerships, and that residence at STS be made available to individuals on the waiting list on a permanent or temporary basis. There are empty beds in some of the regional centers that could be made available immediately. Residence at STS and regional centers should also be an option for individuals living in community facilities.

Expanded services at STS should include a skilled nursing facility so that individuals would not need to move from community facilities to regular nursing homes, which are not staffed or equipped to meet their needs.

There has never been a comprehensive study comparing the costs to run STS versus community homes taking into account such factors as the level of disability, the type and extent of care (including staff training, experience and turnover), and costs paid by sources other than DDS. Such a study should also cover our recommendations. I refer you to our recommendations for further information as to what a study should cover.

What is ignored when closure is proposed is the cost and feasibility of closure. While there are apparently individuals living in community facilities who are as disabled as those at STS, such a high level of disability is not the norm, as it is at STS. STS residents are also generally considerably older than residents of community facilities. Care of STS residents is therefore much more expensive than that of individuals living in the community. In addition, the present population of STS is approximately 270 (and if residents of regional centers are added the number exceeds 400). These individuals are presently given priority over individuals on the waiting list for community placement.

To place individuals in community facilities the state purchases and adapts homes for 3 individuals (there are more requirements for homes housing more than 3 individuals) and the cost has averaged \$500,000 per home. That would come to over \$66,000,000 for the residents of STS and the regional centers. However, most STS and many regional residents will require special features due to their high levels of need and that will result in greater costs, so \$66,000,000 is a low number. The time period to purchase and adapt a home has generally exceeded 18 months and has often exceeded 2 years.

Closing STS and the regional centers will only worsen the waiting list crisis. Opening them up to new admissions will make beds available soon to many individuals on the waiting list, at least until they move into the community, should they chose to do so. Increasing the populations of STS and the regional centers will also lower per capita costs.

Please remember that these individuals are among the most vulnerable in our population and, for many, the easiest to ignore. It is time to address their needs with sensitivity and foresight.