Senator Osten, Representative Walker, and members of the committee,

Thank you for the opportunity to testify.

My name is John Hirschauer, and I have spent countless hours as a volunteer with the residents at the Southbury Training School, many of whom have no parents, and very little family left.

Volunteering at this gorgeous campus has utterly changed my life. If you come visit and see the unparalleled care offered to the most medically and behaviorally challenged among us, I'm sure it will change yours.

The governor’s budget calls for the closure of one cottage at Southbury Training School. Given the decades-long fixation of Southbury’s opponents with the outright closure of the facility and the displacement of its residents, one would think this a moment of relief.

But I’m not relieved. I’m saddened.

This anonymous cottage closure, this supposed symbol of “progress,” will mark the termination of the actual home of actual flesh-and-blood individuals. It would be hard enough for any of us to leave our home at a moment’s notice. I can’t fathom how much harder that might be for someone like Jim, a resident at STS.

Jim’s parents have been deceased for decades. He is profoundly autistic and dually-diagnosed with schizo-affective disorder and schizophrenia. Jim has a chronic kidney condition, Parkinson’s disease, and diabetes. And, recently, he was diagnosed with hydrocephalus and a brain tumor.

Jim’s life is hard. It’s certainly harder than mine. And I venture to imagine that it is harder than yours.

And I find it decidedly convenient that none among us here today, no one who offered testimony bashing Jim’s home as “outdated” or casually tossed about other such epithets from fifty miles away, is forced to look Jim in the eyes and tell him that his one and only certainty in this world—his home and friends at Southbury Training School—must be certainties no longer.

All of this is built on a mountain of myths about congregate facilities like Southbury that are a pretext for what has been an odd and obsessive fixation of its opponents: the closure of Southbury Training School.

It has been suggested that the per-client cost at Southbury is higher than the average cost of a resident served by a private provider. This is true, but only if you ignore case-mix effects: the average Southbury resident is far more profoundly disabled and, by proxy, far more expensive to care for, than the average client served by private providers. Continuing to shuffle current residents into inappropriate private placements also destabilizes Southbury by hindering the economies of scale and single purchaser-effects that it enjoys.
Studies done by DDS in 2002 and 2010 both found no significant cost savings in closing Southbury. In fact, the cost to replicate the services offered at a facility like Southbury in the community might actually be higher, and we have good social science to support that. ¹

The answer is to reimagine Southbury, not close it. Keep what is working. Expand on the services it offers to individuals on the waiting list with severe disabilities, and consider using Southbury as a safety net for those who are having a hard time finding placement. I’ve attached the executive summary to a 1994 legislative report that suggested doing just that.

One size does not fit all. What is good for many or most of the I/DD community might not be best for everyone. And the existence of a place like Southbury is an acknowledgment of that fact.

Southbury can and should coexist with the more independent members of this community who don’t need intensive supports. But to deny one or the other is to do a disservice to both.

Thank you.

EXECUTIVE SUMMARY

DMR proposes to close STS within five years. Based on the experience of closure the Mansfield Training School, closure of STS would take at least ten years. Because the closure cannot be done within the five years, the estimated financial savings cannot be achieved. Therefore, the transfer of resources to community programs to alleviate the waiting list cannot occur as scheduled.

It was apparent that DMR's ability to monitor or supervise existing group homes or other community placements needed major improvement. Because the financial savings based on the closure of STS within five years cannot be achieved, adequate community support services cannot be created.

It was evident that the projections for placements of 10% of STS's residents in supported living and 10% in community training homes were arbitrarily arrived at. Many residents of STS are benefitting from their present placement and appear unlikely to benefit from community placement.

We recommend the following. Change the name and mission of Southbury Training School to reflect its evolution into an improved life care community. Establish criteria to evaluate current population for community placement. Over a period of at least ten years, expand the life care community at STS. Develop programs at STS to provide support for the life care community and for other communities throughout the state. Create a funding mechanism for the creation of group homes. We did conclude that sheltered workshops can continue to perform an important function in providing work experience and day program opportunities. Individuals on the waiting list should be evaluated and surveyed as to their program needs. Individuals residing in community settings, whether or not on the waiting list may desire or need to be placed in the STS life care community. Criteria for placement at STS life care community should be developed. An independent oversight committee should be created and appointed to develop a plan of implementation which shall include the development of a comprehensive site plan for STS.