

Morna A. Murray, J.D.
Commissioner
Department of Developmental Services

Re: Call For Public Recommendations
Future of Southbury Training School

Introduction:

I have interest in this matter based on my lifelong service and advocacy for people with intellectual and physical disabilities living in the State of Connecticut. For the past 38 years my professional career as a Registered Nurse has been dedicated to delivering support services (health and residential) for the vulnerable population of children and adults with developmental disabilities. My professional work experience in the field of Development Services: Registered Nurse - Newington Children's Hospital; Director of Health Services and Director of Health and Clinical Services at the DDS.

During my many years serving as a DDS manager in the North Region and Central Office, my colleagues and I were responsible for the delivery of nursing/health and clinical services throughout the State. As the Director of Health and Clinical Services I gained first hand knowledge and understanding of the level of support needs and challenges faced by the population of people living at STS and the Regional Centers. I also had the opportunity to regularly collaborate and consult with many of the managers and medical staff at STS and Regional Centers.

As the Chair of the DDS Independent Mortality Review Board for many years I collaborated regularly with the STS Medical Director, Director of Nursing and Allied Health professionals.

Points of Interest:

- Stakeholders need to acknowledge that the philosophical non-evidenced based opinions/arguments for maintaining traditional services at STS and the Regional Centers may not be optimal. This DDS service system is dynamic and requires a factual reality based decision-making model in which strategies/action plans meet the future needs of the Department as a whole. The optimal outcome is to maintain and improve the quality of services while enhancing the opportunities for all individuals receiving services under the umbrella of the DDS system.
- A fundamental principle of health care delivery is that the provision of health supports and care meet the specific health care needs of the target population by carefully

assessing each persons needs and then planning to ensure their well being and overall health.

- Due to the predictable mortality rate at STS and the Regional Centers the population of people living in these residential programs will decrease 5-8% annually. This means that by the year 2025 the population of people served at STS and the RC's will be almost half of what it is now.
- DDS with their Private Provider partners, OPA and other oversight agencies, DPH etc. have created a sophisticated infrastructure and a QA system focused on continual improvement. This system over the past 30 years has been a nationally recognized system that has assessed the support needs of individuals through innovative tools such as the LON and IDT model etc. Its success stems from the involvement and commitment of public and private residential and health care professionals.

Recommendation #1 - for Consideration

People living at STS continue to reside on the STS campus. Transition the business of operating STS to the Private sector as a cluster of non-ICF or ICF CLAs.

Maintain the Dental clinic and Sensory room to be accessible for individuals living at home and those supported by public and private sector

Rational/Justification:

- Restructuring would bring considerable cost savings without impacting the quality of services and in fact may even improve the quality of health and medical care
- This recommendation could be phased in within 6 months with savings across the board to be utilized (lock box) for people on the waiting list
- Maintaining the level and quality of supports and services to ensure the health and safety of individuals can be provided at a much lower cost due to greater management flexibility that private provider agencies benefit from
- There is no evidenced based research or statistical evidence that supports the notion that there is an increased incidence of morbidity or mortality for individuals supported by community based private sector agencies
- In fact the individuals who are supported by private sector agencies receive the same high quality care as those individuals supported by the public sector due to the

uniformity of DDS QA oversight programs, regulations and continuity of services espoused by the Trade Organizations

- Residential staff ratio's will be maintained at current levels
- Medication certified staff will administer most medications per DDS Med Regulations
- RFP bid out homes to ONE private provider agency which will improve efficiencies and eliminate duplication of A/G costs

Recommendation #2 for Consideration:

Redesign the service delivery model at STS and Regional Centers including administrative operations, residential services and health/clinical services etc. Create a new system /model of health care delivery through consolidation of existing Regional Centers or transfer Regional Center individuals to STS

Maintain the Dental clinic and Sensory room to be accessible for individuals living at home and those supported by public and private sector

Rationale/Justification:

- Create a new innovative model of health care delivery services at STS and Regional Centers that incorporates best practices, specific and targeted use of health care professionals and area community based health care providers (VNA, Physicians etc.)
- Inclusion and collaboration with community based and academic health care centers and other stake holders who would be included in the restructuring and development process
- Restructuring would bring considerable cost savings without impacting the quality of services and in fact may improve the quality of health medical care.
- End participation in the ICF/MR program
- Appoint a DDS RN Consultant exclusively to oversee Health QA at STS. Hire a limited number of RN/s for 24 hour nursing oversight on grounds. Identify the appropriate number of MD's/APRN/PA's for medical/health oversight and support. Utilize other existing Primary Health care professionals to provide services across the DDS service system

- This recommendation could be phased in within 6 months with savings across the board to be utilized (lock box) for people on the waiting list
- Decentralize all services with a focus on increasing the use of community-based resources. There is significant duplication in administrative functions and non-essential services that can be streamlined by consolidating regional centers or bringing RC individuals to STS. This would free up additional funds for those people who have spend years seeking services on the DDS waiting list
- There is no evidenced based research or statistical evidence that supports the notion that there is an increased incidence of morbidity or mortality for individuals supported by community based private sector agencies
- In fact the individuals who are supported by private sector agencies receive the same high quality care as those individuals supported by the public sector due to the uniformity of DDS QA oversight programs, regulations and continuity of services espoused by the Trade Organizations
- Many of the Individuals living in the community with 24 hour residential supports living in CLA, CRS who came from home, long term nursing facilities or out of state Facilities have similar medical health profiles and diagnoses as those people living at STS and Regional Centers

Recommendation #3 for Consideration:

Total closure of STS and Regional Centers

Maintain the Dental clinic and Sensory room to be accessible for individuals living at home and those supported by public and private sector

Rationale/Justification:

- Significant cost savings based on data from numerous studies by various consultants, advocacy and non-profit organizations and other stakeholder groups. Resulting transfer of individuals into Private Provider network would result in significant cost savings and shifting of resources to individuals in need of increased supports
- Some services are currently delivered in a centralized manner. Due to systemic barriers there may be some duplication in functions. Managers and supervisors may not have the flexibility to effectively manage staff in the most efficient and cost effective manner

- **The scope of regulations in some aspects of the DDS system may result in increased costs and restrict the effectiveness of management and the delivery of services**
- **The number of people living at STS and regional centers will decrease by at least 5-10% annually based on historical mortality rates and demographics of the population at STS and RCs. This has to be recognized and taken into consideration for planning purposes and budgetary allocations**
- **The pace that any of the organizational initiatives are adopted will determine the degree of cost savings and therefore the number of additional people that can be supported by the DDS**
- **The privatization of services at STS may enable an agency or agencies to adjust staffing and services in real time based on the number of people needing supports and services based on their specific needs**
- **With respect to cost savings/shifting of costs this option may be beneficial. Realistically it may take years to find or develop placement options for the current residents**
- **The population of people living at STS and the RC's will decrease over time due to mortalities and movement of people into the community. However, the savings that this will bring may not be readily available to significantly mitigate the waiting list**

Respectfully submitted by:

David Carlow, RN,MS