Southbury Training School Recommendations

December 28, 2015

To: Morna A. Murray, Commissioner

Department of Developmental Services

From: Board of Trustees, Southbury Training School

Re: STS Recommendations

Introduction:

The Board of Directors of the Southbury Training School (STS) is happy respond to the Department of Developmental Services' request for stakeholder input into recommendations for the future of STS. We believe that STS is an unrecognized jewel in the care of our intellectually handicapped Connecticut citizens.

The Board of Trustees of STS has a responsibility to assure that the best possible care is afforded to the current residents. As a result of a provision in an appropriation bill of 1986, STS is not able to accept new residents with intellectual/developmental disabilities (I/DD). Assuring quality care at a facility with declining enrollment can be difficult to achieve as the per capita costs will continue to rise as residents relocate. This will make STS viability more of a political target. Therefore, we are pleased that the Commissioner has asked for our views on the possible future directions for STS. Given our important perspective, we offer these recommendations in light of each recommendation's ability to continue to afford current residents who wish to remain at STS with a secure future.

STS as an Asset:

We continue to believe that STS has unique assets that should be kept in mind when reviewing alternatives. First and foremost is the facility. All of the occupied Residential buildings are in very good repair and already equipped to serve the current population and there are many closed buildings that, with a minimum of repair, can be equipped to serve additional residents. The infrastructure of roads, bridges and culverts is also in good repair. The grounds were designed to create a safe environment for individuals with I/DD. Second is the staff. Most staff members have accumulated years of practical experience in working with individuals with I/DD, many of whom also have severe physical disabilities. Third is the surrounding community which has long recognized the important role it has played in providing a safe environment for challenged people.

With recent improvements to the facility and the beautiful campus we believe that STS offers potential for exciting future uses for the school that build upon its original mission.

Therefore, we respectfully offer the following six specific recommendations for both expanded and continued use of STS. They are not mutually exclusive and in fact many of them are synergistic.

Overall Recommendations:

STS has become a recognized center of excellence for the care of the geriatric developmentally disabled. Rather than looking at a future where the site is no longer used to serve the I/DD community, we believe the state keep an eye to the future where operations continue. Rather than look for one use, we envision a site that meets the needs of several different populations with intellectual and developmental challenges.

Recommendation 1:

Continue the mission of STS in its current form.

Justification:

There is a massive waiting list to place those diagnosed as I/DD who need placement but still live at home. Adjusting for demand, STS is well suited to continue current operations indefinitely. Our efforts to relocate our disabled to community based programs may cover the majority of our residents. However, there will likely always remain a portion of this population that is either too ill or too demanding of staff time to be handled by the staff of most community operated facilities.

Intermediate Care Facility (ICF) certification would still be required and perhaps of equal importance would be consideration of establishing Skilled Nursing Facility (SNF) beds that are much more cost effective to operate.

It should also be noted that STS rehabilitated residential buildings have substantially improved the quality of life of our residents.

Recommendation 2:

Extend services and care to disabled Veterans with traumatic brain injury (TBI).

Justification:

We are all painfully aware of the need for improved access to services offered by the Veterans' Administration for those suffering from traumatic brain injury. STS' expertise in caring for our profoundly disabled residents could easily be transferred to TBI veterans. The treatment of TBI victims often matches the same clinical path as our intellectually disabled population. The stimulating views of our picturesque campus setting would also be well suited for this population.

Taking on this needed option would bring an exciting new direction to STS and moreover would boost the morale of those who our employees serve. Moreover, access to a new facility in CT would address the painfully long waiting list for care.

http://www.ptsd.va.gov/professional/co-occurring/traumatic-brain-injury-ptsd.asp

Recommendation 3:

Become a regional, possibly national, center for both scientific and clinical research and treatment of intellectual disabilities.

Justification:

With three quality medical schools in Connecticut there is a need for training and research in the field of I/DD. The state of Connecticut could become recognized as offering state of the art, cutting edge treatment for an interdisciplinary approach to both physical and intellectual disabilities. The currently operating dental clinic is a good example in that it has become a state-wide center of excellence for dental care for people with severe disabilities. This is a specialized practice; STS should continue the dental clinic and look for other such clinics that could serve the wider population.

An affiliation with one or all three schools would boost the recognition of the school(s) and create a program that should provide comfort to the guardians of our residents. It should be noted that there was a prior affiliation with Yale in the 1940's.

Recommendation 4:

Expand services to include children and adults with autism.

Justification:

As we know the identification of children with autism has increased substantially. We are aware that there is a dearth of programs and facilities to care for these children once they attain adulthood. Considerable funding has become available for research into this potentially devastating illness, but most of this is focused on children. Again we have an opportunity to create a center of excellence in the care of children and adults with severe autism.

Treatment programs could include both residential and outpatient care, particularly with regard to behavioral needs, and thus could become an excellent site for research by our universities. Any service provision for individuals with autism could be staffed by the private sector to negate the traditional high cost concerns.

Recommendation 5:

Provide respite to all families with no other options for temporary housing of home bound I/DD clients.

Justification:

Giving temporary breaks to caretakers of individuals with multiple or severe needs will reduce burn out. Desperate families are at risk for losing objective view of the needs of their child. Once again, consideration should be given to using private providers to keep costs low.

Recommendation 6:

Create public-private partnerships to provide additional services to the I/DD community

Justification:

Combining state and private entities with similar missions and goals could provide substantial savings in operating STS and offer creative new ways to care for our clients. The concept is in use in several locations nationwide as close as Brooklyn, NY.

Bringing in additional parties whether not for profit or for-profit could provide excellent sourcing of funding. Joint efforts would likely reduce operational costs that otherwise would be borne by the state. These combined sources may be more stable than just State and Federal funding.

http://kesslerfoundation.org/aboutus/files/Best_Practice Examples Funded to Increase Employment for People with Disabilities By Elaine Katz.pdf

https://en.wikipedia.org/wiki/Public/social/private_partnership