

THE SOUTHBURY TRAINING SCHOOL HOME & SCHOOL ASSOCIATION, INC.

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DDS previously found no significant savings in closing Southbury Training School

In studies done in 2002 and 2010, the state Department of Developmental Services projected high costs associated with closing the state-run Southbury Training School, and declined to project any significant savings in the closure.

The findings by the DDS are at odds with current statements by a number of Connecticut legislators and other policy makers that STS is prohibitively expensive to continue to operate and should be closed. The Malloy administration has given mixed signals recently about its intentions concerning the future of STS, which is home to more than 400 residents, most with profound levels of intellectual disability and many of them elderly and with serious medical issues.

"We believe that when apples to apples are compared, the care provided at STS will be found to be cost effective," said Sally Bondy, president of the STS Home & School Association, a family-supported, nonprofit organization that is fighting to keep this critically important facility open for its current residents. "In fact, we believe the DDS previously reached that same conclusion."

A 2002 study by DDS, which was commissioned by a legislative Appropriations subcommittee, concluded that a savings in closing STS would result only if the state were able to pay substantially lower salaries to direct-care workers working for private providers. Based on the state's previous experience in closing the Mansfield Training School in the 1990s, the closure of STS would require a multi-year effort that would likely result in a per-resident cost increase of between 200 and 300 percent, the study found.

"No significant savings will ever result from the closure of Southbury (STS)," the 2002 DDS study flatly stated.

In a November 2010 update, which was provided to the incoming Malloy administration, DDS staff cited "substantial cost implications" in closing STS, which the update stated would be associated with "developing an infrastructure to accommodate a parallel service system in the community." The update also cited existing labor agreements, which require that state employees retain their jobs if STS were closed, and concluded that the closure of the state facility would not produce any short-term savings.

The STS Home & School Association obtained a summary of the 2002 DDS study from the VOR, a national nonprofit organization that advocates for persons with intellectual disabilities. The 2010 DDS update was provided by DDS staff. (Summaries of the 2002 DDS study and 2010 update are attached.)

Last week, the STS Home & School Association filed a Freedom of Information request with DDS, seeking STS's budget for the past several fiscal years and documentation backing up all internal studies done on the cost of closing STS.

Bondy noted that policy makers and members of the general public often operate under the presumption that state-run facilities for persons with intellectual disabilities are more expensive on a per-capita basis than are community-based group homes. However, this presumption doesn't take into account factors such as the following:

1. Intermediate Care Facilities such as STS serve a population of clients who are much more intellectually disabled, medically involved, and older on average than DDS clients in the community system, and therefore need more services. When equivalent populations are compared, costs per client in each system tend to be similar.* (Intermediate Care Facilities or ICF's must meet strict federal standards for 24-hour health care and treatment of persons with intellectual disabilities.)
2. STS provides economies of scale in terms of purchases of food, medications, and other supplies. These economies of scale are not as available in the community-based, group home system.
3. Centralized medical, clinical, and therapeutic services at STS provide for savings in transportation costs, which are lost in the dispersed community-based system.

Bondy said the STS Home & School Association is concerned that while DDS Commissioner Terry Macy has said he doesn't immediately plan to close STS, he has also indicated that he will try to persuade guardians of the facility's remaining residents to move the residents into privately run, state-funded group homes. If new admissions to STS continue to be blocked as they have been since the 1980s and current residents are encouraged to leave the facility, it will become politically and economically more and more difficult to keep the facility open. This is what is happening with four ICFs in Massachusetts, and the STS Home & School Association is trying to prevent that from happening in Connecticut as well.

The STS Home & School Association is concerned, moreover, that the community-based group home system is not required to meet the same high federal standards of care that apply to ICFs such as STS.

* See Walsh, et al., "[Cost Comparisons of Community and Institutional Residential Settings: Historical Review of Selected Research, Mental Retardation, Volume 41, Number 2: 103-122, April 2003](#)