

To: Commissioner Murray, DDS

From: Patrick Vingo;

Member of DDS Council on Developmental Services, Vice President of Parents & Friends of Lower Fairfield Center

Recommendations for Southbury Training School:

My recommendations involve three enhanced uses of the STS Campus facilities as regards DDS clients on the waiting list and those with a need for close monitoring of their disability conditions. Mindful of the Messier decision regarding transitioning the population of STS into the most integrated settings it may be necessary for dissolving and re incorporation of the STS campus under a new mission and management that would not violate the spirit of the court order. All of the following recommendations are based on a real need and the reality that the 'brick and mortar' is already in place at the STS location making a transition in use a greater possibility.

1. Convert a number of cottages into Respite Facilities for family members who are on the E, P1 and P2 waiting lists. Southbury is centrally located in the west central region of the state. Determine the proximity and number of families in the surrounding area who would benefit from such respite care and transition and repurpose an appropriate number of cottages to that need.
2. PICA individuals: There is currently a newly converted PICA building on the STS campus built with Volunteer Services monies in excess of \$200,000. This is a vital facility resource that benefits this specific population. It would be in the interest of these individuals to be able to continue living in this setting. Integration into the community at large is not just a matter of the architecture one lives in but the thoroughness of the personal care plan for each individual served.
3. Consider the need for establishing a Skilled Nursing Facility at the present location. IDD individuals are challenged with many physical hurdles. Compounding that is the reality of aging. As we get better at prolonging the lives of people in this population it becomes increasingly obvious that the level of need will involve geriatric care. The complexity of such IDD realities may often go beyond the typical capabilities of convalescent care offered to the general population.

All or some of the above may be accomplished through private sector leasing of the facilities with state oversight and maintenance. ICF/IDD designation is beneficial to this end as well as insuring Medicaid reimbursement status.

Respectfully submitted,

Patrick Vingo

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