

Closing the Doors of the Institution

Opening the Hearts of Our Communities

*Brandon Training School
1915 - 1993*



Vermont Agency of Human Services
Department of Mental Health and Mental Retardation
Division of Mental Retardation
103 South Main Street
Waterbury, VT

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Introduction

On November 17, 1993, the Brandon Training School closed its doors for the last time. As of December 1993, no Vermonter was living in any state institution because of mental retardation.

Vermonters can take pride in this accomplishment. Our willingness to include people with severe disabilities among us is a quality that defines our state and its communities.

The story of the closing of the Brandon Training School is really a story about *opening* doors: the doors of homes, churches, workplaces, swimming pools, parks, and stores throughout our state. The Brandon Training School closed this year because the doors and hearts of communities throughout Vermont opened just a little wider.



"I think the staff tried the best that they could.

But I think the people are better off being placed out in the community.

I think that people are much happier living out in the real world. I

think that it's about time for Brandon Training School to close.

*I want people to know that they have done a good job with the people in
the community, which can be a challenge sometimes.*

Happy closing...!"

*—David Mansfield, Closing Ceremony
December 9, 1993*

History

The Brandon Training School opened its doors in 1915 as the "Vermont State School for Feeble-minded Children." The impulses which led to the opening of the school were a mixture of good intentions, misguided social engineering, and a desire to separate people who were considered different and devalued.

On the good intentions side was a desire to provide a wholesome alternative to local poor houses and poor farms, and to provide specialized training and care.

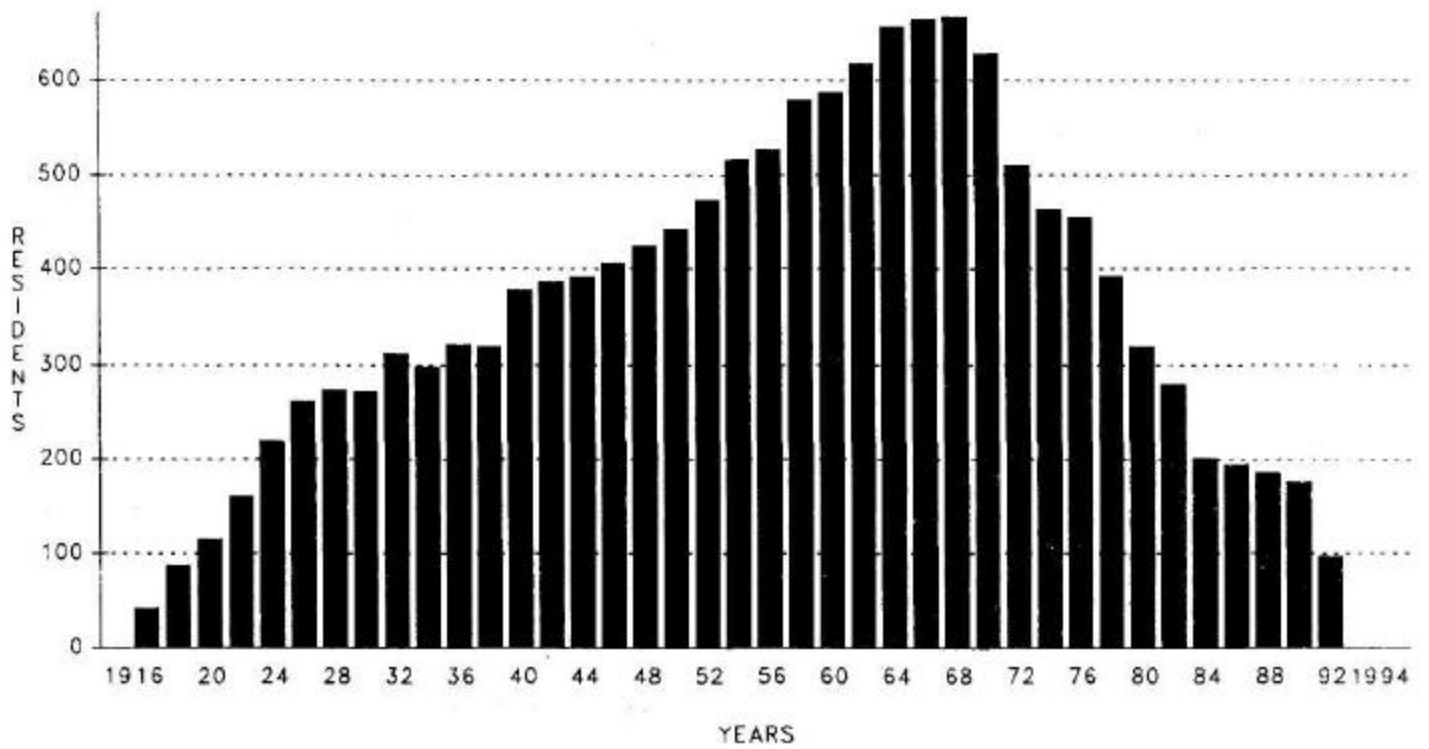
On the dark side were forces of the eugenics movement who thought people with mental retardation should be segregated, or sterilized, or both.

Over the years, segregation, pure and simple, became the predominant motive for institutionalization. People were sent to live at the Training School because their schools or families or communities were not prepared to deal with them. Every year 50 to 60 additional people went to live there. Between 1915 and 1993, a total of 2,324 people resided at the Brandon Training School (BTS).

During the 1960's, BTS housed more than 600 men, women, and children. See Chart One. The campus along Route 7 was home to more people than many villages in Vermont.

Chart One

BRANDON TRAINING SCHOOL
1916 - 1994



Starting in the late 1960's, the tides of segregation gradually reversed. Over the next two decades, many residents moved out to farms or community care homes. Admissions slowed as public schools began to include children with disabilities in local educational programs. Volunteer-run programs in church basements matured into publicly-funded community mental retardation programs, which operated day activity programs for adults.

In 1978, the Vermont Legislature enacted the Brandon Judicial Review law. This provided a legal process to review each resident's need for continued institutionalization. The individual reviews established that virtually all residents could leave if they had support services. However, Vermont's fledgling community mental retardation system lacked the resources to provide services and safety for the 300+ residents who remained at the school.

A lawsuit on behalf of Robert Brace and other residents who wanted to move out established a ten-year plan for developing resources around the state. The settlement of this case became known as "the Brace Decree." In the same period, the U.S. Congress enacted the Medicaid Home and Community-based Waiver program. State administrators recognized that this program was an ideal mechanism for using federal Medicaid dollars — heretofore available only to pay institutional costs — to develop individualized community support services. Vermont was one of the first states in the nation to use the Medicaid waiver to pay for the resources people needed to move out of the institution.

The new waiver-funded programs proved decisively that community-based services could support even the most severely disabled residents of BTS.

In the early 1980's nearly 100 people moved to community programs from the Training School, but in the ensuing years the community placement process floundered for lack of resources and political support.

The Unification Plan

In 1989, Vermont was facing critical challenges:

- * **We knew we were not providing the best services we could.** We knew that community services would be better for BTS residents, and we knew how to deliver quality services for them.
- * **BTS costs were consuming the Division of Mental Retardation (DMR) budget.** Institutional costs were rising twice as fast as the costs for community services. See Chart Two. More than 40 percent of DMR's budget went to cover the costs of just 13 percent of the people served. See Chart Three.
- * **Children, families, and recent school graduates were not getting needed services.** A generation of children who grew up at home and attended public schools were reaching adulthood. They and their families wanted services in their own communities, but the resources were not there.
- * **Community resources were stretched to the limit.** Tight finances had forced community service providers to take on more and more clients within existing programs. The community service system lacked the infrastructure to take on a major placement initiative.
- * **The state was in violation of the Brace Decree.** The ten-year time period had passed, and 180 people were still awaiting placement.

Chart Two

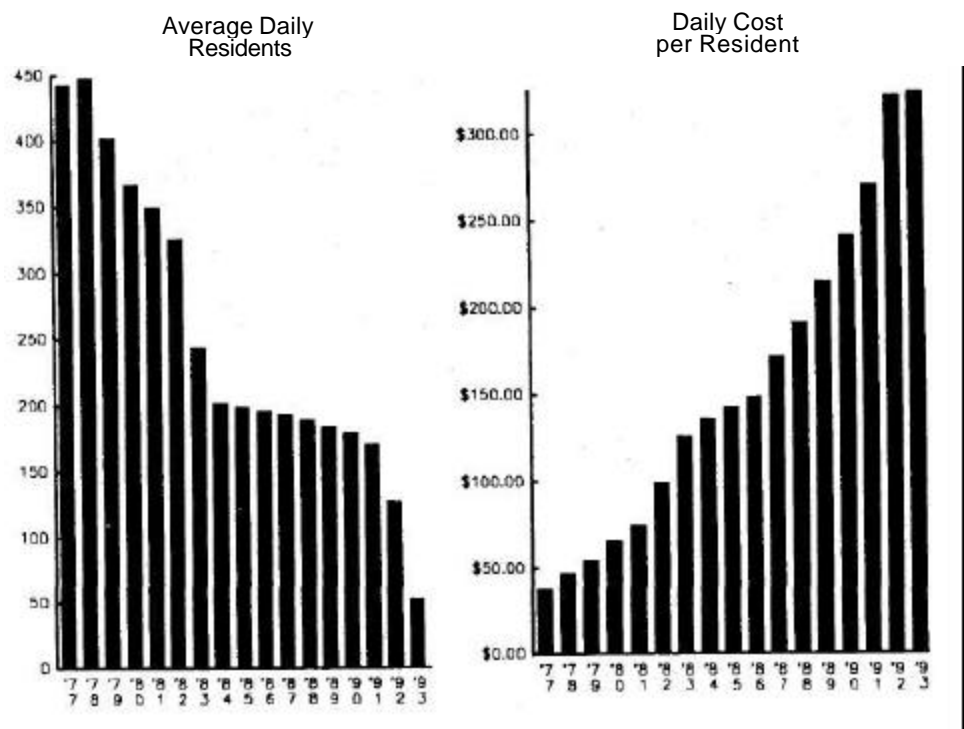
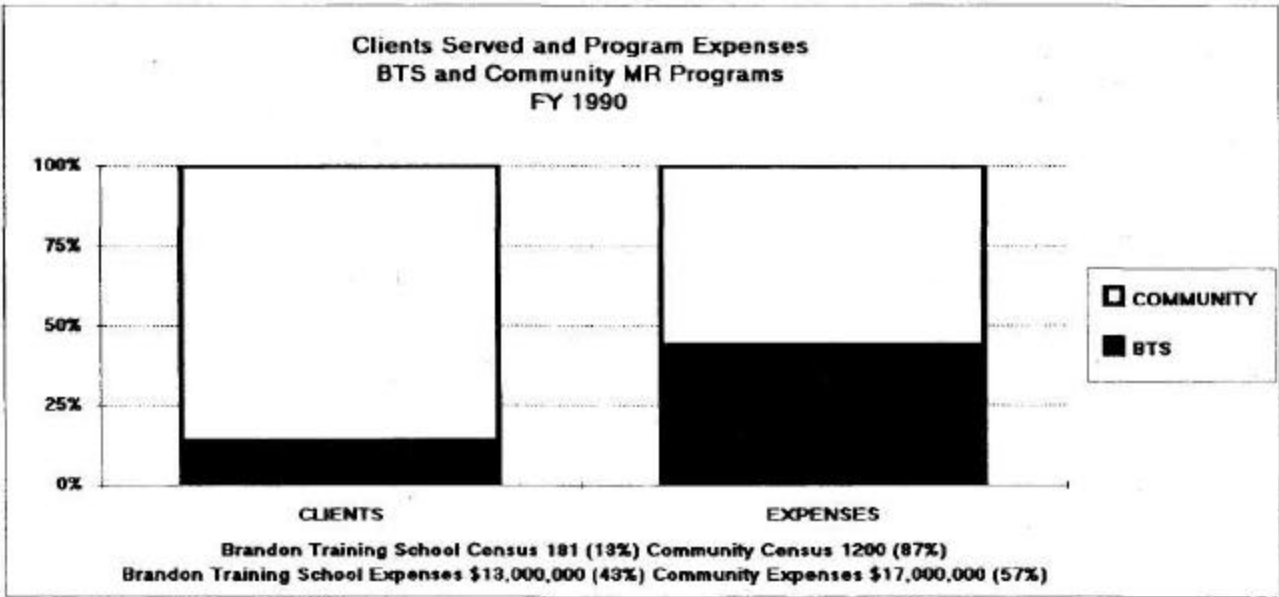


Chart Three



- * **Vermont had no programs for people found incompetent to stand trial.** In 1988, the Legislature enacted Act 248. Under this law, people who commit serious crimes but are not competent to stand trial can be committed to the Commissioner of Mental Health and Mental Retardation. However, Vermont did not have programs to implement the law.
- * **Crisis services were needed.** The system lacked capacity to respond to individuals in crisis in the community, and to meet the needs of individuals with the dual diagnoses of mental illness and mental retardation.

In response to these challenges, DMR developed a plan to close BTS and "unify" the system around community programs. The Unification Plan had three objectives:

1. To convert the system of services to Vermonters with mental retardation from a two-tiered structure supporting both the institution and the community, to a unified community-based system.
2. To move all remaining residents of BTS to the community.
3. To build the capacity of the community mental retardation system to respond to the needs of:
 - * Special education graduates,
 - * Families who need in-home support,
 - * Young adults aging out of SRS custody,
 - * Persons with mental illness and mental retardation,
 - * Persons with mental retardation who commit crimes, and
 - * Persons in crisis.

It was not so simple as just moving money from the institution to the community.

During the transition period, both institutional and community systems had to maintain quality services. Funding had to be available to develop community programs and infrastructure before savings could be transferred from BTS. Medicaid reimbursement rates favor institutions. Although this difference is offset by lower costs of community services, it still had to be factored into the financial transition. More than 400 state workers would be displaced from their jobs. Community service providers had to develop the necessary infrastructure to enable them to address the needs of increasing numbers of individuals.

In FY '92 and FY '93, the Legislature approved "bridge" funding to support new community services until savings could be transferred from the institution. Approximately \$406,000 was appropriated each year to set up placements in the community for people leaving the institution.

Meanwhile, the Division of Mental Retardation continually revised its institutional downsizing plan to meet changing conditions. Personnel costs were the largest item in the budget, and careful planning was critical. Staff reductions and building closures had to be coordinated with the rate of placement into community services. Adherence to a placement schedule that allowed for expenditure reduction was the key to freeing up resources that could leave the institution. At the same time, flexibility to assure that quality community services were in place was essential. Many key institutional staff moved on to new jobs during the phasedown, creating unwanted staff shortages in some areas while planned staff reductions were occurring in others.

Results

The Community Placement Process

Between July 1991 and November 1993, 156 people moved from Brandon Training School to community placements. Overall, the placements were extremely safe, stable, and successful.

- * No one was reinstitutionalized.
- * No one has required treatment in a psychiatric hospital.
- * There have been relatively few medical hospitalizations.
- * There have been few complaints of abuse and neglect. All complaints have been investigated promptly, and acted upon where necessary.
- * Placements have been very stable. Very few placements have failed. Some people have already moved on to a home that offers more autonomy or independence than the original placement.
- * No placement was blocked by a guardian appeal.
- * There has been a surge in natural family involvement. Parents, brothers, sisters, nieces, grandparents, uncles have become reconnected and reinvolved.
- * Most individuals who moved are thriving.

Where Did People Go?

When residents had friends or family members in Vermont, every effort was made to locate a placement nearby. Residents moved to 12 of Vermont's 14 counties. In general, the counties closest to Brandon had the most placements. The majority of residents had originally come to BTS from these adjoining counties. One person moved to be with family out-of-state. See Chart Four.

Fourteen community mental retardation provider agencies sponsored or developed community placements. See Chart Five. .

Most people moved to homes that had been individually developed or recruited for them. The majority live in homes where they are the only person with mental retardation. Some live with one other "consumer." Some live in group homes or small ICF/MR homes with three to six residents. Only two persons went to a large congregate setting (i.e., a place that houses more than six people with disabilities). These two moved to a nursing home, and one has since moved to a small ICF/MR. The types of placements are summarized in Charts Six and Seven.

Chart Four

BTS Placements by County

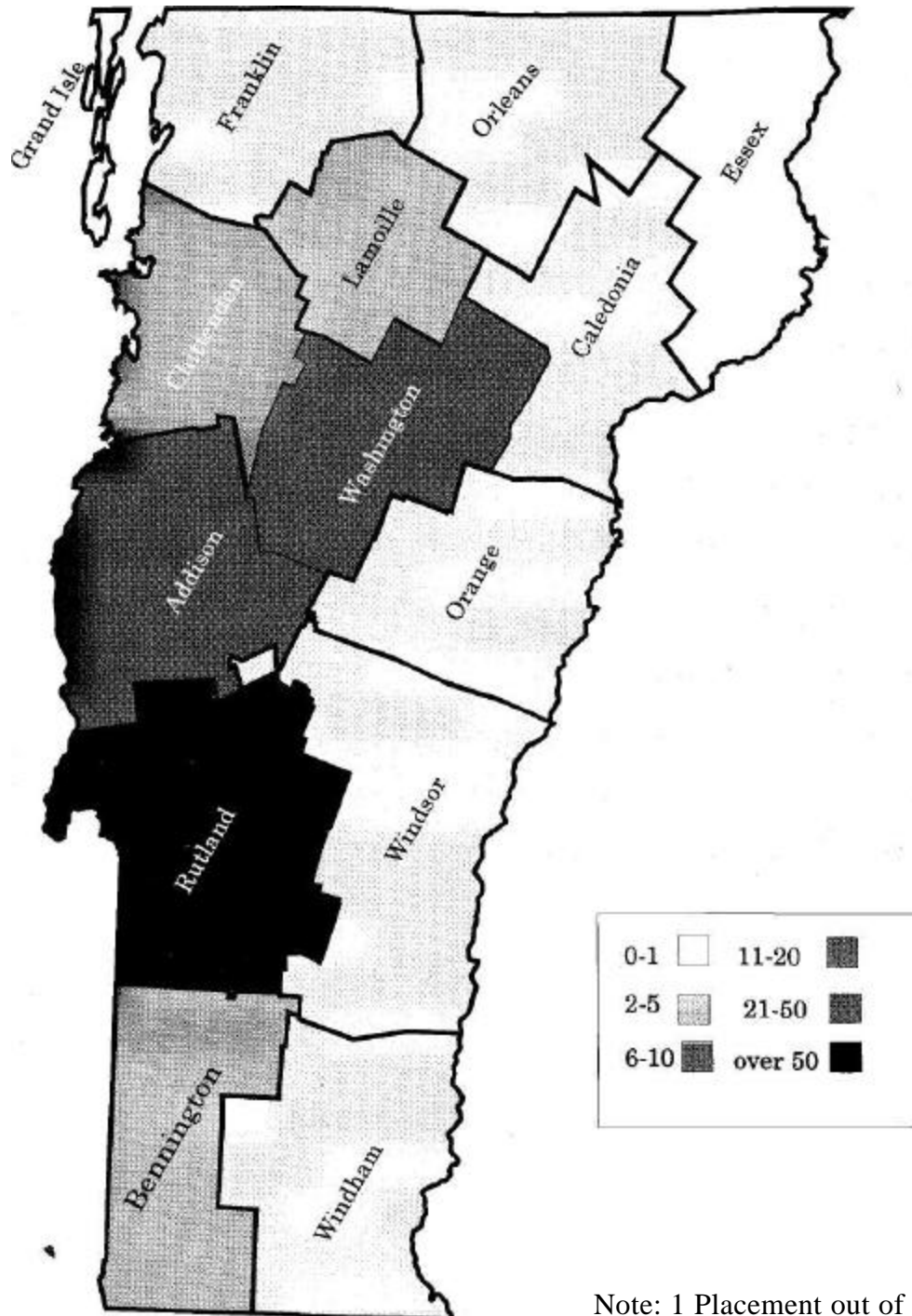


Chart Five

Placement from BTS by Service Provider

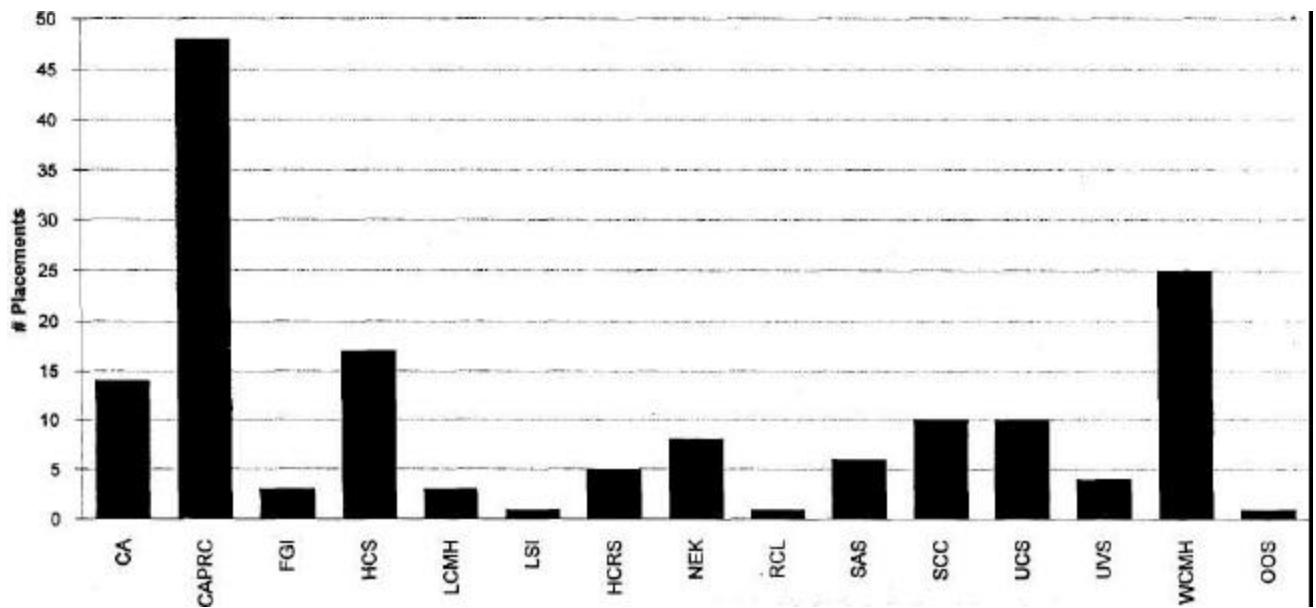


Chart Six

BTS Placements by Number of Consumers in the Home

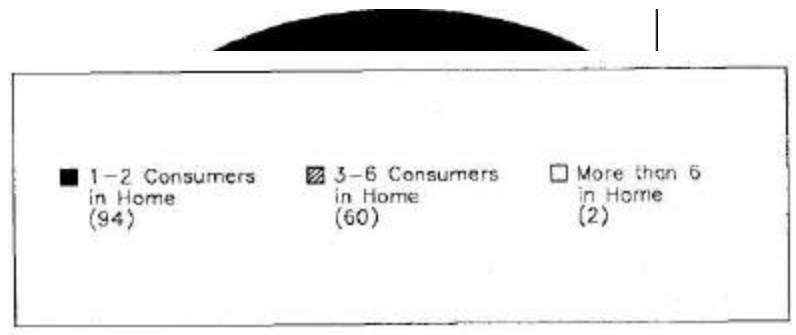
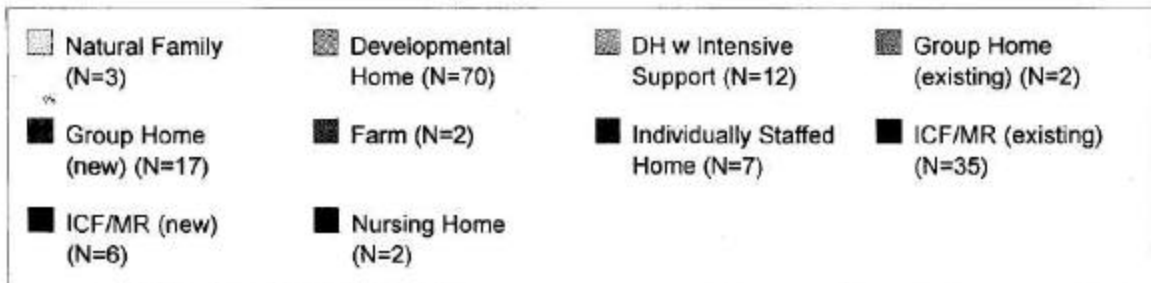
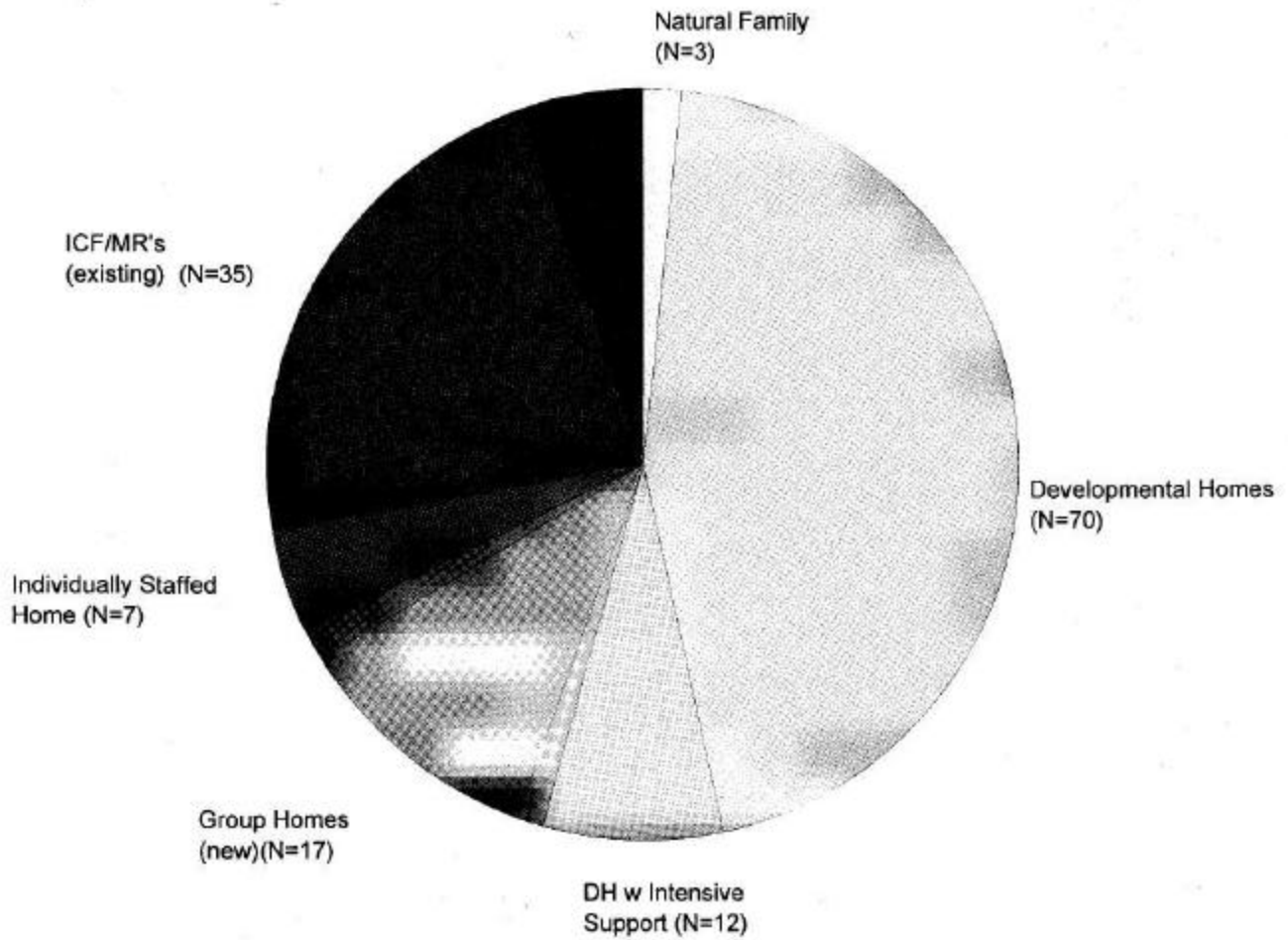


Chart Seven

**BTS Placements by Type of Residence
July 1991-November 1993**



Ingredients of a Successful Community Placement Process

It takes a lot of planning, a lot of trust, a lot of cooperation, and a lot of commitment to carry through a large placement process that feels safe and sound to everyone involved. The people involved include the resident who is moving, her family, the new community staff, the new neighbors, the management of the community agencies, institutional staff and management, advocates, the Department's fiscal staff, the Governor, and the Legislature. We have identified the key components of the successful placement process.

1. We obtained the commitment and support of the provider system at the outset. The community placement process had the support and commitment of the state community mental health and mental retardation system. All agencies participated, and all felt a shared responsibility for a successful outcome. Agencies had mutual expectations for one another, and provided support to one another. The community agencies accepted the "zero reject model" (i.e., all persons with mental retardation should be served through the community system, and there is no subgroup that still "belongs" to the state).

2. We addressed issues of growth at the service provider level. Agencies had to build their capacity and expertise in order to take on new clients with challenging needs. Funding was provided to meet critical infrastructure needs that each agency identified (for example, a training specialist, a part-time nurse, an additional supervisor, a new computer).

Each agency had its own particular needs, and funding to build capacity was negotiated program by program.

3. We emphasized individualized budgeting. Budgets to support each individual who moved were approved individually at the state level. Funding was tailored to fit people and their needs. There was no budgeting by categories or level of care.

4. Deinstitutionalization was integrated into ongoing community services development. The BTS community placement process was integrated into the state's overall development of services for people with mental retardation. There was not a separate placement process or separate placement staff or separate placement agencies for people coming out of BTS. As a result, finances and resources were shared. The money following BTS clients could also strengthen services for individuals in the community. Duplication and competition were minimized.

5. The Vermont Crisis Intervention Network (VCIN) was established. This three-tiered program is designed to serve individuals in crisis and individuals who present severe behavioral challenges in individualized community settings. Thus far, none of the last 156 individuals to leave BTS has had to use the Vermont Crisis Intervention Network because the placements have their own built-in resources. But VCIN played a critical role in preventing any new institutional admissions during the phase-down period. In addition, the existence of VCIN gave stakeholders a greater sense of security as they worried about all the "what-ifs."

6. Community staff respected and relied on Brandon Training School staff. It was important for individuals who were developing community placements to recognize and rely upon BTS staff as people who knew the residents best. Lots of effort went into avoiding a "them" and "us" mentality between community and institutional staff.

Community services were greatly enriched by the skills of BTS staff who took jobs with community agencies or the Division of Mental Retardation. The BTS training division was retained and now provides training throughout the state for community providers and consumers. Most importantly, nearly 40 BTS staff members qualified to share their home through the developmental home process with someone they had known well at the Training School.

One of the most rewarding aspects of the community placement process has been to watch former staff and former residents move to the community and blossom together.

7. BTS leadership respected the community. Just as community providers had to respect BTS staff, it was essential for leadership at the Training School to recognize that community staff had the expertise about community services. The institution did not make or supervise placements. They left final decisions about placements to the community staff. When there were rumors or complaints about a problem in a community placement, the BTS leadership referred these concerns to the community system for follow-up.

8. We worked with families individually. Like most institutional closings, this one began with substantial opposition from family members of residents. These family members valued the security of the institution, and they lacked confidence in the stability and safety of community programs. Staff invited family members to tour community homes to familiarize them with the community system, and engaged them in personal futures planning.

We made efforts to respond to guardian and parent anxieties by identifying BTS staff the family members trusted as communicators. Placement choices took account of guardian anxieties. Where a guardian vetoed a specific home, we developed an alternative.

We did not expect hesitant family members to agree to placement until we could show them a specific home. Most families were unable to accept a community placement in the abstract, but readily agreed when they could see the actual home and meet the specific persons who would provide residential support. The fact that so many home providers were former BTS staff made it easier for family members to put trust in community placements. They felt the former staff knew what they were taking on and trusted their proven skills and caring.

9. We relied heavily upon the developmental home model. In our rural state, for people who have lived long years in an institution, the developmental home is the placement of choice. It provides the person with a built-in social network and family system, and a channel for making connections with the community. It gives the person the experience of living in a healthy family setting, and positive adult

companions and role models. It may provide for inter-generational contact with children and elderly relatives.

In a developmental home there is a single adult, or a couple, who are consistently responsible for the person and who provide a constant source of affection and teaching. Typical rhythms of life and typical activities occur and do not have to be simulated. Although the developmental home model is often too restrictive for a person who has grown up in a family and experienced choices and community life, a developmental home is an ideal first step for a person who needs to be introduced to community life and who lacks a social network of his own.

10. DMR staff followed each person through her transition to the community. We assigned a Guardianship Services Specialist to each person to monitor the placement and trouble-shoot where necessary. This individualized monitoring of the transition provided an extra level of quality assurance, and helped identify potential problems proactively before they became serious.

11. We relied only a little on new housing. With the support of the Vermont Housing Conservation Board, nine new homes were built or renovated to house small groups of two to six former residents. The homes are in residential neighborhoods throughout the state, and are lovely. Many parents were more comfortable with a group home than a developmental home for their family member.

However, most of the delays we experienced in the community placement process were connected with this new home construction or acquisition. Multiple hurdles before financing could be obtained,

neighborhood opposition, zoning barriers, licensing requirements, and the vagaries of construction all created delays along the way. In addition, the process of readying the physical structure tended to take center stage in these projects and distracted from the more important task of getting staff trained and oriented. Group homes are almost always more costly than developmental homes. If we were doing it again, we would rely even less on new housing.

12. BTS staff received active assistance in finding new jobs.

Through job fairs, seminars, bulletin boards, and a myriad of informal contacts, BTS staff received active support from the Department of Mental Health and Mental Retardation to locate and qualify for new jobs. Vermont State Employees Association representatives and Department of Personnel staff played key roles in maintaining employee morale and educating staff about their rights. As "RIFed" state employees, they received priority for openings through state government.

As of November 1993, 79 had transferred to other jobs with the State of Vermont. Community mental retardation agencies throughout the state sought out BTS staff as employees, but they found that most were unwilling to relocate. At least 60 BTS staff took jobs or became developmental home providers for community mental retardation agencies. Others found jobs in the private sector, retired, continued their education, or took the opportunity for a few months off. The State of Vermont remains committed to assisting those BTS staff who remain unemployed to find satisfying employment.

13. We made maximum use of BTS assets. Over the years, the Training School had accumulated substantial assets. The state loaned more than \$200,000 worth of furnishings, equipment, and vehicles to community agencies. This created substantial savings in start-up costs for new placements. The state transferred office equipment and supplies to various state offices. Unwanted items were turned into cash through various sales, and the proceeds were used to fund other needs. The campus itself is now for sale.

Conclusion

Deinstitutionalization means more than just closing the doors of the institution. Deinstitutionalization means changing the way we think about people and services, not only within the confines of a group of buildings, but also within the confines of our minds. In the years ahead, we must be careful not to settle into a particular way of providing services. We must continue to change, to give people what they want and what they tell us they need.

Although the responsibilities of the state have changed with the closure of the Brandon Training School, they have not decreased. The state must affirm its commitment, both to people with disabilities and to the people who support them with services. We need to figure out ways of enabling individuals and their families to become involved in decisions about the services we offer, yet independent of those services.

We need to continue to prove to the community at large that making life better for those with the most intensive needs makes it better for all of us.

The End

Poignant Ceremony Officially Closes Brandon Training School After 78 Years

Longtime Residents, Employees Gather For A Final Farewell

By YVONNE DALEY

BRANDON — Valerie Cameron cried. Ted Bardwell beamed with pride as he showed off his name tag adorned with Gov. Howard Dean's signature. Kenny Burrows brought his discharge papers and talked about the hurt deep inside.

"It's a bittersweet occasion," said Cornelius Hogan, commissioner of human services.

Hogan was summing up the deluge of emotions that filled the Raymond M. Mulcahy Life Center and a big white tent set up nearby as an overflow crowd attended Brandon Training School's closing ceremony Thursday afternoon.

Former residents of the state's only residential treatment center for the mentally retarded, some of whom had lived here most of their lives, struggled with conflicting feelings as they hugged old friends, former teachers and aides at what was simultaneously a reunion and a farewell.

"I was sitting here crying, remembering when I was a little teeny baby here in Dorm K. Now I'm happy Brandon Training School is closing for good," said Cameron, 37, who was a resident of the training school from age 3 until she was a teenager. Cameron lives in a supervised group home in Burlington.

"I miss some of the people from here and I'm happy to see them," she said. "But I don't want to be back here. I don't ever want anyone to live here again — not even prisoners."

"It's time to close up the old BTS," said Bardwell, 63, a former resident now living in Danby. "It's time the kids get out and see the world and enjoy themselves."

"I'm excited about this big day," said Robert Brace, a former training school resident whose successful lawsuit against the state in 1980 set the stage for the transfer of other residents to community settings.

Thirteen years ago, Brace had the help of Vermont Legal Aid in his battle for a say in decisions affecting his life. On Thursday, Brace was honored for his role in hastening the process of putting BTS residents into the community.

He took his celebrity status seriously, greeting people at the tent's entrance. In an address to the crowd, Brace said he understood that former aides watched residents when they took showers or, restrained them for their own protection.

However, despite his stumbling words, he made it clear that he considered these actions dehumanizing.



Staff Photos by Vyto Starinakan

John Crosier, a resident at the Brandon Training School for 25 years, gets a hug from former BTS driver Grace Aines during a reunion and closing ceremony Thursday.

"It's a good day for me. All people say, 'Aye Brandon gets closed, nays against.' The 'Ayes' have it," he said and smiled broadly.

Burrows, 61, proudly carried the discharge papers that authorized his official release from the training school in 1967 after 36 years of residency here.

He explained that when he was 11 years old, "the state of Vermont put me here."

Burrows didn't use the word ambivalent but he was able to articulate the conflicting emotions that he felt.

"I'm kind of sad. S-A-D," he said, spelling the word. "I've got a hurt inside. This was my first home. I loved it here but I love being in my own place better."

*"I've made so many friends at Brandon Training School over the years;
Friends who have worked here, and
Friends who have lived here. I've
learned so much as a worker here in the past;
From the people I've worked with, my co-workers,
we worked together, we learned together, we
celebrated together, and we grieved together;
From the people who lived at Brandon Training School, they taught me so
much.
They taught me patience
and loyalty
and compassion
and love.
The many years that Brandon Training School existed, those of us who
worked here knew that the people who lived here longed for their families.
We did the best that we could.
We gave the best that we could to the people who lived here.
Today we honor those who lived here, and those who worked here.
We celebrate their lives,
and hope that their dreams can be fulfilled.
For at last they have returned home."*

— Joan Stephens, Closing Ceremony, December 9, 1993.



*"I have a good home now."
Flossie Boisvert*