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## **CLOSING BRANDON TRAINING SCHOOL: A VERMONT STORY**

The Brandon Training School (BTS), Vermont's only public institution for people with mental retardation and developmental disabilities, opened in 1915 and closed in 1993. During those years, a total of 2,324 people lived there. This article examines the closure process for Brandon; it is based on a larger report of a study conducted by the Center on Human Policy.

### The Idea of Closure

The values of a community or group of people permeate and influence what they do, including how their service systems operate. People in Vermont felt that shared values such as "caring for one's neighbors" and "those who have the least deserve more" helped create a consensus in support of closure. Additionally, people felt that Vermont's small size facilitated the communication and collaboration involved in closure.

Closing Brandon took at least 20 years. Vermonters who have been connected to the developmental disability service system for 20 years or more trace the idea of closing BTS back at least to the mid-1970s. In those days, more people were leaving BTS than entering, and the census had gone down, dropping from nearly 700 in 1968 to around 450 in 1976. A few key people attended workshops conducted by Wolf Wolfensberger and his colleagues, adopted normalization as a philosophy that should be applied in Vermont, and talked about developing a broader range of community services. The idea that BTS should be closed was raised and became a part of their overall mission. Those leaders began to develop some of the pieces that were later

seen as crucial strategies that led to closure.

The Vermont Association for Retarded Citizens (now the Arc), the state, and the Developmental Disability Law Project worked to establish legislative bills and executive orders that helped to build the community service system. Another major event of those years was the filing of a lawsuit by the Vermont Developmental Disability Law Project (Protection and Advocacy agency) on behalf of Robert Brace and five other residents who wanted to move into the community. The settlement in 1980 of this lawsuit, called the "Brace Decree," included a 10-year plan for developing community resources and moving most of the approximately 300 residents out of Brandon. Although the settlement did not mention closure, according to one of the lawyers, "we knew that if in fact they carried out the terms of the settlement...they were going to end up with three people in the place," and it would have to close.

Nearly 250 people moved into the community in 1979 and the early 1980s, due in part to the state's successful application for and use of the Medicaid Home and Community Based Services Waiver. Later, community placement dropped, as resources and political support for movement dwindled. By 1988, when a new Director of the Division of Mental Retardation was appointed, the average daily number of residents in Brandon was nearly the same as in 1982. Division staff came to believe that many statewide problems could be traced to the continued existence of Brandon.

In Vermont, as elsewhere, a community of advocates--parents, attorneys, professionals, and caring citizens--had a dramatic effect on the shape of services and on the eventual closure. One said,

It's not like we sat down 20 years ago and said, "How are we going to do this?" We really built our philosophy and our mission. And built up the community, by success and by demonstrating it. That's the biggest teacher, I think, more than just words.

The philosophy and the mission were based on a simple ethic: that in Vermont, everyone should be in the community. That ethic was first carried out in the school systems across the state, which are among the most inclusive of any state.

The judicial review process was used for at least 15 years, and the finding almost always was that the person should leave the institution. One attorney reflected, "I think one of the things about Vermont that is different is that our project worked very much, a lot of the time hand in hand with the Division of Mental Retardation." People seemed to see them almost as allies rather than adversaries, because both had the interest of the residents, and the need to move them into the community, in mind.

### Beginning the Closure Process

In 1988, following the appointment of a new Division director, closure planning actively began. The following year, the Director distributed a "Unification Plan," which outlined the problems and a solution: unifying the system by closing Brandon and converting to a fully community-based system. The Unification Plan had three major objectives: (1) to convert the system of services 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; and (3) to build the capacity of the community mental retardation system to respond to special education graduates, families in need of in-home support, young adults aging out of social services custody, persons with mental illness and mental retardation, persons with mental retardation who commit crimes, and persons in crisis.

Once the Governor's office, the legislature, the vendors, and the advocates had agreed that Brandon should be closed, many pieces had to be put in place. Until Brandon closed, bridge money had to be allocated so that both the institution and the community services could operate as effectively as possible, and so that new community programs and an infrastructure could be developed. The needs of the state workers who would lose their jobs had to be addressed, and the community providers had to develop the programs and infrastructure that would allow them to serve both the residents of Brandon and people waiting for services. Financial issues such as the fact that Medicaid reimbursement rates would be lower for community services than for Brandon, and the need to develop an individual budgeting mechanism, had to be dealt with.

While the Unification Plan had stated that it could be done, not everyone agreed at first on how to do it. The Division planned to move ahead, selecting those agencies that were willing to work with them to start with. If need be, they were prepared to develop additional agencies to assist in this process. However, the existing providers came together and developed an implementation plan showing how they could work to

make closure and expansion of community services occur in a concrete and timely way.

One theme that came up repeatedly was that what was good for the residents of Brandon Training School had to be the starting place for decision-making. This belief was shared by people from almost all of the stakeholder groups. The only people who opposed closure also used "the good of the residents" as their reason. These stakeholders included some members of the Brandon Training School Association, many of the employees at Brandon, and some of the Brandon townspeople (many of whom were also employees or families of employees). It was evident by 1990, however, that BTS could and would close, and that the major stakeholders would be able to work together to make it happen.

#### Division's Role in Closure

The Division developed and followed through with many structural changes that made closure possible. They developed an individualized budgeting approach to funding community services, using the Medicaid waiver. They created an infrastructure that would support closure, working actively with the providers and developing or funding what they felt they would need to carry out the plan. For example, the providers felt strongly that they needed a backup system to handle crises, especially those involving behavior that was dangerous to an individual or the people around him or her. The Vermont Crisis Network was developed to respond to this felt need.

The Division also developed criteria regarding where and how people could be placed in the community. One criterion was that, whenever possible, people should live close to their friends and families, and that family members and/or guardians would be

as involved as possible in the planning and placement decisions. The Division also empowered Brandon staff members to have input into placement decisions.

Division staff met monthly with all of the community agency directors. During these meetings they received commitments to serve each person who was supposed to move during that month. Because the money they had to spend was to come from money saved through the closure process, they transferred funds at different times, with the transfers tied to the layoffs that occurred as the dorms were emptied. The bridge money they were allocated, \$400,000 a year for 2 years, gave them the ability to support somebody in the community before the layoff of staff in the institution could be completed.

The central coordinating function carried out by Division staff members was critical to the success of the closure process. In addition to orchestrating the timing and the numbers of placement, they followed up on problems along the way and worked closely with the institution director and his staff.

Finally, the Division did a great deal to support the BTS staff in getting other jobs. The Department of Employment and Training opened an office on campus, with computer banks of jobs. They also had job fairs, and made resume books that people could look through. The Agency of Human Services, at the Division's request, granted a special priority for people coming from BTS for new state job openings.

#### Community Providers' Response: Service Planning and Development

Community services in Vermont are provided primarily through nine community

mental health centers, which provide both mental health and mental retardation/developmental disabilities services. Years ago, the directors of the services for people with mental retardation and developmental disabilities formed their own organization, the Vermont Mental Retardation Program Directors. This organization, and the individual directors, played a major role in the closure of BTS, the development of individualized services, and the creation of safeguards. As they worked on these issues, they benefited from the accessibility and collaboration of state and regional administrators.

Moving toward individualized services. As was to be expected in the deinstitutionalization process, certain pressures influenced the effort to develop individualized services. For example, the decision of where residents of BTS moved was somewhat determined by the capacity of the different agencies. Other pressures, such as the commitment to employ staff of BTS and to serve a large number of people in a short period of time, influenced the development of services, as well.

Though they realized that some group living situations would have to be developed in the interest of time, directors as well as state administrators agreed to develop only a very limited number of agency-operated facilities. Instead, they relied on a service model called the "developmental home" to serve the largest group of people. This typically consists of a person or family who agrees to share their home with an individual and support him or her. Funding levels are determined on an individual basis by the agency that is developing services. In many of these situations, it is a staff person from BTS who has invited an individual to live in his or her home.

Directors are aware that some of these situations may not be the most ideal or individualized possible. In any institution closure process, such trade-offs inevitably occur in the interest of timely closure. At the same time, the fact that they have acknowledged the trade-offs, and have not created create a lot of group living situations will facilitate the future development of individualized services. In addition, the directors' efforts to create and maintain responsive agencies by keeping agency size small and supporting staff enhances their capacity to develop further individualized supports.

Creating safeguards. During the closure process, Vermont's capacity to support people in crisis situations in the community grew through the establishment of a statewide crisis network, as well as the development of expertise at local levels. Though the Vermont Crisis Network offers emergency placement in some cases, it was developed primarily as a system to build the capacity of agencies around the state to support people in crisis. From the beginning, there was a strong belief that service providers must maintain primary responsibility and enable people to stay in their homes regardless of problems they may have. There are three levels of services provided through the network: (1) interested members of agencies throughout the state participate in monthly meetings to present challenges and problem solve together; (2) members of the network are available to visit an individual, his or her family, and the agency providing services to assist them in developing a plan for change; and (3) in situations where a person is considered at risk, the network provides emergency, temporary placement, while the agency is involved in developing the capacity to support the person.

## Conclusion: Key Factors Related to Closure

1. Recognition of shared values and common vision. It was significant that shared values and a common vision were held and recognized across a variety of groups of people within the state, including many parents, people with disabilities, state administrators, agency administrators, and advocates. This, in turn, influenced other key groups, such as union representatives, legislators, and Brandon community members, many of whom adopted and added to the vision.

2. Long-term efforts of advocates in building a consensus. The shared values did not just naturally emerge. They were the result of years of work by advocates to build a common vision through education, training, litigation, judicial oversight, and personal networking.

3. Accessibility of state administrators. Many people reported that the accessibility of state administrators facilitated the work toward closure. They seemed

to be knowledgeable about what was going on at the local level, and people felt comfortable walking into their offices and talking with them.

4. Responsiveness of administrators. It seemed to people that administrators made every effort to be responsive. In the first place, they took time to listen to people's issues. Second, they made sincere efforts to respond in some way to these issues.

5. Good communication and trust between people. The fact that there was good, open communication between a wide variety of individuals and constituencies facilitated the closure process. People could disagree and debate issues without feeling that their relationships would be jeopardized.

6. Focus on building the capacity of the community. Rather than focus on the closure of Brandon, alone, emphasis was placed on expanding and strengthening the community service system. Resources were allocated to the community service system to support this effort.

7. Significant and careful planning. State administrators and community service providers devoted considerable time and effort to planning for the closure of Brandon and expansion of the community service system. The planning process attempted to anticipate needs and to put structures in place to deal with potential challenges. Planning also encompassed alternative employment options for BTS staff. While closure did cause some difficulties for employees, the large majority were offered reasonably comparable positions.

8. Collaboration among community service providers. Rather than competition between service providers, there was significant collaboration among them. Together,

they reached consensus about supporting closure, and planned and strategized ways to best serve people in the community by building on existing strengths of providers and working to fill in gaps in the service system.

9. Development of a positive working relationship with the local community around issues of closure. The closure of BTS presented some hardships on the Brandon community. It was positive that state administrators worked collaboratively with Brandon community members to deal with issues, particularly regarding alternative uses for the facility.

10. Maximizing the opportunities for development of individualized supports at the time of closure and in the near future. Finally, as people moved out of Brandon, efforts were made to assist as many people as possible to move to individualized settings of their choice. However, as in any process of institutional closure, it was not feasible to create individualized settings for a large number of people in a relatively short period of time. In light of this, however, the state made little use of group homes and other facilities, and relied more extensively on placement in developmental homes. This seemed to be a reasonable compromise, one that is preferable to group homes and one that will create less obstacles to future development of individualized supports.

The experience of closure of BTS has demonstrated both the possibilities for institutional closure, as well as the possibilities for operation of an entirely community-based service system. While the task of closure and conversion to a community-based system was on a much smaller scale in Vermont than in most other states, the experiences nevertheless provide valuable strategies and lessons for those elsewhere

interested in working toward closure.

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