



**COMMONWEALTH of VIRGINIA**  
**Virginia Board for People with Disabilities**

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August 7, 2009

RE: Regulation for Voluntary Admissions

Dr. James Reinhard, Commissioner  
Department of Behavioral Health and Developmental Services  
1220 Bank Street  
PO Box 1797  
Richmond, VA 23219-1797

Dear Dr. Reinhard:

On behalf of the Virginia Board for People with Disabilities, I am providing public comment in response to the recently proposed regulation 12 VAC-35-190-10, *Regulations for Voluntary Admissions to State Training Centers*. The Board strongly urges the Department to withdraw the regulation for at least one year, during which time the Department, in collaboration with key stakeholders, could reevaluate the role and mission of the Training Centers to determine the most appropriate functions that will best support the service delivery system.

Withdrawal of the regulation would permit a thoughtful process for planning future Training Center use that considers the Department's expanding population base (i.e., coordination of autism and developmental disability services). DBHDS is engaged in a significant shift, not only downsizing and renovating or rebuilding two Training Centers, but also – for the first time - building community-based beds. Since the “youngest” state Training Center is already 35 years old, in the near future DBHDS will need to determine the extent of capital requests and for state operated community-based beds for the other state Training Centers. In construction, form must follow function: a clear vision regarding the types of individuals to be served is needed. Decisions on the population to be served, and thus the type of building to be done will have system ramifications for the next 50 years. A broader range of service needs and greater interest in community-based services now must be considered in system development plans. The severity of the current recession increases the importance of defining the role of these facilities to best address the service gaps in the community currently most problematic and, more importantly, most likely to be problematic in the foreseeable future.

As written in the Application for Admission (12 VAC 35-190-21) and Criteria for Admission (12 VAC 35-190-30) sections, the admission criteria appear to have been substantially broadened: a primary diagnosis of intellectual disability is no longer required. Moreover, in the Application section, by using

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“or” instead of “and” in subparagraph B, an individual can choose Training Center services, *even if* community services are available. This contradicts the direction of DBHDS and state policy towards expansion and strengthening of community-based services.

Second, elimination of the criterion of a *primary* diagnosis of intellectual disability has the potential to “widen the front doors” of the Training Centers. In addition, there is no clarification that only SWVTC is licensed at this time to accept minors. The solitary reference to minors in the Application section can readily lead to the inference that all the facilities will accept minors. While the regulation lists “available space” and “service capacity” to meet individual need as entry criteria, the lack of more specificity fails to define the role of these facilities.

For the past two years, the DBHDS has been a key partner and leader in two federally funded initiatives, System Transformation Grant (STG) and Money Follows the Person (MFP). As you know, the common goal of both initiatives is to transform the Commonwealth’s system of care from one that is institutional in focus to one that enhances “personal choice and easy access to needed long term supports that are integrated, individualized, and simple to use.” (Under federal regulations, *integration* is defined as providing individuals with disabilities the same opportunities and access to participate in community life as individuals without disabilities.) Moreover, MFP specifically provides options for over 1,000 individuals to transition from a long-term care facility (which includes the Training Centers) to the community. As noted on the state’s MFP website, “all activities of the project are designed to address” objectives that enhance the availability of community-based services rather than institutional services.

Careful deliberation is needed to ensure that the role and responsibilities of the state-operated Training Centers is in keeping with the STG and MFP goals as well as the overall policy direction for the Commonwealth in serving individuals with disabilities. While the proposed regulation has incorporated person-centered language, lack of consideration of a more targeted role for these facilities keeps the system of care in a status quo. As noted in the Department’s 2008-14 Comprehensive State Plan (pp. 60 – 61): “All five Training Centers are experiencing greater demands to serve persons who have mild or moderate mental retardation and challenging behaviors that require significant behavioral interventions”. The State Plan further notes that resources for “more robust staffing levels” and “more formalized [staff] training” are needed to address to shift Training Center services to smaller, specialized units that can address those with challenging behaviors.

During the next year, Department leadership can engage in a meaningful re-evaluation of the facilities’ role and mission. Re-evaluation could include the following factors:

- identification of trends in admission requests over the last 5 years;
- the core services most needed by and least available in communities;
- outcomes, operational issues and service request trends of both the SWVTC Pathways program and all five Regional Community Support Centers (RCSC);
- the expanded mission of the Department;
- national and state policy direction; and
- trends in other states on facility roles/use.

A clear, defined role for the Training Centers would provide critical direction for facility and Department leadership in managing current resources and in future planning.

At a time of diminishing resources and documented unmet demand for community services (as evidenced by growing waiver wait lists, for example), we believe that it is highly imprudent to create a wider “front door” for Training Centers. The Board deeply appreciates and applauds the Department’s efforts to expand person-centered language/practices and community services. In asking for the temporary withdrawal of this proposed regulation, we are asking you to take the next step in that policy direction.

Sincerely,



Heidi L. Lawyer

Cc: Heidi Dix, Deputy Commissioner  
Frank Tetrick, Assistant Commissioner, Division of Community Services  
Lee Price, Director, Director, Office of Developmental Services  
Dawn Traver, Community Resource Manager, Office of Developmental Services  
The Honorable Marilyn Tavenner, Secretary of Health and Human Resources