2016 SESSION

HB 294 Southwestern Virginia Training Center and Southeastern Virginia Training Center; closure prohibited.

Introduced by: **Israel D. O'Quinn | all patrons ... notes | add to my profiles**

SUMMARY AS INTRODUCED:

Closure of the Southwestern Virginia Training Center and the Southeastern Virginia Training Center prohibited. Provides that the Southwestern Virginia Training Center and the Southeastern Virginia Training Center shall not be closed and shall instead remain open and continue to accept new admissions of individuals with intellectual disability for whom treatment in a training center is appropriate.

FULL TEXT

01/04/16 House: Prefiled and ordered printed; offered 01/13/16 16101484D pdf

HISTORY

01/04/16 House: Prefiled and ordered printed; offered 01/13/16 16101484D

01/04/16 House: Referred to Committee on Appropriations

Congress of the United States
Washington, DC 20515

July 11, 2014

The Honorable Terence R. McAuliffe
Governor
Commonwealth of Virginia
1111 Broad Street
Richmond, VA 23219

Dear Governor McAuliffe,

We write to commend you and the members of the General Assembly for your bipartisan collaboration to address the continued care for individuals with intellectual and related disabilities through the adoption of Senate Bill 627. Like you, we want to ensure the best possible care for our fellow Virginians and to provide adequate support for the family members or legal guardians who supplement those services.

As you know, parents who have children living in one of the Commonwealth's five training centers have expressed concern about the continuum of care that will be available for those individuals transitioning from a training center into a community-based setting as a result of Virginia's 2012 agreement with the U.S. Department of Justice to close four of its five centers. Thanks to your efforts with SB 627, we hope these individuals and their families will find greater comfort knowing that they now must be provided written certification that the quality of care they receive will be "comparable" to their current services. Further the new law requires that certification to address the individual medical, health, developmental, behavioral, and safety considerations of each family.

We are particularly encouraged by the creation of a working group, consisting of relevant stakeholders, who have been directed to consider options for keeping one or more additional training centers open, "in whole or in part," to supplement the single statewide center envisioned by the agreement. We have heard from many constituents who have children living in one of the training centers, which historically have provided a high-level of care for their residents. In response to the 2012 agreement, most families have actively pursued placement for their loved ones in a community-based setting, usually in the form of specialized group homes. Unfortunately, many of them report having difficulty finding such services or services that they feel meet their needs. Local Community Services Boards across the state, as well as private providers, who support the transition to community-based services, have expressed similar concerns, warning that most communities lack the resources and physical capacity to care for severely disabled residents by the scheduled closing date of the training centers.

The timeline for closing four of the Commonwealth's five training centers was arbitrarily established. Since then, the parents and professionals overseeing this transition have come to learn more about the tremendous challenges of not only providing commensurate medical care in a community-based setting but also in addressing the practical and logistical hurdles for delivering that care. If they are unable to identify a community-based setting before the scheduled closures, they face the prospect of moving their loved-ones to the

PRINTED ON RECYCLED PAPER

Central Virginia Training Center in Lynchburg, which may pose considerable hardship on the residents and their families.

While these families are hopeful that the working group will identify additional options for providing community-based care, they remain anxious that Virginia officials appear to be moving forward with the scheduled closure of the remaining training centers: Southside Training Center closed on June 30, 2014, Northern Virginia Training Center in 2016, and Southwestern Virginia Training Center and Central Virginia Training Center in 2018 and 2020 respectively. These center closures leave only Southeastern Virginia Training Center with its 75 beds open. In keeping with the spirit of the SB 627, we respectfully request that you consider deferring any actions with respect to the closure of the training centers or the proposal of the sale of any properties and that you urge the working group to proceed swiftly in conducting its review and submitting recommendations that will directly affect whether one or more of the centers remains operational in whole or in part.

Thank you for your consideration of this request and your commitment to providing the highest quality care for these individuals and their families in their own communities. We stand ready to work with you to achieve this goal. Please do not hesitate to contact us if we can provide any additional information.

Sincerely,

Rep. Gerald E. Connolly
11th District

Rep. Bob Goodlatte
6th District

Rep. Robert C. "Bobby" Scott
3rd District

Rep. James P. Moran
8th District

Rep. E. Scott Rigell
2nd District

Rep. H. Morgan Griffith
9th District

Rep. Randy Forbes
4th District

Rep. Robert Hurt
5th District

POINTS OF INTEREST FOR THE BOARD of SUPERVISORS

1) Introduction: PAAC is the Parents Advocacy and Advisory Council of Southwest Virginia.
2) Explain the DOJ Settlement agreement with the state of Virginia
    a. August 21, 2008 – DOJ initiated an investigation into CVTC. A family member filed a complaint with DOJ that their I/DD person was capable of living in a community setting; yet, remained at CVTC
    b. April 21, 2010 – DOJ put Virginia on notice that DOJ was expanding its investigation to include all five (5) of the training centers
    c. February 10, 2011 – DOJ issued its findings: Virginia was not doing enough to move the training center residents into a community setting
    d. January 26, 2012 – The DOJ Settlement Agreement with the Commonwealth of Virginia was signed
    e. August 23, 2012 – Judge Gibney issued his ruling
        i. Judge Gibney made it clear that Virginia need not close the centers: "Nothing in the decree [the DOJ Settlement Agreement] compels Virginia to close any facility. Decisions of that sort lie in the hands of the Virginia General Assembly [or the Governor]. If it deems it wise, the General Assembly [or the Governor] can appropriate funds to continue to operate some or all of the Training Centers, even while funding the Medicaid waivers."

a. Our previous Governor signed a ruling that all but one of the Training Centers in Virginia would be closed and these individuals would be moved into the community
    a. This is not required under the settlement agreement; the agreement states that individuals and/or legal guardians can choose a training center environment for the individual.

b. The training center that was chosen to remain open is SEVTC in Chesapeake, which has 75 beds and 69 are filled. This is too far for the families of the SWVTC to drive and visit their loved ones.

b. Our current Governor could reverse this procedure with a stroke of his pen.

c. **Virginia Code 37.2-837(A)(3)** states that people can have the choice of a Training Center. "Pursuant to regulations of the Centers for Medicare & Medicaid Services and the Department of Medical Assistance Services, no consumer at a training center who is enrolled in Medicaid shall be discharged if the consumer or his legally authorized representative on his behalf chooses to continue receiving services in a training center."

3) If SWVTC closes, this locality will be responsible to help make sure that all of the services that are now available at the training center will be available in the community setting. The settlement agreement states that the care must be as good as, or better than, the individual is currently receiving.

a. **SB627 (2015): 1. § 1**. "That the Department of Behavioral Health and Developmental Services shall, before transferring any training center resident to another training center or to community-based care, provide written certification to such training center resident or his legally authorized representative that (i) the receiving training center or community-based option provides a quality of care that is comparable to that provided in the resident's current training center regarding medical, health, developmental, and behavioral care and safety and (ii) all permissible placement options available under the Commonwealth's August 23, 2012, settlement agreement with the U.S. Department of Justice, including the option to remain in a training center, have been disclosed to the training center resident or his legally authorized representative. A training center resident or his legally authorized representative may waive the certification requirement imposed in clause (i)."

b. As we well know, this region is sorely lacking in appropriate community housing, supports, services, medical care, and safety for the I/DD individuals.

4) The services presently offered at SWVTC are as follows: medical care (doctor on staff Monday-Friday and on call nights and weekends), 24 hour nursing services, pharmaceutical services, 24 hour direct care services, occupational therapy, physical therapy, speech therapy, dental services, when needed, including routine exams, (NOTE: this dental clinic is utilized by other I/DD people living in our SW Virginia region), neurology, dietary, community involvement including, and not limited to, work possibilities, trips, volunteer work, and any other activity that enhances the lives of each individual and meets their needs. The individuals must have a safe environment where their safety and the safety of others are of the utmost importance.
5) Individuals must have the same type of setting, including and not limited to, private bedrooms, a comfortable, home-like setting, outdoor space in which to move about freely and in safety.
6) The secure setting of the individual's surroundings is mandatory. Some cottages have attractive fencing around the yards, allowing the residents safety while freely moving about.
7) Each individual must be able to thrive while developing that individual's wishes and talents. For example, at SWVTC, there are numerous far-ranging Hobby Clubs that cater to the residents' interests, such as Cooking, Gardening, and Hiking. At SWVTC there is a large contingency of volunteers that interact with the residents both on-campus and off-campus.
8) The health of all individuals is the most important requirement, this has to be guaranteed to be the best possible care equal to or better than the training center. The medical staff at SWVTC is intimately familiar with each resident and that person's medical needs and requirements.
9) What is the Carroll County willing, and financially able, to provide for our loved ones? Can the county take on this enormous responsibility and financial burden?