



COMMONWEALTH of VIRGINIA
Virginia Board for People with Disabilities

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August 10, 2011

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RE: Transition Plan for Individuals with ID from State Training Centers to Community

The Virginia Board for People with Disabilities (the Board) appreciates this opportunity to provide comment on the transition plan for moving individuals with intellectual disabilities from state training centers to the community. This is an exciting time in the Commonwealth and the Board welcomes the opportunity to contribute to this process.

Two assumptions underlie our recommendations for the Transition Plan. One assumption is that no funds beyond the \$30 million appropriation for the Trust Fund will be available for at least 2 years, since savings from downsizing, which has proven to be gradual, occur only when an entire unit or building is closed. Another assumption relates to the Training Center workforce: our expectation is that normal attrition (resignation, retirement, etc.) along with internal transfers to address unfilled, important vacancies can minimize the need for benefits outlay pursuant to the Workforce Transition Act of 1995. We are listing suggested plan elements by objective, in order of priority.

Objective #1: HOUSING—Develop/ implement innovative housing and financing models to expand affordable, permanent housing options which have universal design and access to transportation.

Development of non-institutional housing options must be an immediate priority. Due to the Trust Fund appropriations, the Department has a unique opportunity to enact recommendations discussed in its 2009 *Report on Investment Models and Best Practices for the Development of Affordable and Accessible Community-Based Housing for Persons with Intellectual and Related Developmental Disabilities* (Item 315 Z). The Board encourages DBHDS to plan diverse housing options, as identified in that report, to best match the needs and interests of individuals being transitioned to community living within the local communities. We believe it will be critical to

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engage the following state agencies in the development of investment priorities: the Department of Housing and Community Development (DHCD), the Virginia Housing and Development Authority (VHDA), and the Department of Medical Assistance Services (DMAS).

The development of affordable housing must include the prioritization and alignment of state investments of housing assistance across agencies. Cross-secretariat collaboration to establish priorities will help to organize and align federal, state, local and private resources which can significantly increase the development of integrated community housing for individuals with intellectual and related developmental disabilities.

The Board recommends that Trust Fund dollars be used in combination with other federal housing dollars and/or programs that flow through VHDA and/or DHCD—such as VHDA’s low income housing tax credit program and DHCD’s HOME program. Recent changes to the HUD Section 811 program provide an opportunity to leverage Trust Fund dollars with Low Income Housing Tax Credits to develop highly integrated housing for individuals with disabilities. The Board does not support the proliferation of community ICFs-MR which we believe is inconsistent with the community integration mandate of the Americans with Disabilities Act (ADA).

The 2008 report, *Leveraging Medicaid: A Guide to Using Medicaid Financing in Supportive Housing*, notes: “In order for permanent supportive housing models to work successfully there must be three elements: housing production, rent subsidies, and services and supports.” In Virginia, rent subsidies are of critical importance if individuals with disabilities in need of deep rent subsidies are going to transition to affordable housing in the community.

The Board recommends that Trust Fund dollars be used to develop a housing “Bridge Subsidy” program. Bridge subsidies are a temporary rental subsidy that can be used until an individual is able to obtain a permanent rental subsidy, typically a Housing Choice Voucher. Successful programs in several states have sought to establish partnerships with local Public Housing Authorities (PHA) willing to create a preference on their Housing Choice Voucher Waiting List for individuals with disabilities. Centers for Independent Living have established relationships with PHAs and have successfully advocated for addition of a preference for individuals with disabilities on Housing Choice Voucher wait lists. Trust Fund dollars, possibly in combination with DHCD HOME funds, could be set-aside for such a program. The program could be implemented as a demonstration model on a small scale, at least initially, and expanded when appropriate.

Objective #2: Quality Assurance/Oversight—As described in the Board’s *2011 Assessment of the Disability Services System in Virginia*, to ensure individual safety and positive outcomes as well as ensure sound use of taxpayer funds, a core feature of the service system should be meaningful accountability for service quality and effectiveness.

Major concerns for families or guardians of current Training Center residents are safety and, in turn, the quality of oversight: will appropriate services and supports be provided as needed in a timely manner and what mechanisms will be in place to ensure this? As DBHDS is acutely aware, over the past decade, the number of providers and service sites has increased dramatically, while staffing in the DBHDS Offices of Licensing and Human Rights have been flat. If at all possible, Trust Fund monies should be allocated to increase the oversight capacity of these offices both through additional staff, to include training; and, additionally, to develop/implement systemic outcome data collection and analysis at the individual level for each transitioned person. The outcome data system could be a model for monitoring services within the entire DBHDS system. Data collection and analysis should be a priority for completion in the first year. Development of such a system would include: identification of meaningful, objective outcome data, creation of database or expansion of existing database; and staff hiring for data analysis. Outcome data would provide objective information for families and legislators and over time can guide future system planning and design.

Objective # 3: Expand capacity for dental services to adults. The Board recommends that some Trust Fund money be used to expand the number of private dental practitioners who have skills and knowledge in serving adults with intellectual and related disabilities. One means would be to fund either partial or full replication of the NVTC Dental Initiative, which the Board funded last year, through partnerships with the Virginia Dental Association, the various dental schools at universities, and even health clinics statewide. The Dental Initiative included funding for a checkup/maintenance exam by the private dentists trained through the project. Expanded statewide, a Dental Initiative would bring focus to the needs of adults under Medicaid and could provide much needed data on the actual costs and value of funding dental services through Medicaid. Trust Fund monies could be used to create a more extensive demonstration project which includes subsidies for dental care to clients who transition from the Training Centers in a targeted area where there is sufficient concentration of individuals. Partnership with the CILs in this initiative, in addition to the ARC of Virginia, could further identify and encourage potential dentists to participate in the initiative.

The Board recognizes that DBHDS has allocated a proportion of staff time at the Regional Community Support Centers (RCSCs) to provide dental and other specialty services to individuals discharged from the Training Centers and transitioned into community settings. Continued reliance on the RCSCs, however, does not expand community service capacity. As promoted by the Olmstead decision, the Americans with Disabilities Act, and I.D.E.A., Virginia needs to move to a service philosophy that provides citizens with disabilities similar access to medical, dental and related services in the community as those without disabilities.

Again, thank you for this opportunity to provide input into the development of the transition plan. The Board looks forward to the long-awaited expansion of community services for individuals with intellectual and related disabilities. We applaud DBHDS' efforts towards a person-centered service system. The Board welcomes this and future opportunities for collaboration with DBHDS towards system change of community integration and inclusion.

Sincerely,

A handwritten signature in blue ink, appearing to read "Heidi Lawyer". The signature is fluid and cursive, with the first name "Heidi" being more prominent than the last name "Lawyer".

Heidi Lawyer