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Virginia Board for People with Disabilities

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November 18, 2009

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

RE: State Board Policy 1007(SYS)86-2

Dear Dr. Reinhard:

The Virginia Board for People with Disabilities (hereafter referred to as VBPD) appreciates this opportunity to provide public comment on recent revisions to State Board policies regarding services to children and adolescents. Our comments focus on the revised State Board Policy 1007(SYS) 86-2, *Behavioral Health and Developmental Services for Children and Adolescents and their Families*. We complement the Board in its overall use of language that reinforces person-centered principles and strengthens natural supports to children and their families. We strongly support the principles for developing and implementing children's services (page 5) listed under Policy.

Our comments will reference page and paragraphs.

Page 2, 1st paragraph: For clarity and emphasis regarding the population to whom the policy refers (children and adolescents), we suggest moving the last sentence to the beginning of the third paragraph, which would then read:

In this policy, children include adolescents, unless the context requires particular age-related language for clarity or emphasis. The populations covered by this policy are:

Page 4, 1st paragraph, last sentence: We suggest adding language that also recognizes the quality of life and cost saving benefits of providing services to children in natural settings, whenever practical, and in strengthening families or surrogate families.

Page 4, 2nd paragraph: As noted in the Developmental Disabilities and Bill of Rights Act of 2000, a central federal goal is to develop a coordinated, comprehensive system of individualized community supports that enable individuals with disabilities to enjoy self-determination, independence, and community inclusion and integration. VBPD therefore applauds and commends DBHDS for deletion of the phrase “both institutional” at the end of the first sentence of this paragraph. We recommend additional language for the last sentence, which clarifies meaning of the term “community settings” to underscore the importance of serving children in the least restrictive and natural settings (e.g., home or local outpatient services) whenever feasible. We also recommend adding “time-limited” in front of the phrase “public or private inpatient or residential treatment facilities...”.

Page 6, 3rd bullet under 2nd paragraph: The phrase “training center support options” is not clear. Since the stated intent is to reduce training center admissions, one inference is that the phrase refers to services through the Regional Community Support Centers (RCSCs). If that is the case, a specific reference to RCSCs would be useful clarification; and if not, clarification of what is meant would be helpful.

The VBPD strongly recommends that the word “reduce” be replaced with “eliminate”. A number of states do not permit admission of youth into state Training Centers. Adoption of “eliminate” rather than reduce is more consistent with the principles of strengthening and supporting families as stated under Policy (page 5).

Thank you again for this opportunity for comment. Please do not hesitate to call me if you have any questions. I am available to meet with the State Board at its December 8th meeting if that is desired for any discussion.

Sincerely,



Heidi L. Lawyer

Cc: Heidi Dix, Deputy Commissioner
Charlene Davidson, Director Office Planning and Development
Ruth Anne Walker, Legislative Manager
VBPD Board