







Parent to Parent of Virginia











February 19, 2017

Dear Members of the House Appropriations and Senate Finance Committees:

The undersigned organizations write to express our opposition to proposals that would keep the Southwestern Virginia Training Center (SWVTC) and the Central Virginia Training Center (CVTC) open. These proposals represent a retreat from the Commonwealth's stated commitment to community-based services, and would cause harm to Virginians with developmental disabilities and their families. We urge you to proceed with the closures as planned and invest in community-based care.

The Commonwealth has already completed the closure of two state-operated institutions, the Southside Virginia Training Center (SVTC) and the Northern Virginia Training Center (NVTC). As a result of these closures, hundreds of citizens with developmental disabilities – including those with the most complex medical and behavioral needs – are now living safely and successfully in the community. Many of these individuals lived in the Training Centers for most of their lives; some for more than fifty years. Today, they are living "A Life Like Yours" in the community.

The families of former Training Center residents have expressed satisfaction with the community-based services their loved ones have received, and report that quality of life and well-being improved as a result of the transition. Since moving to the community, many individuals have made gains in adaptive skills (such as responding to a handshake, eating solid foods, or speaking words for the first time) and have seen decreases in maladaptive behaviors (such as eloping or self-abuse). In his December 2016 report to the court, the Independent Reviewer found that individuals with intense medical needs had positive health care outcomes as well. Families have shared that relationships with their loved ones have grown stronger, and that they are now able to see family members more frequently than they had in the past.

The system has felt the positive effects of closure as well, and community-capacity has significantly increased since the process first began. More than 2,000 DD Waivers have been provided as a result of the closures. The DD Waiver was redesigned to increase reimbursement rates for services provided to those with significant support needs. There are now community providers in every region offering medical and behavioral supports that *exceed* what is available in the state Training Centers. Some of these providers are located just a few miles away from CVTC, but their services are integrated in the community and offer an equivalent level of care for *one-third of the cost* of the Training Center.

Keeping the Training Centers open would limit the Commonwealth's ability to respond to the DD Waiver waiting list crisis. More than 11,000 Virginians with developmental disabilities are still on the DD Waiver waiting list. Many of these individuals have equivalent, if not greater, support

needs as those currently living in the Training Centers. They require assistance with feeding, toileting, bathing and dressing, yet are still waiting for the services they need. Nearly 3,000 are in the Priority 1 status for reasons such as an elderly or ill caregiver. Maintaining SWVTC and/or CVTC would require millions of dollars in new, unbudgeted operational and capital expenses. Investing in institutions, when we know those dollars can be used to provide an equivalent level of service in a more cost-effective manner, is not fiscally responsible for our Commonwealth, especially given the unmet needs in community where funding is desperately needed.

Virginia's plan to close the institutions puts us on the right path. Virginia is ranked 39th in the country for its developmental disability services (which places us *up* 10 rankings from when the closures first began). The low ranking is primarily due to the long waiting lists for services and slow transition to community-based care. Other states have transitioned to community-based services because it has allowed them to serve more people and provide a higher quality of care. As a result, more than 200 state-operated institutions have closed nationwide. Fourteen states have already closed *all* of their state institutions, and several other states are in the transition process.

Average Costs of Institutional Care vs. Community-Based Care:

- The average annual cost per person for Training Centers is now \$343,267 per person per year.
- The average annual cost per person for community services (former residents) is \$103,998 per year.
- The average cost of the new Family and Individual Support (FIS) Waiver is \$21,000 per person, per year.
- The total census of Training Centers has declined by 74% since 2010, and is now close to only 300 residents statewide.
- As the census declines, the average cost per person for Training Centers has *risen* by nearly 50%.

To summarize, it is simply not justifiable to invest in institutions when we know that, (1) equivalent (if not better) care is being provided in the community, (2) community-based care is more cost-effective than institutional care, and (3) the waiting list for community services continues to grow. These factors, combined with Virginia's experience in shifting care to the communities, demonstrate that closing the institutions is not an "either/or" between families with needs. Rather, the transition to community-based care is about ensuring that all Virginians with developmental disabilities have access to the care they need. We are on the right path to get there, and ask that you keep going.

Thank you for your time and consideration of this matter.

Sincerely,

Autism Society
disAbility Law Center of Virginia
Down Syndrome Association
Parent to Parent of Virginia
The Arc of Virginia
vaACCSES
Virginia Association of Centers for Independent Living
VA-TASH
Virginia Association of Community Service Boards
Virginia Board for People with Disabilities