# A Parent's Perspective

## *Virginia Training Centers*

*By Jane Anthony*

I am thankful that my son Jason found a placement at Northern Virginia Training Center (NVTC) 26 years ago when Training Centers (TCs) still accepted children and the State more readily provided life-long supports; and I hope TC placement will be a viable alternative for others like Jason for many years to come.

Although 30 years-old, Jason functions at the level of a 6 to 8 month-old, has no verbal skills for expressing his own needs or desires, tends to be passive, and depends upon others for stimulation and encouragement to participate in life's activities. He needs the stable, safe, loving care and staff continuity provided by NVTC. It is truly his home and least restrictive environment, providing frequent contact with other families and many community volunteers, large safe spaces to encourage movement, diverse activities and stimulation, as well as many special activities and outings. Active parent groups at TCs offer assistance and camaraderie, and enrich the TC environment for the residents. Jason now "works" at Central Fairfax Services' (CFS's) assistive work program, but when he was younger, he attended school at the Kilmer Center. All of these experiences and environments have stretched Jason as a person and enabled him to connect with the community to his full potential.

Because TCs are under many layers of administrative oversight with multiple staff on duty and random visits from family and visitors, I know he is safe and well cared for. This is critical because he is an ideal target for abuse and at risk to environmental hazards because he will chew or eat dangerous objects if permitted (pica), has a very high pain threshold, can walk, has the strength of a ten year-old, but no comprehension of the risks or consequences presented by the typical home environment.

For Jason and others who are the most disabled, medically fragile, and/or behaviorally challenged, TC staff have the specialized skills and experience to creatively address each resident's unique needs. For example, the specialists at NVTC have controlled Jason's seizures with a minimum of interference with his ability to enjoy life; anticipated and corrected skeletal problems with both surgery and physical therapy, enabling him to remain mobile and minimize fractures; and trained Jason to feed himself.

The Regional Community Support Center (RCSC) program extends the specialized skills and treatment facilities available at TCs to those in the community. The RCSCs provide, for example, medical and dental outpatient consults and treatment, respite, training for community staff, and specialized educational opportunities for students in cooperation with area universities. Those in this most disabled population often require full anesthesia for periodic cleanings illustrating one of the many essential specialized skills.

Today, parents of children with profound mental retardation with behavioral and medical complications face a difficult situation: more applicants competing for the state supports being offered, a fragmented system of supports, and no one place for parents to learn about their options. To complicate matters, many years of underfunding for both TCs and "community" waiver programs have created a crisis.

Governor Warner and Dr. James Reinhard, Commissioner of the Department of Mental Health, Mental Retardation, Substance Abuse Services (DMHMRSAS) have proposed an innovative restructuring plan to modernize TCs that involves moving TC residents who would benefit from community placements into waiver slots. However, because those in today's TC population present comparable costs to support in the community, the restructuring plan will not address the underlying problem: community supports are woefully underfunded. In Virginia, families must reach a crisis before they qualify for any placement.

According to the University of Colorado's national rankings, Virginia is 11th in the nation with regard to its ability to pay for services. However, it ranks 28th out of the 50 states and the District of Columbia on TC spending and an outrageous 47th in funding for community supports. Although Virginia's TCs may appear well supported by comparison, expenditure per resident ranks 41st in the country. While the public school system must provide supports up to the age of 22, I urge parents of children with severe mental and associated disabilities to begin considering the options available after age 22 well before their child needs such

options. It's also critical to strongly advocate for increases in public supports that are so desperately needed. Modernized TCs play an essential role in an integrated system of supports, and parents whose children qualify should consider what they have to offer.

Governor Warner demonstrated his recognition of the essential role that TCs play in a continuum of supports for those with MR when he drafted his restructuring plan for MR services. Years of delayed maintenance and facility modernization as well as changes in standards of safety and care precipitated the need for restructuring. Newer buildings will better serve current residents, who are much more disabled than those for whom TCs were originally built, and operating efficiencies of new buildings will greatly offset capital costs. Also, RCSC supports will be expanded to all five TCs, and those who can transfer to the community will have that option. Thus, restructuring should better integrate the system of services.

Because geography does matter, the clustering of specialized skills and equipment with those who have the most involved needs onto a TC campus reduces travel risk, staff time, and cost. Co-location of services on a TC campus creates the opportunity for several specialists to consult with one another and create better supports, and an aggregated staff provides greater flexibility and efficiency. The RCSCs affiliated with the TCs are an effective support system for those who can schedule occasional trips to access the specialized skills or respite care offered by the RCSCs.

Governor Warner and the DMHMRSAS have preserved the option for choice of placement for others who need the unique services provided by TCs. Because each individual has different needs and options for supports, there is no formula that can dictate the "best" residential placement. Parents or guardians should be able to choose what is best from among available options for those who qualify. As the population with MR ages, and as more babies with special needs are born, integrated intensive care as provided by TCs will be in ever greater demand. We need the TCs as the safety net of the system of care.

I know TCs are not for everyone. However, if your child has significant disabilities that would make community care less appropriate or secure, arrange a tour and consider asking your Community Service Board case manager or local TC director to help you investigate this option for respite and residential care. ■

# Services Provided by Virginia's Five Mental Retardation Training Centers

There are five regional, residential training centers for individuals with a primary diagnosis of mental retardation operated by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, an agency of the Commonwealth of Virginia. These include: Central Virginia Training Center (Madison Heights); Northern Virginia Training Center (Fairfax); Southeastern Virginia Training Center (Chesapeake); Southside Virginia Training Center (Petersburg); and Southwestern Virginia Train Center (Hillsville).

The training centers offer a range of highly structured services that address the occupational, speech, vocational, motor development, and physical health care needs of their residents. All five training centers are certified as intermediate care facilities (ICF/MR) under Medicaid. Training center services are client-centered and highly individualized. To meet each individual's challenging and extensive requirements for care and habilitation, a network of clinical and direct care staff are available on a 24-hour basis. Training center services are provided in the least intrusive and non-restrictive manner. They are designed to promote growth and development in an integrated and diverse environment. Some training centers have agreements with community services boards (CSBs) for off-campus vocational programs. Upon request from the CSB, behavioral and habilitation training can be provided to community providers serving clients from the training centers.

The admission process into a training center is coordinated by the CSB that is responsible for providing case management services to the individual who is seeking admission. This is almost always the CSB serving the city or county in which the applicant resides.

To be eligible, a person must have a primary diagnosis of mental retardation(MR) and meet certain criteria related to the level of functioning that qualifies him or her for admission to an intermediate care facility. It must also be determined that the center can provide the most appropriate services based on the intensity of need. After the CSB review is completed, it then submits an application to the training center that serves its region. The training center reviews the information provided in the application package. If the applicant is determined to be eligible for admission, a circuit court judge must certify the individual for admission. The facility director then sets a date for admission.

The training centers offer emergency and respite admission if space is available. Again, the CSB is the point of entry. (See list of CSBs on p. 34.)

The CSB with case management responsibility also coordinates discharge planning with the training center when a resident, with his guardian/legally authorized representative (LAR) or family member has chosen to continue his training and habilitation in the community. ■

***For contact information regarding the five regional Virginia training centers, please see the Resource section on p. 88.***