

CASE FOR KEEPING

SOUTHWESTERN VIRGINIA TRAINING CENTER (SWVTC) OPEN

SWVTC cost per resident is \$141,476 ¹ and as such is the lowest cost per resident of any of the training centers in Virginia. The cost per high needs Medicaid Waiver recipient living in the community is \$140,611 ²; therefore, there is virtually no cost savings to be realized by moving a person from SWVTC into a community setting.

The majority of the residents remaining at SWVTC are categorized as “high needs” in terms of their medical and/or behavioral requirements. The costs associated with these individuals will remain high whether they remain at SWVTC or are moved into the community because they require care in an ICF setting.

Of the forty-seven (47) privately operated ICFs in the Commonwealth, only two are located in the region served by SWVTC with a total bed occupancy of twenty (20) residents and are at full occupancy. Both of those are located in Buchanan County which is a three (3) hour drive from Hillsville, VA. There are no other community ICFs located within the region served by SWVTC. In order to accommodate the higher needs individuals currently living at SWVTC Virginia would have to build or establish community ICFs in southwest Virginia that could accommodate up to one hundred (100) clients.

SWVTC is located along the main corridor of Route 58 near the intersection with Route 77, and situated between Hillsville and Galax. This gives the residents easy access to hospitals and medical specialists, quick access to numerous leisure-time venues in the community as well as being close enough to jobs to be able to take advantage of a variety of employment opportunities.

This location along two main routes also makes it easier and faster for the families living in the far-flung corners of this rural and isolated southwest Virginia region to visit with their loved ones. Most of the families live within a two (2) hour drive of SWVTC.

¹ Averages for SWVTC from FY10 – FY12: operating cost \$25,843,027; a population of 182; cost per resident of \$141,476.

² The average cost of the 57 individuals discharged into the community in 2012 is \$140,611.

Keeping only SEVTC open – at the far end of Virginia – discriminates against the people currently residing at SWVTC and their families. Families could have as much as a ten (10) hour drive in order to visit their loved one should a SWVTC resident be re-located into SEVTC. Numerous parents of the residents at SWVTC are seniors themselves in their 70's and 80's; a large number of these parents are also in poor health; they are unable to travel long distances.

Many of the former SWVTC residents who have been moved “into the community” are now residing on farms that are remote and isolated, often with no neighbors in sight. Some of those remote community settings are a forty-five minute or more drive away from a town of any size. These remotely located Sponsored Residential facilities in southwest Virginia actually violate the Olmstead Act due to their isolated location.

A man who was recently moved from SWVTC into a rural community placement had to give up his contracts cleaning parking lots for the Carroll County Courthouse and other businesses in Hillsville because his new location was too far away for the provider to transport him to his work. His re-location into this out-of-the-way setting denied him the right to gainful employment.

For a person living in one of the small secluded southwestern Virginia communities, or in the surrounding mountainous area, it's difficult to find a doctor or medical treatment nearby as there are inadequate medical services to care for the region's current population. A person frequently has to drive as much as two hours in order to obtain the needed specialized medical services. This describes most of the families who have a family member at SWVTC.

As is so often the case in this isolated region recruiting a doctor or nurse to move in and establish a medical practice is met with resistance from the doctor or nurse because they do not wish to live in such isolation. The small community clinic that is closest to my home cannot hire or keep a qualified doctor on staff. There is one full-time and one part-time nurse practitioner working at that clinic under the supervision of the one long time doctor on staff. The clinic has had waged an active recruiting campaign for over three years to no success.

If a community is fortunate enough to have a small local hospital, the doctors and other medical staff serving in the little communities are unfamiliar with how to treat and handle a special needs individual. Often a doctor will refuse to admit an ID/DD person as a patient.

For example: on a home visit we took our son to visit his grandparents. During that visit he suddenly bolted into the road and was struck by a vehicle, knocking him into the air, landing some 35 feet away. At the emergency room he was finally seen by the

medical staff who ran some x-rays to determine there were no broken bones; then he was sent home. The nurses and doctors seemed reluctant to even touch him as though they feared he might somehow be contagious. As it turned out he had a concussion which had been undetected by the cursory examination given to him in the emergency room.

The hospital that serves the residents of SWVTC is associated with Duke University Hospital and is a fifteen (15) minute drive away. The doctors and medical staff, both the ones at the hospital as well as the medical staff in the surrounding community, are trained in working with our ID/DD population. They have experience in how to best accommodate the special requirements presented by the residents; and they are willing to admit our residents as patients.

The staff at SWVTC is already fully trained from the day-to-day care to their varied medical needs; training updates are continually being offered; the staff is familiar with the needs of the residents and knows how to provide the best care for them. SWVTC consistently receives good Medicaid audits.

There is a strong and active Regional Community Support Center (RCSC) already functioning on the SWVTC campus. This RCSC provides outpatient clinics, including dental care, for individuals living in the community and the residents of SWVTC.

The residents at SWVTC are already integrated into their community by virtue of: 1) the robust volunteer program in place at SWVTC with monthly on-campus events; 2) weekly opportunities to go on off-campus excursions; 3) being able to participate in a wide variety of jobs in the surrounding community. The campus at SWVTC is also utilized by community groups such as the Soccer League. The residents enjoy attending the games that are played on the field next to the gym.

Each cottage has a dedicated volunteer group that supports those residents by having pizza parties on the cottage, by being a part of a number of off-campus special events such as going fishing, attending church services, going to the airport to watch the planes, having picnics in state and national parks, and going on personal shopping trips.

The residents who are physically able to do so have a wide range of off-campus activities that they participate in every month. For instance, during the past three months the residents of one cottage participated in these types of off-campus trips:

- Picnics
- Shopping trips
- Dining
- Cookouts
- State parks
- Safari Park
- Fall foliage tour
- Swimming

Residents at SWVTC have jobs both on-campus and off-campus, providing them with a sense of self-worth and giving the residents the opportunity to learn about money management. Some of the working residents have their own account in a local bank, making deposits of their pay check to their account as well as taking money out for a personal shopping excursion.

Some of the residents have contracts with local government offices as well as local businesses to clean the parking lots and public areas. The nearby Farmers Market regularly employs residents of SWVTC to box vegetables, bag up candies and other similar structured tasks. Some of the residents participate in making dog biscuits for sale. Others bake cookies that they sell. Still others work in the on-campus greenhouse growing and potting up seasonal flowers for sale. The money from these group activities is often used to go on a special outing or to have a party in the cottages.

SWVTC is the second largest employer in the Hillsville area. For each job at SWVTC the financial ripple effect in the community is multiplied manifold as a result of the services required to support the employees. Employment at SWVTC offers a rare opportunity to have a regular paycheck and benefits.

In this economically deprived area to become a licensed sponsor means earning what is considered locally to be “a lot of money.” A while ago a newly licensed sponsor couple, who did not know we have a son at SWVTC, laughed as they bragged to me that they were going to “get us a couple of them [residents at SWVTC] and keep them for two years; make us a ton of money, pay off our debts, and buy us a new tractor; then send them back.”

Some of the current residents at SWVTC have arrived there via an unsuccessful stay in a community placement. The level of support these folks required was not available in a community placement because the community facility was unable to, or not equipped to, handle either the behavior or medical challenges presented by these individuals. In some cases the community facility refused to continue to treat the resident causing the families to obtain a residential placement at SWVTC.

The southwest Virginia region that is served by SWVTC is mostly a mountainous, rural and isolated region with poor roads making it difficult to obtain even basic needs. My mother-in-law was staying with us as she recuperated from heart surgery. She woke up during the night with heart palpitations and asked us to be taken to the emergency room. After a forty-five (45) minute drive to the nearest hospital she was taken care of. Being a lady from an urban area and used to being within a few minutes' drive to all sorts of services she was understandably upset and indignant that it'd taken so long to get to a hospital for care.