

# We must rethink the course DBHDS adopted pursuant to the Settlement Agreement

Comments of Jane Powell, President of CVTC Families and Friends  
Senate Finance Health and Human Resources Subcommittee Meeting  
January 20, 2014

1. Summary of the important negative findings of Independent Reviewer Donald Fletcher, from his second and third reports.
2. CVTC ARs' Barriers to Discharge.
3. What the Settlement Agreement Requires and What It Does Not.
4. The numbers are not there to make the current DBHDS plan workable.
5. With the initial plan unworkable, we have to consider alternatives.
6. We must maintain the high quality of training center services.
7. Three notable quotes:

"DBHDS has assured ARs that they will have choices of community programs that are equal to, or better than, current services."

*—Report of Settlement Agreement Independent Reviewer Donald Fletcher, June 6, 2013, page 21*

**. Disabled Virginians should be able to get the care they need in the setting they desire...**

As disabled Virginians transition from institutional to community care we must ensure that systems are in place to **guarantee quality of care in all settings...**

**...We need to ensure adequate resources are in place to guarantee the quality of care is as good in the community as it was in the institution.**

*-- From Governor Terry McAuliffe's website, healthcare policy platform*

"... as deinstitutionalization advocates shifted their goals from rights to services, the cost gap between institutional and community services narrowed... it is reasonable to expect that the cost gap will shrink as people in the community receive more services.... Once private settings such as nursing homes and group homes are thought of as institutions...the cost gap can narrow further or even in some cases reverse.

*--Sam Bagenstos, former DOJ civil rights attorney and proponent of deinstitutionalization, on the subject of comparative costs.*