

PUBLIC COMMENT - CHESAPEAKE

Barbara Seigel, *parent of resident of SEVTC*

She expressed gratitude for the Center on behalf of the residents and their families. She is concerned about the possibility of closing or downsizing the facility, and would like for it to remain the same.

Queen Jones and Essie Wyatt, *sisters of a resident of SEVTC*

Her sister is doing well here and would like for her to be able to stay. Ms Jones has attended J & E meetings and is concerned about the possibility of changes. She cited examples of individuals released from state facilities to the community who had little success in adjustment. She asked if someone who was released could return to the training center for dental or medical care. This was a real need. She wants the facilities to remain open and be upgraded. People who are on waiting lists should be helped.

Randy Lassiter, *parent of profoundly retarded child in CVTC, Lynchburg*

He requested that the members of the Committee be listed on the agenda in the future. He said that he didn't fully understand the purpose of the Committee, but he hoped that it would take action on his concerns. Mr. Lassiter was extremely concerned about the J&E Report, and he was disturbed that a \$775,000 contract had been awarded to the company in Maryland. He felt that the report was biased and prejudiced and should be invalidated because the company was a community care provider. Mr. Lassiter was also upset that individuals were being transferred from Central State in Petersburg to CVTC because judges were making the decision that they were no longer insane but mentally retarded. He felt that should be a medical decision and wanted the transfers to stop. He said that parents of residents should have rights as well as the handicapped but did not feel that this was true when the courts were involved.

Geneva Cummings, *parent of resident of SEVTC*

Ms Cummings read a poem that had been written to "Daniel," her son, by his cousin from Texas. The cousin felt that although Daniel could not hear or speak, she could communicate with him and that he was special.

Elvin Reid, *sister of resident and President of Parent Group at SEVTC*

Ms Reid and her family hold SEVTC in high regard and need the services of the Center. Their sister has made progress here. She is concerned that residents will be sent to group homes in the community and is not happy about that possibility. She was not sure about the purpose of the Committee, but wanted to make her feelings known. Ms Reid thought that there had been enough state studies and felt that the money would be better used to improve the services that are currently provided. She said that MR should be handled differently from MH and SAS, because MR clients have no control over their disability and most cannot speak for themselves. The services needed are different. She did not want people sent back to the community in an unsafe environment. People can be cruel to the disabled, and there are many dangers such as abuse or even crossing the street. She is gathering signatures on a petition in support of SEVTC and only 3 people did not sign out of the 120 asked.

David Carter, *Committee member*

David said that he would like to live in the community some day, but he has health care issues that prevent that at this time. He felt living in the community is not for everyone and that people should have a choice.

Candace Waller, *Executive Director Chesapeake CSB*

Ms Walker began by welcoming the Committee to Chesapeake. She reported that they have a waiting list of 80 individuals for MR residential services and only those with emergencies are being served now. She said that she has spoken to countless commissions before about the need for funding additional services. The problem is statewide. Ms Walker feels that there needs to be a better way to run the system. The state doesn't operate its funds this way; they set up a rainy day fund to deal with emergencies as they arise. There is no waiting list for economic development. Businesses are not asked to wait eight years before locating in Virginia. She thinks that funding for human services could be done the same way.

Dr. Robert Shrewsberry, *Director of SEVTC*

Dr. Shrewsberry welcomed the Committee members to SEVTC and gave a brief overview of the Center. It opened in 1975 with plans to provide temporary intensive treatment to mild and moderately involved individuals before returning them successfully to the community. This lasted about a decade and then the focus changed. Today the Center serves 200 individuals, 75% of whom are in the severely and profound MR category. Many of these also have other problems such as sight impairment or autism. Dr. Shrewsberry is concerned about the waiting list and also would like to make some changes in the building layout because of patients with ambulation problems. He feels that the Center has a strong partnership with the CSBs. He supports the Commission and its work and is ready to help it accomplish its task.

Mr. Stewart asked Dr. Shrewsberry where would a behaviorally challenged, severe MR individual, who may or may not be dangerous, appropriately be sent in this (the eastern) portion of the state.

Dr. Shrewsberry answered Eastern State, because they have the resources to deal with stabilization. MH facilities generally are focused on short-term services, while MR staff is trained for rehabilitation and long term social skills.

David Long, *Program Manager SEVTC*

Mr. Long said that SEVTC was not equipped to handle individuals with behavior that could be considered violent. Housing is based on a cottage design.

George Pratt, *Executive Director Norfolk CSB*

Mr. Pratt said that individuals exhibiting psychotic behavior are sent to Eastern State because it is the commitment facility used by the court system.

Mr. Lassiter reported that he had attended the first J&E public hearing in Hampton with about 400 people there. A major concern brought out was that SAS should be separated from MHMR, which would allow for more funding. He said that this issue was not mentioned in the J&E Report. The CVTC had a behavior modification unit, but it was cut due to lack of funding. Mr.

Lassiter said that the Virginia Beach CSB had clients there, who disappeared when the program ended.

Jean Beale, *parent of resident of SEVTC*

Ms Beale, as a member of the parents' group, has fought unsuccessfully having MR under the same umbrella with SAS. She had to wait for hours to speak at a public hearing at Old Dominion because there were so many speakers on SAS. MR individuals cannot help their disability, and all the money in the world cannot make her daughter unimpaired. Ms Beale feels fortunate to have SEVTC, but feels low on the totem pole for funding and would like for the Committee to help her help her child.

Queen Jones commented that Virginia ranks 49th in the nation for providing residential services for MR.

Elvin Reid asked if the Committee would address the differences in the areas of client services.

Mr. Stewart reported that at the first meeting, separate presentations were made concerning MR, MH, and SAS, and that recommendations would be formulated which would address each area.

Beverly Fleming, *Shenandoah County Supervisor*

Mr. Fleming said that about 25% of MH clients co-exist with SA problems, and it is not always easy to separate.