PUBLIC COMMENT - FAIRFAX

Anne Sale, ***parent of NVTC resident, secretary of PAIR, local Human Rights Committee***
Ms Sale is an active member of several advocacy groups and has served on dozens of MR related committees. Her son has a mental age of 9-14 months, suffers from seizures, and can walk but cannot talk. Ms Sale told the Committee that the guiding principles that they establish must be flexible and broad enough to protect her son and the others and to ensure that they receive the proper care. Service choices must be available because of the diverse needs of the population served by the DMHMRSAS. Some may recover from their disability, but others like MR will not. Ms Sale urged that the facilities be retained and that additional funds be allocated to address the waiting lists for facilities and community services. She asked that medical and dental services be expanded. Ms Sale suggested that in some instances it might be appropriate for the director of a facility to be the authorized representative of a resident. *A copy of Ms Sale's comments is attached to these minutes.*

Brian Coopper, ***President of Northern Virginia Mental Health Consumers Assoc.***
Mr. Coopper thanked the Committee for their work and for allowing input from the public, but expressed his disappointment that the Commission had failed to include primary consumers with mental health or substance abuse problems as equal participants. Mr. Coopper presented the following issues from the Association:

- Consumers need adequate access and choices in services;
- Primary medical and dental care should be available in all facilities;
- DMHMRSAS must begin complying with the Americans with Disabilities Act in order to prevent expensive litigation;
- CSBs should be given incentives to provide community care rather than using state facilities whenever possible;
- Consumers need community support services not involuntary outpatient commitment;
- Consumer-run ombudsman programs and other self-help support groups should be formed and encouraged.

A copy of Mr. Coopper's remarks is attached to these minutes.

Waja Grimm, ***parent of NVTC resident, PAIR, HJR 240 MR workgroup***
Ms Grimm is active in many advocacy groups and has served on many committees. She agreed with the comments and concerns that were expressed by Anne Sale. Ms Grimm expressed her concern about two additional issues: sending children out of state for services instead of providing for them in Virginia and the transfer of patients from the forensic unit of CSH to CVTC.

Dick Kunkel, ***Substance Abuse Council of Virginia Assoc. of CSBs***
State substance abuse programs, with the exception of some methadone outpatient programs, are provided through the Department of Corrections. Mr. Kunkel feels that there are less expensive ways to address this problem, and cost analysis shows the benefits of prevention and treatment programs.
The Council believes that an adequate array of substance abuse prevention, assessment, and treatment services should be publicly available in the community, as well as in the local and state correctional system. It feels that the public system should:

- Manage allocated public funds and provide match funds to access Medicaid money;
- Encourage insurance coverage parity;
- Provide standardized assessment;
- Determine appropriate levels of care;
- Provide or purchase services and monitor;
- Serve most seriously impaired adolescents and adults.

Mr. Kunkel urged that the recommendations from HJR 240 SA workgroup requesting funding for substance abuse treatment be fulfilled. These needs are for community based, outpatient, day treatment and residential substance abuse treatment services, for treatment of offenders in the local and state correctional systems, the funds to develop drug courts, and the funds to develop and support wrap around services.

Mr. Kunkel feels that substance abuse is a stepchild of DMHMRSAS, and discussion should occur about whether SA should stay or come under DOC or Dept. of Health. *A copy of Mr. Kunkel's remarks is attached to these minutes.*

Dick Greer, *President of Virginia Alliance for the Mentally Ill*

VAMI has developed the following set of guiding principles for the public mental health system:

- Full inclusion of consumers and families in the system process;
- The priority population should be those seriously mentally ill individuals who are at greatest risk of homelessness and incarceration;
- Services must be provided for children and adolescents;
- Additional resources must be allocated to fund an adequate system;
- Provide a comprehensive community support system;
- Optimize Medicaid funds;
- Emphasize human rights;
- Accessible primary health care;
- Encourage public – private partnerships, local competition.

VAMI supports the legislation that has been introduced in the General Assembly concerning insurance parity. *A copy of VAMI's principles is attached to these minutes*.

Jane Anthony, *parent of NVTC resident, PAIR, HJR 240 MR workgroup*

Ms Anthony has been very active in work for the mentally retarded. Her husband has prepared a chart that lists for comparative purposes the characteristics of the mentally ill, mentally retarded, and substance abusers. Ms Anthony feels that underfunding is the biggest problem with the system. She also listed some other issues:

- Consumer and family involvement, especially for young parents;
- Residential options should be available as well as community care;
- Address the Y2K problem.

Trula Minton, *Director of Tucker Pavilion*

Ms Minton discussed private providers and public and private relationships. She represents three facilities providing a full continuum of inpatient and outpatient care. They work with a variety of CSBs and facilities. As a result of Jeff's Law, her company has collaborated with CSBs on training procedures for crisis management, TDOs, and involving family members. Ms Minton said that private providers are highly regulated and offer good services. They want to partner

with the public system in effectively and efficiently providing a continuum of care, but they need a more uniform partnership system. She supports insurance parity. Health care benefits have decreased significantly, and more admissions are homeless and uninsured.

Bill Yolton, *Secretary of Human Rights Committee at NVMHI*
Mr. Yolton urged the Committee to include the requirements of ADA into its policy. He discussed three standards that he would like to see incorporated into policy:
- Least restricted environment. He believes that two-thirds of the patients in mental hospitals could be discharged into community settings if the necessary funding, housing, and support were available;
- Most integrated setting. Programs and support should be available to enable individuals to participate as fully as possible in community life;
- Maximum consumer participation and responsibility.

A copy of Mr. Yolton's remarks is attached to these minutes.

Timothy Farr, *President of VA Assoc. of Community Rehabilitation Programs (VaACCSES)*
VaACCSES represents eighty community rehabilitation programs that provide meaningful work and supports to disabled individuals. Funding comes from DMHMRSAS, DRS, and commercial contract sales that provide the employment opportunities. Mr. Farr requested consideration for the following concerns:
- Large unmet need for community day programs;
- Lack of local Medicaid match funds limits access to programs;
- Limiting eligibility for state support to those on Medicaid or who meet certain restrictive criteria should not be considered;
- Consumer choice is urged;
- Keep decision-making at the local level.

Mr. Farr feels that this public-private partnership is working and would like to see it continue and improve. *A copy of Mr. Farr's remarks is attached to these minutes.*

Ian Kremer, *Public Policy Director, Alzheimer's Association*
There are Alzheimer's patients in state facilities, some of whom are sent there from private facilities when the private provider feels they are no longer able to handle them. Mr. Kramer had several concerns in addition to full funding of programs:
- That they receive appropriate care, discharged when they no longer need that level of care, and returned to least restrictive environment;
- If facilities are closed, patients are transferred, and families are divided;
- Safety concerns including staff training, staff ratio, and design of facilities to prevent unsafe wandering;
- Human rights, genetic privacy, personal dignity, and patient advocacy.

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