

MENTAL RETARDATION CARE
REPORT OF THE
VIRGINIA ADVISORY LEGISLATIVE COUNCIL
To
THE GOVERNOR
And
THE GENERAL ASSEMBLY OF VIRGINIA



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Mental Retardation Care
Report of the
Virginia Advisory Legislative Council

Richmond, Virginia
January , 1974

TO: HONORABLE MILLS E. GODWIN, JR., *Governor of Virginia*

and

THE GENERAL ASSEMBLY OF VIRGINIA

INTRODUCTION

The Virginia Advisory Legislative Council Committee to Study Mental Retardation Care was established as a result of House Joint Resolution Number 106 which was adopted by the 1972 Session of the Virginia General Assembly.

HOUSE JOINT RESOLUTION NO. 106

Directing the Virginia Advisory Legislative Council to study mental retardation care.

WHEREAS, the well-being of the mentally retarded is of special concern to those in authority; and

WHEREAS, it is most desirable that programs be developed to integrate such persons into normal community life the benefits of which will redound to them and the community at large; and

WHEREAS, the institutionalized treatment of such persons does little to accelerate their return to society; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Virginia Advisory Legislative Council is hereby directed to make a study of the institutionalized care of mentally retarded persons. The Council shall examine the concept of providing family-size care units for such persons, which units would allow for a home-life atmosphere in which treatment could be given. Also, consideration shall be given to any other methods which will prevent institutionalization of mentally ill (sic) patients, or minimize the length of stay of such patients in institutions.

All agencies of the State shall render such assistance as is needed to carry out the Council's charge.

The Council shall complete its study and report its findings to the Governor and the General Assembly not later than September one, nineteen hundred seventy-three.

Delegate Arthur R. Giesen, Jr., of Staunton, a member of the Council, was appointed Chairman of the Committee to conduct the study. Other members selected to serve on the Committee were Mrs. Marion Alderman of Hillsville, Dr. Kenly P. Bovard of Front Royal, Senator A. Joe Canada, Jr., of Virginia Beach, Delegate Alan A. Diamonstein of Newport News, Senator Frederick T. Gray of Chesterfield, Mrs. Elsie Gruver of Arlington, Delegate Robert R. Gwathmey, III, of Hanover, Dr. James Q. Miller of Charlottesville, Dr. Warren Pearse of Richmond, Dr. Howard L. Sparks of Richmond and Mrs. Lorna Stone of Roanoke.

Dr. Kenly P. Bovard was elected Vice Chairman.

The Virginia Advisory Legislative Council and the Division of Legislative Services made staff and facilities available to carry out this study; they assigned the necessary employees to assist the individual members and the study group at all times. The Division of Legislative Services was represented by Robert W. Bendall and Mrs. Mark Neale.

During the Committee's twelve months of study, the members spent considerable time and effort acquainting themselves in detail with the problems of providing appropriate care and services for mentally retarded persons. Among other things, the Committee carefully examined the concept of community-based care, looking particularly at family-size unit care as an alternative to institutionalization.

As a result of the members' independent study, consideration of testimony gathered in meetings throughout the State and subsequent collective deliberation, the Committee and later the Council unanimously concluded that:

- (a) The 1972 Hirst Commission Report is a reasonable blueprint of action and should be implemented as rapidly as possible.
- (b) Comprehensive community-based programs are clearly the most appropriate means of providing care to the most mentally retarded persons.
- (c) A community-based continuum of services is the primary strategy for eliminating the institutionalization of numbers of Virginia's mentally retarded citizens.
- (d) Education and rehabilitation services are mandatory for those patients who must be accommodated in either regional or central State-operated facilities if their length of stay is to be minimized.

In reference to (d) above, this group of mentally retarded persons has often been denied these much needed services. It is strongly urged that the Commissioners and Directors of the human service agencies particularly consider the total educational and rehabilitative needs of this population, and that the State Department of Education develop a system of delivery of appropriate educational programs to currently institutionalized mentally retarded persons between the ages of two and twenty-one.

Traditionally, large, centralized institutions have been the major mechanism for the State's provision of care for many of Virginia's mentally retarded citizens. In 1773, the first public mental hospital in America was opened in Williamsburg, Virginia, and for many years thereafter the Commonwealth was a leader in the field of care for the mentally retarded and mentally ill. However, the 1970 Hirst Commission on Mental, Indigent and Geriatric Patients rightly concluded that Virginia is no longer in a leadership position. *Failure to make the obviously needed shift away from large, remote central facilities toward smaller unit, local community-based services has, in large measure, accounted for this lag in leadership and quality of services provided.*

For most mentally retarded citizens, community-based alternatives to institutionalization, with responsibility shared by local and state governments, result in lower costs. Also, this delivery system of services results in superior development and adjustment of a vast majority of mentally retarded citizens who, if properly provided for in their own communities, ultimately achieve both social and economic independence.

The lack of a comprehensive and coordinated approach to services for those mentally retarded persons who remain in their communities has meant

that many individuals have been shuttled from State agency to State agency. Since none of these agencies can serve the broad range of complex individual needs, the rights of mentally retarded citizens have been too often violated — services have been sporadic or nonexistent — and families have often had nowhere to turn for appropriate assistance.

The facts, simply stated, are that while some progress has been made — much of it piecemeal — the total problem has been sidestepped in large measure and many of Virginia's one hundred fifty thousand mentally retarded citizens continue to be denied opportunities to achieve their maximum potential or to become independent, self-sufficient, productive citizens.

Recognizing that for most retarded persons in the Commonwealth the community is the appropriate place in which to live, a comprehensive network of services at the community level to meet their special needs throughout their lives must be developed.

Basic to the development of any system of community-based services is: 1) a well-developed program of identification and diagnosis; and 2) an adequate public awareness program for the general public, public officials and professionals of all human service agencies. These fundamental programs are requisite if the necessary network of services is to be developed, supported, funded and ultimately accepted by the community.

The retarded person living in the community requires those services normally provided any other citizen. In addition, he may need one or more specialized services throughout his life-span to compensate for his disability. While the need for a particular service will vary according to many factors, the following services should be available from the time the disability is suspected or positively identified.

At the time of identification, support to the family of the retarded individual is crucial to family acceptance. Also, the family requires assistance to aid them in their ability to cope with the stresses on the household and individual family members. *Since it is demonstrably easier to retain the child in the community rather than to return him after he has been institutionalized, it is recognized that all possible assistance should be provided the family of the retarded child toward the realization of this goal.* The support may include counseling; in-home assistance in the basic care of the child; training of the parents and other family members in the developmental processes; training of the parents in the management of the child for his optimal development; and temporary residential care.

Infant stimulation programs and developmental preschools are needed to prepare the child to benefit from public school programs or from private programs if appropriate public placements are unavailable.

During the years from two to twenty-one, the major service needed by mentally retarded individuals is strong public school programs. *Probably the single largest deterrent to institutionalization of mentally retarded youngsters is the development of comprehensive public school services.* These services must include provisions for severely as well as moderately and mildly retarded persons.

Of particular concern is a determination of what constitutes appropriate educational experiences for severely and moderately mentally retarded youngsters. Education, appropriately defined in its broadest sense, should include a variety of curricular alternatives. It may well be that a coordinated effort among programs such as public education, sheltered workshops and vocational training centers, among others, could enhance opportunities for the development of social and vocational skills. Too, it is important that the question of responsibility for transportation costs accrued through coordinated

efforts be examined and equitably funded, being sure not to place an overwhelming burden on the parents or guardians of the children so served.

Consequently, new guidelines for the provision of educational programs, particularly for severely and moderately mentally retarded persons, need to be developed by the State Department of Education to include consideration of teacher competencies, program content, delivery systems, inter-agency coordination and the whole area of transportation. Also, the State Department of Education needs to assure that educational programming persists for mentally retarded persons until age twenty-one, in accordance with § 22-9.1 of the Code.

To assist in the overall development of mentally retarded youngsters, educational programs must be supplemented by recreational programs. Local departments of recreation need to develop comprehensive plans for implementing and administering appropriate programs of recreation for mentally retarded individuals.

As the child matures, vocational rehabilitation services are needed. Vocational training may take place in a sheltered workshop, an activity center or a similar program. During the adult years, the individual may be gainfully employed in the community, in a sheltered workshop or be provided meaningful and productive experience in an activity center, depending upon the extent of his handicap. For those mentally retarded persons who are employed in the community, the support of occupational counseling and job location assistance from the Virginia Employment Commission is necessary.

Virginia Employment Commission local offices must increase their assistance to mentally retarded clients seeking employment. Further, because assistance to a mentally retarded individual is highly specialized and may continue over an extended period of time, it is necessary that both of these factors be considered in developing the job competencies and accomplishment projections for these specialized counselors.

The Virginia Department of Vocational Rehabilitation needs to increase measurably its assistance to mentally retarded individuals, particularly the more severely retarded ones who require extended assistance but still have the capacity for independent or semi-independent employment or living. To the fullest extent possible, vocational rehabilitation must be a thrust in the overall assistance program for every mentally retarded citizen.

The Virginia Department of Welfare and Institutions is urged to develop flexible policies regarding State supplementation of the social security income programs of the federal government, which become effective January, 1974. The State Plan should be altered as necessary to provide appropriate funding under these programs to allow placement of mentally retarded persons in foster homes, group homes or other living arrangements.

Most mentally retarded citizens, at some time, are faced with the need for an alternative to living in their natural homes. The most desirable placement, if this becomes necessary during the childhood years, is a foster home or adoption. Later, as they approach the age when young people normally leave their natural homes, the most appropriate placement may be in a permanent home in the community. If they have had appropriate programs and services throughout the developmental years, their chances are excellent for maintaining or achieving independent living. However, to enable any mentally retarded person to make the transition from his natural home to other local living arrangements, specialized assistance may be necessary. This may be provided in a Regional Training Center, which should offer special training for permanent community-based placement for severely and moderately retarded persons and the necessary skills for independent living through a temporary community-based arrangement for mildly retarded individuals.

Under legislation already passed by the General Assembly, Section 37.1-197, as amended, the community mental health and mental retardation services boards (Chapter 10 Boards) have authority to:

- (a) Review and evaluate community mental health and mental retardation services and facilities, both public and private, available to serve the community.
- (b) Submit to the governing body or bodies of each political subdivision, of which it is an agency, a program of community mental health and mental retardation services and facilities.
- (c) Within amounts appropriated thereon, execute such program and maintain such services as may be authorized under such appropriations.
- (d) Enter into contracts for rendition or operation of services or facilities.
- (e) Make rules or regulations concerning the rendition or operation of services and facilities under its direction or supervision, subject to applicable standards or regulations of the Department.
- (f) Appoint a coordinator or director of community mental health and mental retardation services whose qualifications are approved by the Department and prescribe his duties. The compensation of such director shall be fixed by the board within the amounts made available by appropriation therefor.
- (g) Prescribe a reasonable schedule of fees for services provided by personnel or facilities under the jurisdiction or supervision of the board and for the manner of collection of the same; provided, however, that all collected fees shall be deposited with the treasurer of the political subdivision of which the board is an agency, or, in the case of a joint board, with the treasurer of the political subdivision specified by agreement; provided further, that such collected fees shall be used only for community mental health and mental retardation purposes.
- (h) Accept or refuse gifts, donations, bequests or grants of money or property from any source and utilize the same as authorized by the governing body or bodies of the political subdivision or subdivisions of which it is an agency.
- (i) Seek and accept funds through federal grants.

The positive thrust of this important legislation and the need for the development of a network of services at the local level should not be interpreted as an excuse for any of the other local human service agencies to fail to provide mentally retarded persons with those services they provide other citizens. *Rather, each agency must move to assume its unique, yet interrelated, responsibility.*

Chapter 10 Boards, the local mechanisms for the Department of Mental Health and Mental Retardation, with consultative and fiscal support from the Department, have in some instances been developing comprehensive community-based programs to serve the mentally retarded. These programs have been established in the wealthier and generally more urban areas of the State. In other areas, particularly the southwest and southside sections of our State, few programs have been initiated since there is a lack of local matching funds. Hence, Chapter 10 Boards should be further encouraged to initiate or assist others to initiate services which are required by mentally retarded citizens. In cases of extreme need this encouragement should take the form of a larger percentage match from the State. Therefore,

THE COUNCIL RECOMMENDS THAT CHAPTER 10 BOARDS BE FUNDED TO ENABLE THEM TO ACCELERATE THE RATE OF DEVELOPMENT OF COMMUNITY-BASED PROGRAMS, PAYING PARTICULAR ATTENTION TO THE DEVELOPMENT OF DAY-CARE CENTERS, ACTIVITY CENTERS, SHELTERED WORKSHOPS, GROUP HOMES, RESPITE HOMES AND RECREATIONAL SERVICES; AND THAT THE 75/25 RATIO BE ALTERED TO A RATIO OF 90/10 IN CASES OF EXTREME NEED AND FOR THE DEVELOPMENT OF HIGH PRIORITY PROGRAMS. AS DETERMINED BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION.

The Department of Mental Health and Mental Retardation should give particular attention to "poverty areas" and to areas in need of community programs for mental retardation facilities and programs. With close scrutiny by the Department using the above criteria, it is estimated that this change in the ratio of Chapter 10 Board funding would increase the State's share of these programs by \$618,000.00 during the next biennium.

By previous authorization of the General Assembly, public schools are charged with providing appropriate education for all handicapped individuals between the ages of two and twenty-one. Therefore,

THE COUNCIL RECOMMENDS THAT THE DEPARTMENT OF EDUCATION STRIVE TO PROVIDE SUFFICIENT FUNDING IN ORDER THAT EDUCATIONAL FACILITIES FOR MENTALLY RETARDED INDIVIDUALS BETWEEN THE AGES OF TWO AND TWENTY-ONE BE FULFILLED, AS IS NOW PROVIDED BY LAW. THIS FUNDING IS TO INCLUDE THE PROVISION OR PURCHASE OF APPROPRIATE SERVICES FOR SEVERELY AS WELL AS MILDLY AND MODERATELY RETARDED INDIVIDUALS.

As noted earlier, in order to provide a comprehensive network of appropriate services to the mentally retarded citizen at the local level, *it is essential that all of the human service agencies assume responsibility for the provision of services which are their specialization.* Furthermore, these services should be coordinated with the efforts of all other agencies which provide complementary services.

The forward-thinking and highly appropriate Regional Training Center concept now being implemented should provide:

- (1) Care for those who cannot appropriately be cared for in the community.
- (2) Temporary residential care.
- (3) Emergency back-up services to group homes by agreeing to accept residents of group homes in cases of emergency closing due to staff incapacity, personnel changeover gaps or the collapse of the group home.

This third item of emergency back-up services is of paramount importance because it provides assurance to worried parents who see the relatively new (in Virginia) concept of group homes as "shaky" and see institutions as "State-operated, directly," hence permanent arrangements for mentally retarded individuals.

In recent years, there has been a growing recognition that mental retardation is a community problem requiring the utilization of the total resources of the community. Yet the severe shortage of trained personnel

capable of working with the mentally retarded and their families threatens the success of programs in this field. Lack of concerted efforts to recruit prospective workers for careers in mental retardation has serious implications for the future.

Work in the field of mental retardation may involve diagnosis, research, prevention, care, rehabilitation, education or training in a variety of settings including clinics, community day care centers or residential care institutions. Personnel at the supportive, professional, specialist and administrative levels are needed. Preparation for work with the mentally retarded individual and his family varies greatly and opportunities exist for many different individuals to contribute their talents and services. The need for appropriately trained manpower ranges from the fields of education, medicine and psychology to the fields of counseling and recreation.

In particular, this report wishes to reiterate the Hirst Commission recommendation for continuation and expansion of the program of scholarships in the field of mental retardation and collaboration between the Department of Mental Health and Mental Retardation and universities, colleges and community colleges (page 24, 1972 report, Commission on Mental, Indigent and Geriatric Patients).

As an immediate step toward resolving a currently critical problem,

THE COUNCIL RECOMMENDS THAT THE SCHOOLS OF MEDICINE AT THE UNIVERSITY OF VIRGINIA AND VIRGINIA COMMONWEALTH UNIVERSITY BE ALLOCATED ADDITIONAL PHYSICIAN RESIDENCY POSITIONS IN THE FIELDS OF PEDIATRIC NEUROLOGY, PEDIATRICS, PHYSICAL MEDICINE AND REHABILITATION, AND PSYCHIATRY, THE LATTER IN CONJUNCTION WITH THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION.

The establishment of these additional physician residency positions could be financed entirely from monies generated from patient services, with the exception of the possible positions allocated to psychiatrists. However, it should be noted that the psychiatrists' positions would be financed 75 percent by the Department of Mental Health and Mental Retardation and 25 percent by Virginia's two schools of medicine. Cost data indicates that the cost of implementing this recommendation would be only \$11,000.00 for the first year and \$22,000.00 for the second year.

In addition to the need for properly trained personnel, there is the obvious, but as yet not sufficiently realized, goal of differentiated staffing among agencies to enable them to more effectively meet the needs of mentally retarded citizens. For example, child welfare workers, public health nurses and recreation workers must, in order to function optimally, be specifically trained in the area of mental retardation.

Since mental retardation is a result of imperfect development in the human growth and learning processes, research into its causes, effects, prevention and treatment must be conducted to gain additional knowledge. It is important to emphasize that, in addition to biomedical research, programmatic research must also be conducted, since previous studies in behavior and the social sciences have found that human behavior *can* be modified in constructive ways; that the time of most rapid human growth and development is in earliest childhood; and that proper programming for individuals is highly significant in their overall development. Therefore,

THE COUNCIL RECOMMENDS THAT THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION BE

APPROPRIATED AN ADDITIONAL \$100,000 FROM THE GENERAL FUND DURING THE 1974-1976 BIENNIUM FOR RESEARCH IN THE AREAS OF BIO-MEDICAL AND PROGRAMMATIC HUMAN DEVELOPMENT AS IT RELATES TO MENTAL RETARDATION. IN ADDITION, THE DEPARTMENT SHOULD SEEK ADDITIONAL SPECIAL FINANCIAL SUPPORT FROM THE HEALTH, EDUCATION, SOCIAL SERVICE, BEHAVIORAL AND RELATED FIELDS.

Ultimately, assumption of responsibility at the local level, as detailed in the preceding pages, will depend upon a clear and precise definition and delineation of responsibility at the State level among the State agencies. There is an overwhelming need for a coordinated Statewide attack on the problems of mentally retarded citizens and the attendant problems of their families. Further, it has been demonstrated that, in addition to the humanitarian considerations in providing needed services, there is a reasonable economic basis for the provisions of these same services to mentally retarded persons. Early identification and the provision of appropriate services during the critical years from birth to adulthood can measurably reduce the long-term financial dependency on the Commonwealth of many of Virginia's mentally retarded citizens. Currently, responsibility for these services is fragmented, funding is uneven and mentally retarded individuals are being denied opportunities for gaining independent living because there are many services for which there is Commonwealth authority but lack of fixed responsibility. Therefore,

THE COUNCIL RECOMMENDS THAT THE COMMISSIONERS OR DIRECTORS OF THE AGENCIES RESPONSIBLE FOR PROVIDING HUMAN SERVICES BE DIRECTED BY LEGISLATIVE RESOLUTION TO DEVELOP AN INTER-AGENCY PLAN FOR THE FINANCING AND DELIVERY OF THE NEEDED CONTINUUM OF SERVICES FOR MENTALLY RETARDED CITIZENS. FURTHER, IT IS RECOMMENDED THAT THE COMMISSIONERS OR DIRECTORS BE REQUIRED TO SUBMIT A DETAILED PLAN OF ACTION RELATING TO ACKNOWLEDGMENT OF RESPONSIBILITY, FUNDING AND A JOINT PLAN FOR COMPREHENSIVE PROGRAM DEVELOPMENT BY JANUARY 1, 1975. THIS PLAN SHALL BE SUBMITTED TO THE SECRETARY OF HUMAN AFFAIRS FOR IMPLEMENTATION. SIMULTANEOUSLY, THE PLAN SHALL BE SUBMITTED TO THE CHAIRMAN OF THE SENATE COMMITTEE ON REHABILITATION AND SOCIAL SERVICES AND THE CHAIRMAN OF THE HOUSE OF DELEGATES COMMITTEE ON HEALTH, WELFARE, AND INSTITUTIONS FOR LEGISLATIVE REVIEW.

This report has delineated the pressing need for the Commonwealth of Virginia to vastly upgrade its concern for and services to mentally retarded citizens. *However, it is recognized that many cases of mental retardation could be prevented.* For example, poor pre-natal care, improper delivery at childbirth, early teenage pregnancy and its accompanying increased incidence of prematurity all increase the number of mentally retarded children born. Therefore,

THE COUNCIL RECOMMENDS THAT THE MENTAL HEALTH AND MENTAL RETARDATION ADVISORY BOARD BE INSTRUCTED TO STUDY THE NEED AND FEASIBILITY OF PROGRAMS DIRECTED TOWARD THE PREVENTION OF MEDICAL CAUSES OF MENTAL RETARDATION. THE MENTAL HEALTH AND MENTAL RETARDATION ADVISORY BOARD SHOULD, IN CONSULTATION WITH THE SECRETARY OF

HUMAN AFFAIRS AND THE COMMISSIONER OF MENTAL HEALTH AND MENTAL RETARDATION, DEVELOP A PLAN FOR THE ESTABLISHMENT OF A CENTRAL REGISTRY OF MENTALLY RETARDED PERSONS TO FACILITATE THE ABILITY OF STATE AND VOLUNTARY AGENCIES TO OFFER EFFECTIVE SERVICES.

Finally, the Council Study has not undertaken a detailed review of the tuition grant system because it is hoped that in the not too distant future the funds and personnel will be available so that local school divisions may assume their full responsibility with regard to special education which would, in fact, eliminate the need for tuition grants. However, it has been brought to our attention that there is confusion in the interpretation of the existing law and that the different interpretations have affected the availability of the tuition grants to students who might otherwise be eligible. Consequently, there is an obvious need for the State Department of Education, Division of Special Education, to review policies relating to tuition grants and to establish clearly for all school divisions current policy and procedures.

SUMMARY

After extensive consultation and deliberation, the Council unanimously concluded that:

- (a) The 1972 Hirst Commission Report is a reasonable blueprint of action and should be implemented as rapidly as possible.
- (b) A comprehensive network of community-based programs, with responsibility shared by local and State governments, is the logical approach to meeting the needs of Virginia's mentally retarded citizens
- (c) There is great concern about the lack of a coordinated effort among agencies at both the local and State levels.

The Council is also fully aware of the tight financial situation facing the State in the 1974-1976 budgetary period. It does believe the goals set forth in the 1972 Report of the Commission on the Mental, Indigent and Geriatric Patients for the Mentally Retarded and the further guidelines established by this report are desirable and needed if the State is going to provide proper services to its less fortunate mentally retarded citizens. The State should strive to meet these goals when funds are available.

Recommendations embodied in this report, designed to alleviate the problems of our mentally retarded citizens, are:

1. The Council recommends that Chapter 10 Boards be funded to enable them to accelerate the rate of development of community-based programs, paying particular attention to the development of day-care centers, activity centers, sheltered workshops, group homes, respite homes and recreational services; and that the 75/25 ratio be altered to a ratio of 90/10 in cases of extreme need and for the development of high priority programs, as determined by the Department of Mental Health and Mental Retardation.

By judicious use of funds and by applying a strict criteria for "cases of extreme need," it is estimated this change in the ratio of funding of Chapter 10 Board programs will cost approximately \$618,000.00 in General Fund monies for the 1974-1976 biennium.

2. The Council recommends that the Department of Education strive to provide sufficient funding in order that educational facilities for mentally

retarded individuals between the ages of two and twenty-one be fulfilled, as is now provided by law. This funding is to include the provision or purchase of appropriate services for severely as well as mildly and moderately retarded individuals.

3. The Council recommends that the schools of medicine at the University of Virginia and Virginia Commonwealth University be allocated additional physician residency positions in the fields of Pediatric Neurology, Pediatrics, Physical Medicine and Rehabilitation, and Psychiatry, the latter in conjunction with the Department of Mental Health and Mental Retardation.
4. The Council recommends that the Department of Mental Health and Mental Retardation be appropriated an additional \$100,000.00 from the General Fund during the 1974-1976 biennium for research in the areas of bio-medical and programmatic human development as it relates to mental retardation. In addition, the Department should seek additional special financial support from the health, education, social service, behavioral and related fields.
5. The Council recommends that the Commissioners or Directors of the agencies responsible for providing human services be directed by legislative resolution to develop an inter-agency plan for the financing and delivery of the needed continuum of services for mentally retarded citizens. Further, it is recommended that the Commissioners or Directors be required to submit a detailed plan of action relating to acknowledgment of responsibility, funding and a joint plan for comprehensive program development by January 1, 1975. This plan shall be submitted to the Secretary of Human Affairs for implementation. Simultaneously, the plan shall be submitted to the Chairman of the Senate Committee on Rehabilitation and Social Services and the Chairman of the House of Delegates Committee on Health, Welfare and Institutions for legislative review.
6. The Council recommends that the Mental Health and Mental Retardation Advisory Board be instructed to study the need and feasibility of programs directed toward the prevention of medical causes of mental retardation. The Mental Health and Mental Retardation Advisory Board should, in consultation with the Secretary of Human Affairs and the Commissioner of Mental Health and Mental Retardation, develop a plan for the establishment of a central registry of mentally retarded persons to facilitate the ability of State and voluntary agencies to offer effective services.

The necessary legislation to carry out the recommendations of your Council are attached in the Appendix I.

Respectfully submitted,

LEWIS A. McMURRAN, JR., *Chairman*

WILLARD J. MOODY, *Vice Chairman*

RUSSELL M. CARNEAL

JOSEPH V. GARTLAN, JR.

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APPENDIX I

A BILL to amend and reenact § 37.1-199, as amended, of the Code of Virginia, relating to allocation of State funds to community mental health and mental retardation programs.

Be it enacted by the General Assembly of Virginia:

1. That § 37.1-199, as amended, of the Code of Virginia is amended and reenacted as follows:

§ 37.1-199. Same; allocations of funds by Department; withdrawal of funds.—(a) At the beginning of each fiscal year the Department may allocate available funds to the community mental health and mental retardation programs for disbursement during the fiscal year in accordance with such approved plans and budgets. From time to time during the fiscal year, the Department shall review the budgets and expenditures of the various programs and if funds are not needed for a program to which they were allocated, it may withdraw such funds as are unencumbered, after reasonable notice and opportunity for hearing, and reallocate them to other programs. It may withdraw funds from any program which is not being administered in accordance with its approved plan and budget.

(b) Allocations to be made to each local board shall be determined by the Department after careful consideration of all of the following factors:

(1) The total amount of funds appropriated for this purpose,

(2) The total amount of funds requested by the local board,

(3) The financial abilities of all of the cities and counties participating in the local board to include expenses, anticipated revenues and bonded indebtedness,

(4) The type and extent of programs and services conducted or planned by the local board, and

(5) The availability of services provided by the local board in the area served by it.

(c) Allocations to any one board shall not exceed the following proportions:

(1) For the construction of facilities: seventy-five per centum of the total costs of such construction; *provided that in cases of extreme need for the development of high priority areas as determined by the Department, such allocation shall not exceed ninety per centum of such total costs.*

(2) For salaries: seventy-five per centum of the total costs of such salaries; *provided that in cases of extreme need for the development of high priority areas as determined by the Department, such allocation shall not exceed ninety per centum of such total costs.*

(3) For operational costs, less salaries: seventy-five per centum of the total operational costs less collected fees; *provided that in cases of extreme need for the development of high priority areas as determined by the Department, such allocation shall not exceed ninety per centum of such total costs less collected fees.*

HOUSE JOINT RESOLUTION NO.

Directing the Commissioners or Directors of the State agencies responsible for providing human services to develop an inter-agency plan for the financing and delivery of the needed continuum of services for mentally retarded citizens.

Whereas, the mentally retarded person living in the community requires those services normally provided any other citizen; and

Whereas, the mentally retarded person may need one or more specialized services throughout his life to compensate for his disability; and

Whereas, each human service agency of the Commonwealth must move to assume its unique, yet interrelated, responsibility; now, therefore, be it

Resolved by the House of Delegates, the Senate concurring, That the Commissioners or Directors of the State agencies responsible for providing human services are directed to develop an inter-agency plan for the financing and delivery of the needed continuum of services for mentally retarded citizens. It shall be the responsibility of the Secretary of Human Affairs to coordinate the work of the human services Commissioners or Directors in developing an inter-agency plan which shall be submitted to the General Assembly prior to the nineteen hundred seventy-five session.

Resolved further, That the plan shall be submitted to the Chairman of the Senate Committee on Rehabilitation and Social Services and the Chairman of the House of Delegates Committee on Health, Welfare and Institutions no later than January one, nineteen hundred seventy-five for legislative review. The plan shall contain a detailed plan of action relating to the acknowledgement of responsibility, funding and a joint plan for a comprehensive program of development of human services to the mentally retarded.

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HOUSE JOINT RESOLUTION NO.

Directing the Mental Health and Mental Retardation Advisory Board to conduct a study of programs directed toward the prevention of medical causes of mental retardation.

Whereas, it is no coincidence that in isolated rural areas and crowded city slums where the incidence of mental retardation is abnormally high, there is also an unusually high rate of malnutrition, illness, unsanitary conditions, inadequate housing, accidents, lack of health care and education, and the pervading apathy of poverty; and

Whereas, they are all related conditions, with common, interlocking causes; and

Whereas, the result is a self-perpetuating cycle; and

Whereas, it is evident that mental retardation is one of the symptoms of these ills of society, as well as one of the causes; now, therefore, be it

Resolved by the House of Delegates, the Senate concurring, that the Mental Health and Mental Retardation Advisory Board is hereby directed to make a study and report upon the need and feasibility of programs directed toward the prevention of medical causes of mental retardation.

Consideration should be given by the Board to establishment of a central registry of mentally retarded persons to facilitate the ability of the Commonwealth and voluntary agencies to offer effective services.

The Board shall solicit the cooperation and assistance of persons having knowledge in these fields to the end that an intensive and well balanced study may be made. All agencies and officers of the Commonwealth shall assist the Board in its study.

The Board shall conclude its study and make its report to the Governor and the General Assembly not later than November one, nineteen hundred seventy-five.

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