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## SENATE JOINT RESOLUTION NO. 339

Offered January 10, 2001

Prefiled January 8, 2001

*Establishing a joint subcommittee to study the feasibility of enacting a progressive assisted treatment law for severely mentally ill individuals.*

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 Patron—Howell
 

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 Referred to Committee on Rules
 

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WHEREAS, during the 1960s and 1970s, state laws relating to the involuntary treatment of mentally ill individuals were revised by implementing a dangerousness standard and by requiring significant due process before the deprivation of liberty was justified; and

WHEREAS, these reforms, although well-intentioned, have often resulted in the criminalization of mental illness or the lack of access to treatment for many severely ill persons who may not be able to recognize their illness or to understand the need for treatment; and

WHEREAS, the Department of Justice estimated in 1999 that 16 percent of the incarcerated population, i.e., more than 260,000 people, was severely mentally ill; and

WHEREAS, other studies at the national and state levels indicate that the criminalization of mental illness has resulted in the incarceration of thousands of mentally ill people and billions of dollars in costs; and

WHEREAS, incarceration often results from lack of treatment, which has also been found to lead to homelessness and, in a significant number of cases, to violence, including many murders committed by severely mentally ill people who have gone untreated and the killings of many mentally ill people during confrontations with police; and

WHEREAS, medical science has now substantiated that severe mental illnesses are biological brain diseases and not lifestyle choices and that these illnesses can be treated; and

WHEREAS, drug treatments for mentally ill individuals have advanced considerably over the last few years, with the development of many drugs having fewer side effects and providing easier management of disease; and

WHEREAS, progressive assisted treatment laws, based on need-for-treatment standards, may be designed to reflect these scientific advances and to decrease the criminalization of mental illness while saving considerable sums; and

WHEREAS, states, such as North Carolina and Texas, that have adopted need-for-treatment standards have recorded decreased hospital admissions due to increased access to outpatient care; and

WHEREAS, the Treatment Advocacy Center in Arlington, Virginia, was established in 1998 to examine barriers to treatment caused by outdated involuntary treatment laws; and

WHEREAS, the Center has drafted a model law for progressive assisted treatment after studying constitutional principles, examining states' current laws, evaluating the effects of such state laws, and consulting with the various stakeholders; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That a joint subcommittee be established to study the feasibility of enacting a progressive assisted treatment law for severely mentally ill individuals. The joint subcommittee shall consist of 18 members, which shall include 13 legislative members and five nonlegislative and ex officio members as follows: five members of the Senate, to be appointed by the Senate Committee on Privileges and Elections; eight members of the House of Delegates, to be appointed by the Speaker of the House in accordance with the principles of proportional representation contained in the Rules of the House of Delegates; two representatives of the community services boards or behavioral health authorities and one mental health services client or one family member of such client to be appointed by the Speaker of the House of Delegates; one representative of the mental health hospitals to be appointed by the Senate Committee on Privileges and Elections; and the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services to serve ex officio with full voting privileges.

In conducting its study, the joint subcommittee shall evaluate (i) Virginia's inpatient and outpatient involuntary commitment law, its standards, due process protections, and operation in comparison to other states' laws and the model law for assisted treatment developed by the Treatment Advocacy Center; (ii) the costs of Virginia's present involuntary commitment procedure and treatment as compared to other states' systems, particularly those states using assisted treatment programs; (iii) the effectiveness of Virginia's inpatient and outpatient involuntary treatment in stabilizing the health of the mentally ill; and (iv) homelessness, incarceration, recidivism, and access to treatment among severely mentally ill persons

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59 in Virginia.

60 The direct costs of this study shall not exceed \$14,600.

61 The Division of Legislative Services shall provide staff support for the study. All agencies of the  
62 Commonwealth shall provide assistance to the joint subcommittee, upon request.

63 The joint subcommittee shall complete its work in time to submit its written findings and  
64 recommendations to the Governor and the 2002 Session of the General Assembly as provided in the  
65 procedures of the Division of Legislative Automated Systems for the processing of legislative  
66 documents.

67 Implementation of this resolution is subject to subsequent approval and certification by the Joint  
68 Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the  
69 study.