

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact § 2.2-5206 of the Code of Virginia and to amend the Code of Virginia by adding sections numbered 37.1-189.3 and 37.1-197.3, relating to information regarding psychiatric and residential treatment beds for youths and adolescents.

[H 887]

Approved

Be it enacted by the General Assembly of Virginia:

1. That § 2.2-5206 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding sections numbered 37.1-189.3 and 37.1-197.3 as follows:

§ 2.2-5206. Community policy and management teams; powers and duties.

The community policy and management team shall manage the cooperative effort in each community to better serve the needs of troubled and at-risk youths and their families and to maximize the use of state and community resources. Every such team shall:

1. Develop interagency policies and procedures to govern the provision of services to children and families in its community;

2. Develop interagency fiscal policies governing access to the state pool of funds by the eligible populations including immediate access to funds for emergency services and shelter care;

3. Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law or regulation, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay;

4. Coordinate long-range, community-wide planning that ensures the development of resources and services needed by children and families in its community including consultation on the development of a community-based system of services established under § 16.1-309.3;

5. Establish policies governing referrals and reviews of children and families to the family assessment and planning teams and a process to review the teams' recommendations and requests for funding;

6. Establish quality assurance and accountability procedures for program utilization and funds management;

7. Establish procedures for obtaining bids on the development of new services;

8. Manage funds in the interagency budget allocated to the community from the state pool of funds, the trust fund, and any other source;

9. Authorize and monitor the expenditure of funds by each family assessment and planning team;

10. Submit grant proposals that benefit its community to the state trust fund and to enter into contracts for the provision or operation of services upon approval of the participating governing bodies;

11. Serve as its community's liaison to the Office of Comprehensive Services for At-Risk Youth and Families, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including consideration of realignment of geographical boundaries for providing human services;

12. Collect and provide uniform data to the Council on, but not limited to, expenditures, number of youth served in specific CSA activities, length of stay for residents in core licensed residential facilities, and proportion of youth placed in treatment settings suggested by a uniform assessment instrument for CSA-funded services;

13. Administer funds pursuant to § 16.1-309.3; and

14. Have authority, upon approval of the participating governing bodies, to enter into a contract with another community policy and management team to purchase coordination services provided that funds described as the state pool of funds under § 2.2-5211 are not used; and

15. *Submit to the Department of Mental Health, Mental Retardation and Substance Abuse Services information on children under the age of fourteen and adolescents ages fourteen through seventeen for whom an admission to an acute care psychiatric or residential treatment facility licensed pursuant to Chapter 8 (§ 37.1-179 et seq.) of Title 37.1, exclusive of group homes, was sought but was unable to be obtained by the reporting entities. Such information shall be gathered from the family assessment and planning team or participating community agencies authorized in § 2.2-5207. Information to be submitted shall include:*

a. The child or adolescent's date of birth;

b. Date admission was attempted; and

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c. Reason the patient could not be admitted into the hospital or facility.

§ 37.1-189.3. Data reporting on youth and adolescents.

A. The Department shall collect and compile the following data:

1. The total number of licensed and staffed inpatient acute care psychiatric beds for children under the age of fourteen and adolescents ages fourteen through seventeen; and

2. The total number of licensed and staffed residential treatment beds, for children under the age of fourteen and adolescents ages fourteen through seventeen in residential facilities licensed pursuant to this chapter, exclusive of group homes.

B. The Department shall collect and compile data obtained from the community policy and management team pursuant to subdivision 15 of § 2.2-5206 and each operating community services board, administrative policy board, local government department with a policy-advisory board, or behavioral health authority pursuant to § 37.1-197.3. The Department shall ensure that the data reported is not duplicative.

C. The Department shall report this data on a quarterly basis to the Chairmen of the House Appropriations and Senate Finance Committees and the Virginia Commission on Youth.

§ 37.1-197.3. Data collection on youth and adolescents.

The operating community services board, administrative policy board, local government department with a policy-advisory board, or behavioral health authority shall submit to the Department information on children under the age of fourteen and adolescents ages fourteen through seventeen for whom an acute care psychiatric or residential treatment facility licensed pursuant to Chapter 8 (§ 37.1-179 et seq.) of Title 37.1, exclusive of group homes, was sought but was unable to be obtained by the reporting entities. Information to be submitted shall include:

a. The child or adolescent's date of birth;

b. Date admission was attempted; and

c. Reason the patient could not be admitted into the hospital or facility.