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HOUSE BILL NO. 1612

Offered January 8, 2003

Prefiled December 26, 2002

A BILL to amend §§ 2.2-5206, 2.2-5208 and 2.2-5212 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 11 of Title 16.1 an article numbered 8.1, consisting of sections numbered 16.1-277.2 through 16.1-277.10, relating to the finding of a juvenile not guilty by reason of insanity; report.

Patrons—Darner; Senators: Mims and Trumbo

Referred to Committee for Courts of Justice

Be it enacted by the General Assembly of Virginia:

1. That §§ 2.2-5206, 2.2-5208 and 2.2-5212 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Chapter 11 of Title 16.1 an article numbered 8.1, consisting of sections numbered 16.1-277.2 through 16.1-277.10, 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, *including juveniles found not guilty by reason of insanity by a court of competent jurisdiction pursuant to Article 8.1 (§ 16.1-277.2 et seq.) of Title 16.1*, 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;

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

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59 obtained by the reporting entities. Such information shall be gathered from the family assessment and
60 planning team or participating community agencies authorized in § 2.2-5207. Information to be
61 submitted shall include:

- 62 a. The child or adolescent's date of birth;
- 63 b. Date admission was attempted; and
- 64 c. Reason the patient could not be admitted into the hospital or facility.

65 § 2.2-5208. Family assessment and planning team; powers and duties.

66 The family assessment and planning team, in accordance with § 2.2-2648, shall assess the strengths
67 and needs of troubled youths and families who are approved for referral to the team and identify and
68 determine the complement of services required to meet these unique needs.

69 Every such team, in accordance with policies developed by the community policy and management
70 team, shall:

71 1. Review referrals of youths and families to the team, *including juveniles found not guilty by reason*
72 *of insanity by a court of competent jurisdiction pursuant to Article 8.1 (§ 16.1-277.2 et seq.) of Title*
73 *16.1;*

74 2. Provide for family participation in all aspects of assessment, planning and implementation of
75 services;

76 3. Provide for the participation of foster parents in the assessment, planning and implementation of
77 services when a child has a program goal of permanent foster care or is in a long-term foster care
78 placement. The case manager shall notify the foster parents of a troubled youth of the time and place of
79 all assessment and planning meetings related to such youth. Such foster parents shall be given the
80 opportunity to speak at the meeting or submit written testimony if the foster parents are unable to
81 attend. The opinions of the foster parents shall be considered by the family assessment and planning
82 team in its deliberations;

83 4. Develop an individual family services plan for youths and families reviewed by the team that
84 provides for appropriate and cost-effective services;

85 5. Where parental or legal guardian financial contribution is not specifically prohibited by federal or
86 state law or regulation, or has not been ordered by the court or by the Division of Child Support
87 Enforcement, assess the ability of parents or legal guardians, utilizing a standard sliding fee scale, based
88 upon ability to pay, to contribute financially to the cost of services to be provided and provide for
89 appropriate financial contribution from parents or legal guardians in the individual family services plan;

90 6. Refer the youth and family to community agencies and resources in accordance with the individual
91 family services plan;

92 7. Recommend to the community policy and management team expenditures from the local allocation
93 of the state pool of funds; and

94 8. Designate a person who is responsible for monitoring and reporting, as appropriate, on the
95 progress being made in fulfilling the individual family services plan developed for each youth and
96 family, such reports to be made to the team or the responsible local agencies.

97 § 2.2-5212. Eligibility for state pool of funds.

98 A. In order to be eligible for funding for services through the state pool of funds, a youth, or family
99 with a child, shall meet one or more of the criteria specified in subdivisions 1 through 4 and shall be
100 determined through the use of a uniform assessment instrument and process and by policies of the
101 community policy and management team to have access to these funds.

102 1. The child or youth has emotional or behavior problems that:

103 a. Have persisted over a significant period of time or, though only in evidence for a short period of
104 time, are of such a critical nature that intervention is warranted;

105 b. Are significantly disabling and are present in several community settings, such as at home, in
106 school or with peers; and

107 c. Require services or resources that are unavailable or inaccessible, or that are beyond the normal
108 agency services or routine collaborative processes across agencies, or require coordinated interventions
109 by at least two agencies.

110 2. The child or youth has emotional or behavior problems, or both, and currently is in, or is at
111 imminent risk of entering, purchased residential care. In addition, the child or youth requires services or
112 resources that are beyond normal agency services or routine collaborative processes across agencies, and
113 requires coordinated services by at least two agencies.

114 3. The child or youth requires placement for purposes of special education in approved private school
115 educational programs.

116 4. The child or youth has been placed in foster care through a parental agreement between a local
117 social services agency or public agency designated by the community policy and management team and
118 his parents or guardians, entrusted to a local social services agency by his parents or guardian or has
119 been committed to the agency by a court of competent jurisdiction for the purposes of placement as
120 authorized by § 63.2-900.

B. For purposes of determining eligibility for the state pool of funds, "child" or "youth" means (i) a person less than eighteen years of age and (ii) any individual through twenty-one years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services.

C. *Unless the child is eligible for services as described under subsection C of § 2.2-5211, any individual family services plan ordered by the court of jurisdiction for a juvenile found not guilty by reason of insanity by a court of competent jurisdiction pursuant to Article 8.1 (§ 16.1-277.2 et seq.) of Title 16.1 shall be paid in total from funds allocated to the Department of Mental Health, Mental Retardation and Substance Abuse Services and no local match shall be required from the community policy and management team. Costs paid from the funds allocated to the Department shall include, but not be limited to, evaluation, case management, and any other services and supports contained in the individual family plan. Costs paid from the state pool of funds shall be those appropriate to policies, procedures, and regulations established for those funds.*

Article 8.1.

Juvenile not guilty by reason of insanity.

§ 16.1-277.2. *Juvenile not guilty by reason of insanity.*

The insanity defense, as it is available in adult cases, shall be available to a juvenile alleged by petition to have engaged in a delinquent act, as defined in § 16.1-228.

§ 16.1-277.3. *Procedures for finding juvenile not guilty by reason of insanity.*

A. *If, at any time before the adjudicatory proceeding, the court finds, upon hearing evidence or representations of the accused juvenile's attorney, that there is probable cause to believe that the juvenile's mental condition at the time of the offense will be a significant factor in his defense, the court shall appoint 1 or more qualified mental health experts to evaluate the juvenile's mental condition at the time of the offense and, where appropriate, to assist in the development of a defense of not guilty by reason of insanity. Such mental health expert shall be (i) a psychiatrist or clinical psychologist and (ii) qualified by specialized training and experience in forensic evaluation of juveniles. The Commissioner of Mental Health, Mental Retardation and Substance Abuse Services shall approve the training and qualification for individuals authorized to conduct juvenile mental condition evaluations. The Commissioner shall also provide all juvenile courts with a list of guidelines for use in the determination of qualifying individuals as experts in matters relating to mental condition evaluations. The juvenile shall not be entitled to a mental health expert of his own choosing or to funds to employ such expert.*

B. *The evaluation shall be performed on an outpatient basis or, if the juvenile has been detained pursuant to this chapter, in a detention facility, unless the results of the outpatient evaluation indicate that hospitalization of the juvenile is necessary for further evaluation of the juvenile's mental condition at the time of the offense. If this finding is made, the court shall have the authority to order that the juvenile be sent to a hospital or other appropriate facility designated by the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services as appropriate for evaluation of the juvenile. Such hospitalization shall continue for such period as the facility director deems necessary to perform an adequate evaluation, up to a maximum of 30 days from hospital admission.*

C. *The court shall require the attorney for the Commonwealth to provide to the evaluators appointed under subsection A any information relevant to the evaluation, including, but not limited to, the following: (i) a copy of the warrants or petitions, including any attached affidavits; (ii) the names and addresses of the attorney for the Commonwealth, the attorney for the juvenile, and the judge ordering the evaluation; (iii) information pertaining to the alleged offense, including statements made by the juvenile to the police, probation officer or others, and transcripts of preliminary hearings, if any; and (iv) a copy of the juvenile's court records, including, without limitation, any matters alleging that the juvenile was delinquent, a child in need of supervision, a child in need of services, or an abused or neglected child. The court shall require the attorney for the juvenile to provide to the evaluator any available psychiatric, psychological, medical, or social records and other information that is deemed relevant to the evaluation of sanity at the time of the offense. The moving party shall provide the evaluator a summary of the reasons for the evaluation request.*

D. *The evaluators shall prepare a full report concerning the juvenile's mental condition at the time of the alleged offense, including an opinion of whether the juvenile suffers from significant mental disease or defect, which rendered him insane at the time of the offense. The report shall be prepared and provided to the juvenile's attorney within 21 calendar days, which time period may be extended by the court, upon request, if additional time is needed to obtain more information or to conduct more detailed testing.*

E. *The report of the evaluator shall be sent solely to the juvenile's attorney and shall be deemed to be protected by the attorney-client privilege. However, after the juvenile's attorney gives notice pursuant to § 16.1-277.4 of an intent to present psychiatric or psychological evidence, the Commonwealth shall be given the report, the results of any other evaluation of the juvenile's mental condition at the time of*

182 the alleged offense, and copies of psychiatric, psychological, medical, or other records obtained during
183 the course of any such evaluation. No statement or disclosure made by the juvenile during the
184 evaluation may be used against the juvenile at trial as evidence or as a basis for such evidence, except
185 on the issue of the juvenile's mental condition at the time of the offense.

186 § 16.1-277.4. Notice to the Commonwealth.

187 If the juvenile intends to (i) put in issue his sanity at the time of the offense charged and (ii) present
188 testimony of an expert to support his claim on this issue at his trial, he, or his counsel, shall give notice
189 in writing to the attorney for the Commonwealth, at least 21 days prior to trial, of his intention to
190 present such evidence. In the event that such notice is not given, and the juvenile proffers such evidence
191 at trial as a defense, then the court may, in its discretion, either allow the Commonwealth a continuance
192 or, under appropriate circumstances, bar the juvenile from presenting such evidence. The period of any
193 such continuance shall not be counted for speedy trial purposes under § 19.2-243.

194 § 16.1-277.5. Evaluation by the Commonwealth.

195 A. If the attorney for the juvenile gives notice pursuant to § 16.1-277.4, and the Commonwealth
196 thereafter seeks an evaluation of the juvenile's mental condition at the time of the offense, the court
197 shall appoint 1 or more qualified mental health experts to perform such an evaluation. The court shall
198 order the juvenile to submit to such an evaluation and advise the juvenile in open court that a refusal to
199 cooperate with the Commonwealth's expert could result in exclusion of the juvenile's expert evidence.
200 The qualification of the experts, the location of the evaluation, and the requirements for the report shall
201 be governed by the provisions of § 16.1-277.3. The attorney for the Commonwealth shall be responsible
202 for providing the experts the information specified in subsection D of § 16.1-277.3. After performing
203 their evaluation, the experts shall report their findings and opinions, and provide copies of psychiatric,
204 psychological, medical, or other records obtained during the course of the evaluation to the attorney for
205 the Commonwealth and to the juvenile's attorney within 21 calendar days of the date the evaluator
206 received all required information.

207 B. If the court finds, after hearing evidence presented by the parties, that the juvenile has refused to
208 cooperate with an evaluation requested by the Commonwealth, it may admit evidence of such refusal or,
209 in the discretion of the court, bar the juvenile from presenting expert psychiatric or psychological
210 evidence at trial on the issue of the juvenile's mental condition at the time of the offense.

211 § 16.1-277.6. Disposition.

212 A. Upon finding that the juvenile is not guilty by reason of insanity, the court shall order 2
213 evaluations of the juvenile's mental condition, which shall include a comprehensive risk assessment. The
214 evaluators shall (i) conduct a comprehensive risk assessment to identify any risks the juvenile might
215 pose to the safety of the community and (ii) determine whether the juvenile is currently mentally ill or
216 mentally retarded and assess the juvenile and report on his condition and need for hospitalization with
217 respect to the factors set forth in § 16.1-345. The 2 evaluations shall be completed by qualified mental
218 health experts as defined in § 16.1-277.3. The court's order for such evaluations shall direct the clerk of
219 the court to provide to the evaluators (i) the information specified in subsection D of § 16.1-277.3 and
220 (ii) a copy of the evaluation of sanity at the time of the offense within 96 hours of the issuance of the
221 court order requiring the evaluation and when applicable, shall be submitted prior to admission to the
222 facility providing the inpatient evaluation. If the 96-hour period expires on a Saturday, Sunday, or legal
223 holiday, the 96 hours shall be extended to the next day that is not a Saturday, Sunday, or legal holiday.
224 The evaluators shall conduct their evaluations separately and report their findings separately within 10
225 working days of receipt of the court's order for the evaluation and the receipt of the required
226 information from the clerk of the court. Copies of the reports shall be sent to the court of jurisdiction,
227 the juvenile's attorney and the attorney for the Commonwealth for the jurisdiction where the person was
228 acquitted. Consistent with the standard in subsection D, the court shall order such evaluation and risk
229 assessment to be conducted in the least restrictive alternative setting. If the juvenile can be evaluated in
230 the community, the court shall order the Community Services Board to provide a placement
231 recommendation consistent with the recommendations of the evaluation conducted pursuant to subsection
232 E of § 16.1-277.3. If the court finds that the juvenile presents an unreasonable risk to the safety of the
233 community, the court may order the juvenile to be placed in a psychiatric hospital or a secure
234 residential treatment program, designated by the Commissioner of the Department of Mental Health,
235 Mental Retardation and Substance Abuse Services, for a maximum of 45 days from the date of
236 admission, for the purpose of the conduct of the evaluations required by this section and the
237 development of the individual family services plan required by subsection B.

238 B. Upon receipt of the reports pursuant to subsection A, the court shall refer the matter to the
239 appropriate community policy and management team, as required by subsection E of § 2.2-5211, with an
240 order to develop an individual family services plan. The individual family services plan will include
241 recommendations designed to (i) manage identified risks to the safety of the community, (ii) meet the
242 juvenile's mental health treatment needs, and (iii) meet the needs of the juvenile for evaluation, case
243 management, and any other services and supports needed by the juvenile. The court's order for an

individual family services plan shall require the clerk of the court to provide to the community policy and management team (i) the information specified in subsection A, and (ii) copies of the evaluations of the juvenile's current mental condition and comprehensive risk assessment within 96 hours of the issuance of the court order requiring the development of the individual family services plan. If the 96-hour period expires on a Saturday, Sunday, or legal holiday, the 96 hours shall be extended to the next day that is not a Saturday, Sunday, or legal holiday. The community policy and management team shall forward the individual family services plan to the court within 21 calendar days of its receipt of the required information.

C. Upon receipt of the individual family services plan from the community policy and management team, the court shall schedule the matter for hearing on an expedited basis, giving the matter priority over other civil matters before the court, to determine the appropriate disposition of the juvenile. Except as otherwise ordered by the court, the attorney who represented the juvenile at the delinquency hearing shall represent the juvenile throughout the proceedings pursuant to this section. The matter shall be continued on motion of either party for good cause shown. The juvenile shall be provided with adequate notice of the hearing, of the right to be present at the hearing, the right to the assistance of counsel in preparation for and during the hearing, the right to the assistance of counsel in preparation for and during the hearing, and the right to introduce evidence and cross-examine witnesses at the hearing. The hearing is a civil proceeding. At the conclusion of the hearing:

1. If the reports of the mental health evaluations required in subsection A recommend that the juvenile meets the criteria for hospitalization with respect to the factors set forth in § 16.1-345, and the court finds that the juvenile meets the involuntary commitment criteria of § 16.1-345, and if the court commits the juvenile pursuant to § 16.1-345 et seq., or, if the juvenile has reached the age of 18 years and falls under the provisions of §§ 37.1-67.01 through 37.1-70, then the court shall order the community policy and management team to arrange for the placement of the juvenile in an appropriate public or private hospital designated by the Commissioner of the Department of Mental Health, Retardation and Substance Abuse Services;

2. If the individualized family services plan provided to the court in subsection B requires secure residential treatment for the juvenile and the court finds that the juvenile poses an unreasonable risk to the safety of the community, the court shall order the community policy and management team to arrange for the placement of the juvenile in an appropriate secure residential treatment program designated by the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services; or

3. If the individualized family services plan provided to the court in subsection B does not require inpatient psychiatric hospitalization or secure residential treatment and the court finds that the juvenile does not pose an unreasonable risk to the safety of the community, the court shall enter a disposition authorized for children in need of services under §§ 16.1-278.4 and 16.1-286. Such disposition shall be consistent with the individualized family services plan provided to the court in subsection B.

D. The court shall impose the least restrictive alternative disposition.

E. The clerk of the court shall provide copies of any orders of the court issued during or pursuant to this hearing and any subsequent dispositions or hearings on the matter to the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services, within 96 hours of the issuance of the court order or disposition. If the 96-hour period expires on a Saturday, Sunday, or legal holiday, the 96 hours shall be extended to the next day that is not a Saturday, Sunday, or legal holiday.

F. 1. If the juvenile insanity acquittee has been placed for purposes of special education in approved private school educational programs, previously funded by the Department of Education through private tuition assistance; or is a juvenile for whom foster care services, as defined by § 63.2-100, are being provided to prevent foster care placements, and children placed through parental agreements, entrusted to local social service agencies by their parents or guardians or committed to the agencies by any court of competent jurisdiction for purposes of placement in suitable family homes, child-caring institutions, residential facilities, or independent living arrangements, as authorized by § 63.2-900, or from funds appropriated for this purpose to the state pool of funds available under the Comprehensive Services Act for At-Risk Youth and Families, Chapter 52 (§§ 2.2-5200 et seq.) of Title 2.2, then the costs of services ordered by the court pursuant to subsections B through E shall be paid from the state pool of funds.

2. If the juvenile insanity acquittee does not meet the criteria in subdivision F 1, then the costs of services ordered by the court pursuant to subsections B through E shall be paid from special funds allocated to the Department of Mental Health, Mental Retardation and Substance Abuse Services for juvenile insanity acquittees.

§ 16.1-277.7. Review.

A. At the time the court orders a disposition under § 16.1-277.6, the court shall schedule another hearing in 120 days. The court shall also order all relevant parties to appear at that time and shall order the community policy and management team assuming responsibility for the juvenile to submit the

305 report required by this section. This process shall be repeated at 120-day intervals for 1 year, and then
306 once each 180 days thereafter.

307 B. The community policy and management team that has assumed responsibility for the juvenile shall
308 submit to the court 14 days prior to the scheduled hearing a report concerning the juvenile's current
309 state of mental health.

310 C. If the juvenile has been found to present an unreasonable risk to the safety of the community
311 pursuant to § 16.1-277.6, the report shall include an opinion whether the juvenile continues to present
312 an unreasonable risk.

313 D. At any time, the community policy and management team that has assumed responsibility for the
314 juvenile, the psychiatric hospital or the secure residential treatment program that is providing services
315 to the juvenile, or the juvenile's attorney may petition the court for a change of disposition. The
316 petitioner shall include with the petition a report containing the material required by this section.

317 E. The clerk of the court shall send copies of the required reports to the juvenile's attorney, the
318 attorney for the Commonwealth in the jurisdiction of the original proceeding, the community services
319 board in the same jurisdiction, and the Commissioner of the Department of Mental Health, Mental
320 Retardation and Substance Abuse, within 96 hours of the court's receipt of the report. If the 96-hour
321 period expires on a Saturday, Sunday, or legal holiday, the 96 hours shall be extended to the next day
322 that is not a Saturday, Sunday, or legal holiday.

323 F. At the scheduled time or upon receipt of a petition, the court shall hold a hearing to determine if
324 the disposition most recently ordered under § 16.1-277.6 shall be continued or changed.

325 G. After the hearing, the court may make any disposition set out in § 16.1-277.6, subject to the
326 requirement of that section or may issue an order releasing the juvenile from its jurisdiction.

327 H. The procedures for disposition or change in disposition set out in this section are exclusive and
328 take precedence over any other procedures set out in the Code.

329 § 16.1-277.8. Compensation of experts.

330 Each psychiatrist, clinical psychologist or other expert appointed by the court to render professional
331 service pursuant to §§ 16.1-277.3, 16.1-277.5, 16.1-277.6, or 16.1-277.7 shall receive a reasonable fee
332 for such service. With the exception of services provided by state mental health or mental retardation
333 facilities, the fee shall be determined in each instance by the court that appointed the expert, in
334 accordance with guidelines established by the Supreme Court after consultation with the Department of
335 Mental Health, Mental Retardation and Substance Abuse Services. If any such expert is required to
336 appear as a witness in any hearing held pursuant to §§ 16.1-277.3, 16.1-277.5, or 16.1-277.6, he shall
337 receive mileage and a fee of \$100 for each day during which he is required to serve. An itemized
338 account of expenses, duly sworn to, shall be presented to the court, and when allowed, shall be certified
339 to the Supreme Court for payment out of the state treasury, and be charged against the appropriations
340 made to pay criminal charges. Allowance for the fee and for the per diem authorized shall also be made
341 by order of the court, duly certified to the Supreme Court for payment out of the appropriation to pay
342 criminal charges.

343 § 16.1-277.9. Funding for services.

344 All evaluations of mental condition, hospitalizations, and other placements made prior to the 45-day
345 initial review hearing shall be paid from funds appropriated in the Department of Mental Health,
346 Mental Retardation and Substance Abuse Services budget or from funds available through the Supreme
347 Court as described in § 16.1-277.8 for this purpose.

348 1. For any juvenile determined eligible for services as described under subsection C of § 2.2-5211,
349 services ordered by the court of jurisdiction for such a juvenile shall be funded as appropriate, through
350 the state pool of funds pursuant to § 2.2-5212.

351 2. For any juvenile who is not eligible for mandated sum-sufficient funding pursuant to § 2.2-5212,
352 any services ordered by the court of jurisdiction for a juvenile who has been found not guilty by reason
353 of insanity pursuant to this article shall be paid in total from funds allocated to the Department of
354 Mental Health, Mental Retardation and Substance Abuse Services and no local match shall be required
355 from the community policy and management team. Costs paid from funds allocated for this population to
356 the Department of Mental Health, Mental Retardation and Substance Abuse Services shall include, but
357 not be limited to evaluation, case management, and any other services and supports contained in the
358 individual family services plan.

359 § 16.1-277.10. Copies of reports and court orders to Commissioner.

360 The clerk of the court shall provide copies of all court orders, dispositions, and notices issued by the
361 court pursuant to this article to the Commissioner of the Department of Mental Health, Mental
362 Retardation and Substance Abuse Services. For any juvenile found not guilty by reason of insanity
363 pursuant to this article, the clerk of the court shall provide copies of all evaluations, risk assessments,
364 treatment plans and progress reports which have been submitted to the court in the matter to the
365 Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services.
366 All required copies shall be provided by the clerk within 96 hours of the issuance of the court order or

367 *disposition by the court, or the receipt of information by the court. If the 96-hour period expires on a*
368 *Saturday, Sunday, or legal holiday, the 96 hours shall be extended to the next day that is not a*
369 *Saturday, Sunday, or legal holiday.*

370 **2. That the Department of Mental Health, Mental Retardation, and Substance Abuse Services shall**
371 **make a report to the General Assembly by December 1, 2003, and a report by December 1 in each**
372 **of the first 5 years of implementation, that detail the dispositions of juveniles under the finding of**
373 **"not guilty by reason of insanity" for juveniles charged with a delinquent act in juvenile court**
374 **proceedings and such other information as may be relevant to the administration and enforcement**
375 **of this law. The reports shall include (i) those dispositions where courts find juveniles not guilty by**
376 **reason of insanity and pose an unreasonable risk to the safety of the community and order the**
377 **juvenile to inpatient treatment or secure residential treatment, and, (ii) if the data is available,**
378 **those dispositions where courts do not find the juvenile poses an unreasonable risk to the safety of**
379 **the community and refer juveniles in need of services to the local family assessment and planning**
380 **team for services under the Comprehensive Services Act for At-Risk Youth and Families or other**
381 **dispositions. Based on its experience administering this program, the Department shall make any**
382 **recommendations deemed necessary to assist in the administration and enforcement of this law.**