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SENATE JOINT RESOLUTION NO. 42

Offered January 9, 2008

Prefiled January 7, 2008

Establishing a joint subcommittee to study mental health reform. Report.

Patron—Lucas

Referred to Committee on Rules

WHEREAS, an estimated 26.2 percent of Americans ages 18 and older, or about one in four adults, suffer from a diagnosable mental disorder in a given year, and about six percent, or 1 in 17, suffer from a serious mental illness; and

WHEREAS, mental disorders are the leading cause of disability in the United States for persons ages 15 to 44; and

WHEREAS, in 2005, more than 106,000 people were served by the Commonwealth's community mental health services system, and approximately 5,700 people were confined in state facilities for the mentally ill; and

WHEREAS, an estimated 16 percent of inmates in state and local correctional facilities in the Commonwealth suffer from some form of mental illness; and

WHEREAS, gaps in the system of mental health services allow many individuals to fall through the cracks and prevent persons who want or need mental health services from receiving the treatment and assistance they need; and

WHEREAS, the costs and impacts of mental illness for the individual and society are significant and severe, including unemployment, substance abuse, homelessness, inappropriate incarceration, suicide, and unnecessary individual suffering and anguish; and

WHEREAS, during 2006 and 2007, the Chief Justice's Commission on Mental Health Law Reform conducted an in-depth study of the Commonwealth's mental health system and provided a series of recommendations for action to improve mental health services in the Commonwealth aimed at reducing the need for involuntary commitment by improving access to mental health services, reducing unwarranted criminalization of persons with mental illness, redesigning the process of involuntary treatment to be more effective and more fair, enabling consumers of mental health services to have more choice over the services they receive, and helping young persons with mental health needs and their families address mental health problems before they spiral out of control; and

WHEREAS, during 2006 and 2007 the Office of the Inspector General for the Department of Mental Health, Mental Retardation and Substance Abuse Services conducted an independent review of and developed a set of recommendations for improving the involuntary commitment process and mental health services in the Commonwealth; and

WHEREAS, during 2007 the Virginia Tech Review Panel conducted a review of and developed a series of recommendations for improving the process of involuntary commitment and the system of mental health services in the Commonwealth; and

WHEREAS, during the 2007 interim a number of commissions, committees and other groups conducted additional independent reviews of the involuntary commitment process and mental health services in the Commonwealth, some of which resulted in recommendations for improving the involuntary commitment process and mental health services in the Commonwealth; and

WHEREAS, further consideration of the numerous recommendations related to involuntary commitment specifically and the system of mental health services generally is necessary to determine the effects and impacts of those recommendations; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That a joint subcommittee be established to study mental health reform. The joint subcommittee shall have a total membership of 21 members that shall consist of 12 legislative members, four nonlegislative citizen members, and five ex officio members. Members shall be appointed as follows: five members of the Senate to be appointed by the Senate Committee on Rules, with at least one member representing (i) the Senate Courts of Justice Committee, (ii) the Senate Education and Health Committee, (iii) the Senate Finance Committee, and (iv) the Senate Rehabilitation and Social Services Committee; seven members of the House of Delegates to be appointed by the Speaker of the House of Delegates in accordance with the principles of proportional representation contained in the Rules of the House of Delegates, with at least one member representing (i) the House Appropriations Committee, (ii) the House Courts of Justice Committee, (iii) the House Health, Welfare and Institutions Committee, (iv) the House Militia, Police, and Public Safety Committee; one nonlegislative citizen member qualified to provide mental health services in the

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59 Commonwealth and one nonlegislative citizen member who has experience with the system of mental
60 health services in the Commonwealth to be appointed by the Senate Committee on Rules; and one
61 nonlegislative citizen member qualified to provide mental health services in the Commonwealth and one
62 nonlegislative citizen member who has experience with the system of mental health services in the
63 Commonwealth to be appointed by the Speaker of the House of Delegates. At least one nonlegislative
64 citizen member shall be a consumer of mental health services in the Commonwealth. The Secretary of
65 Health and Human Resources or his designee, the Commissioner of the Department of Mental Health,
66 Mental Retardation and Substance Abuse Services or his designee, the Director of the Department of
67 Corrections or his designee, the Director of the Department of Juvenile Justice or his designee, and the
68 Director of the Department of Medical Assistance Services or his designee shall serve ex officio with
69 voting privileges. Nonlegislative citizen members of the joint subcommittee shall be citizens of the
70 Commonwealth of Virginia. Unless otherwise approved in writing by the chairman of the joint
71 subcommittee and the respective Clerk, nonlegislative citizen members shall only be reimbursed for
72 travel originating and ending within the Commonwealth of Virginia for the purpose of attending
73 meetings. If a companion joint resolution of the other chamber is agreed to, written authorization of both
74 Clerks shall be required. The joint subcommittee shall elect a chairman and vice-chairman from among
75 its membership, who shall be members of the General Assembly.

76 In conducting its study, the joint subcommittee shall receive, review, and study the recommendations
77 of the Chief Justice's Commission on Mental Health Law Reform, the Virginia Tech Review Panel, the
78 Office of the Inspector General for Mental Health, Mental Retardation and Substance Abuse Services,
79 and any other committee, commission, group or individual proposing recommendations related to the
80 involuntary commitment process specifically and the system of mental health services in the
81 Commonwealth generally, and any legislation proposed by any member of the General Assembly
82 affecting the involuntary commitment process or the system of mental health services in the
83 Commonwealth, including the administrative, fiscal, and other impacts of the recommended actions.

84 Administrative staff support shall be provided by the Office of the Clerk of the Senate. Legal,
85 research, policy analysis, and other services as requested by the joint subcommittee shall be provided by
86 the Division of Legislative Services. Technical assistance shall be provided by the Department of Mental
87 Health, Mental Retardation and Substance Abuse Services. All agencies of the Commonwealth shall
88 provide assistance to the joint subcommittee for this study, upon request.

89 The joint subcommittee shall be limited to four meetings for the 2008 interim, and the direct costs of
90 this study shall not exceed \$13,600. Approval for unbudgeted nonmember-related expenses shall require
91 the written authorization of the chairman of the joint subcommittee and the respective Clerk. If a
92 companion joint resolution of the other chamber is agreed to, written authorization of both Clerks shall
93 be required.

94 No recommendation of the joint subcommittee shall be adopted if a majority of the Senate members
95 or a majority of the House members appointed to the joint subcommittee (i) vote against the
96 recommendation and (ii) vote for the recommendation to fail notwithstanding the majority vote of the
97 joint subcommittee.

98 The joint subcommittee shall complete its meetings by November 30, 2008, and the chairman shall
99 submit to the Division of Legislative Automated Systems an executive summary of its findings and
100 recommendations no later than the first day of the 2009 Regular Session of the General Assembly. The
101 executive summary shall state whether the joint subcommittee intends to submit to the General
102 Assembly and the Governor a report of its findings and recommendations for publication as a House or
103 Senate document. The executive summary and report shall be submitted as provided in the procedures of
104 the Division of Legislative Automated Systems for the processing of legislative documents and reports
105 and shall be posted on the General Assembly's website.

106 Implementation of this resolution is subject to subsequent approval and certification by the Joint
107 Rules Committee. The Committee may approve or disapprove expenditures for this study, extend or
108 delay the period for the conduct of the study, or authorize additional meetings during the 2008 interim.