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SENATE JOINT RESOLUTION NO. 42
FLOOR AMENDMENT IN THE NATURE OF A SUBSTITUTE
 (Proposed by Delegate Jones, S.C.
 on March 6, 2008)

(Patron Prior to Substitute—Senator Lucas)

Directing the Joint Commission on Health Care to receive, review, and evaluate the impact of certain recommendations and legislation on the mental health system in the Commonwealth. Report.

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 one 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; and

WHEREAS, a myriad of legislative initiatives relating to various aspects of the mental health system were considered and enacted by the 2008 Session of the General Assembly, and it is prudent to ascertain the potential effect of such laws in the Commonwealth; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Commission on Health Care be directed to receive, review, and evaluate the impact of certain recommendations and legislation on the mental health system in the Commonwealth. The Commission shall consider and assess the recommendations of the Chief Justice's Commission on Mental Health Law Reform, the Virginia Tech Review Panel, the Office of the Inspector General for Mental Health, Mental Retardation and Substance Abuse Services, other committees and commissions proposing recommendations related to the involuntary commitment process specifically and the system of mental health services in the Commonwealth, and legislation enacted by the 2008 Session of the General Assembly and signed into law by the Governor.

Technical assistance shall be provided to the Joint Commission on Health Care by the Department of Mental Health, Mental Retardation and Substance Abuse Services. All agencies of the Commonwealth

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60 shall provide assistance to the Commission for this study, upon request.

61 The Joint Commission on Health Care shall complete its meetings for the first year by November 30,
62 2008, and for the second year by November 30, 2009, and the chairman shall submit to the Division of
63 Legislative Automated Systems an executive summary of its findings and recommendations no later than
64 the first day of the next Regular Session of the General Assembly for each year. Each executive
65 summary shall state whether the Joint Commission on Health Care intends to submit to the General
66 Assembly and the Governor a report of its findings and recommendations for publication as a House or
67 Senate document. The executive summaries and reports shall be submitted as provided in the procedures
68 of the Division of Legislative Automated Systems for the processing of legislative documents and
69 reports and shall be posted on the General Assembly's website.