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**SENATE JOINT RESOLUTION NO. 47**  
**AMENDMENT IN THE NATURE OF A SUBSTITUTE**  
(Proposed by the House Committee on Rules  
on March 3, 2014)

(Patron Prior to Substitute—Senator Deeds)

*Establishing a joint subcommittee to study mental health services in the Commonwealth in the twenty-first century. Report.*

WHEREAS, the provision of mental health services has been a core responsibility of the Commonwealth of Virginia since 1776, with the establishment of the nation's first publicly supported state mental institution in Williamsburg; and

WHEREAS, the Commonwealth appropriated \$585 million for behavioral health services provided through the Department of Behavioral Health and Developmental Services (the Department) in fiscal year 2013, and of this total amount, 52 percent was provided to serve 1,203 individuals treated in state mental health facilities and the remaining 48 percent provided services for 146,503 individuals living in the community; and

WHEREAS, the current system of care should be reexamined to ensure that resources are aligned to serve the most individuals with behavioral health issues in the most appropriate settings along the continuum of care funded by the Department; and

WHEREAS, in the twenty-first century, the Commonwealth is challenged to provide mental health care through a complex and often confusing array of facilities, programs, and services for individuals with a broad range of mental health needs, including persons requiring voluntary and involuntary, emergency, short-term, forensic, and long-term mental health care in both inpatient and outpatient settings in the public and private sectors; and

WHEREAS, the Commonwealth, since the report of the Hirst Commission over 40 years ago, has made a commitment to provide a system of community-based care for the mentally ill; and

WHEREAS, the fulfillment of that commitment requires that every individual and family experiencing a mental health crisis has access to emergency mental health services without delay; and

WHEREAS, the resources available to local and regional community services boards and behavioral health authorities have not kept pace with the increasing number of persons in need of services as, despite those increasing needs, the Department has reduced the number of beds in state facilities and private hospitals have often lacked the resources and reimbursement mechanisms needed to fill the gaps when called upon; and

WHEREAS, many persons in need of crisis intervention and emergency mental health treatment have been unable to access treatment and support services on a timely basis, and at the same time a significant number of persons with mental illness commit various offenses, in many cases minor, nonviolent offenses, and are arrested by law-enforcement officers, brought before the courts, and held in jails or juvenile detention facilities rather than being provided with the necessary treatment in the most appropriate setting in order to prevent their entry into the criminal justice system; and

WHEREAS, in July 2013, an estimated 23.5 percent of Virginia's local and regional jail population, or 6,346 offenders, were estimated to be mentally ill, and of these offenders, 56 percent, or 3,555 offenders, were estimated to be seriously mentally ill, according to the annual jail mental health survey conducted by the State Compensation Board in cooperation with the Department; and

WHEREAS, the Commonwealth has provided significant resources to both local and regional community services boards and behavioral health authorities and to local and regional jails and juvenile detention centers, including a significant fiscal incentive through the reimbursement of up to one-half of the capital cost of construction or enlargement of regional jails, but no comparable incentive for the development of mental health facilities at the community level that may be needed to serve persons with serious mental illness has been provided; and

WHEREAS, significant changes have occurred in recent years in the legal and regulatory framework, federal and state reimbursement structures, and service delivery systems, both public and private, for mental health care, including the largely unintended consequences of the increasing involvement of persons with mental illness in the criminal justice system; and

WHEREAS, there is a need for the General Assembly to consider the types of facilities, programs, and services and appropriate financing mechanisms that will be needed in the twenty-first century to provide mental health care, both in traditional mental health delivery systems and in the criminal justice system; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That a joint subcommittee be established to study mental health services in the Commonwealth in the twenty-first century. The joint subcommittee shall consist of 12 legislative members. Members shall be appointed as follows: five

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60 members of the Senate to be appointed by the Senate Committee on Rules and seven members of the  
61 House of Delegates to be appointed by the Speaker of the House of Delegates in accordance with the  
62 principles of proportional representation contained in the Rules of the House of Delegates, of whom two  
63 shall be members of the House Committee on Health, Welfare and Institutions; two shall be members of  
64 the House Committee on Appropriations; and three shall be members at-large. The joint subcommittee  
65 shall elect a chairman and vice-chairman from among its membership.

66 In conducting its study, the joint subcommittee shall (i) review and coordinate with the work of the  
67 Governor's Task Force on Improving Mental Health Services and Crisis Response; (ii) review the laws  
68 of the Commonwealth governing the provision of mental health services, including involuntary  
69 commitment of persons in need of mental health care; (iii) assess the systems of publicly funded mental  
70 health services, including emergency, forensic, and long-term mental health care and the services  
71 provided by local and regional jails and juvenile detention facilities; (iv) identify gaps in services and  
72 the types of facilities and services that will be needed to serve the needs of the Commonwealth in the  
73 twenty-first century; and (v) recommend statutory or regulatory changes needed to improve access to  
74 services, the quality of services, and outcomes for individuals in need of services.

75 In reviewing the need for facility beds at the community level, the joint subcommittee shall give  
76 consideration to whether the current fiscal incentives for expanding regional jail capacity should be  
77 eliminated and replaced with a new incentive for construction, renovation, or enlargement of community  
78 mental health facilities or programs, which may or may not be co-located with selected jails on a  
79 regional basis. The joint subcommittee shall consider the appropriate location of such facilities;  
80 cooperative arrangements with community services boards, behavioral health authorities, and public and  
81 private hospitals; licensing, staffing, and funding requirements; and the statutory and administrative  
82 arrangements for the governance of such facilities. The joint subcommittee shall give consideration to  
83 the development of such facilities or programs on a pilot basis.

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 Office of the  
87 Executive Secretary of the Supreme Court of Virginia, the Office of the Attorney General, the Offices of  
88 the Secretaries of Health and Human Resources and Public Safety, and the staffs of the Senate Finance  
89 and House Appropriations Committees, upon request. All agencies of the Commonwealth shall provide  
90 assistance to the joint subcommittee for this study, upon request.

91 The joint subcommittee shall be limited to four meetings for the 2014 interim and four meetings for  
92 the 2015 interim, and the direct costs of this study shall not exceed \$22,560 for each year without  
93 approval as set out in this resolution. Approval for unbudgeted nonmember-related expenses shall require  
94 the written authorization of the chairman of the joint subcommittee and the respective Clerk. If a  
95 companion joint resolution of the other chamber is agreed to, written authorization of both Clerks shall  
96 be required.

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

101 The joint subcommittee shall complete its meetings for the first year by November 30, 2014, and for  
102 the second year by November 30, 2015, and the chairman shall submit to the Division of Legislative  
103 Automated Systems an executive summary of its findings and recommendations no later than the first  
104 day of the next Regular Session of the General Assembly for each year. Each executive summary shall  
105 state whether the joint subcommittee intends to submit to the General Assembly and the Governor a  
106 report of its findings and recommendations for publication as a House or Senate document. The  
107 executive summaries and reports shall be submitted as provided in the procedures of the Division of  
108 Legislative Automated Systems for the processing of legislative documents and reports and shall be  
109 posted on the General Assembly's website.

110 Implementation of this resolution is subject to subsequent approval and certification by the Joint  
111 Rules Committee. The Committee may approve or disapprove expenditures for this study, extend or  
112 delay the period for the conduct of the study, or authorize additional meetings during the 2014 or 2015  
113 interim.