

1995 SESSION

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HOUSE JOINT RESOLUTION NO. 549

Continuing the Joint Subcommittee Studying the Effects of Deinstitutionalization.

Agreed to by the House of Delegates, February 4, 1995
Agreed to by the Senate, February 21, 1995

WHEREAS, deinstitutionalization of mental health clients into the community has been an evolutionary process in the Commonwealth; and

WHEREAS, although recommended by a number of studies in the 1960s and early 1970s, the process of deinstitutionalization has never been totally coordinated and adequately funded; and

WHEREAS, the ideal is to remove a client from an institution or prevent initial institutional placement by substituting treatment in the community where the client, in many cases, can function well with adequate support services; and

WHEREAS, although institutional stays have been shortened and new pharmaceutical products have allowed previously long-term clients to exit institutional care, hospitalization, either short-term or long-term, will always be a part of the continuum of care for mental health clients; and

WHEREAS, recent years have seen downsizing of mental health facilities and cuts in treatment and support personnel as well as cuts in funds for services provided by the community services boards, and more cuts appear to be on the horizon; and

WHEREAS, the current methodology used to serve and fund client services has developed in an evolutionary manner and needs to be reviewed to determine its efficacy and accountability in meeting the needs of mental health clients in the Commonwealth, especially given the recent and pending cuts in staff and service funds; and

WHEREAS, deinstitutionalization is not a novel effort but a proven method of care for persons with mental disabilities, and mental health services, by law, must be provided to those who need such care in an atmosphere that is most conducive to an optimal outcome and which employs the least restrictive alternatives; and

WHEREAS, hospitalization will always be a part of the continuum of services for the treatment of mental disabilities; and

WHEREAS, although the average stay in a state mental health facility is half of what it was in 1975, the Department of Mental Health, Mental Retardation and Substance Abuse Services projects an increase of 2.7 percent in total admissions to all facilities by the year 2000; and

WHEREAS, all previous studies of this issue have documented the need for increased funding for community services because it is the key component for the successful transition of a patient from institution to community or can be the critical factor in avoidance of institutionalization; and

WHEREAS, recent years have seen a steady demand for budget reductions by all state agencies totaling millions of dollars, and the Department, while already projecting a budget reduction of \$40 million in general funds for this biennium, now is faced with the prospect of an additional cut in personnel and a cut in funding of \$6 million to the Community Services Boards as well as a loss of funds in institutions; and

WHEREAS, the joint subcommittee agreed that there was insufficient time to thoroughly evaluate the consequences of such budget reductions on the provision of services to mental health clients and to evaluate and make recommendations on the service and funding system in a manner to better serve our citizens who need mental health treatment; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Subcommittee Studying the Effects of Deinstitutionalization be continued. The joint subcommittee is requested to evaluate the service delivery system and make recommendations as to how mental health services can be organized, delivered and funded in a more efficient and accountable manner to meet the needs of the citizens of the Commonwealth. The current membership of the joint subcommittee, appointed pursuant to House Joint Resolution No. 139 (1994) shall continue to serve. Vacancies shall be filled in the manner in which they were appointed.

The direct costs of this study shall not exceed \$4,650.

The Division of Legislative Services shall provide staff support for the study. All agencies of the Commonwealth shall provide assistance to the joint subcommittee, upon request.

The joint subcommittee shall be continued for one year only and shall complete its work in time to submit its findings and recommendations to the Governor and the 1996 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Implementation of this resolution is subject to subsequent approval and certification by the Joint

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Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the study.