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HOUSE JOINT RESOLUTION NO. 240

Offered January 22, 1996

Requesting a joint subcommittee to evaluate the future delivery of Publicly Funded Mental Health, Mental Retardation, and Substance Abuse Services.

Patrons—Hall, Davies, Dickinson, Grayson, Hull, Thomas and Van Landingham; Senators: Gartlan, Waddell and Woods

Referred to Committee on Rules

WHEREAS, in the early 1970s, Virginia and other states began to rethink and revamp the delivery of mental health, mental retardation, and substance abuse services to clients in need; and

WHEREAS, several legislative commissions, especially the Hirst Commission and the Bagley Commission, have endorsed the importance of community-based services for mentally disabled clients in order to provide the most appropriate care in the least restrictive environment; and

WHEREAS, since 1970, enabled by the development of new forms of mental health treatment as well as new types of effective drug therapies, the population census of mentally disabled clients housed in institutions in Virginia has dropped from about 9,343 to approximately 2,417 in 1995, and the census in state mental retardation facilities has likewise dropped from 5,327 to 2,249 in that same period; and

WHEREAS, recent figures show that while facilities serve only 6.1 percent of the mentally disabled population, funding for facilities accounted for 68.1 percent of the mental health budget; and

WHEREAS, on the other hand, approximately 93.9 percent of the mentally disabled population were served through the Community Services Boards (CSBs), using 26.6 percent of the budget, with 5.3 percent of the budget going to central office administration; and

WHEREAS, possible changes in federal programs of Medicaid and Mental Health and Substance Abuse block grants are likely to reduce funding, and continued downsizing with a lack of reinvestment of funds saved will increased pressure on the delivery of mental health, mental retardation, and substance abuse services; and

WHEREAS, providing services in a managed care environment, with accompanying requirements for increased accountability while providing cost-effective services, has provided additional opportunities for evaluation of the delivery of services; and

WHEREAS, while over 185,000 citizens receive services through the publicly-funded mental health system, at least 10,000 more remain on waiting lists for services; and

WHEREAS, during the period 1994-1996, the Joint Subcommittee Studying the Effects of Deinstitutionalization has established a significant base of information that demonstrates the need for continued, consistent oversight of publicly funded mental health, mental retardation, and substance abuse services; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That a joint subcommittee be established to evaluate the future delivery of publicly funded mental health, mental retardation, and substance abuse services. In their deliberations, the joint subcommittee shall examine and make recommendations on, but not be limited to, the following issues:

1. Evaluating our current system of delivering mental health, mental retardation, and substance abuse services in the Commonwealth;

2. Establishing principles and goals for a comprehensive publicly funded mental health, mental retardation, and substance abuse services program in the Commonwealth;

3. Determining the range of supportive community services, and eligibility for those services, necessary to serve Virginians' needs for publicly funded mental health, mental retardation, and substance abuse services;

4. Evaluating the costs of meeting identified needs, the projected revenue necessary to finance these needs, and the effectiveness of current financing methods for these services in the Commonwealth;

5. Determining the proper utilization of state facilities, and the capital needs for these facilities;

6. Determining the proper relationship between the Department of Mental Health, Mental Retardation and Substance Abuse Services, the institutions, and the Community Services Boards in the delivery of services to the mentally disabled; and

7. Providing oversight and guidance for the implementation of the recommendations made by the 1994-96 Joint Subcommittee to Study the Effects of Deinstitutionalization.

The joint subcommittee shall consist of thirteen members to be composed in the following manner: seven members of the House of Delegates, to be appointed by the Speaker of the House; four members of the Senate, to be appointed by the Senate Committee on Privileges and Elections; and, serving as

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60 non-voting, ex-officio members, the Secretary of Health and Human Resources and the Commissioner of
61 Mental Health, Mental Retardation and Substance Abuse Services.

62 The joint subcommittee shall be assisted in its work by volunteer technical advisory groups with
63 membership from public and private service providers, local government officials representing a variety
64 of local interests, and consumers and their families.

65 The direct costs of this study shall not exceed \$26,400.

66 An estimated \$50,000 is allocated for consulting services. Such expenses shall be funded by a
67 separate appropriation for the General Assembly.

68 The Division of Legislative Services shall provide staff support for the study. Technical assistance
69 shall be provided by the staff of the House Appropriations and Senate Finance Committees. All agencies
70 of the Commonwealth shall provide assistance to the joint subcommittee, upon request.

71 The joint subcommittee shall complete its work in time to submit its findings and recommendations
72 to the Governor and the 1998 Session of the General Assembly as provided in the procedures of the
73 Division of Legislative Automated Systems for processing legislative documents.

74 Implementation of this resolution is subject to subsequent approval and certification by the Joint
75 Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the
76 study.