

HOUSE JOINT RESOLUTION NO. 225

Continuing the Joint Subcommittee Evaluating the Future Delivery of Publicly Funded Mental Health, Mental Retardation and Substance Abuse Services.

Agreed to by the House of Delegates, March 12, 1998

Agreed to by the Senate, March 10, 1998

WHEREAS, the Joint Subcommittee Evaluating the Future Delivery of Publicly Funded Mental Health, Mental Retardation and Substance Abuse Services was established by House Joint Resolution No. 240 (1996); and

WHEREAS, the resolution directed the joint subcommittee to examine (i) the current services system, (ii) the principles and goals of a comprehensive publicly funded system, (iii) the range of services and eligibility for those services, (iv) the methods of funding publicly supported community and facility services, (v) the relationship between the Department of Mental Health, Mental Retardation and Substance Abuse Services and the components of the service system, (vi) the information and technology needs to provide appropriate and enhanced accountability, (vii) changes needed in the Code of Virginia, (viii) ways to effectively involve consumers and families in planning and evaluating the publicly funded system, and (ix) recommendations of previous studies and the work of the Secretary of Health and Human Resources' Task Force; and

WHEREAS, the joint subcommittee has made recommendations to effect sweeping changes in the delivery of publicly funded services; and

WHEREAS, while numerous recommendations have been made, the joint subcommittee believes that many issues still need to be resolved and oversight is needed for the implementation of current recommendations; and

WHEREAS, the joint subcommittee identified two particular issues that will require review and resolution; and

WHEREAS, the first of these issues is determining the most effective structure and location of an external human rights protection system in Virginia, to which increased attention has been brought by the serious incidents and deaths in state mental health and mental retardation facilities; and

WHEREAS, two human rights programs now operate to protect consumers: the program operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services, commonly known as the "internal" system since the Department also provides services to some of the same persons protected by its system; and the program operated by the Department for the Rights of Virginians with Disabilities under the federal Protection and Advocacy for Individuals with Mental Illness (PAIMI) Act and the Developmental Disabilities Assistance and Bill of Rights (DD) Act; and

WHEREAS, there is a perception that more needs to be done to (i) ensure complete independence of any external human rights system from the internal system, (ii) complement but not duplicate the internal system, (iii) ensure that the system is supported by adequate levels of resources, (iv) increase consumer access, (v) increase oversight responsibility, and (vi) ensure that the system is objective; and

WHEREAS, recommendations in a 1997 State Board of Mental Health, Mental Retardation and Substance Abuse Services report on human rights called for further study; and

WHEREAS, a second issue involves the need to study welfare reform and substance abuse policy, since public assistance recipients often experience a wide range of employment barriers, including the abuse of alcohol and other drugs; and

WHEREAS, a 1995 study by the U.S. Department of Health and Human Services concluded that substance abuse affected the ability of more than 15 percent of welfare recipients to find and maintain employment; and

WHEREAS, an integrated welfare reform and substance abuse policy will need to address issues concerning assessment, treatment capacity, funding, data collection and analysis, interagency coordination, work and treatment coordination, staff training, and outcome measurement; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Subcommittee Evaluating the Future Delivery of Publicly Funded Mental Health, Mental Retardation and Substance Abuse Services be continued. The total membership of the joint subcommittee shall be 17 members and shall include 4 new members as provided for in this resolution. The members duly appointed pursuant to HJR No. 240 (1996) shall continue to serve. Any vacancies shall be filled as provided in the enabling resolution, except that appointments of the members of the House of Delegates to fill vacancies shall also be in accordance with the principles of Rule 16 of the House Rules. The four additional members of the joint subcommittee shall be appointed as follows: one member and one former member of the

House of Delegates to be appointed by the Speaker of the House in accordance with the principles of Rule 16 of the House Rules; and one member and one former member of the Senate to be appointed by the Senate Committee on Privileges and Elections.

The direct costs of this study shall not exceed \$28,050.

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

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 complete its work in time to submit its findings and recommendations to the Governor and the 2000 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 Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the study.