

SENATE JOINT RESOLUTION NO. 301

Continuing the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the Twenty-First Century. Report.

Agreed to by the Senate, February 5, 2019

Agreed to by the House of Delegates, February 20, 2019

WHEREAS, Senate Joint Resolution No. 47 (2014) established the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the Twenty-First Century to (i) review and coordinate with the work of the Governor's Task Force on Improving Mental Health Services and Crisis Response; (ii) review the laws of the Commonwealth governing the provision of mental health services, including involuntary commitment of persons in need of mental health care; (iii) assess the systems of publicly funded mental health services, including emergency, forensic, and long-term mental health care and the services provided by local and regional jails and juvenile detention facilities; (iv) identify gaps in services and the types of facilities and services that will be needed to serve the needs of the Commonwealth in the twenty-first century; (v) examine and incorporate the objectives of House Joint Resolution 240 (1996) and House Joint Resolution 225 (1998) into its study; (vi) review and consider the report *The Behavioral Health Services Study Commission: A Study of Virginia's Publicly Funded Behavioral Health Services in the 21st Century*; and (vii) recommend statutory or regulatory changes needed to improve access to services, the quality of services, and outcomes for individuals in need of services; and

WHEREAS, Senate Joint Resolution 279 (2017) last continued the study to continue the work it has begun with regard to (a) reviewing the laws of the Commonwealth governing the provision of mental health services, including involuntary commitment of persons in need of mental health care; (b) assessing the systems and structure of publicly funded mental health services, including emergency, forensic, and long-term mental health care and the services provided by local and regional jails and juvenile detention facilities; (c) identifying gaps in services and the types of facilities and services that will be needed to serve the needs of the Commonwealth in the twenty-first century; and (d) recommending statutory or regulatory changes needed to improve access to services, the quality of services, and outcomes for individuals in need of services; and

WHEREAS, the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the Twenty-First Century and its work groups have met numerous times in 2017 and 2018 and have undertaken extensive work in (1) reviewing the laws of the Commonwealth governing the provision of mental health services, including involuntary commitment of persons in need of mental health care; (2) assessing the systems and structure of publicly funded mental health services, including emergency, forensic, and long-term mental health care and the services provided by local and regional jails and juvenile detention facilities; (3) identifying gaps in services and the types of facilities and services that will be needed to serve the needs of the Commonwealth in the twenty-first century; and (4) recommending statutory or regulatory changes needed to improve access to services, the quality of services, and outcomes for individuals in need of services; and

WHEREAS, despite the extensive work of the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the Twenty-First Century over the last two years, it has become evident that additional work is required to meet the objectives of Senate Joint Resolution 47 (2014) and Senate Joint Resolution 279 (2017); now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the Twenty-First Century be continued. The joint subcommittee shall have a total membership of 12 members that shall consist of five members of the Senate, of whom two shall be members of the Senate Committee on Education and Health, two shall be members of the Senate Committee on Finance, and one shall be a member at-large, appointed by the Senate Committee on Rules; and seven members of the House of Delegates, of whom two shall be members of the House Committee on Health, Welfare and Institutions, two shall be members of the House Committee on Appropriations, and three shall be members at-large, appointed by the Speaker of the House of Delegates in accordance with the principles of proportional representation contained in the Rules of the House of Delegates. The current members appointed by the Senate Committee on Rules shall continue to serve until replaced. The current members appointed by the Speaker of the House of Delegates shall be subject to reappointment. Vacancies shall be filled by the original appointing authority. The joint subcommittee shall elect a chairman and vice-chairman from among its membership, who shall be members of the General Assembly.

In conducting its study, the joint subcommittee shall continue the work it has begun with regard to

(A) reviewing the laws of the Commonwealth governing the provision of mental health services, including involuntary commitment of persons in need of mental health care; (B) assessing the systems and structure of publicly funded mental health services, including emergency, forensic, and long-term mental health care and the services provided by local and regional jails and juvenile detention facilities; (C) identifying gaps in services and the types of facilities and services that will be needed to serve the needs of the Commonwealth in the twenty-first century; and (D) recommending statutory or regulatory changes needed to improve access to services, the quality of services, and outcomes for individuals in need of services.

Administrative staff support shall continue to be provided by the Office of the Clerk of the Senate. Legal, research, policy analysis, and other services as requested by the joint subcommittee shall continue to be provided by the Division of Legislative Services. Technical assistance shall continue to be provided by the Department of Behavioral Health and Developmental Services. All agencies of the Commonwealth shall provide assistance to the joint subcommittee for this study, upon request.

The joint subcommittee shall be limited to four meetings for the 2020 interim and four meetings for the 2021 interim, and the direct costs of this study shall not exceed \$ 22,560 for each year without approval as set out in this resolution. Approval for unbudgeted nonmember-related expenses shall require the written authorization of the chairman of the joint subcommittee and the respective Clerk. If a companion joint resolution of the other chamber is agreed to, written authorization of both Clerks shall be required.

No recommendation of the joint subcommittee shall be adopted if a majority of the Senate members or a majority of the House members appointed to the joint subcommittee vote against the recommendation and vote for the recommendation to fail notwithstanding the majority vote of the joint subcommittee.

The joint subcommittee shall complete its meetings for the first year by November 30, 2020, and for the second year by November 30, 2021, and the chairman shall submit to the Division of Legislative Automated Systems an executive summary of its findings and recommendations no later than the first day of the next Regular Session of the General Assembly for each year. Each executive summary shall state whether the joint subcommittee intends to submit to the General Assembly and the Governor a report of its findings and recommendations for publication as a House or Senate document. The executive summaries and reports shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may approve or disapprove expenditures for this study, extend or delay the period for the conduct of the study, or authorize additional meetings during the 2020 or 2021 interim.