

HOUSE JOINT RESOLUTION NO. 240

Establishing a joint subcommittee to evaluate the future delivery of publicly funded mental health, mental retardation, and substance abuse services.

Agreed to by the House of Delegates, March 6, 1996

Agreed to by the Senate, March 1, 1996

WHEREAS, it has now been twenty-eight years since Virginia adopted legislation that established community based treatment and support for persons with mental disabilities, and significant progress has been made in the commonwealth's publicly funded mental health, mental retardation, and substance abuse services delivery system; and

WHEREAS, several legislative commissions, especially the Hirst Commission and the Bagley Commission, have endorsed and confirmed the importance of care in the least restrictive environment as close to the clients' home supports as possible; and

WHEREAS, since 1970, enabled by the development of new forms of mental health treatment as well as new types of effective drug therapies and the establishment of a comprehensive array of community based services, the population census of mentally ill clients treated in state mental health facilities 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 4.8 percent of the mentally disabled population, funding for facilities accounted for 68.1 percent of state support for the mental health budget and 49.7 percent of the system's total federal, state, local, and fee support; and

WHEREAS, on the other hand, approximately 95.2 percent of the mentally disabled population was served through the Community Services Boards, using 26.6 percent of the state budget and 46.7 percent of the system's total federal, state, local, and fee support; and

WHEREAS, increased pressure is being placed on the delivery of publicly funded mental health, mental retardation, and substance abuse services due to continued downsizing of state facilities without reinvestment of all funds saved into the system, anticipated changes in federal programs of Medicaid and mental health and substance abuse block grant funding, and greater use of managed care; and

WHEREAS, the Commonwealth of Virginia must make every effort to assure cost-effective service delivery; access to services for citizens in need of mental health, mental retardation, and substance abuse services; and accountability to the Commonwealth; and

WHEREAS, the need for community based mental health, mental retardation, and substance abuse services exceeds current capacity as determined by the recent Department of Mental Health, Mental Retardation and Substance Abuse Services Continuum of Care Study; 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, consumer and family advocacy groups, Community Services Boards, the State Mental Health, Mental Retardation and Substance Abuse Services Board and the Department of Mental Health, Mental Retardation and Substance Abuse Services have expressed considerable interest in and support for system reform and new methods of financing and providing services and have devoted significant effort to developing proposals for improving Virginia's publicly funded system of 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; and

WHEREAS, the Health and Human Resources Secretary's System Reform Task Force will meet for approximately three months in order to develop by July 31, 1996, recommendations for one or more regional pilot projects; 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. The joint subcommittee shall be composed of 13 members to be appointed as follows: 7 members of the House of Delegates to be appointed by the Speaker of the House; 4 members of the Senate to be appointed by the Senate Committee on Privileges and Elections; the Secretary of Health and Human Resources and the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services, who shall serve ex officio without voting privileges.

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

In its deliberations, the joint subcommittee shall examine and make recommendations on, but not be limited to, the following issues:

1. The current system of delivering mental health, mental retardation, and substance abuse services in the Commonwealth;
2. The principles and goals for a comprehensive publicly funded mental health, mental retardation, and substance abuse services program in the Commonwealth;
3. The range of services, and eligibility for those services, necessary to serve Virginians' needs for publicly funded mental health, mental retardation, and substance abuse services;
4. The proper method of funding publicly supported community and facility mental health, mental retardation, and substance abuse services, including operations and capital needs, and projecting costs of meeting identified needs and revenue required;
5. The proper relationship between the Department of Mental Health, Mental Retardation and Substance Abuse Services and the components of the publicly funded system that deliver services, the Community Services Boards, and the state facilities;
6. The information, such as outcome and consumer satisfaction measures and comparable cost and utilization review data, and the technology needed to provide appropriate and enhanced accountability;
7. The applicable chapters and sections of Title 37.1 of the Code of Virginia;
8. The ways to more effectively involve consumers and families in planning and evaluating the Commonwealth's publicly funded mental health, mental retardation, and substance abuse services system; and
9. The possible changes in the system based on the recommendations made by the Joint Subcommittee Studying the Effects of Deinstitutionalization, pursuant to House Joint Resolution No. 139 (1994) and House Joint Resolution No. 549 (1995), and on the possible recommendations by the Health and Human Resources Secretary's System Reform Task Force regarding the development of regional pilot projects.

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

An estimated \$100,000 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. Technical assistance shall be provided by the staffs of the House Committee on Appropriations and the Senate Committee on Finance. 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 1998 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.