
VIRGINIA STATE BUDGET

1998 Special Session I

Budget Bill - SB4001 (Introduced)

Bill Order » Office of Health and Human Resources » Item 341

Department of Mental Health, Mental Retardation and Substance Abuse Services

Item 341	First Year - FY1999	Second Year - FY2000
Administrative and Support Services (44900)	\$13,864,737	\$15,496,837
General Management and Direction (44901)	\$6,253,557	\$8,002,112
Computer Services (44902)	\$2,854,283	\$2,701,711
Architectural and Engineering Services (44904)	\$676,109	\$681,989
Collection and Locator Services (44905)	\$3,154,933	\$3,175,362
Personnel Services (44914)	\$925,855	\$935,663
Fund Sources:		
General	\$12,235,636	\$13,867,736
Special	\$1,104,901	\$1,104,901
Federal Trust	\$524,200	\$524,200

Authority: Title 37.1, Chapter 1, Articles 1 and 2, Code of Virginia.

A. The Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services shall, at the beginning of each fiscal year, establish the current capacity for each facility within the system. When a facility becomes full, the Commissioner shall give notice of the fact to all sheriffs and shall designate the hospital to which they shall transport such persons.

B. The Department, with input from the State Board, Community Services Boards, consumers and family members, advocates, and local governments, shall identify priority populations and related funding strategies and develop and implement Community Services Board performance measures that assess outputs and outcomes. Performance measures shall be developed for all services, and outcome measures shall be identified for selected priority populations. These output and outcome measures shall be developed, implemented, and evaluated on a pilot basis in fiscal year 1999 and fully implemented as part of all Community Services Board performance contracts in fiscal year 2000.

C.1. No facility operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services shall be sold, privatized, or converted to any other use without the approval of the General Assembly.

2. The Department shall notify the Chairmen of the House Appropriations and Senate Finance Committees of any plans for privatization or contractual initiatives, other than that prohibited by C.1. above, thirty days before implementation of such initiatives. Notification shall include a formal analysis which shall include, but not be limited to, the following components: (i) definition of activity and scope of work to be privatized; (ii) estimated amount and duration of the contract; (iii) number of employees impacted to include position title, grade, length of service and projected severance costs; (iv) options for retraining and/or alternate placements for displaced

employees and potential retention rights with prospective contractors; (v) standards and outcome measures to assure maintenance of present levels of service and quality; (vi) comprehensive "make or buy" analysis including all costs of present and proposed service and projected short- and long-term savings; and (vii) options for application of contracts on a statewide basis or on a local option basis for facilities with unique geographical and/or service characteristics.

3. These provisions shall not apply to capital outlay services.

4. These provisions shall not extend authority to the Commissioner beyond that granted by the Code of Virginia.

D. Out of this appropriation shall be provided \$250,000 from the general fund the second year for the Consumer Support and Family Involvement Pilot Project. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall complete a plan for the pilot project, including the development of goals, objectives, performance measures, and an evaluation component by December 1, 1998. The Department shall include in its plan detail on how the funding will be used to promote consumer support and family involvement. The plan shall be reported to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 1998.

E.1. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall develop a community and facility master plan by December 1, 1998. The plan shall utilize nationally recognized private consultants to determine the future number of individuals that can be served in the communities, the resources needed to provide appropriate community capacity, the number of individuals who will continue to require facility care, and the optimum size and location of facilities.

2. As part of the master plan, the Department shall develop a plan for projecting and addressing the needs of the mentally ill geriatric population. The plan shall include an assessment of the capacity and need for geriatric units in state hospitals, and methods for developing capacity in communities and in nursing facilities.

3. The Department shall ensure that representatives of consumers, families, advocacy groups, and the economic development organization for the area in which the facility is located participate in the development of this plan. Options for staff transition, economic impact on localities, and potential alternative uses for state facilities shall be included in the final report. In addition, the master plan shall determine the feasibility of utilizing other operating models for state facilities, such as operation of a facility or a specialized program area by a private contractor.

4. As specific plans for downsizing or changing the use of facilities are formulated, the Department shall work with the Virginia Municipal League and the Virginia Association of Counties to ensure that those local governments most affected will be consulted and included in the formulation and implementation of any plans regarding state facilities.

5. Any unexpended balance for the plan on June 30, 1998, shall not revert to the general fund but shall be reappropriated for expenditure in the succeeding year.

F. Except as provided for in §4-5.12 a.1. of this act, no real property under the control of the Department of Mental Health, Mental Retardation and Substance Abuse Services on behalf of the Commonwealth shall be sold or otherwise conveyed to another party prior to June 30, 1999, without the express approval of the Governor and General Assembly.

G. The Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department of Medical Assistance Services, in cooperation with community mental retardation service providers, shall study the current Medicaid waiver for mental retardation services and possible changes that will lead to maximum service efficiencies and greater cost containment. Emphasis shall be placed on developing waiver services focused on individualized supports, that would complement and maximize personal resources and natural supports while

ensuring that the least intrusive or restrictive services are provided to eligible individuals. A report shall be provided to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 1998.

H. The Department of Mental Health, Mental Retardation and Substance Abuse Services, in cooperation with the Department of Medical Assistance Services, shall evaluate the costs, benefits, and feasibility of expanding Medicaid reimbursement for substance abuse services. The evaluation shall include an assessment of (i) the number of Medicaid-eligible persons who need substance abuse treatment; (ii) the utilization and cost of a continuum of services, including comprehensive assessment, case management, outpatient counseling, detoxification, and residential treatment; and (iii) the costs and benefits of Medicaid reimbursement for treatment, including the offsets for programs and services currently financed by state general fund appropriations. The Department shall submit a report on its findings and recommendations to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees, and to the Joint Subcommittee to Evaluate the Future Delivery of Publicly Funded Mental Health, Mental Retardation and Substance Abuse Services, by October 1, 1998.