
VIRGINIA STATE BUDGET

2003 Session

Budget Bill - HB1400 (Introduced)

Bill Order » Office of Health and Human Resources » Item 329

Department of Mental Health, Mental Retardation and Substance Abuse Services

Item 329

First Year - FY2003

Second Year - FY2004

Administrative and Support Services (44900)	\$17,900,686 \$17,373,576	\$18,149,758 \$15,706,594
General Management and Direction (44901)	\$9,869,898 \$9,475,151	\$10,118,970 \$9,168,270
Computer Services (44902)	\$2,971,564 \$2,843,188	\$2,971,564 \$2,111,670
Architectural and Engineering Services (44904)	\$615,797 \$613,682	\$615,797 \$533,129
Collection and Locator Services (44905)	\$3,507,513 \$3,500,725	\$3,507,513 \$3,106,188
Personnel Services (44914)	\$935,914 \$940,830	\$935,914 \$787,337
Fund Sources:		
General	\$13,790,483 \$13,263,373	\$14,039,555 \$11,796,391
Special	\$800,000	\$800,000 \$600,000
Federal Trust	\$3,310,203	\$3,310,203

Authority: Title 37.1, Chapter 1, Articles 1, 2, and 10, 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 or his designee shall give notice of the fact to all sheriffs.

B. The Commissioner of Mental Health, Mental Retardation and Substance Abuse Services shall work in conjunction with community services boards to develop and implement a graduated plan for the discharge of eligible facility clients to the greatest extent possible, utilizing savings generated from statewide gains in system efficiencies.

C. Notwithstanding § 4-5.12 of this act and paragraph C of § 2.2-1156, Code of Virginia, the Department of Mental Health, Mental Retardation and Substance Abuse Services is hereby authorized to deposit the entire proceeds of the sales of surplus land at state-owned mental health and mental retardation facilities into a revolving trust fund. The trust fund may initially be used for expenses associated with restructuring such facilities. Remaining proceeds after such expenses shall be dedicated to continuing services for current patients as facility services are restructured. The trust fund will receive any savings resulting from facility restructuring. Thereafter, the fund will be used to enhance services to individuals with mental illness, mental retardation and substance abuse problems.

D. Out of this appropriation shall be provided \$100,000 the first year and \$100,000 the second year from the general fund for the Consumer Support and Family Involvement Pilot Project.

E. Out of this appropriation, \$2,570,847 the first year and \$2,570,847 the second year shall be provided from the general fund for a public-private partnership pilot to secure short-term inpatient psychiatric services through competitive contracts with community-based hospitals or other private health care providers, for purposes of serving individuals closer to their homes. Pursuant to individual agreements with the Department, community services boards will reduce their utilization at a selected state facility or facilities for short-term (30 days or less) acute hospitalization by a specified number of beds, and will contract by competitive bidding with community-based hospitals for short-term psychiatric inpatient services. Any savings resulting from the reduced utilization of short-term acute facility beds will be made available under agreement with the Department, to permit the community services boards to contract for additional short-term psychiatric inpatient services. Specific bed utilization targets and competitive contract performance expectations will be included in the performance contracts of these community services boards.

F. The agency shall transfer ~~\$153,673~~ \$160,658 the first year and ~~\$160,658~~ the second year from nongeneral funds to the Secretary of Health and Human Resources to support the activities of the Office of Inspector General.

G. The Department of Mental Health, Mental Retardation, and Substance Abuse Services, the Department of Juvenile Justice and the Department of Medical Assistance Services, in cooperation with the Office of Comprehensive Services, Community Services Boards, Court Service Units, and representatives from community policy and management teams representing various regions of the Commonwealth shall develop an integrated policy and plan, including the necessary legislation and budget amendments, to provide and improve access by children, including juvenile offenders to mental health, substance abuse, and mental retardation services. The plan shall identify the services needed by children, the cost and source of funding for the services, the strengths and weaknesses of the current service delivery system and administrative structure, and recommendations for improvement. The plan shall also examine funding restrictions of the Comprehensive Services Act which impede rural localities from developing local programs for children who are often referred to private day and residential treatment facilities for services and make recommendations regarding how rural localities can improve prevention, intervention, and treatment for high-risk children and families, with the goal of broadening treatment options and improving quality and cost effectiveness. The Department of Mental Health, Mental Retardation, and Substance Abuse Services shall report the plan to the Chairmen of the Senate Finance and House Appropriations Committees by June 30 of each year.

H. The Department of Mental Health, Mental Retardation, and Substance Abuse Services and the Department of Medical Assistance Services, in cooperation with the Community Services Boards, shall select the specific substance abuse services that shall be available statewide to children and adults.

I. The Department of Mental Health, Mental Retardation and Substance Abuse Services, in conjunction with the Virginia Hospital and Healthcare Association and private providers, shall examine the feasibility and cost of developing a web-based system for providing daily updated information on licensed and available acute psychiatric inpatient beds for children and adolescents. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall report its findings and recommendations to the Chairmen of the House Appropriations and Senate Finance Committees by September 30, 2002.

J. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall identify and create opportunities for public-private partnerships and develop the incentives necessary to establish and maintain an adequate supply of acute-care psychiatric beds for children and adolescents.

K. The Commissioner of Mental Health, Mental Retardation and Substance Abuse Services, in consultation with the Department of Corrections, Virginia Sheriffs' Association, the Regional Jails Association, and the Virginia

Association of Community Services Boards, shall make recommendations to the Chairmen of the Senate Finance and House Appropriations Committees concerning access to psychiatric care for jail inmates, including the availability of inpatient beds, judicially ordered treatment, and atypical antipsychotic medications. The recommendations shall include consideration for use of state facilities belonging to the Department of Corrections and Department of Mental Health, Mental Retardation and Substance Abuse Services and designated sections of regional jails. The Commissioner shall submit his recommendations to the Chairmen of the House Appropriations and Senate Finance Committees by September 30, 2002.

L. The Department of Mental Health, Mental Retardation and Substance Abuse Services, in cooperation with the Virginia Department of Juvenile Justice, where appropriate, shall identify and create opportunities for public-private partnerships and develop the incentives necessary to establish and maintain an adequate supply of residential beds for the treatment of juveniles with mental health treatment needs, including those who are mentally retarded, aggressive, or sex offenders, and those juveniles who need short-term crisis stabilization but not psychiatric hospitalization.

M. The Commissioner of the Department of Mental Health, Mental Retardation, and Substance Abuse Services shall convene a task force to develop a plan for serving persons with disabilities that implements the recommendations of the Olmstead decision (*Olmstead v. L.C.*, 119 S. Ct. 2176 [1999]). The members of the task force shall represent the interests of consumers who may be impacted by the plan as well as a broad array of service providers at the state and local level. The task force shall report regularly to the Joint Commission on Health Care and accept input from the Commission as the plan is developed. All agencies of the Commonwealth shall provide assistance to the task force in its development of the plan, upon request. The task force shall submit its final recommendations to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees, and the Chairman of the Joint Commission on Health Care by August 31, 2003.

N. The Commissioner of the Department of Mental Health, Mental Retardation, and Substance Abuse Services, in cooperation with community services boards and private service providers, shall ensure that consumers are allowed choices in selecting group home placements and services.

O. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall conduct an evaluation of therapeutic communities in local jails. The Department shall report the results of the evaluation to the Chairmen of the Senate Finance and House Appropriations Committees by September 30, 2002.