2004 Special Session I

Budget Bill - HB5001 (Chapter 4)

Department of Mental Health, Mental Retardation and Substance Abuse Services

Item 330	First Year - FY2005	Second Year - FY2006
Administrative and Support Services (44900)	**$18,433,014**	**$17,898,290**
General Management and Direction (44901)	$11,028,488	$10,718,764
Computer Services (44902)	$3,154,749	$2,929,749
Architectural and Engineering Services (44904)	$636,273	$636,273
Collection and Locator Services (44905)	$2,746,644	$2,746,644
Personnel Services (44914)	$866,860	$866,860
Fund Sources:		
General	$14,133,014	$13,598,290
Special	$600,000	$600,000
Federal Trust	$3,700,000	$3,700,000

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, $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.

E. The agency shall provide $92,600 from the general fund and $160,658 from nongeneral funds each year to support the activities of the Office of Inspector General.

F. 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.

G. 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.

H. 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.

I. 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.

J. 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.

K. The Department of Mental Health, Mental Retardation and Substance Abuse Services, in cooperation with the Department of Criminal Justice Services, shall incorporate information about programs that divert individuals with mental illness, substance abuse and co-occurring disorders from jail or secure detention in the Department's web-based Internet site that is currently under development.

L. Beginning October 1, 2005, the Commissioner of the Department of Mental Health, Mental Retardation, and Substance Abuse Services shall annually submit a report to the Chairmen of the Senate Finance and House

Appropriations Committees regarding Community Service Board contracts with private service providers, to include contract amounts paid to each private provider, number of patients served, term of inpatient treatment, any savings realized by community-based treatment, and any fiscal impact on state hospitals.

M. In the event the Department of Mental Health, Mental Retardation, and Substance Abuse Services pursues the utilization of a Preferred Drug List, the Commissioner shall ensure the consideration of the value of including those prescription medications which improve drug regimen compliance, reduce medication errors, or decrease medication abuse through the use of medication delivery systems that include, but are not limited to, transdermal and injectable delivery systems.

N. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall consider the feasibility of entering into a public-private partnership or contract with a vendor for the operation of clinical treatment services for the sexually violent predator program. If the Department determines that a public-private partnership or contract is feasible and cost-effective, selection criteria shall be developed by the Department. Such criteria may include a requirement that the vendor have ongoing experience operating sexually violent predator programs in other states. Such public-private partnership or contract, if entered into by the Department, shall enable the Department to contract for perimeter security, medical services, transportation, and dietary services for the program from other state agencies and facilities.