
VIRGINIA STATE BUDGET

2010 Session

Budget Bill - SB30 (Introduced)

Bill Order » Office of Health and Human Resources » Item 304

Department of Behavioral Health and Developmental Services

Item 304	First Year - FY2011	Second Year - FY2012
Administrative and Support Services (49900)	\$41,494,426	\$40,731,426
General Management and Direction (49901)	\$4,415,242	\$3,652,242
Information Technology Services (49902)	\$8,457,502	\$8,457,502
Architectural and Engineering Services (49904)	\$2,465,094	\$2,465,094
Collection and Locator Services (49905)	\$2,584,316	\$2,584,316
Human Resources Services (49914)	\$1,685,838	\$1,685,838
Planning and Evaluation Services (49916)	\$356,956	\$356,956
Program Development and Coordination (49933)	\$21,529,478	\$21,529,478
Fund Sources:		
General	\$25,032,055	\$25,032,055
Special	\$6,599,938	\$5,836,938
Federal Trust	\$9,862,433	\$9,862,433

Authority: Title 16.1, Article 18, and Title 37.2, Chapters 2, 3, 4, 5, 6 and 7, and Title 2.2, Chapters 26 and 53 Code of Virginia; P.L. 102-119, Federal Code.

A. The Commissioner, Department of Behavioral Health and Developmental 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, Department of Behavioral Health and Developmental 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 Behavioral Health and Developmental Services is hereby authorized to deposit the entire proceeds of the sales of surplus land at state-owned behavioral health and intellectual disability 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, intellectual disability and substance abuse problems.

D. The Department of Behavioral Health and Developmental 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 behavioral health, substance abuse, and intellectual disability 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 Behavioral Health and Developmental Services shall report the plan to the Chairmen of the Senate Finance and House Appropriations Committees by June 30 of each year.

E. The Department of Behavioral Health and Developmental 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.

F. The Department of Behavioral Health and Developmental 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.

G. The Department of Behavioral Health and Developmental Services, in cooperation with the 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 behavioral 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.

H. The Commissioner, Department of Behavioral Health and Developmental 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.

I. On October 1 of each year, the Commissioner of the Department of Behavioral Health and Developmental Services shall submit a report to the Chairmen of the Senate Finance and House Appropriations Committees regarding Community Services 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.

J. Out of this appropriation, \$656,538 the first year and \$656,538 the second year from the general fund shall be provided for placement and restoration services for juveniles found to be incompetent to stand trial pursuant to Title 16.1, Chapter 11, Article 18, Code of Virginia.

K. Out of this appropriation, \$50,000 the first year and \$50,000 the second year from the general fund shall be used to pay for legal and medical examinations needed for individuals living in the community and in need of guardianship services.

L. Out of this appropriation, \$878,050 the first year and \$878,050 the second year from the general fund shall be provided for services for the civil commitment of sexually violent predators as follows: (i) \$506,250 the first year and \$506,250 the second year for clinical evaluations and court testimony for sexually violent predators who are being considered for release from state correctional facilities and who will be referred to the Clinical Review Committee for psycho-sexual evaluations prior to the state seeking civil commitment, (ii) \$260,200 the first year and \$260,200 the second year for conditional release services, including treatment, and (iii) \$111,600 the first year

and \$111,600 the second year for the costs associated with contracting with a Global Positioning System service to closely monitor the movements of individuals who are civilly committed to the sexually violent predator program but conditionally released.

M. Out of this appropriation, \$25,000 the first year and \$25,000 the second year from the general fund shall be used to operate a real-time reporting system for public and private acute psychiatric beds in the Commonwealth.

N. Out of this appropriation, \$2,270,000 the first year and \$2,270,000 the second year from the general fund shall be used to develop and expand jail diversion and reentry services. Funds shall be distributed to community based contractors based on need and community preparedness as determined by the commissioner.

O.1. Notwithstanding the provisions of Section [37.2-316](#), the Commissioner, Department of Behavioral Health and Developmental Services shall establish a state and community planning team for the purpose of developing a plan for the rebuilding and resizing of Southeastern Virginia Training Center (SEVTC). The team shall consist of staff from the Department of Behavioral Health and Developmental Services, the Department of Medical Assistance Services, the Department of General Services, the Department of Health, representatives of affected consumers, local government officials, advocates, state facility employees, community services boards, and public and private intellectual disability service providers, and other interested persons, as determined by the commissioner. In addition, members of the House of Delegates and the Senate representing the localities served by the facility may serve on the state and community consensus and planning team. The state and community planning team, under the direction of the commissioner, shall develop the plan based on (i) completed individual assessments and service plans for each resident of the facility by Health Planning Region V Community Services Boards (CSBs) and SEVTC treatment teams, (ii) the availability of community-based services to serve individuals residing at SEVTC, including housing needs, (iii) timelines for the completion of proposed construction or renovation of community housing and the new 75-bed state facility, and (iv) an assessment of how current state workers at SEVTC can be transitioned as community care providers in community facilities that have been either identified or are planned for construction in the region. The state and community planning team, under the direction of the commissioner, shall develop a timeline to appropriately transition state facility consumers beginning in FY 2010 to community services in the locality of their residence prior to admission or the locality of their choice after discharge or to another state facility if individual assessments and service plans have been completed, appropriate community housing is available and consumer choice has been considered. The commissioner shall provide quarterly to the Governor and the General Assembly a progress report regarding the plan for resizing and rebuilding the facility until the new facility and community facilities have been constructed and are complete. The final report shall outline the location where patients are discharged and any cost savings associated with the facility resizing and community transition.

2. The Commissioner, Department of Behavioral Health and Developmental Services, the Commissioner, Department of Health, and the Director of the Department of Medical Assistance Services shall initiate an expedited fast track process to provide technical assistance and certify and license the community facilities under construction and planned for construction in Health Planning Region V.

P.1. The Commissioner, Department of Behavioral Health and Developmental Services shall work in collaboration with the Health Planning Region (HPR) V Community Services Boards to plan, develop and implement transitional mental health services to qualified individuals discharged from the Eastern State Hospital.

2. The Department of Behavioral Health and Developmental Services shall lease the existing buildings and associated grounds corresponding to Buildings 24 and 26 at Eastern State Hospital to the Community Services Boards of HPR V for the purpose of providing transitional mental health services to those qualified individuals discharged from the Eastern State Hospital, on the condition that these buildings are not needed in order to provide state hospital services. The Colonial Services Board will act as the lead agency and fiscal agent for the region for purposes of this project. The property shall be leased to the Colonial Services Board on behalf of the region for a total charge of \$1.00 per year for a period of 25 years.

3. The HPR V Community Services Boards shall involve local and regional partners, including local governments, in the planning and development of these programs and services.

Q. Notwithstanding the provisions of Section [37.2-316](#), the Commissioner, Department of Behavioral Health and Developmental Services is directed to close the Commonwealth Center for Children and Adolescents by June 30, 2010. The commissioner shall establish a state and community planning team for the purpose of developing a plan for the closure of the facility. The team shall consist of Department staff and representatives of affected consumers, local government officials, advocates, state hospital employees, community services boards, behavioral health authorities, and public and private child and adolescent mental health service providers, and other interested persons, as determined by the commissioner. In addition, members of the House of Delegates and the Senate representing the localities served by the hospital may serve on the state and community planning team. The state and community planning team, under the direction of the commissioner, shall develop a timeline that addresses the transition of state hospital consumers to community services in the locality of their residence after discharge by June 30, 2010. The commissioner shall provide the timeline to the Governor and the General Assembly by May 1, 2010 and a final report regarding the closure of the facility no later than September 1, 2010.