2017 Session

Budget Bill - HB1500 (Chapter 836)

Secretary of Health and Human Resources

Item 284	First Year - FY2017	Second Year - FY2018
Administrative and Support Services (79900)	~~$742,324~~ ***$978,480***	~~$742,360~~ ***$728,516***
General Management and Direction (79901)	~~$742,324~~ *$978,480*	~~$742,360~~ *$728,516*
Fund Sources:		
General	~~$728,480~~ *$978,480*	$728,516
~~Federal Trust~~	~~$13,844~~	~~$13,844~~

Authority: Title 2.2, Chapter 2; Article 6, and § 2.2-200, Code of Virginia.

A.1. The Secretary of Health and Human Resources, in collaboration with the Office of the Attorney General and the Secretary of Public Safety and Homeland Security, shall present a six-year forecast of the adult offender population presently incarcerated in the Department of Corrections and approaching release who meet the criteria set forth in Chapter 863 and Chapter 914 of the 2006 Acts of Assembly, and who may be eligible for evaluation as sexually violent predators (SVPs) for each fiscal year within the six-year forecasting period. As part of the forecast, the secretary shall report on: (i) the number of Commitment Review Committee (CRC) evaluations to be completed; (ii) the number of eligible inmates recommended by the CRC for civil commitment, conditional release, and full release; (iii) the number of civilly committed residents of the Virginia Center for Behavioral Rehabilitation who are eligible for annual review; and (iv) the number of individuals civilly committed to the Virginia Center for Behavioral Rehabilitation and granted conditional release from civil commitment in a state SVP facility. The secretary shall complete a summary report of current SVP cases and a forecast of SVP eligibility, civil commitments, and SVP conditional releases, including projected bed space requirements, to the Governor and Senate Finance and House Appropriations Committees by November 15 of each year.

2. As part of the forecast process, the Department of Corrections shall administer a STATIC-99 screening to all potential Sexually Violent Predators eligible for civil commitment pursuant to § 37.2-900 et seq., Code of Virginia, within six months of admission to the Department of Corrections. The results of such screenings shall be provided to the commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) on a monthly basis and used for the SVP population forecast process.

3. The Office of the Attorney General shall also provide to the commissioner of DBHDS, on a monthly basis, the status of all SVP cases pending before their office for purposes of forecasting the SVP population.

B. The Secretary of Health and Human Resources, in consultation with the Secretary of Public Safety and the Secretary of Administration, shall convene a work group including, but not limited to, the Department of Medical Assistance Services, Department of Social Services, Department of Health, Department of Behavioral Health and Developmental Services, Department of Corrections, Department of Juvenile Justice, the Compensation Board, the Department of Human Resource Management and other relevant state agencies to examine the current costs of and protocols for purchasing high-cost medications for the populations served by these agencies. After conducting

the review, the workgroup shall develop recommendations to improve the cost efficiency and effectiveness of purchasing high-cost medications in order to improve the care and treatment of individuals served by these agencies. The workgroup shall prepare a final report for consideration by the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than October 15, 2016.

C. The Secretary shall develop a plan to address the data governance structure across all agencies in the Health and Human Resources Secretariat in order to streamline business processes, increase operational efficiency and effectiveness, and minimize duplication and overlap of current and future systems development. The plan shall consider how agencies can participate in such a structure while adhering to privacy provisions set forth in state and federal law and regulations. The Secretary shall report on the plan, including challenges impacting the plan, to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by October 15, 2016.

D. The Secretary of Health and Human Resources shall report on transition planning for the Health and Human Resources Secretariat, including the achievement of performance metrics by agencies in the Secretariat, current and emerging challenges facing these agencies, the value of services provided by the agencies, and each agency's strategic plan and executive progress report, as well as cross-agency policy issues. The Secretary shall provide this report to the Chairmen of the House Appropriations and Senate Finance Committees, as well as the Chairmen and members of the Health and Human Resources Subcommittees of each respective committee by September 1, 2016 and semi-annually thereafter until a new Governor is elected and sworn into office.

E.1. It is the intent of the General Assembly that the Department of Behavioral Health and Developmental Services (DBHDS) transform its system of care into a model that embodies best practices and state-of-the art services by treating, where appropriate, individuals in the community. As part of this effort, DBHDS state hospitals shall be structured to ensure high quality care, efficient operation, and sufficient capacity to serve those individuals needing state hospital care.

2. Out of this appropriation, $250,000 from the general fund the first year shall be provided to the Office of the Secretary of Health and Human Resources (OSHHR) to prepare an implementation plan for the financial realignment of Virginia's public behavioral health system. This plan shall include: (i) a timeline and funding mechanism to eliminate the extraordinary barriers list in state hospitals and to maximize the use of community resources for individuals discharged or diverted from state facility care; (ii) sources for bridge funding, to ensure continuity of care in transitioning patients to the community, and to address one-time, non-recurring expenses associated with the implementation of these reinvestment projects; (iii) state hospital appropriations that can be made available to community services boards to expand community mental health and substance abuse program capacity to serve individuals who are discharged or diverted from admission; (iv) financial incentive for community services boards to serve individuals in the community rather than state hospitals; (v) detailed state hospital employee transition plans that identify all available employment options for each affected position, including transfers to vacant positions in either DBHDS facilities or community services boards; (vi) legislation and Appropriation Act language needed to achieve financial realignment; and (vii) matrices to assess performance outcomes.

3. In developing the plan, the OSHHR shall seek input from and participation by DBHDS, community services boards and behavioral health authorities, individuals receiving services and their family members, other affected state agencies, local governments, private providers and other stakeholders. OSHHR shall present the implementation plan to the Chairmen of the House Appropriations and Senate Finance Committees and the Chairman of the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century by December 1, 2017.