

14104144D

**SENATE JOINT RESOLUTION NO. 47**  
**AMENDMENT IN THE NATURE OF A SUBSTITUTE**  
 (Proposed by the Senate Committee on Rules  
 on January 17, 2014)

(Patrons Prior to Substitute—Senators Deeds, Howell [SJ 16], and McDougle [SB 301])

*Establishing a joint subcommittee to study mental health services in the Commonwealth. Report.*

WHEREAS, mental health services in the Commonwealth are provided by an array of public and private providers, including a system of state hospitals operated by the Department of Behavioral Health and Developmental Services, community services boards, and behavioral health authorities that serve as the publicly funded system for mental health care; and

WHEREAS, this complex system of public and private mental health services providers must provide care for individuals with a range of mental health needs, including those requiring voluntary or involuntary, emergency, short-term, forensic, and long-term mental health care in inpatient and outpatient settings; and

WHEREAS, in 2002, the Department of Behavioral Health and Developmental Services began a Systems Transformation initiative focused on improving access to mental health and other behavioral health services throughout the Commonwealth; and

WHEREAS, in 2006, the Supreme Court of the United States established the Virginia Commission on Mental Health Law Reform to conduct a comprehensive examination of laws and regulations governing mental health services generally and mental health services for individuals involuntarily admitted for treatment specifically; the quality of the Commonwealth's system of public mental health services; and options for improving the legal framework and service system to provide better access and better outcomes for individuals in need of mental health treatment; and

WHEREAS, in the last 10 years, laws governing mental health care, especially involuntary commitment of individuals in need of mental health care, and the system of publicly funded services for individuals in need of mental health care have undergone significant change; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That a joint subcommittee be established to study mental health services in the Commonwealth. The joint subcommittee shall consist of nine members that include six legislative members, two nonlegislative citizen members, and one ex officio member. Members shall be appointed as follows: three members of the Senate to be appointed by the Senate Committee on Rules; three members of the House of Delegates to be appointed by the Speaker of the House of Delegates in accordance with the principles of proportional representation contained in the Rules of the House of Delegates; one nonlegislative citizen member who is a consumer of mental health care or a family member of a consumer of mental health care to be appointed by the Senate Committee on Rules; one nonlegislative citizen member who is a consumer of mental health care or a family member of a consumer of mental health care to be appointed by the Speaker of the House of Delegates; and the Commissioner of the Department of Behavioral Health and Developmental Services or his designee to serve ex officio with voting privileges. Nonlegislative citizen members shall be citizens of the Commonwealth of Virginia. The joint subcommittee shall elect a chairman and vice-chairman from among its membership, who shall be members of the General Assembly.

In conducting its study, the joint subcommittee shall (i) conduct a comprehensive review of the laws of the Commonwealth governing the provision of mental health care services, including involuntary commitment of individuals in need of mental health care; (ii) collect and review information about the publicly funded system of mental health care, including emergency, forensic, and long-term mental health care, in the Commonwealth; (iii) identify gaps in publicly funded mental health services in the Commonwealth; and (iv) recommend changes to the Commonwealth's laws governing the provision of mental health care and the system of publicly funded mental health care to improve access to services, the quality of services, and outcomes for individuals in need of services.

Further, the joint subcommittee shall review (a) the training provided to law-enforcement officers and other first responders under the crisis intervention team program, (b) the need for crisis receiving centers at the local level, and (c) the need for mental health treatment beds or other appropriate alternatives for jail diversion at the regional or local level, including the current and projected future availability of beds in state and private hospitals and local and regional jails and other housing arrangements where appropriate.

In reviewing the need for treatment beds, the joint subcommittee shall give consideration to whether the current fiscal incentives for expanding regional jail capacity should be eliminated and replaced with a new incentive for construction, renovation, or enlargement of jail mental health units. The joint subcommittee shall determine the process for state reimbursement of localities for the construction, enlargement, or renovation of a local or regional jail that adds beds dedicated to mental health, including

60 regulations that may be necessary to specify an application procedure for reimbursement.

61 The joint subcommittee shall consider the appropriate location of such facilities; cooperative  
62 arrangements with community services boards, behavioral health authorities, and public or private  
63 hospitals; licensing, staffing, and funding requirements; and the statutory and administrative  
64 arrangements for the governance of such facilities. The joint subcommittee shall give consideration to  
65 the development of such facilities on a pilot program basis.

66 Administrative staff support shall be provided by the Office of the Clerk of the Senate. Legal,  
67 research, policy analysis, and other services as requested by the joint subcommittee shall be provided by  
68 the Division of Legislative Services. All agencies of the Commonwealth shall provide assistance to the  
69 joint subcommittee for this study, upon request.

70 The joint subcommittee shall be limited to four meetings for the 2014 interim and four meetings for  
71 the 2015 interim, and the direct costs of this study shall not exceed \$13,680 for each year without  
72 approval as set out in this resolution. Approval for unbudgeted nonmember-related expenses shall require  
73 the written authorization of the chairman of the joint subcommittee and the respective Clerk. If a  
74 companion joint resolution of the other chamber is agreed to, written authorization of both Clerks shall  
75 be required.

76 No recommendation of the joint subcommittee shall be adopted if a majority of the Senate members  
77 or a majority of the House members appointed to the joint subcommittee (1) vote against the  
78 recommendation and (2) vote for the recommendation to fail notwithstanding the majority vote of the  
79 joint subcommittee.

80 The joint subcommittee shall complete its meetings for the first year by November 30, 2014, and for  
81 the second year by November 30, 2015, and the chairman shall submit to the Division of Legislative  
82 Automated Systems an executive summary of its findings and recommendations no later than the first  
83 day of the next Regular Session of the General Assembly for each year. Each executive summary shall  
84 state whether the joint subcommittee intends to submit to the General Assembly and the Governor a  
85 report of its findings and recommendations for publication as a House or Senate document. The  
86 executive summaries and reports shall be submitted as provided in the procedures of the Division of  
87 Legislative Automated Systems for the processing of legislative documents and reports and shall be  
88 posted on the General Assembly's website.

89 Implementation of this resolution is subject to subsequent approval and certification by the Joint  
90 Rules Committee. The Committee may approve or disapprove expenditures for this study, extend or  
91 delay the period for the conduct of the study, or authorize additional meetings during the 2014 or 2015  
92 interim.