

March 23, 2009

**TO:** CSB/BHA Executive Directors  
State MHMRSAS Facility Directors  
Virginia Association of Community Services Board (VACSB)  
Community Advocates and Stakeholders

**FROM:** State MHMRSAS Board

**SUBJECT:** Future Board Mailings

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In an effort to conserve costs of postage from mailing the State Mental Health, Mental Retardation and Substance Services Board packets, following the receipt of this packet, we will be posting future board meetings online via the Virginia Townhall website at [www.townhall.state.va.us](http://www.townhall.state.va.us) (if you are a public or state user), and on the Department's website at <http://www.dmhmrzas.virginia.gov/adm-StateBoardDefault.htm> . Individuals who do not have computer access or require special accommodations may continue to receive a hard copy in the U.S. mail by calling the State Board office at (804) 786-7945.

Thank you for supporting this initiative to preserve our environment and the Commonwealth's resources.

pc: Members, State MHMRSAS Board  
James S. Reinhard, Commissioner



***COMMONWEALTH OF VIRGINIA***

**STATE MENTAL HEALTH,  
MENTAL RETARDATION  
AND  
SUBSTANCE ABUSE SERVICES BOARD**

**REGULAR BOARD MEETING**

*AGENDA*  
April 7, 2009

Southside Virginia Training Center  
26317 West Washington Street, Building 1, Conference Room B  
Petersburg, VA 23803  
**(804) 524-7208**

*(Directions on Back Cover)*

**STATE MENTAL HEALTH,  
MENTAL RETARDATION  
AND  
SUBSTANCE ABUSE SERVICES BOARD**  
**Tuesday, April 7, 2009**  
**10:00 a.m.**

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9:00 a.m. - Planning & Budget Committee Meeting  
9:00 a.m. - Policy Development & Evaluation Committee Meeting

**DRAFT AGENDA**

Regular Session

			<b>Page #</b>
I.	10:00	Call to Order	
		Dan Karnes, Chair	
II.	10:05	Introductions	
III.	10:10	Approval of the April 7, 2009 Agenda	1-2
IV.	10:15	Approval of January 13, 2009 Minutes	3-8
V.	10:20	PUBLIC COMMENT <i>(3 minute limit per speaker)</i>	
VI.	10:30	Wounded Warrior Presentation <i>(Informational)</i>	
		Catherine Wilson, Director Virginia Wounded Warrior Program (Department of Veterans Services)	
VII.	11:00	Report of the Policy Development and Evaluation Committee	
		Wendy Brown, Office of Planning and Development	9-17
		o Adoption of Final Regulations for Voluntary Admissions to State Training Centers 12 VAC 35-190-10 et seq	
		o Petitions for Rulemaking from Steve Shoon	18-21
VIII.	11:15	Report of the Planning & Budget Committee	
		Charline Davidson, Office of Planning and Development	22-23
IX.	11:30	Commissioner's Report	
		James S. Reinhard, M.D., Commissioner	
X.	12:00	Staff Updates	
		o Legislative Overview	
		Ruth Anne Walker Office of Legislation	

- |       |       |                                                                                 |                                                |
|-------|-------|---------------------------------------------------------------------------------|------------------------------------------------|
| XI.   | 12:15 | Review of the FY09 Work Plan                                                    | State MHMRSAS Board Members                    |
| XII.  | 12:30 | Board Liaison Reports                                                           | State MHMRSAS Board Members                    |
| XIII. | 12:45 | Intellectual Disabilities/Autism Presentation                                   | Lee Price<br>Office of Mental Retardation      |
| XIV.  | 1:15  | VACSB Update                                                                    | VACSB Chair or Staff                           |
| XV.   | 1:30  | CSB Criteria and Policies Request Discussion<br>Office of the Inspector General | Jim Stewart<br>Office of the Inspector General |
| XVI.  | 1:45  | Other Business & Adjournment                                                    | Board Chair                                    |

**DRAFT MINUTES**  
**STATE MENTAL HEALTH, MENTAL RETARDATION**  
**AND SUBSTANCE ABUSE SERVICES BOARD**

January 13, 2009  
DMHMRSAS's Central Office  
Richmond, VA

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**Members Present:** Daniel E. Karnes, Chair; Ruth G. Jarvis, Vice Chair; Andrew Goddard, Cheryl Ivey Green, Catherine M. Hudgins, and Jennifer M. Little.

**Members Excused:** Mary J. McQuown, Ananda K. Pandurangi and Kathryn A. Smith

**Staff:** Ken Batten, Director, Office of Substance Abuse Services  
Wendy Brown, Policy Analyst, Office of Planning & Development  
Jewel Crosby, Executive Secretary, State MHMRSAS Board  
Charline Davidson, Director, Office of Planning & Development  
Heidi Dix, Deputy Commissioner, Office of the Commissioner  
Paul Gilding, Director, Office of Community Contracting  
Jim Martinez, Director, Office of Mental Health Services  
Meghan McGuire, Director, Office of Communications  
Mellie Randall, Manager, Office of Substance Abuse Services  
James Reinhard, Commissioner, (via phone)  
Michael Shank, Director, Office of Mental Health Services  
Teja Stokes, Assistant Commissioner, Office of Public Relations/Quality Improvement  
Frank Tetrick, Assistant Commissioner, Office of Supports & Services  
Ruth Anne Walker, Legislation Manager, Office of Legislation

**Others:** Jennifer Faison, Public Policy Manager, VACSB  
Bill Fuller, Senior Community Housing Officer, Virginia Housing Development Authority (VHDA)  
Jane Hickey, Senior Assistant Attorney General/Chief, Health Services Section, Office of the Attorney General  
Shea Hollifield, Deputy Director, Department of Housing & Community Development (DHCD)  
Sherry Rose

**Call to Order:** Daniel Karnes, Chair, called the meeting to order at 10:05 a.m. and opened the meeting by introducing and welcoming the newest board members, Andrew Goddard and Jennifer Little. The Chair then called for introductions by all in attendance.

**Agenda:** *Upon motion by Ruth Jarvis and seconded by Catherine Hudgins, the board unanimously approved the January 13, 2009 Agenda as presented. 6-Yes; 0-No.*

**Minutes:**

*Upon motion by Catherine Hudgins and seconded by Ruth Jarvis, the board unanimously approved the revised minutes of the December 2, 2008 meeting as corrected. 6- Yes; 0-No.*

**Public Comments:**

Sherry Rose voiced concerns regarding the board's recommendation to review the CSB admissions criteria, policies and procedures. She asked that the department use consultant capacity to implement an aggressive oversight over lines of businesses of all state-wide CSBs.

Ms. Rose also shared concerns regarding a consumer in the Fairfax Falls Church catchment area that has been in seclusion and restraints for twenty years at Western State Hospital. She asked that the board look into the issues.

Catherine Hudgins, board member, thanked Ms. Rose for sharing her comments and requested that the comments be referred to staff to respond on behalf of the board.

Daniel Karnes informed the board that they should be in receipt of a letter from parents and friends of Southeastern Virginia Training Center (SEVTC) and asked for input and discussion.

Catherine Hudgins informed the board that she has received letters regarding Central Virginia Training Center and Southeastern Virginia Training Center. Ms. Hudgins asked that staff send an acknowledgment response on behalf of the board.

**Report of the Policy  
Development and  
Evaluation****Committee:**

Wendy Brown reported on behalf of the committee chair, Ruth Jarvis. The committee met at 9:00 a.m. before the regular board meeting. The committee welcomed new board member, Andrew Goddard. The members discussed housekeeping matters and the proposed amendment to policy 1015 (Co-occurring Disorders). The amended policy was proposed consistent with action recommended by the Board in 2008. The Board had authorized the committee to draft an amendment to Policy 1015 and distribute it for field review noting that the Board intends to rescind Policy 1013 (Facility and Community Alcohol and Other Drug Services). Any concerns related to the rescission of Policy 1013 would be addressed in the revised Policy 1015. Mellie Randall, Office of Substance Abuse Services, discussed proposed revisions to the co-occurring policy with the committee. The committee agreed to adopt the revised policy to send it out for field review, and will offer recommendations at the next board meeting. Therefore, no action from the full board was needed.

## **Report of the Planning and Budget Committee:**

Charline Davidson reported on behalf of the committee chair, Daniel Karnes. The committee met at 8:00 a.m. before the regular board meeting. The committee welcomed new member, Jennifer Little. The Planning and Budget Committee discussed the Governor's budget proposal to close the Commonwealth Center for Children Center and Adolescents (CCCA), Southeastern Virginia Training Center (SEVTC) and the adolescent unit at Southwestern Virginia Mental Health Institute in Marion.

## **Commissioner's Report:**

Dr. Reinhard, via phone, reported to the board and provided updates on the proposed budget amendments and facility closures. Dr. Reinhard touched on the Governor's budget amendments and shared that staff is in the process within a short time period beginning to implement the plans of the proposed cuts. He shared that the most significant impact is that of the proposed closure of SEVTC, CCCA and the Adolescent Unit at SWMHI. Dr. Reinhard shared that he along with Secretary Tavenner met with the staff at the facilities proposed for closure. He indicated that there were large turnouts for both meetings and, as expected, significant resistance to the closures. Dr. Reinhard stated that he recognizes that there will be great challenges ahead to accomplish the task in a thoughtful and effective manner. He shared with the board members that there will be an Advisory Committee and Work Groups established to transition consumers into the community.

Heidi Dix, Deputy Commissioner, presented an overview of information to the board on the changes in the delivery of services and programs in the department. She shared information on the mental health system reform, the ongoing need for attention to the large, aging state facility infrastructure, the need for adult mental health beds and the need for training center beds.

## **Staff/Legislative Updates:**

Ruth Anne Walker, Legislation Manager, provided legislative updates to the board and noted that there were not as many of bills as this time last year. Ms. Walker distributed handouts with a short list of current bills assigned to the department as of January 12. She indicated that this was a carryover year and she would continue to send bill updates to board members. Ms. Walker pointed out the name change bill on the list and shared that it was one of two agency bills along with SB 818 (Substance Abuse). She informed board members that Ken Batten, Director of Substance Abuse Services, would include information in his presentation on the SB 818.

Ms. Walker revealed the new proposed name of the department as "Behavioral Health and Developmental Services" (BHDS). She shared that the new name does not promote stigma or reinforce negative stereotypes, and allows room to grow into other areas, like autism and other developmental disabilities.

The new name would also focus on the services the department provides, rather than on the disabilities we address.

Ms. Walker reviewed the board's workplan and shared background and the purpose of the workplan for the new board members. She noted that the plan indicated "intellectual disabilities" as the priority area identified for the month of April as it relates to the Comprehensive State Plan. The board also identified the Wounded Warrior program as an informational topic to hear in April.

Jim Martinez, Director, Mental Health Services, provided a summary list of recommendations from the Commission on Mental Health Law Reform.

**Board Liaison  
Report:**

Ruth Jarvis reported that she attended the Hampton-Newport News CSB legislative breakfast along with board member, Mary McQuown. She stated that the breakfast was well represented by local officials and state legislators. Mrs. Jarvis also shared that she attended several meetings in her area on the closure of Southeastern Virginia Training Center.

**Presentation by  
Office of Substance  
Abuse Services:**

Ken Batten, Director, Office of Substance Abuse Services presented on substance abuse services progress implementing the Comprehensive State Plan 2008-2014. Mr. Batten also updated the board on SB 818 relating to opiate addiction treatment providers' service fee.

**Presentation on  
Housing:**

Shea Hollifield, Deputy Director, Division of Housing, Department of Housing and Community Development (DHCD) presented information on programs at DHCD utilized by CSBs, Neighborhood Stabilization Program and the National Housing Trust Fund. Ms. Hollifield distributed program guidelines literature for FY 09 to attendees.

Bill Fuller, Senior Community Housing Officer, Virginia Housing Development Authority (VHDA) presented information on programs at VHDA utilized by CSBs, housing in money follows the person project, Virginia's Low Income Housing Tax Credit Program, Housing Solution Work Group and Accessible house-finding functions of accessva.

Michael Shank, Director, Community Support Services, Office of Mental Health Services, shared information on housing affordability issues, Auxiliary Grant Portability, SRO Housing with Supports and Housing First.

**Re-Election of  
Officers:**

At the December 2, 2008 meeting of the board, the Nominating Committee presented a slate of officers for 2009, nominating Daniel Karnes as Chair and Ruth Jarvis as Vice Chair.



As reflected in the current board by-laws, the Nominating Committee shall offer its slate of candidates at the first regular meeting of the calendar year. The two other members of the nominating committee were not able to attend the January 13 meeting. Therefore, Ruth Jarvis, the other member moved on the Committee's behalf that she be elected as Vice Chair. Daniel Karnes called for additional nominations from the floor. Hearing no additional nominations from the floor, the board unanimously elected Ruth Jarvis as Vice Chair.

Daniel Karnes requested the newly elected Vice Chair assume the Chair temporarily for the purpose of the election of the new Chair. Ruth Jarvis, on behalf of the Nominating Committee, moved to elect Daniel Karnes as Chair. Ruth Jarvis called for additional nominations from the floor. Hearing no additional nominations, the board unanimously elected Daniel Karnes as Chair.

**VACSB Update:** Jennifer Faison, VACSB, Public Policy Manager, reported on behalf of the VACSB. Ms. Faison updated the board on the VACSB's position on the budget action in the proposed closure of the Commonwealth Center for Children and Adolescents, the adolescent unit at Southwestern Virginia Mental Health Institute and proposed closure of Southeastern Virginia Training Center.

Ms. Faison provided updates on the possible revenue enhancements from the Federal Government, the VACSB Budget priorities, changes to the proposed FY2010 Performance Contract and VACSB's participation in future MHMRSAS State board meetings. Ms. Faison shared the schedule on the legislative budget hearings and reminded the board regarding the Coalition Rally scheduled for Monday, January 19. She also reminded board members of the VACSB Legislative conference scheduled for January 20-21, 2009 at the Omni Hotel in Richmond.

**Other Business  
& Adjournment:**

Daniel Karnes provided the announcement to the board on the new role of the past Deputy Commissioner, Ray Ratke. Secretary Marilyn Tavenner has formally appointed Mr. Ratke as full-time Special Advisor for Children's Services.

Daniel Karnes requested a copy of the revised organizational chart from the Department. Mr. Karnes informed the board that Heidi Dix has been hired as the full-time Deputy Commissioner replacing Ray Ratke.

Mr. Karnes confirmed receipt of the response letter from the Inspector General regarding the request from the board last month requesting the Inspector General to conduct a study on CSB admission criteria. Mr. Karnes indicated that the Inspector General has requested to be included on the agenda at a future meeting to discuss the particulars of the requested study. It was decided that this would be added to the April 2009 agenda for discussion.

There being no further business, the meeting adjourned at 2:10 p.m. The next meeting of the board will be held on Tuesday, April 7, 2009. The location has not been determined.

Submitted by:

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**Daniel E. Karnes, Chair**

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**Jewel Crosby, Secretary**

## MINUTES

### STATE MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES BOARD

#### ***Meeting of the Policy Development and Evaluation Committee***

January 13, 2009  
DMHMRSAS Central Office  
Richmond, Virginia

**Members Present:** Ruth G. Jarvis, Chair, Andrew Goddard

**Staff Present:** Wendy Brown, Mellie Randall, Paul Gilding

**Call to Order:** The meeting was called to order at 9:00 a.m.

#### **Policy 1015(SYS) Services for Individuals with Co-Occuring Disorders**

Wendy Brown provided background information to the Committee about the proposed revisions to Policy 1015. In 2008, the Board adopted the recommendation of the Policy Development and Evaluation Committee to rescind existing policy 1013 (SYS), *Facility and Community Alcohol and Other Drug Services*, and to revise existing Policy 1015 to address any concerns about this rescission. Although Policy 1015 regarding co-occurring disorders was not intended as a replacement for Policy 1013, the Board planned to update Policy 1015 to ensure that it effectively addresses issues regarding access to services for individuals with co-occurring substance use disorders.

Mellie Randall from the Department's Office of Substance Abuse Services presented a draft updated Policy 1015 for review. Ms. Randall proposed several language additions to the current policy to address the significance and frequency of co-occurring substance use disorders among individuals with mental illnesses and intellectual disabilities. Paul Gilding also suggested that some of the general terminology and references that are used in the policy be updated as part of the current revision process. The Committee agreed with his suggestion and requested that Mr Gilding draft the appropriate terminology and reference updates to the current policy document. Based the discussion and the recommendations of staff, the Committee asked staff to circulate the draft revised policy for field comment and develop a final draft Policy 1015 to be considered for Board adoption at its next meeting.

#### **Status of Policy Reviews**

Wendy Brown advised the Committee that she had initiated the review two other current policies by distributing them for initial field comment. Ms. Brown indicated that she would present the results of this review to the Committee at its next meeting.

The Committee meeting was adjourned at 9:50 am.

## Adoption of Final Revisions to Regulations for Voluntary Admission to State Training Centers

<p><i>Regulations</i></p>	<p><b><i>MR Voluntary Admission Regulations:</i></b>  12 VAC 35-190-10 et seq. <u>Regulations for Voluntary Admissions to State Training Centers</u> (<i>New Title</i>)</p>
<p><i>Background</i></p>	<p>In May 2006 the Board completed its periodic review of these regulations and decided that revisions were needed to clarify provisions, update terminology, and change the statutory references to reflect the re-codification of Title 37.1 to 37.2. A notice of intended regulatory action (NOIRA) was published in February 2007. Several public comments were submitted in response to the NOIRA that were considered in drafting the proposed regulatory revisions. The Board adopted the proposed regulations in October 2008 and distributed them for the standard 60-day public review period. No new public comments were received.</p> <p>The final regulations include minor language revisions to make them consistent with the other regulations that have been recently adopted by the Board. For example, “<i>intellectual disability</i>” has been inserted following the term “<i>mental retardation</i>” throughout the the regulations. All of the final changes to the regulations are shown in brackets in the attached document.</p>
<p><b><u>Regulatory Process</u></b></p>	<p>After the Board adopts its final regulations, they are forwarded for approval from Executive Branch, which includes the Secretary and the Governor. Once approved, the proposed regulations are published on the Virginia Regulatory Townhall website and in the Virginia Register for a 30-day public review period. The regulatory revisions become final following this review period.</p>
<p><b><u>Recommendation</u></b></p>	<p>The Department recommends that the Board adopt the final amended <u>Regulations for Voluntary Admissions to State Training Centers</u> for promulgation.</p>

**Project 636 - Proposed**

**DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE  
SERVICES**

**Revisions to clarify, update and respond to changes in practice**

CHAPTER 190

REGULATIONS ESTABLISHING PROCEDURES FOR VOLUNTARILY ADMITTING PERSONS  
WHO ARE MENTALLY RETARDED VOLUNTARY ADMISSIONS TO STATE MENTAL  
RETARDATION FACILITIES TRAINING CENTERS

**12VAC35-190-10. Definitions.**

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Admission" means [ ~~placement~~ acceptance ] of an individual in a residential facility for individuals with mental retardation as defined in this chapter so that the facility becomes the individual's primary locus of care, treatment, and training center.

"Authorized representative" means a person permitted by law or regulation to authorize the disclosure of information [ and or ] consent to treatment and services, including medical treatment, or the participation in human research on behalf of an individual who lacks the mental capacity to make these decisions.

[~~"Case management community services board~~](CSB)[~~" or "CSB" means~~] a citizens board [the public body established pursuant to] § 37.1-195 [§ 37.2-501] of the Code of Virginia that serves the area in which an adult resides or in which a minor's parent, or guardian ] or legally authorized representative [ ~~resides.~~ ] The case management CSB is responsible for case management, liaison with the facility when an individual is admitted to a state training center, and predischarge planning. If

~~an individual, or the parents, guardian or legally authorized representative on behalf of an individual, chooses to reside in a different locality after the individual's discharge from the facility, the community services board serving that locality becomes the case management CSB and works with the original case management CSB, the individual receiving services and the state facility to effect a smooth transition and discharge. [ For the purpose of these regulations, CSB also includes a behavioral health authority established pursuant to § 37.2-602 of the Code of Virginia.]~~

"Commissioner" means the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services.

[ "Community services board" or "CSB" means the public body established pursuant to §37.2-501 of the Code of Virginia. For the purpose of these regulations, CSB also includes a behavioral health authority established pursuant to §37.2-602 of the Code of Virginia. ]

"Discharge plan" or ~~"predischARGE plan"~~ means a written plan prepared by the [ case management ] CSB [ providing case management ] in consultation with the ~~state facility~~ training center pursuant to ~~§ 37.1-197.1 § 37.2-505~~ [ §§ 37.2-505 and 37.2-837 ] of the Code of Virginia. This plan is prepared when the individual is admitted to the ~~facility~~ training center and documents the [ planning ~~for~~ ] services [ after to be provided upon ] discharge.

~~"Facility" means a state training center for individuals with mental retardation under the supervision and management of the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services.~~

"Guardian" means:

For Minors -- An an adult who is either appointed by the court as a legal guardian of said a minor or exercises the rights and responsibilities of legal custody by delegation from a biological or adoptive parent, upon provisional adoption or otherwise by operation of law.

For Adults -- a person appointed by the court who is responsible for the personal affairs of an incapacitated adult under the order of appointment. The responsibilities may include making decisions regarding the individual's support, care, health, safety, habilitation, education and therapeutic treatment. Refer to definition of "incapacitated person" at § 37.1-134.6 § 37.2-1000 of the Code of Virginia.

~~"Legally authorized representative" means a person permitted by law or regulations to give informed consent for disclosure of information and give informed consent to treatment, including medical treatment and participation in human research on behalf of an individual who lacks the mental capacity to make these decisions.~~

"Licensed professional" means a licensed psychologist, licensed professional counselor, or other individual who holds a valid professional license and has appropriate training in intellectual testing.

~~"Mental retardation" [ ("intellectual disability") ] means substantial subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior. a disability originating before the age of 18 years, characterized concurrently by (i) significantly subaverage intellectual functioning as demonstrated by performance on a standardized measure of intellectual functioning, administered in conformity with accepted professional practice, that is at least two standard deviations below the mean; and (ii) significant limitations in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.~~

[ "Training center" means a facility operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services for the treatment, training, or habilitation of persons with mental retardation (intellectual disability). ]

#### **12VAC35-190-21. Application for admission process.**

A. Requests for admission to a facility training center shall be processed through the [ ~~case management~~ ]CSB. A parent, guardian, or ~~legally~~ authorized representative seeking admission to a

~~facility training center~~ for an individual with mental retardation shall apply first to the CSB that serves the area where the ~~applicant individual, or if a minor, his parent, or guardian, or legally authorized representative~~ is currently residing.

B. If the case management CSB determines that the services for the individual are not available in the community or the individual chooses to obtain services in the state ~~facility training center~~, the CSB shall forward a ~~prescreening~~ preadmission screening report, pursuant to ~~§ 37.1-65.1 B~~ § 37.2-806 B of the Code of Virginia, to the ~~facility training center~~ serving individuals with mental retardation [ (intellectual disability) ] from that geographic section of the state in which the ~~applicant individual or, if a minor, his parent, or guardian, or legally authorized representative~~ is currently residing.

C. The ~~prescreening~~ preadmission screening report shall include at a minimum:

1. An application for services;
2. A medical history indicating the presence of any current medical problems as well as the presence of any known communicable disease. In all cases, the application shall include any currently prescribed medications as well as any known medication allergies;
3. A social history and current ~~status~~ housing or living arrangements; and
4. A psychological evaluation that ~~has been performed in the past three years unless the facility director or designee determines that sufficient information as to the applicant's abilities and needs is included in other reports received;~~ reflects the individual's current functioning.

D. The preadmission screening report shall also include the following, as appropriate:

- ~~5.~~ 1. A current individualized education plan for school-aged ~~applicants unless the facility director or designee determines that sufficient information as to the applicant's abilities and needs is included in other reports received;~~ individuals.



~~6. 2. A vocational assessment for adult applicants unless the facility director or designee determines that sufficient information as to the applicant's abilities and needs is included in other reports received; and adults.~~

~~7. 3. A completed discharge plan outlining the services to be provided upon discharge and anticipated date of discharge.~~

~~[ 4. A statement from the individual, family member, or authorized representative requesting services in the training center. ]~~

**12VAC35-190-30. ~~Determination of suitability~~ Criteria for admission.**

~~A. Within 30 working days from the receipt of the completed prescreening report, the director of the facility, or his designee, shall notify the case management CSB in writing of the determination on the admission request.~~

~~B. ~~Determination of suitability~~ A. Upon the receipt of a completed preadmission screening report, the director of the training center or designee shall determine eligibility for admission by the director shall be based upon the following criteria and shall be so stated in his written decision:~~

- ~~1. The individual has a primary diagnosis of mental retardation [ (intellectual disability) ] ;~~
- ~~2. The diagnosis of mental retardation has been made by an interdisciplinary team of qualified mental retardation professionals upon review of the completed prescreening report a licensed professional; and~~
- ~~3. The facility training center has available space, training, treatment, and habilitation services appropriate and service capacity to meet the needs of the individual.~~

~~B. If the director finds that admission is not appropriate, he shall state the reasons in a written decision and may recommend an alternative location for needed services.~~

C. ~~If the director finds that the applicant is not suitable for admission to the facility, he shall state the reasons for his decision and may recommend alternative locations for needed services. Within 10 working days from the receipt of the completed preadmission screening report, the director of the training center or designee shall provide the written decision on the admission request to the [ case management ] CSB.~~

**12VAC35-190-41. Requests for reconsideration of the director's determination.**

In the event that (i) the ~~[ case management ]~~ CSB making the request for admission, or (ii) a ~~person seeking admission to a facility, the parent, guardian, or authorized representative applying on behalf of an individual~~ disagrees with the determination of the director, ~~the CSB, or person seeking admission, or both they~~ may request a reconsideration of the determination by submitting a request in writing to the commissioner within 10 working days of receiving such determination. Upon receipt of a request for reconsideration, the commissioner shall notify the ~~facility~~ training center director and the ~~facility~~ training center director shall forward the ~~prescreening~~ preadmission screening report package and related information to the commissioner within 48 hours. The commissioner shall also provide an opportunity for the ~~person~~ individual requesting reconsideration to submit for review any additional information or reasons why the admission should be approved. The commissioner shall render a written decision on the request for reconsideration within 30 calendar days of the receipt of the request and notify all involved parties. The commissioner's decision shall be binding.

**12VAC35-190-51. ~~Procedure for admission~~ Judicial certification.**

Upon receipt of written notification from the ~~facility~~ training center director that an individual is ~~suitable~~ eligible for admission, the ~~[ case management ]~~ CSB ~~will~~ shall inform the individual ~~or~~ and the individual's parent, guardian, or ~~legally~~ authorized representative of this decision and assist the parent, guardian, or ~~legally~~ authorized representative in initiating a judicial proceeding pursuant to ~~§ 37.1-65.1~~ § 37.2-806 of the Code of Virginia. When the judge has certified that the individual is eligible

for admission to a ~~facility~~ training center in accordance with ~~subsection C3 of § 37.1-65.1~~ § 37.2-806 F of the Code of Virginia, a date for admission to the ~~facility will~~ training center shall be established.

Certification Statement:

I certify that this regulation is full, true, and correctly dated.

\_\_\_\_\_ (Signature of certifying official)

Name and title of certifying official: \_\_\_\_\_

Name of agency: \_\_\_\_\_

Date: \_\_\_\_\_



# COMMONWEALTH of VIRGINIA

DEPARTMENT OF  
MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

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JAMES S. REINHARD, M.D.  
COMMISSIONER

February 26, 2009

Steven Shoon  
P.O. Box 4030  
Petersburg, Virginia 23803

Dear Mr. Shoon:

I am writing you, on behalf of Commissioner Reinhard, to inform you that your request for regulation has been forwarded to the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) State Board for their consideration.

Thank you for informing us of your concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "James J. Morris", with a horizontal line extending to the right.

James J. Morris, Ph.D., Director  
Office of Forensic Services

xc:

James Reinhard, M.D.  
Rebecca Stredny, Psy.D., Chief Forensic Coordinator, Central State Hospital  
Daniel Karnes, Chair, DMHMRSAS State Board

Steven Shoon  
P.O. Box 4030  
Petersburg, Virginia 23803  
February 12, 2009



Dr. James S. Reinhard, M.D.  
Commissioner of DMHMRSAS  
P.O. Box 1797  
Richmond, Virginia 23218-1797

**(Ref: Petition for Regulation)**

Dr. Reinhard:

This is a petition for regulation pursuant to § 2.2-4007 of the Code of Virginia. This petition is to be submitted to the Virginia State Mental Health, Mental Retardation, and Substance Abuse Services (SMHMRSAS) Board. The statutory authority to petition to make new regulation is §§ 37.2-202 and 37.2-400 of the Code of Virginia.

- 1 Regulation to state the *2003 Guidelines For the Management of Individuals Found Not Guilty By Reason of Insanity* (NGRI Guidelines) are subject to the Human Rights Regulations; and any provision of the NGRI Guidelines in violation, in conflict, or contrary to the Human Rights Regulation is null and void.
- 2 Amendment of regulation to prohibit any director of providers from applying for a variance that abridges any individual rights for filing a complaint under the complaint process under the Human Rights Regulations. Individuals in this context means: individuals receiving services from providers.
- 3 Regulation to require Mental Health facilities operated by the Department of Mental Health, Mental Retardation, and Substance Abuse Services to physically post up information about the Virginia Freedom of Information Act. This information layout is outlined in 2.2-3704.1 of the Code of Virginia. It includes the rights of the requester for requesting public records; the obligations of public bodies to process requests for public records; contact information for making requests for public records from the given public body; most commonly used public record exemptions; and recourse to the courts for violations of the Virginia Freedom of Information Act.


Sincerely,

Steven Shoon

# How to request an agency to change a regulation (or create a new one)

This is how you can request an agency/board to develop a new regulation or amend an existing regulation.

Source: Section 2.2-4007 of the Code of Virginia

  
For more information,  
visit the award-winning  
Virginia Regulatory Town Hall  
at  
[townhall.virginia.gov](http://townhall.virginia.gov)

## What you need to do and what will happen:

Tell the agency in a written communication the following:

The substance and purpose of the rulemaking that is requested and, if an existing regulation, include the citation to the Virginia Administrative Code, e.g., 1 VAC 2-30).

The legal authority of the agency/board to take the action requested, e.g., Code of Virginia § 12.3-45, i.e., the language that says a board or agency can or must promulgate regulations.

Mention, "Code of Virginia Section 2.2-4007" and "petition for new or amended regulation" to signal the agency on how to handle your request.

Within 14 days of receiving your request, the agency must send a notice with your name, the nature of your request, and its plan for handling your request to the *Virginia Register*.

The notice appears on Town Hall & email notification is sent to Town Hall registered users.

Notice is published in the *Register*.  
Town Hall public comment forum opens for 21 days to receive comment on your petition.

Public comment period/forum closes.

Within 90 days (under most circumstances), the agency issues a written decision granting or denying your request.

The agency's decision must include its reasons for taking action or not taking action.  
The agency's decision appears in the *Register* & on the Town Hall. Email notification is also sent to Town Hall registered users.

Note: Agency decisions regarding requests to change a rule are not subject to court review



**DRAFT MINUTES**  
**STATE MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES BOARD**  
**PLANNING AND BUDGET COMMITTEE**

January 13, 2009

Richmond, Virginia

**Members Present:** Daniel E. Karnes, Cheryl Ivey Green Catherine M. Hudgins, Jennifer Little

**Absent:** Kathryn A. Smith

**Staff Present:** Charline Davidson, Office of Planning and Development  
Ruth Anne Walker, Office of Legislative Affairs  
Teja Stokes, Division of Public Relations/Quality Improvement (phone)

**Call to Order:** The meeting was called to order at 8:05 a.m.

**Planning and Budget Committee Meeting Minutes 12/2/2008**

Committee members reviewed and approved the draft committee minutes.

**Update on DMHMRSAS Budget Reductions**

Charline Davidson distributed a handout and talking points describing recommendations in the Governor's budget for changes in the delivery of MHMRSAS programs and services. Committee members and staff walked through the handout, focusing on strategies for the proposed closures of Southeastern Virginia Training Center (SEVTC), Commonwealth Center for Children and Adolescents (CCCA), and Southwestern Virginia Mental Health Institute (SWVMHI) adolescent unit.

***Intellectual Disability Services:*** The Committee reviewed the handout's description of the Department's intention to continue its commitment to a community-based system of services and supports by serving people in the most integrated setting, increasing system efficiency, and improving quality of life. To honor this commitment, guiding principles for this effort are to advance the vision by ensuring the safe and successful transfer of SEVTC residents to the community; to expand community capacity that will allow facility staff to transition to new community settings; to assure partnership development with public and private sector leadership working together to make families aware of available settings and to facilitate the ability of those settings to serve individuals; and to use the Commonwealth's resources by the most effective and efficient means. The Committee discussed plans to transition 110 of the 165 current SEVTC residents to community services through Money Follows the Person (MFP) and MR waiver slots and to transfer up to 55 residents to other training centers. It also reviewed the proposal to redirect \$23 million in SEVTC bond funds to purchase and renovate small community homes.

Committee members questioned if the proposed closure could be implemented by June 30<sup>th</sup> and whether the planned community services capacity was sufficient to support placements for current SEVTC residents and future placements. Staff suggested that the new community infrastructure developed through bond funding might include capacity to serve individuals on the MR waiver waiting list in addition to SEVTC residents. They added that Virginia's MR waiver is up for renewal this year and the Department is working with DMAS to seek CMS approval for enhanced specialized behavioral and medical services rates in the Eastern Virginia region.

In addition, the handout described plans to redirect \$18.5 million of the \$43 million in bond funds to renovate CVTC for community housing development. These funds would increase community capacity by approximately 200 beds, enabling CVTC to decrease its census from 450 to 300. The remaining bond funds would address current life safety issues at CVTC.

***Child and Adolescent MH Services:*** The Committee reviewed strategies for closing the adolescent unit at SWVMHI by March 1, 2009 and CCCA by June 30, 2009. Currently, 3 of 16 adolescent beds at SWVMHI and 27 of 48 beds at CCCA are occupied. Both have per diem costs of just under \$1,000 per child. The plan proposes that children and adolescents would be served by CSBs and private providers and \$2.1 million is allocated to purchase inpatient beds for uninsured children and adolescents. The Department is working with DJJ and others to develop alternative approaches for 10 day evaluations currently performed at the facilities.

In response to member questions about private sector bed availability, staff clarified that the 256 child and adolescent psychiatric beds identified in the handout represent total staffed child and adolescent beds, not beds that might be open at any given time. The Committee voiced particular concern regarding the current lack of available child and adolescent beds in the private sector and the inability of families to find beds other than through the TDO process. Staff spoke to work that is underway through the children's reform initiative to expand community wraparound and crisis services as alternatives to hospitalization and to the proposed relaxation of certificate of public need requirements for psychiatric beds, which would make it easier for private providers to expand bed capacity. Finally, the Committee expressed concern that the proposed closures would affect our agency partners in the community, including local law enforcement agencies.

The Committee reviewed the Department's plans to establish two large advisory committees, one for SEVTC and one for CCCA/SWVMHI, comprised of facility and CSB staff, individuals receiving services, family members, legislators, private providers, local government representatives, and advocates. A steering committee and several implementation working groups also are planned.

The Committee asked about the impact of the proposed closures on facility employees. Department human resources employees are working on severance packages for affected employees. These packages can be used by employees who are eligible for retirement to enhance their retirement benefits. In addition, the Department is working with community providers to transition staff to community programs. SWVMHI will absorb most of the unit's 28 employees.

**Adjourn:** The Planning and Budget Committee meeting was adjourned at 9:00 a.m.



## **Driving Directions**

**Southside Virginia Training Center  
26317 West Washington Street  
Petersburg, Virginia 23803  
(804) 524-7208**

### **From Norfolk/Virginia Beach:**

Take 64 West to Richmond. Take 95-South to Petersburg. At Petersburg, take exit #52, West Washington Street. Stay on Washington Street through Petersburg about 3-5 miles. Turn right into SVTC, Building #1.

### **From Northern Virginia:**

Take 95-South to Richmond/Petersburg. At Petersburg, take exit #52, West Washington Street. Stay on Washington Street through Petersburg about 3-5 miles. Turn right into SVTC, Building #1.

### **From Roanoke and points west:**

Take 81-North to 460 East exit 156 (Troutville exit). Stay on 460 East to Petersburg. Take 85 North. Go about five miles and take exit 63B (North 1). Go pass the main entrance into SVTC and stay on North 1 through a traffic light. Turn left into SVTC, building #1, after you go through the traffic light.

### **From Points South (North Carolina):**

Take 85 North toward Petersburg/Richmond. Take 85 North. Go about five miles and take exit 63B (North 1). Go pass the main entrance into SVTC and stay on North 1 through a traffic light. Turn left into SVTC, building #1, after you go through the traffic light.

*The Virginia General Assembly*



*2009 LEGISLATIVE REPORT*

*DMHMR/SAS*

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## Passed Bills by Subject Area

Bill Number	Description	Page #
<b><i>Mental Health</i></b>		
<b><i>Omnibus Cleanup Bill</i></b>		
<b>HB2060/SB1083</b>	Mental Health Law; amends statutes to address issues resulting from overhaul thereof.	4
<b><i>Criteria</i></b>		
<b>HB2061/SB1122</b>	Psychiatric Inpatient Treatment of Minors Act; mandatory outpatient treatment.	5
<b><i>Custody, Transfer of Custody, Transportation, Time</i></b>		
<b>HB2460/SB0823</b>	Transportation of person under emergency custody, etc.; allowed to be transported by family member.	6
<b>HB2486/SB1079</b>	Emergency custody; authority of law-enforcement officer.	7
<b><i>Independent Examiner (IE/Community Services Board (CSB) Reports and Participation</i></b>		
<b>HB1948</b>	Involuntary commitment; allow examination by licensed marriage and family therapists.	4
<b><i>Court Procedure</i></b>		
<b>HB2257</b>	Consideration of evidence of a person's past compliance or noncompliance with treatment.	6
<b>SB1078</b>	Special justices; expenses when presiding over certain hearings.	7
<b>SB1082</b>	Voluntary and involuntary commitment; Executive Secretary of Supreme Court to prepare petitions.	7
<b><i>Jail Diversion</i></b>		
<b>SB1294</b>	Crisis intervention team pilot programs; established, report.	7
<b><i>Human Rights</i></b>		
<b>HB2459/SB1076</b>	Right to notify; consumer in mental health facility to have opportunity thereto of his condition.	6
<b>HB2461/SB1077</b>	Notification of family member in commitment process; disclosure of certain information of patient.	6
<b>HB2396/SB1142</b>	Advance medical directives; revises Health Care Decisions Act to clarify process.	8

<b><i>Intellectual and Developmental Disabilities</i></b>		
<b>HB2300/SB1117</b>	Name change; Mental Health, Mental Retardation and Substance Abuse Services.	6
<b>HB2674/SB1501</b>	Plan to eliminate waiting lists for services provided on the Mental Retardation Medicaid Waiver and Individual and Family Developmental Disabilities and Support Medicaid Waiver.	8
<b><i>Licensing</i></b>		
<b>HB1601</b>	Administration of prescription drugs; expands authority of persons allowed to administer.	4
<b><i>Substance Use Disorders</i></b>		
<b>SJ318</b>	Strategies and models for substance abuse prevention and treatment; joint subcommittee studying.	8
<b><i>Other</i></b>		
<b>HB1802</b>	Behavioral health authority; allows member of local government to be member of board of directors.	4
<b>HB1843</b>	Civil commitment of sexually violent predators; changes including access to sealed records, etc.	4
<b>HB2064</b>	Interagency Civil Admissions Advisory Council; eliminates Council.	5
<b>HJ0674</b>	Older Virginian Mental Health Month; designating as September 2009, and each year thereafter.	8
<b>HJ0715</b>	Disability History and Awareness Month; designating as October 2009, and each year thereafter.	8
<b><i>Legislation of Interest</i></b>		
<b>Failed, Incorporated, Recommended for Further Study</b>		10-14
<b><i>Budget Information</i></b>		
<b>Budget Table</b>		15-16
<b>Budget Language</b>		16-20

**2009 Final Legislative and Budget Report**  
**(pending action by the Governor and Reconvene Session on April 8<sup>th</sup>)**

Total Counts Lead and Secondary: 44 Bills/3 Resolutions (HB: 20 HJ: 2 SB: 24 SJ: 1)

<b><i>DMHMRSAS Lead Agency Bills:</i></b>	<b><i>Explanation:</i></b>
<b><u>HB 1601</u></b> - <u>Hamilton</u> - Administration of prescription drugs; expands authority of persons allowed to administer.	<ul style="list-style-type: none"> <li>▪ Amends §54.1-3408 to expand the authority to administer medication by para-professionals who have been trained to administer medication from DMHMRSAS licensed facilities to all DMHMRSAS licensed services. Previously, the law appeared to limit this authority to residential services, while many other licensed services were administering medication. This will impact DMHMRSAS licensed services where medication needs to be administered, largely day support services for individuals with intellectual disabilities.</li> </ul>
<b><u>HB 1802</u></b> - <u>Loupassi</u> - Behavioral health authority; allows member of local government to member of board of directors.	<ul style="list-style-type: none"> <li>▪ Amends subdivision B.4 of §15.2-1535 to enable a member of a city council or board of supervisors (the governing body) to be appointed as a member of a behavioral health authority (BHA). Section 37.2-601 authorizes three specific localities to establish BHAs; currently, only one has established a BHA. This amendment makes §15.2-1535 consistent in its application to BHAs as well as to community services boards (CSBs) in subdivision B.6.</li> <li>▪ Amends §37.2-603 to define the three-year appointments to BHAs as consecutive, and to permit the governing body to reappoint a person who has served three full consecutive three-year terms after a three-year period has elapsed since the person's last three-year term. This will affect all appointments to the BHA, not just members appointed from the governing body.</li> </ul>
<b><u>HB 1843</u></b> - <u>Griffith</u> - Civil commitment of sexually violent predators; changes including access to sealed records, etc.	<ul style="list-style-type: none"> <li>▪ Originating from the Office of the Attorney General (OAG), this extends due process time limits, extends the retention time for legal records in sex offender cases to 50 years, and improves access to juvenile court and mental health records for the Department of Corrections (DOC), OAG, and DMHMRSAS. (Affected sections: §§ 16.1-69.55, 16.1-300, 16.1-305, 37.2-900, 37.2-901 through 37.2-909, 37.2-911 through 37.2-914, 37.2-918, and 53.1-32)</li> </ul> <p>Note: Certain sections from the original bill, including removing the requirement for "bodily harm" from the section relating to the use of the Static-99, have been sent to the Crime Commission for further study.</p>
<b><u>HB 1948</u></b> - <u>Shuler</u> - Involuntary commitment; allow examination by licensed marriage and family therapists.	<ul style="list-style-type: none"> <li>▪ Amends §37.2-815 by adding licensed marriage and family therapists to the list of professionals eligible to perform independent examinations of persons with mental illness subject to the involuntary admission process.</li> </ul>
<b><u>HB 2060</u></b> - <u>Hamilton/SB 1083</u> - <u>Howell</u> - Mental health law; amends statutes to address issues resulting from overhaul thereof. (2008 Omnibus 'Clean Up' bill)	<ul style="list-style-type: none"> <li>▪ From the Commission on Mental Health Law Reform.</li> <li>▪ Emergency enactment clause made it effective upon signature of the Governor (February 23<sup>rd</sup>).</li> <li>▪ Enables or clarifies what was intended or expected to occur in practice when the new statutes took effect on July 1, 2008. (Amends §§ 19.2-182.9, 37.2-808, 37.2-815, 37.2-816, 37.2-817,</li> </ul>

	<p>and 37.2-819) Specifically, this bill:</p> <ol style="list-style-type: none"> <li>1. Amends emergency custody provisions in §19.2-182.9 to allow an ECO issued for a conditionally released insanity acquittee to be extended for an additional two hours;</li> <li>2. Amends emergency custody provisions in §37.2-808 to clarify that “officer initiated” emergency custody (i.e., without a written ECO) shall not exceed four hours and may also be extended for an additional two hours (as intended but not spelled out explicitly in 2008 revisions);</li> <li>3. Amends §37.2-815 and §37.2-817 to clarify that independent examiners and CSB preadmission screeners may not be excluded from hearings pursuant to a sequestration order;</li> <li>4. Amends §37.2-816 to specify that the CSB preadmission screening report shall be <i>admitted</i> as evidence;</li> <li>5. Amends §37.2-819 to specify that upon receipt of an order from a commitment hearing issued for mandatory outpatient treatment, the court clerk shall certify and forward a copy of the order to the Central Criminal Records Exchange by COB on the <u>same</u> day of receipt, while inpatient orders may be forwarded on the <u>next</u> business day.</li> </ol>
<p><b>HB 2061</b> - <u>Hamilton</u>/<b>SB 1122</b> - <u>Lucas</u> - Psychiatric Inpatient Treatment of Minors Act; mandatory outpatient treatment.</p>	<ul style="list-style-type: none"> <li>▪ From the Commission on Mental Health Law Reform.</li> <li>▪ Provides guidelines within the <i>Code</i> for criteria and monitoring of minors mandatory outpatient treatment, specifically, that a person who meets the criteria for involuntary commitment under the Psychiatric Inpatient Treatment of Minors Act may be ordered to mandatory outpatient treatment if: <ol style="list-style-type: none"> <li>1. less restrictive alternatives to involuntary inpatient treatment are appropriate and are available;</li> <li>2. the minor and his parents have the capacity to understand the stipulations of the minor's treatment and to comply with such outpatient treatment; and</li> <li>3. they have agreed to abide by the treatment plan.</li> </ol> </li> <li>▪ Sets forth in §16.1-346 how such mandatory outpatient treatment will be monitored and how a minor's noncompliance with such treatment will be addressed.</li> <li>▪ Clarifies that the commitment criteria for minors, and not the criteria for adults, apply when the emergency admission of a minor is sought under the procedures for the emergency admission of an adult set forth in Article 4 (§37.2-808 et seq.) of Chapter 8 of Title 37.2.</li> <li>▪ Provides in §16.1-345 that a minor who has been properly detained by a juvenile and domestic relations court may petition for voluntary admission and treatment of mental illness. Currently, such detained minors may not voluntarily seek admission.</li> <li>▪ Requires in §16.1-339.1 that if a minor is in a detention home or shelter care facility when admitted to a mental health facility, the director of the detention home or shelter care facility or his designee shall provide, if available, certain information relating to the minor to the mental health facility and to the juvenile and domestic relations district court for the jurisdiction in which the facility is located if such court is different than the court that placed the minor in detention or shelter care.</li> <li>▪ Clarifies in §16.1-344 under what circumstances the qualified evaluator who examined the</li> </ul>

	<p>minor must attend the minor's hearing and under what circumstances the evaluator's report is admissible.</p>
<p><b><u>HB 2064</u></b> - <u>Hamilton</u> - Interagency Civil Admissions Advisory Council; eliminates Council.</p>	<ul style="list-style-type: none"> <li>Eliminates the Interagency Civil Admissions Advisory Council (ICAAC) by repealing the enabling statute because, since the advent of the Commission on MH Law Reform, stakeholders have created many formal and informal structures for planning and problem solving, which the ICAAC was intended to foster.</li> </ul>
<p><b><u>HB 2257</u></b> - <u>Albo</u> - Outpatient treatment; allows court to order mandatory treatment following involuntary admission.</p>	<ul style="list-style-type: none"> <li>Amends §37.2-814.B. to clarify that a judge or special justice may consider evidence of a person's past compliance or noncompliance with treatment when determining if the person is willing and capable of seeking voluntary admission for inpatient treatment during the course of an involuntary admission hearing.</li> </ul>
<p><b><u>HB 2300</u></b> - <u>Caputo/SB 1117</u> - <u>Ticer</u> - Mental Health, Mental Retardation &amp; Substance Abuse Services, Department of; name change. (Agency Bill)</p>	<ul style="list-style-type: none"> <li>Changes the names of the Department of Mental Health, Mental Retardation, and Substance Abuse Services; State Board; Inspector General; and Commissioner to: [the Department, Board, Inspector General, and Commissioner of] Behavioral Health and Developmental Services.</li> <li>Makes a technical update to old language to change references from State Board to the Department in regard to licensing services.</li> </ul>
<p><b><u>HB 2459</u></b> - <u>O'Bannon/SB 1076</u> - <u>Howell</u> - Right to notify; consumer in mental health facility to have opportunity thereto of his condition.</p>	<ul style="list-style-type: none"> <li>From the Commission on MH Law Reform.</li> <li>Amends § 37.2-400 (rights of consumers) to include the right of a consumer to have an individual of his choice notified of his general condition, location and transfer to another facility.</li> </ul>
<p><b><u>HB 2460</u></b> - <u>O'Bannon/SB 823</u> - <u>Cuccinelli</u> - Transportation of person under emergency custody, etc.; allowed to be transported by family member.</p>	<ul style="list-style-type: none"> <li>From the Commission on MH Law Reform.</li> <li>Amends §16.1-345, §37.2-808, §37.2-810, §37.2-817.2 and §37.2-829, and repeals §37.2-830, to allow persons and entities other than law enforcement officers to provide transportation of persons who are under emergency custody orders (ECOs), temporary detention orders (TDOs) or commitment orders.</li> <li>Authorizes transportation by a person or entity other than a law officer only in certain circumstances. Specifically, alternative transportation could be used only when an ECO order is issued by a magistrate (i.e., not in officer-initiated ECO situations), and only when the person who is the subject of the order meets the <u>second prong</u> of the criteria, not the first prong (i.e., not when there is a substantial likelihood of serious physical injury to self or others). Even if alternative transportation is ordered a law enforcement officer is required to execute the order in person.</li> <li>Alternative transportation providers can also be used for transporting persons under TDOs and commitment orders, as well as juveniles.</li> <li>Requires the magistrates and special justices to consider the alternative transportation provider's willingness, capability and availability before ordering alternative transportation. Court officials may obtain information directly from the alternative transportation providers to make these determinations.</li> </ul>
<p><b><u>HB 2461</u></b> - <u>O'Bannon/SB 1077</u> - <u>Howell</u> - Notification</p>	<ul style="list-style-type: none"> <li>From the Commission on Mental Health Law Reform.</li> </ul>

<p>of family member in commitment process; disclosure of certain information of patient.</p>	<ul style="list-style-type: none"> <li>▪ Amends §§32.1-127.1:03 and 37.2-804.2 to authorize disclosure of information regarding a patient's location and general condition to a family member or personal representative of the person. <ol style="list-style-type: none"> <li>1. Amends 32.1-127.1:03 (21) of the Health Records Privacy Act authorizing notification to a family member or personal representative of any individual who is subject to a commitment proceeding, of that individual's location and general condition within certain requirements and limitations.</li> <li>2. Amends 37.2-804.2 to authorize the disclosure of records indicating the person's location and general condition to the family member or personal representative of a person subject to a commitment proceeding.</li> </ol> </li> <li>▪ Conforms to HIPAA.</li> </ul>
<p><b>HB 2486 - Ward/SB 1079 - Howell</b> - Emergency custody; authority of law-enforcement officer.</p>	<ul style="list-style-type: none"> <li>▪ From the Commission on Mental Health Law Reform.</li> <li>▪ Amends § 37.2-808 to clarify certain aspects of the emergency custody order procedure. <ol style="list-style-type: none"> <li>1. Adds language to indicate a law enforcement officer who takes a person into custody for an ECO may go or be sent beyond the territory where he serves to any point in the Commonwealth for obtaining the assessment.</li> <li>2. Adds a new subsection authorizing a law officer who is transporting a person to an evaluation on a voluntary basis, and who is outside of his own jurisdiction, to invoke the ECO procedure when the person revokes his consent to be transported while en route and the ECO criteria are met.</li> <li>3. Clarifies that "officer initiated" emergency custody (i.e., without a written ECO) shall not exceed four hours and may also be extended for an additional two hours.</li> </ol> </li> </ul>
<p><b>SB 1078 - Howell</b> - Special justices; expenses when presiding over certain hearings.</p>	<ul style="list-style-type: none"> <li>▪ From the Commission on Mental Health Law Reform.</li> <li>▪ Amends § 37.2-804 to clarify the fees and expenses that may be received by independent examiners, attorneys and special justices who attend hearings and provide services in the commitment process to make clear that special justices may seek reimbursement for these routine hearing related expenses.</li> <li>▪ Specifies that any such costs be absorbed within the funds appropriated for Involuntary Mental Commitments within the Judicial Department.</li> </ul>
<p><b>SB 1082 - Howell</b> - Voluntary and involuntary commitment; Executive Secretary of Supreme Court to prepare petitions.</p>	<ul style="list-style-type: none"> <li>▪ From the Commission on Mental Health Law Reform.</li> <li>▪ Amends §37.2-801.B. to require the Office of the Executive Secretary of the Supreme Court to prepare and distribute to the courts all petitions, orders and other <u>legal</u> forms required in proceedings for emergency custody, detention and admission that are part of the involuntary civil admission process in order to eliminate the potential for inconsistency with other court-generated forms, as well as unnecessary complexity in the development, revision, production, distribution and control of these forms.</li> <li>▪ Requires that DMHMRSAS prepare and distribute the preadmission screening, examination and any other <u>clinical</u> forms that may be necessary for the same proceedings.</li> </ul>
<p><b>SB 1294 - Edwards</b> - Crisis intervention team pilot programs; established, report.</p>	<ul style="list-style-type: none"> <li>▪ Amends Chapter 1 of Title 9.1 to add an article 13, consisting of sections 9.1-187 through -190 to provide for formalized DCJS and DMHMRSAS collaborative oversight for CIT initiatives,</li> </ul>



	<p>and a statutory framework for the development of CIT programs statewide.</p> <ol style="list-style-type: none"> <li>1. Establishes joint reporting responsibilities for DCJS/DMHMRSAS. A report on existing CIT programs is to be submitted each year for three years beginning November 1, 2009, to the Joint Commission on Health Care (JCHC). Subsequently, DCJS must conduct an evaluation of the program and report the results to the JCHC annually.</li> <li>2. Establishes responsibility for developing minimum standards for law enforcement training, therapeutic mental health response protocols or drop off procedures and community based mental health and criminal justice collaboration.</li> <li>3. Amends §9.1-102 so that the powers and duties of the DCJS Board and Department include the requirement to review and evaluate the CIT programs.</li> </ol> <p>These changes come as DMHMRSAS and DCJS are awarding funding to selected locales to develop CIT programs. These local efforts support the programmatic and policy goals of the Commonwealth Consortium (Executive Order 62, 2007).</p>
<p><b>SJ 318</b> - <u>Hanger</u> - Strategies &amp; Models for Substance Abuse Prevention &amp; Treatment; Joint Subcommittee Studying.</p>	<ul style="list-style-type: none"> <li>▪ Provides for a continuation of SJ77 (2008) to study the following issues related to Substance Abuse prevention and treatment: <ol style="list-style-type: none"> <li>1. Identify and characterize the nature of substance abuse in the Commonwealth;</li> <li>2. Identify current state policies and programs targeting substance abuse prevention and treatment;</li> <li>3. Examine the cost of such policies and programs to the Commonwealth;</li> <li>4. identify and examine policies and prevention programs from other leading states in the field of substance abuse and prevention; and</li> <li>5. Benchmark the Commonwealth's substance abuse prevention and treatment programs and policies against those of the leading states.</li> </ol> </li> </ul> <p>Four meetings are to be held in both 2009 and 2010. A report is required to be submitted each year.</p>

<p><b><i>DMHMRSAS Comment Agency Bills:</i></b></p>	<p><b><i>Explanation:</i></b></p>
<p><b>HB 2396</b> - <u>Bell/SB 1142</u> - <u>Whipple</u> - Advance medical directives; revises Health Care Decisions Act to clarify process.</p>	<ul style="list-style-type: none"> <li>▪ Allows any adult who is capable of making an informed decision to create a written advance directive, at any time, to address any health care that may be needed if the person is later determined to be incapable of making an informed decision, and provides instruction for its use.</li> <li>▪ Permits a health care agent to admit an incapacitated person, even over objection, to a mental health facility for up to 10 days if the person has authorized his/her agent to do so in an advance directive, under certain specified conditions.</li> <li>▪ Permits a guardian to admit the person to a mental health facility for up to 10 days if the guardianship order specifically authorizes the guardian to do so after making other specified findings.</li> </ul> <p>Note: Amends §§ 37.2-801, 37.2-1009, and numerous sections in Title 54.1 Chapter 29; adds the</p>

	following new sections: 37.2-805.1 and 54.1-2983.1, 54.1-2983.2, 54.1-2983.3, 54.1-2985.1, 54.1-2986.1, and 54.1-2986.2.
<b><u>HB 2674</u></b> - <b><u>Cox</u></b> / <b><u>SB 1501</u></b> - <b><u>Barker</u></b> - Mental Retardation Waiver and IFDDS Waiver; Governor to plan to eliminate urgent care waiting lists.	<ul style="list-style-type: none"> <li>▪ Beginning July 1, 2010, and each year thereafter, DMAS must add at least 400 funded slots for MR Waivers, and at least 67 funded slots for IFDDS Waivers, per fiscal year until the waiting lists for both have been eliminated</li> <li>▪ Requires DMAS to work with the Department of Planning and Budget (DPB) to incorporate additional costs for these changes in the estimate of Medicaid expenditures required pursuant to §32.1-323.1.</li> <li>▪ Requires the Governor to develop a plan by October 1, 2009 to eliminate the waiting lists for services provided to individuals on the Mental Retardation Medicaid (MR) Waiver and Individual and Family Developmental Disabilities and Support Medicaid (IFDDS) Waiver by the 2018-2020 biennium, including provisions to reduce the total number of individuals on the waiting list for the MR Waiver by 10 percent in the 2008-2010 biennium. The plan will be submitted to JCHC and the chairs of the House Appropriations and Senate Finance Committees.</li> </ul>
<b><u>HJ 674</u></b> - <b><u>Brink</u></b> - Older Virginians Mental Health Month; designating as September, 2009 and each year thereafter.	(S) Agreed to by Senate by voice vote
<b><u>HJ 715</u></b> - <b><u>Spruill</u></b> - Disability History and Awareness Month; designating as October 2009, & each year thereafter.	(S) Agreed to by Senate by voice vote

## Legislation of Interest: Failed, Incorporated, Recommended for Further Study

*(Note: Bills previously carried over from 2008 remain on this list to show final action.)*

<b>DMHMRSAS Lead Agency Bills:</b>	<b>Last action:</b>
<b>Failed</b>	
<b>HB 735</b> - <u>Caputo</u> - Involuntary commitment hearing; certain requirement for 3rd yr. law student to represent petitioner.	(H) Left in Courts of Justice
<b>HB 1004</b> - <u>Bell</u> - Advance mental health directives; may set procedures or instructions with regard to treatment.	(H) Left in Health, Welfare and Institutions
<b>HB 1588</b> - <u>Marshall, R.G.</u> - Autism spectrum disorder; mandated health insurance coverage therefore.	(H) Left in Commerce and Labor
<b>HB 2156</b> - <u>Toscano</u> - Involuntary commitment hearing; upon request, district court judge, etc. may restrict attendance.	(H) Failed to report (defeated) in Courts of Justice (10-Y 12-N)
<b>HB 2288</b> - <u>Cline</u> - Community services board; removes provision allowing employment of person convicted of assault.	(S) Left in Education and Health
<b>HB 2369</b> - <u>Nutter</u> - Prescription medication; Substance Abuse Services Council, to conduct 1 year study, report.	(S) Left in Rules
<b>SB 18</b> - <u>Edwards</u> - Mental health courts; establishment of pilot program, report.	(S) Left in Finance
<b>SB 65</b> - <u>Howell</u> - Community criminal justice boards; membership.	(H) Left in Courts of Justice
<b>SB 177</b> - <u>Marsh</u> - Assisted outpatient treatment program; established for severely mentally ill.	(S) Left in Finance
<b>SB 274</b> - <u>Cuccinelli</u> - Involuntary commitment order; detainee may petition court to transfer to outpatient treatment.	(S) Left in Courts of Justice
<b>SB 275</b> - <u>Cuccinelli</u> - Inmates; emergency psychiatric treatment.	(S) Left in Finance

<b>SB 429</b> - <u>Lucas</u> - Opiate addiction treatment providers; daily service fee.	(H) Left in Health, Welfare and Institutions
<b>SB 440</b> - <u>McEachin</u> - Inmates; emergency psychiatric treatment.	(S) Left in Finance
<b>SB 818</b> - <u>Lucas</u> - Opiate addiction treatment providers; daily service fee.	(S) Stricken at request of patron in Education and Health (14-Y 0-N)
<b>SB 825</b> - <u>Cuccinelli</u> - Involuntary commitment hearing; certain requirement for 3rd yr. law student to represent petitioner.	(S) Passed by indefinitely in Courts of Justice (8-Y 5-N)
<b>SB 840</b> - <u>Cuccinelli</u> - Outpatient treatment; allows court to order mandatory treatment following involuntary admission.	(S) Left in Courts of Justice
<b>SB 854</b> - <u>Edwards</u> - Mental health courts; Office of Ex. Secretary of Supreme Court to establish for nonviolent offender.	(H) Left in Courts of Justice
<b>SB 1080</b> - <u>Howell</u> - Involuntary commitment hearing; upon request, district court judge, etc. may restrict attendance.	(H) Stricken from docket by Courts of Justice
<b>SB 1228</b> - <u>Barker</u> - Community services board; removes provision allowing employment if convicted of assault of family.	(S) Left in Education and Health (13-Y 0-N)
<b>SB 1260</b> - <u>Vogel</u> - Health insurance; mandated coverage for autism spectrum disorder.	(S) Left in Finance
<b>SB 1303</b> - <u>Hurt</u> - Involuntary commitment; court may appoint counsel for a minor in proceedings seeking approval.	(S) Passed by indefinitely in Courts of Justice (8-Y 7-N)
<b><i>Incorporated</i></b>	
<b>HB 2062</b> - <u>Hamilton</u> - Incapacitated person; admission to a mental health facility by an agent or guardian.	(H) Incorporated by Health, Welfare and Institutions (HB2396-Bell)
<b>SB 1051</b> - <u>Whipple</u> - Mental health; admission of incapacitated person to a facility by an agent or guardian.	(S) Incorporated by Education and Health (SB1142-Whipple) (14-Y 0-N)
<b>SB 1432</b> - <u>Cuccinelli</u> - Notification of family member; disclosure of information regarding patient's location	(S) Incorporated by Education and Health (SB1077-Howell) (15-Y 0-N)

and condition.	
<b>SB 1433</b> - <u>Cuccinelli</u> - Right to notify; consumer in mental health facility to have person of choice notified of condition.	(S) Incorporated by Education and Health (SB1076-Howell) (15-Y 0-N)

<b><i>DMHMRSAS Comment Agency</i></b> <b><i>Bills:</i></b>	<b><i>Last action:</i></b>
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<b><i>Failed</i></b>
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<b>HB 510</b> - <u>Hamilton</u> - Medical assistance plan; DMAS to contract with DMHMRSAS for mental health services.	(H) Continued to 2009 in Appropriations
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<b>HB 751</b> - <u>Peace</u> - Involuntary commitment hearings; accessibility of results by colleges and universities.	(H) Continued to 2009 in Health, Welfare and Institutions
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<b>HB 752</b> - <u>Peace</u> - Higher educational institutions; mental health record release authorization when enrolling.	(H) Continued to 2009 in Education
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<b>SB 16</b> - <u>Edwards</u> - Crisis intervention team pilot programs; established for persons with mental illness, report.	(S) Continued to 2009 in Finance (16-Y 0-N)
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<b>SB 138</b> - <u>Puller</u> - Prisoners; medical and psychiatric benefits.	(S) Continued to 2009 in Rehabilitation and Social Services (15-Y 0-N)
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<b>HB 1684</b> - <u>Valentine</u> - Retirement System; retirees may be hired as nurses without interrupting retirement benefits.	(H) Left in Appropriations
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<b>HB 1853</b> - <u>Cox</u> - Mental Retardation Waiver and IFDDS Waiver; Governor to plan to eliminate urgent care waiting lists.	(S) Left in Rules
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<b>SB 822</b> - <u>Cuccinelli</u> - Autopsy reports; release to mental health facilities.	(S) Stricken at request of patron in Education and Health
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<b>SB 1056</b> - <u>Whipple</u> - Retirement System; retirees hired as nurses without interrupting their benefits.	(H) Left in Appropriations
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<b><i>Incorporated</i></b>
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<b>SB 1503</b> - <u>McEachin</u> - Mental health court; Executive Secretary of the Supreme Court to establish in City of Richmond.	(S) Incorporated by Courts of Justice (SB854-Edwards) (15-Y 0-N)
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***Previously Referred by Letter to the Commission on Mental Health Law Reform for Further Study***

<b>HB 267</b> - <u>Albo</u> - Involuntary admission; court determines petitioner is indigent, court shall appoint counsel.	(S) Subject matter referred to Commission on Mental Health Law Reform
<b>HB 938</b> - <u>Gilbert</u> - Involuntary commitment hearings; petitioner right to appeal.	(S) Subject matter referred to Commission on Mental Health Law Reform
<b>HB 939</b> - <u>Gilbert</u> - Involuntary commitment order; detainee may petition court to transfer to outpatient treatment.	(S) Subject matter referred to Commission on Mental Health Law Reform
<b>SB 47</b> - <u>Whipple</u> - Advance directives; mental health directives follows same procedures as for medical.	(S) Subject matter referred to Commission on Mental Health Law Reform
<b>SB 64</b> - <u>Howell</u> - Community services board; adds crisis stabilization, outpatient, etc. to list of core services.	(S) Subject matter referred to Commission on Mental Health Law Reform
<b>SB 102</b> - <u>Cuccinelli</u> - Three-tiered system of transportation; established.	(S) Subject matter referred to Commission on Mental Health Law Reform
<b>SB 106</b> - <u>Cuccinelli</u> - Involuntary commitment; criteria for determining outpatient treatment.	(S) Subject matter referred to Commission on Mental Health Law Reform
<b>SB 143</b> - <u>Edwards</u> - Temporary detention order; extends time period.	(S) Subject matter referred to Commission on Mental Health Law Reform
<b>SB 214</b> - <u>Edwards</u> Prisoners; medical and psychiatric benefits.	(S) Subject matter referred to Commission on Mental Health Law Reform
<b>SB 333</b> - <u>Cuccinelli</u> - Independent examiners; dismissal of involuntary commitment petitions.	(S) Subject matter referred to Commission on Mental Health Law Reform
<b>SB 335</b> - <u>Cuccinelli</u> - Voluntary outpatient treatment; provides option therefore prior to commitment hearing.	(S) Subject matter referred to Commission on Mental Health Law Reform

# Budget

G - Governor's Budget   GA - General Assembly's Amendments

(as of 3/3/08)

	FY09 (G)	FY09 (G)	FY10 (G)	FY10 (G)	FY09 (GA)	FY09 (GA)	FY10 (GA)	FY10 (GA)
<b>New Funding for Operation</b>	<b>GF</b>	<b>NGF</b>	<b>GF</b>	<b>NGF</b>	<b>GF</b>	<b>NGF</b>	<b>GF</b>	<b>NGF</b>
Increase non-general fund appropriation for ID facilities	\$ -	\$ 150,000	\$ -	\$ 150,000	\$ -	\$ -	\$ -	\$ -
Increase nongeneral fund appropriation for MH facilities	\$ -	\$ 1,200,000	\$ -	\$ 1,200,000	\$ -	\$ -	\$ -	\$ -
Increase non-general fund appropriation for CSBs	\$ -	\$ 324,795	\$ -	\$ 324,795	\$ -	\$ -	\$ -	\$ -
Increase non-general fund for PPEA proposal reviews	\$ -	\$ 155,000	\$ -	\$ 155,000	\$ -	\$ -	\$ -	\$ -
Repay funds to vendors for PPEA proposals	\$ -	\$ 95,743	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Increase federal appropriation for new grant awards	\$ -	\$ 1,000,000	\$ -	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -
Transfer between MH fac & C.O. for pharmacy staff	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfer funding for Autism Program of Virginia	\$ -	\$ -	\$ 940,000	\$ -	\$ -	\$ -	\$ -	\$ -
Staff (2 FTEs) for autism spectrum disorders / dd	\$ -	\$ -	\$ 215,000	\$ -	\$ -	\$ -	\$ -	\$ -
Reflect Gov's October reductions in agency budgets	\$ (24,340,490)	\$ 5,000,000	\$ (18,857,103)	\$ -	\$ -	\$ -	\$ -	\$ -
Implement targeted reductions	\$ -	\$ -	\$ (9,306,247)	\$ (24,876,000)	\$ -	\$ -	\$ -	\$ -
Restore SEVTC; plan 75-bed fac. + community housing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Language	\$ -
Restore CCCA, SWVMH adolescent unit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Language	\$ -
Lease 2 ESH bldgs to HPR V CSBs for transition pgms	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Language	\$ -
Community Waiver Slots (200 + 200 = 400)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Language	\$ -
Part C federal stimulus funds; \$10,265,580 in 2009-10	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Language	\$ -
Emergency regs for Medicaid Part C	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Language	\$ -
Report : expand community treatment for opioid dependence	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Language	\$ -
Report on re-allocation of MH law reform funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Language	\$ -
Eliminate language for \$2.1 mil transfer for Child/Adolescent community MH services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Language	\$ -
Restore funds, positions for CCCA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,218,777	\$ 1,800,000
Restore funds for SWVMH adolescent	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,378,666	\$ -

unit								
Restore funds, positions for SEVTC	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 23,076,000
<b>Capital Funding - VPBA</b>								
Re-build SEVTC as 75-bed facility, using existing SEVTC repair funds: \$23,768,000; Transfer existing CVTC repair funds to SEVTC community housing: \$8,438,160; Transfer existing CVTC repair funds to CVTC community housing: \$10,061,840. Leaves \$24.5 mil for CVTC repairs	\$ -	\$ -	\$ -	\$ -	\$ -	0	Language	
<b>DMAS' Budget</b>								
Restore Medicaid funds for SEVTC	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,486,158	\$ 5,788,843
Community Waiver Slots (200 + 200 = 400)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,410,596	\$ 11,204,315
Emergency regs for Medicaid Part C	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Language	\$ -
G - Governor's Budget								
GA - General Assembly's Amendments								



## New Budget Language

(as of 3/3/08)

TYPE	Bill Number, Code Section, or Appropriation Act (hyperlinked)	Office with Primary Responsibility	ASSESSMENT AND REPORTING: Deliverable and Status - Description	DLAS Report Required	Report Due Date
	<b>BUDGET - CONF ITEMS</b>	<b>Grouped by subject, then by #</b>			
Budget (Conf)	<b>306 3c</b>	DMAS /Intellectual Disabilities	VVV. Upon CMS approval of the application for renewal of the MR Waiver, expeditious implementation of any revisions shall be deemed an emergency situation pursuant to § 2.2-4002 . Therefore, to meet this emergency situation, the DMAS shall promulgate emergency regulations to implement the provisions of this act."		
Budget (Conf)	<b>306 21c</b>	DMAS /Intellectual Disabilities	This amendment provides \$7.4 million from the general fund and \$11.2 million in matching federal Medicaid funds to add 400 MR waiver slots to address the community waiting list for the 2008-10 biennium. It restores the fiscal year 2010 funding for 200 waiver slots scheduled to be available on April 1, 2009, but were eliminated in the introduced budget. It also provides 200 additional slots beginning January 1, 2010. These slots, along with the 400 new slots added beginning July 1, 2008 will decrease the urgent community waiting list by 20 percent during the 2008-10 biennium. A companion amendment in Item 316 modifies language in the DMHMRSAS to reflect the waiver funding and number of additional slots provided in the second year.		
Budget (Conf)	<b>316 1c</b>	Grants to Localities (Intellectual Disabilities)	This amendment modifies language in the introduced budget to describe funding to support an additional 400 Medicaid MR waiver slots in the second year. A companion amendment in Item 306 provides the funding in the Department of Medical Assistance Services.		

Budget (Conf)	<b>315 2c</b>	Community Services/Intellectual Disabilities	CC.1. DMHMRSAS to work with DGS, VDH, DMAS and others on a planning team to plan for rebuilding a 75-bed facility and construction of community housing for 88 individuals, who would be transitioned to the community beginning fiscal year 2010. Deadlines for a preliminary plan (July 1, 2009) and progress reports (October 1, 2009, then quarterly thereafter) until construction is complete and individuals are transitioned into community housing. Requires agencies to fast track licensing and certification of community facilities. Companion amendments in 306, 327 and 327.05 restore funding and positions to maintain the operations of SEVTC. In addition, an amendment in Item C-103.05 provides language directing capital funding for the new facility and community housing.		July 1: Begin transition of 88 individuals, one time; October 1: Quarterly Progress report, ongoing
Budget (Conf)	<b>C-103.05 1c</b>	DGS/AE/Community Services/ID/Finance (special workgroup?)	DGS, with the cooperation and support of DMHMRSAS, shall rebuild and resize SEVTC to a 75-bed facility; 3. DGS, with the cooperation and support of DMHMRSAS, shall build, acquire, or renovate 12 community-based ICF-MRs and 6 MR Homes in HPR V (via grants to CSBs to build them: ICFs-state will give 20% down payment; waiver homes- state will pay for the full amount. Priority should be given to projects which can be completed on existing state-owned property within HPR V. 5. Of remaining approp, \$10,061,840 is for Construction of Community Housing for Central Virginia. 6. Governor, DPB and DGS shall initiate an expedited, fast track capital outlay process to ensure the timely availability of both the rebuilt and resized SEVTC and the 12 community-based ICF-MRs. 6 MR Homes in HPR V. The process shall be submitted to Approps/Finance for approval by July 15, 2009. B. DGS, with the cooperation and support of DMHMRSAS, shall examine the potential uses for the SEVTC property and report on such uses to Approps/Finance by November 1, 2009.	Yes	July 15 process; November 1 one time
Budget (Conf)	<b>306 18c</b>	DMAS/Part C	VVV. DMAS, in consultation with DMHMRSAS, shall amend the State Plan for Medical Assistance Services in order to comply with the payor of last resort requirements of Part C of the Individuals with Disabilities Education Act (IDEA) of 2004. DMAS shall promulgate regulations to become effective within 280 days or less from the enactment date of this act. DMAS shall implement these necessary regulatory changes to be consistent with federal requirements for the Part C program."		

Budget (Conf)	<b>315 1c</b>	Part C/DMAS	DD. DMHMRSAS, in consultation with DMAS, shall promulgate regulations in order to comply with the payor of last resort requirements of Part C of the Individuals with Disabilities Education Act (IDEA) of 2004. DMHMRSAS shall promulgate such regulations within 280 days or less from the enactment date of this act. The Department shall implement these necessary regulatory changes to be consistent with federal requirements for the Part C program."		
	<b>316 2c</b>	Part C	3. Any additional funds received by local early intervention systems pursuant to the federal American Recovery and Reinvestment Act (ARRA) of 2009 for early intervention services through Part C of the Individuals with Disabilities Education Act (IDEA) of 2004 shall be used to supplement, not supplant federal, state and local funding at the level in effect upon the date of enactment of the ARRA. (notification of additional funds for services)		
Budget (Conf)	<b>315 3c</b>	Community Services/Child and Family Services	BB.2. DMHMRSAS shall establish a state and community consensus and planning team for the purpose of developing a plan to examine the current and future role of the Commonwealth and private sector in providing acute psychiatric services for children and adolescents. The Commissioner shall report to Approps/Finance by November 1, 2009. (CCCA and SWVMHI)	Yes	November 1, one time
Budget (Conf)	<b>322.05 1c</b>	Facilities/Child and Family Services	This amendment restores \$6.2 million from the general fund and \$1.8 million from nongeneral funds to continue operations of the Commonwealth Center for Children and Adolescents (CCCA) in Staunton, which was slated for closure in the introduced budget. Companion amendments in Items 315, 320 and Item 322 delete language closing the facility and modify language allocating funding back to the facility. It is the intent of the General Assembly that the restoration of this funding shall be properly accounted for in calculating the revised amount of savings from executive management actions contained in § 4-1.08 during the enrollment of House Bill 1600/Senate Bill 850, as adopted by the 2009 General Assembly.		

	<b>322.05 2c</b>	Facilities/Child and Family Services	This amendment restores \$1,378,666 from the general fund the second year to continue operating the Adolescent Unit at Southwestern Virginia Mental Health Institute. The introduced budget proposed the closure of this facility by June 30, 2009. A separate amendment to Item 316 requires that the Commissioner develop a plan to understand the needs of the individuals served at these facilities, the capacity of the community to serve them, and the appropriate role of the state in providing treatment services to this population. A companion amendment in Item 322 modifies language allocating funding back to the facility. It is the intent of the General Assembly that the restoration of this funding shall be properly accounted for in calculating the revised amount of savings from executive management actions contained in § 4-1.08 during the enrollment of House Bill 1600/Senate Bill 850, as adopted by the 2009 General Assembly		
Budget (Conf)	<b>283 2c</b>	Child and Family Services	Requires local Community Policy and Management Teams (CPMTs) and Community Services Boards (CSBs) to work collaboratively on developing local plans for intensive care coordination (ICC) for children placed in, or at risk of placement in, residential care and to determine the service provider for these services. Finally, language requires the State Executive Council and Office of Comprehensive Services to develop guidelines for reasonable rates for ICC services and provide training and technical assistance for these services.)		
Budget (Conf)	<b>315 4c</b>	Community Services/AE	DD.1. DMHMRSAS shall work in collaboration with HPR V CSBs to plan, develop and implement transitional mental health services to qualified individuals discharged from ESH. 2. DMHMRSAS shall lease the existing buildings and associated grounds corresponding to Buildings 24 and 26 at ESH to HPR V CSBs to provide transitional mental health services to those qualified individuals discharged from ESH, 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 CSBs shall involve local and regional partners, including local governments, in the planning and development of these programs and services.	No	None

Budget (Conf)	<b>316 3c</b>	Substance Abuse	OSAS will work with the VACSB, DOC and the Office of the Supreme Court to identify issues related to the diversion of individuals with opioid addiction from prison and Jail. We assume a report will be made to the SJ 318 committee		
Budget (Conf)	<b>316 4c ( see Existing, 316KK)</b>	Community Contracting/Mental Health	<p>2. By August 1, 2009, the Commissioner shall report to the Chairs of the Senate Finance and House Appropriations Committees on the implications of distributing this funding to Community Services Boards based on the per capita populations served by each CSB.</p> <p>Requires the Commissioner to report on the implications of reallocating funding provided last session for community-based mental health services to reflect the populations served by each CSB as opposed to the existing formula which uses ranges of populations served. This amendment also removes obsolete language requiring a report to the General Assembly.</p>		August 1 one time
Budget (Gov)	<b>HHR</b>	Intellectual Disabilities/Community Services	Transfers funding to DMHMRSAS for the Commonwealth Autism Service (provide guidance and expertise to DMHMRSAS as it begins to coordinate services for people with developmental disabilities, including autism spectrum disorder). For 2010, \$940,000 (GF). Adds positions for oversight of service delivery for autism spectrum disorders and developmental disabilities to central office. The positions will be responsible for the development of a coordinated approach to serving people with developmental disabilities including those with ASD. For 2010, \$215,000 (GF).	No	