

HB 995 Restructuring of mental health care system.another bill?  go

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Summary as passed: (all summaries)

Restructuring of mental health care system. Provides that for any restructuring of the system of mental health services involving existing state mental health facilities, the Commissioner must establish a state and community consensus and planning team. Each team must develop a plan that addresses (i) the types, amounts, and locations of new and expanded community services that would be needed; (ii) the development of a detailed implementation plan designed to build community mental health infrastructure for current and future capacity needs; (iii) the creation of new and enhanced community services; (iv) the transition of state facility patients to community services in the locality of their residence prior to institutionalization or the locality of their choice; (v) the resolution of issues relating to the restructuring implementation process, including employment issues related to state facility employee transition planning and appropriate transitional benefits; and (vi) a six-year projection comparing the cost of the current structure and the proposed structure. In addition, the bill requires the Commissioner to ensure that each plan includes the following components: (a) a plan for community education; (b) a plan for the implementation of required community services, including state-of-the-art practice models and any models required to meet the unique characteristics of the area to be served, which may include models for rural areas; (c) a plan for assuring the availability of adequate staff in the affected communities, including specific strategies for transferring qualified state-facility employees to community services; (d) a plan for assuring the development, funding, and implementation of individualized discharge plans for individuals discharged; and (e) a provision for suspending implementation of the plan if the total general funds appropriated to the Department for state facility and community services decrease in any year of plan implementation by more than 10 percent from the year in which the plan was approved by the General Assembly. Further, the bill states that at least nine months prior to any proposed facility closure or conversion to any use other than the provision of mental health services, the state and community consensus and planning team must submit a plan to the Joint Commission on Health Care and the Governor for review and recommendation. The Joint Commission on Health Care will then make a recommendation to the General Assembly. Upon approval by the General Assembly and the Governor of such recommendation, the Commissioner may implement the proposed facility closure or conversion of the facility to any use other than the provision of mental health service. Any funds saved by the closure or conversion of the facility to any use other than the provision of mental health services, and not allocated to individualized services plans for patients being transferred or discharged as a result of the closure or conversion, will be invested in the Mental Health Trust Fund. Further, concurrent with the development of any required plan for restructuring Eastern State Hospital, the Commissioner, in consultation with the Chancellor of the Community College System, the President of Thomas Nelson Community College, and the President of the College of William and Mary or their designees, and with the advice of the state and community consensus and planning team, must assess the impact and feasibility of using a portion of the property now occupied by Eastern State Hospital located in James City County for the placement of a new campus of Thomas Nelson Community College and the development of a Center for Excellence in Aging and Geriatric Health. The Commissioner is authorized, upon completion of the feasibility study and a plan, and, with the consent of the Governor, to transfer to Thomas Nelson Community College a portion of the Eastern State Hospital property known as the Hancock Geriatric Treatment Center. This transfer will be subject to the following conditions: (i) the college operating a school of allied health professions and (ii) funds equal to the assessed value of the property being deposited in the Mental Health, Mental Retardation and Substance Abuse Services Trust Fund.

Full text:

01/09/02 House: Presented & ordered printed, prefiled 01/09/02 022523836 (impact statement)

02/09/02 House: Committee substitute printed 023314836-H1 (impact statement)
 03/12/02 House: Conference substitute printed 022552836-H2
 03/15/02 House: Bill text as passed House and Senate (HB995ER) (impact statement)
 04/09/02 Governor: Acts of Assembly Chapter text (CHAP0803)

Amendments:

Senate amendments
 Senate amendments engrossed
 Conference amendments

Status:

01/09/02 House: Presented & ordered printed, prefiled 01/09/02 022523836
 01/09/02 House: Referred to Committee on Health, Welfare and Institutions
 02/07/02 House: Reported from H. W. I. (20-Y 2-N)
 02/07/02 House: Referred to Committee on Appropriations
 02/08/02 House: Reported from Appropriations with sub (24-Y 1-N)
 02/09/02 House: Committee substitute printed 023314836-H1
 02/09/02 House: Read first time
 02/11/02 House: Read second time
 02/11/02 House: Committee substitute agreed to 023314836-H1
 02/11/02 House: Engrossed by House - committee substitute 023314836-H1
 02/12/02 House: Read third time and passed House (94-Y 6-N)
 02/12/02 House: VOTE: PASSAGE (94-Y 6-N)
 02/12/02 House: Communicated to Senate
 02/13/02 Senate: Constitutional reading dispensed
 02/13/02 Senate: Referred to Committee on Education and Health
 02/21/02 Senate: Reported from Ed. & H. with amendment (15-Y 0-N)
 02/22/02 Senate: Const. reading disp., passed by for the day (40-Y 0-N)
 02/22/02 Senate: VOTE: CONST. RDG. DISPENSED R (40-Y 0-N)
 02/25/02 Senate: Passed by for the day
 02/26/02 Senate: Read third time
 02/26/02 Senate: Reading of amendment waived
 02/26/02 Senate: Committee amendment agreed to
 02/26/02 Senate: Reading of amendment waived
 02/26/02 Senate: President rules Norment floor amendment germane
 02/26/02 Senate: Amendment by Sen. Norment agreed to
 02/26/02 Senate: Engrossed by Senate as amended
 02/26/02 Senate: Passed Senate with amendments (39-Y 0-N)
 02/26/02 Senate: VOTE: PASSAGE R (39-Y 0-N)
 02/27/02 House: Placed on Calendar
 02/28/02 House: Passed by for the day
 03/01/02 House: Passed by for the day
 03/04/02 House: Passed by for the day
 03/05/02 House: Senate amendments rejected by House (2-Y 97-N)
 03/05/02 House: VOTE: REJECTED (2-Y 97-N)
 03/06/02 Senate: Senate insisted on amendments (40-Y 0-N)
 03/06/02 Senate: VOTE: INSIST & REQUEST (40-Y 0-N)
 03/06/02 Senate: Senate requested conference committee
 03/07/02 House: House acceded to request
 03/07/02 House: Conferees appointed by House
 03/07/02 House: Delegates: McDonnell, Morgan, Phillips

03/07/02 Senate: Conferees appointed by Senate
03/07/02 Senate: Senators: Norment, Saslaw, Potts
03/09/02 Senate: Reading of conference report waived
03/09/02 Senate: Conference report agreed to by Senate (40-Y 0-N)
03/09/02 Senate: VOTE: CONF. COMMITTEE RPT. (40-Y 0-N)
03/09/02 House: Pending question ordered
03/09/02 House: Conference report agreed to by House (66-Y 32-N)
03/09/02 House: VOTE: ADOPTION (66-Y 32-N)
03/12/02 House: Conference substitute printed 022552836-H2
03/15/02 House: Bill text as passed House and Senate (HB995ER)
03/18/02 House: Enrolled
03/18/02 House: Signed by Speaker
03/19/02 Senate: Signed by President
04/08/02 Governor: Approved by Governor-Chapter 803 (effective 7/1/02)
04/09/02 Governor: Acts of Assembly Chapter text (CHAP0803)

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend and reenact § 37.1-258 of the Code of Virginia and to amend the Code of Virginia by*
 3 *adding in Article 2 of Chapter 1 of Title 37.1 a section numbered 37.1-48.2, relating to restructuring*
 4 *of the mental health care system.*

5 [H 995]
 6 Approved

7 **Be it enacted by the General Assembly of Virginia:**

8 **1. That § 37.1-258 of the Code of Virginia is amended and reenacted and that the Code of Virginia**
 9 **is amended by adding in Article 2 of Chapter 1 of Title 37.1 a section numbered 37.1-48.2 as**
 10 **follows:**

11 *§ 37.1-48.2. System restructuring; state and community consensus and planning team required.*

12 *A. For the purpose of considering any restructuring of the system of mental health services involving*
 13 *an existing state mental health facility, the Commissioner shall establish a state and community*
 14 *consensus and planning team consisting of Department staff and representatives of the jurisdictions*
 15 *served by the facility, including local government officials, consumers, family members of consumers,*
 16 *advocates, state facility employees, community services boards, public and private service providers,*
 17 *licensed hospitals, state-operated medical hospitals, local health department staff, local social services*
 18 *department staff, sheriffs' office staff, area agencies on aging, and other interested citizens. In addition,*
 19 *the members of the House of Delegates and the Senate representing the jurisdictions served by the*
 20 *affected state facility may serve on the state and community consensus and planning team for that*
 21 *facility. Each state and community consensus and planning team, in collaboration with the*
 22 *Commissioner, shall develop a plan that addresses (i) the types, amounts, and locations of new and*
 23 *expanded community services that would be needed to successfully implement the closure or conversion*
 24 *of the facility to any use other than the provision of mental health services, including a six-year*
 25 *projection of the need for inpatient psychiatric beds and related community mental health services; (ii)*
 26 *the development of a detailed implementation plan designed to build community mental health*
 27 *infrastructure for current and future capacity needs; (iii) the creation of new and enhanced community*
 28 *services prior to the closure of the facility or its conversion to any use other than the provision of*
 29 *mental health services; (iv) the transition of state facility patients to community services in the locality*
 30 *of their residence prior to institutionalization or the locality of their choice; (v) the resolution of issues*
 31 *relating to the restructuring implementation process, including employment issues involving state facility*
 32 *employee transition planning and appropriate transitional benefits; and (vi) a six-year projection*
 33 *comparing the cost of the current structure and the proposed structure.*

34 *B. The Commissioner shall ensure that each plan includes the following components:*

35 *1. A plan for community education;*

36 *2. A plan for the implementation of required community services, including state-of-the-art practice*
 37 *models and any models required to meet the unique characteristics of the area to be served, which may*
 38 *include models for rural areas;*

39 *3. A plan for assuring the availability of adequate staff in the affected communities, including*
 40 *specific strategies for transferring qualified state facility employees to community services;*

41 *4. A plan for assuring the development, funding, and implementation of individualized discharge*
 42 *plans pursuant to § 37.1-197.1 for individuals discharged as a result of the closure or conversion of the*
 43 *facility to any use other than the provision of mental health services; and*

44 *5. A provision for suspending implementation of the plan if the total general funds appropriated to*
 45 *the Department for state facility and community services decrease in any year of plan implementation by*
 46 *more than ten percent from the year in which the plan was approved by the General Assembly.*

47 *C. At least nine months prior to any proposed facility closure or conversion of the facility to any use*
 48 *other than the provision of mental health services, the state and community consensus and planning*
 49 *team shall submit a plan to the Joint Commission on Health Care and the Governor for review and*
 50 *recommendation.*

51 *D. The Joint Commission on Health Care shall make a recommendation to the General Assembly on*
 52 *the plan no later than six months prior to the date of the proposed closure or conversion of the facility*
 53 *to any use other than the provision of mental health services.*

54 *E. Upon approval of the plan by the General Assembly and the Governor, the Commissioner shall*
 55 *ensure that the plan components required by subsection B are in place, and may thereafter perform all*
 56 *tasks necessary to implement the closure or conversion of the facility to any use other than the provision*

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57 of mental health services.

58 F. Any funds saved by the closure or conversion of the facility to any use other than the provision of
59 mental health services and not allocated to individualized services plans for patients being transferred
60 or discharged as a result of the closure or conversion of the facility to any use other than the provision
61 of mental health services shall be invested in the Mental Health, Mental Retardation and Substance
62 Abuse Services Trust Fund established in Chapter 17 (§ 37.1-258 et seq.) of this title.

63 G. Nothing in this section shall prevent the Commissioner from leasing unused, vacant space to any
64 public or private organization or transferring such space pursuant to subsection H.

65 H. Concurrently with the development of a plan described in subsection A, the Commissioner, in
66 consultation with the Chancellor of the Community College System or his designee, the President of
67 Thomas Nelson Community College or his designee, and the President of the College of William and
68 Mary or his designee, and with the advice of the state and community consensus and planning team,
69 shall assess the impact and feasibility of using a portion of real property now occupied by Eastern State
70 Hospital located in James City County for the placement of a new campus of Thomas Nelson
71 Community College and the development of a Center for Excellence in Aging and Geriatric Health on
72 the property. This assessment shall examine the potential future use of the property by Thomas Nelson
73 Community College and the Center for Excellence in Aging and Geriatric Health and its long-term
74 impact on services provided by Eastern State Hospital and community services boards located in
75 Eastern State Hospital's catchment area. The Commissioner, after completion of the impact and
76 feasibility assessment and of a plan described in subsection A and with the consent of the Governor, is
77 authorized to transfer to Thomas Nelson Community College for its possession and use a portion of that
78 real property currently occupied by the Eastern State Hospital and known generally as the Hancock
79 Geriatric Treatment Center. Any such transfer shall only be made subject to the provision that Thomas
80 Nelson Community College use the property for its general education mission that includes the
81 placement and operation of a School of Allied Health Professions to offer health care degrees, including
82 Licensed Practical Nurse programs and for the training of mental health care providers. Should the
83 Commissioner decide to make such transfer of the property to Thomas Nelson Community College, the
84 Department of General Services shall obtain an independent assessment of the property's value, which
85 shall include appropriate consideration of the value of mental health training services to be provided by
86 Thomas Nelson Community College, and funds equal to the assessed value of the property shall be
87 deposited in the Mental Health, Mental Retardation and Substance Abuse Services Trust Fund subject to
88 the appropriation act.

89 § 37.1-258. Definitions.

90 As used in this chapter, unless the context requires a different meaning:

91 "Assets" means the buildings and land of state facilities operated by the Department of Mental
92 Health, Mental Retardation and Substance Abuse Services.

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

95 "Fund" means the Mental Health, Mental Retardation and Substance Abuse Services Trust Fund.

96 "Net proceeds" means the gross amount received by the seller on account of the sale of any assets (i)
97 less costs incurred on behalf of the seller in connection with such sale and (ii) if after the sale the sold
98 assets will be used by an entity other than a state agency or instrumentality or a local governmental
99 entity in a governmental activity and debt obligations financed any portion of the sold assets and any
100 amount of such obligations is outstanding at the time of the sale, less the amount necessary to provide
101 for the payment or redemption of the portion of such outstanding obligations that financed the sold
102 assets (which amount shall be used to pay or redeem such obligations or shall be transferred to the third
103 party issuer of the obligations for a use permitted in accordance with such obligations).

104 2. That the Secretary of Health and Human Resources shall facilitate coordination among the
105 Virginia Department of Housing and Community Development, the Virginia Housing Development
106 Authority, and the federal Department of Housing and Urban Development in order to ensure that
107 adequate housing options are available for individuals transitioning to community services.

108 3. That the Secretary of Health and Human Resources shall coordinate the efforts of the
109 Department of Medical Assistance Services and the Department of Mental Health, Mental
110 Retardation and Substance Abuse Services in seeking the maximum Medicaid service options and
111 potential Medicaid waivers from the federal Centers for Medicare & Medicaid Services.

112 4. That the Secretaries of Commerce and Trade, Administration, Education, Transportation, and
113 Public Safety shall assist the Secretary of Health and Human Resources in developing strategies to
114 provide transition services and appropriate transitional benefits to any affected state facility
115 employees, and to assist any affected local communities with economic development opportunities
116 and transportation needs.

117 5. That, for purposes of this act, whenever any reference is made to the Joint Commission on

118 Health Care, such reference shall be deemed to include any successor in interest of the Joint
119 Commission on Health Care.

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