

Department of Planning and Budget

2001 Fiscal Impact Statement

1. Bill Number HB2258

House of Origin ☒ Introduced ☐ Substitute ☐ Engrossed
Second House ☐ In Committee ☐ Substitute ☐ Enrolled

2. Patron Watts

3. Committee Health, Welfare, and Institutions

4. Title Involuntary temporary detention

- 5. Summary/Purpose:** This bill amends § 37.1-67.1 relating to the issuance of temporary detention orders. The bill adds a new requirement that a “clinical certificate” describing the medical condition of the person accompany any petition for temporary detention filed with a magistrate. An examining psychiatrist or physician would complete the “clinical certificate.” It also requires the community services board (CSB) examiner to identify the detention facility “in accordance with the admission criteria of that facility” or obtain the facility director’s approval before designating the facility as the site of detention on the prescreening report. The bill requires each CSB to supply a list of psychiatrists and physicians at state hospitals and private hospital emergency rooms who are available 24 hours per day to conduct the medical evaluation. The bill redefines and sets forth new requirements for CSB examiners, and deletes part of the 1998 “Jef’s Law” amendment (pertaining to the magistrate’s consideration of the recommendations of treating physicians or psychologists).

6. Fiscal Impact Estimates are: Tentative.

6a. Expenditure Impact:

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2001-02	\$371,880	0.00	GF
2002-03	\$409,068	0.00	GF

7. Budget amendment necessary: Item 329.

- 8. Fiscal implications:** This bill appears to be in response to concerns over referrals of temporary detention patients who may have undetected and/or unstable medical conditions that may compromise the health and safety of the patient or increase the liability risk for the admitting facility. As such, it aims to remedy these problems by requiring a concurrent medical screening at the time a Temporary Detention Order (TDO) is requested. However, based on the requirements of the bill and the data available, only a partial fiscal impact can be determined. As written, this bill would require a “clinical certificate” only when a TDO is issued pursuant to a petition filed with a magistrate, and not when the TDO is issued on the magistrate’s own motion. Data on TDO admissions to state hospitals is readily available, but it is not known how many originate by petition vs. the magistrate’s own motion. In addition, there is insufficient data available for private hospital TDO admissions, which may be the majority of TDO admissions in Virginia. This analysis, therefore, addresses all

state hospital TDO admissions, whether made by a petition filed with a magistrate or not and it does not include the private hospital TDO admissions.

There were 1,033 adult (aged 18 and above) and geriatric TDOs admitted to state hospitals in FY 2000. The estimated cost of a medical evaluation for a "clinical certificate" is \$360. Using this data and assuming these TDOs were all based on petitions filed with a magistrate, "clinical certificate" costs for TDOs to state hospitals would be \$371,880 for the first year. For the second year, using a medical evaluation cost increased by 10% to \$396, the cost would be \$409,068. Even if the assumption is made that this FY 2000 number would cover TDOs based on petitions filed with a magistrate for admissions to both state and private facilities, it is likely too low an amount to cover all medical evaluations.

The bill also requires CSBs to provide to the courts in their jurisdictions a list of psychiatrists and physicians at state hospitals and private emergency room facilities who are available to complete the medical evaluations for the "clinical certificates" on a 24 hours per day basis. Such physicians will not be readily available in all CSB areas, whether in a state hospital or private emergency room. Additionally, if state hospital physicians were to be used, the medical examinations would presumably be done on an outpatient basis at the hospital or off-site, but state facilities have no outpatient facilities and physicians would not be able to leave the hospital while on duty. This would significantly increase travel by police and sheriffs to access physicians at other facilities capable of performing the medical evaluations; data is not available to project this cost, however. Problematic to this also is whether there would be legal basis for such custody and detention while seeking the medical evaluation prior to issuance of a TDO.

9. Specific agency or political subdivisions affected: Department of Mental Health, Mental Retardation and Substance Abuse Services

10. Technical amendment necessary: No.

11. Other comments: None.

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cc: Secretary of Health and Human Resources _____ PDF Created 1/19/2001 3:32:25 PM