

## Department of Planning and Budget 2002 Fiscal Impact Statement

**1. Bill Number:** SB426

<b>House of Origin</b>	<input type="checkbox"/> Introduced	<input checked="" type="checkbox"/> Substitute	<input type="checkbox"/> Engrossed
<b>Second House</b>	<input type="checkbox"/> In Committee	<input type="checkbox"/> Substitute	<input type="checkbox"/> Enrolled

**2. Patron:** Houck

**3. Committee:** Education and Health

**4. Title:** Acute care psychiatric and residential beds, etc.

**5. Summary/Purpose:** This bill mandates the collection, dissemination and reporting by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) of the number of licensed and staffed acute care psychiatric and residential treatment beds in public and private facilities for children and adolescents under the age of 18. It also requires DMHMRSAS to collect and report information on children under the age of 18 for whom admission to an acute care psychiatric or residential treatment facility was sought but was not obtained. This information is to be reported quarterly.

**6. No Fiscal impact.**

**7. Budget amendment necessary:** No.

**8. Fiscal implications:** This legislation requires data collection and reporting by DMHMRSAS on the number of and demand for licensed and staffed acute care psychiatric and residential treatment beds for children and adolescents under the age of 18. Data is to be submitted by Community Policy and Management Teams (CPMT) and Community Services Boards (CSB) on children and adolescents under the age of 18 for whom an admission was sought but was not obtained. This information is to include the child or adolescent's date of birth, the date admission was attempted, and the reason the patient could not be admitted. Since a CSB member sits on each CPMT, it is expected that a mechanism for this data collection can be easily established. DMHMRSAS is to collect and compile this data, ensure that it is not duplicative, and provide quarterly reports to the Chairmen of the House Appropriations and Senate Finance Committees and the Virginia Commission on Youth.

For DMHMRSAS facilities, data submission requirements on the number of licensed and staffed beds would minimally impact the Commonwealth Center for Children and Adolescents and Southwestern Virginia Mental Health Institute. It is possible that other reporting entities could be affected by the data submission requirements, but that is not addressed here.

The Central Office staff resources needed for data collection tools and quarterly reports could be intensive. Significant staff expertise will be needed to develop formats and a methodology for data collection, as well as for data review and assessment, to minimize duplication of reported information. Although the Office of Licensing currently collects data on the number of licensed beds, collecting data on the number of *staffed* beds could result in an additional workload. Finally, with quarterly reporting requirements, the collection, follow-up, and reporting is expected to be an on-going project that will consume considerable staff time. It is currently anticipated that

these requirements will be managed within DMHMRSA's existing resources. However, following implementation, assessment may indicate that additional staff is required.

**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:** This bill is a companion to HB887.

**Date:** 1/11/02/jlv

**Document:** G:\02-04\Efis02\Sb426s1.Doc Janet Vogelgesang

cc: Secretary of Health and Human Resources