

Department of Planning and Budget 2006 Fiscal Impact Statement

1. Bill Number: SB310

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

2. Patron: Cuccinelli

3. Committee: Courts of Justice

4. Title: Mentally ill defendants; technical changes

5. Summary/Purpose: This bill amends criminal temporary detention order sections of the *Code* that provide for emergency psychiatric inpatient treatment for jail inmates, prior to trial (§ 19.2-169.6), prior to sentencing (§19.2-176), and following sentencing (§ 19.2-177.1), if they “have a mental illness and are imminently dangerous to self or others”. The bill inserts commitment criteria of “unable to care for self” identical to language in the current civil Temporary Detention Order section of the *Code*, so that the TDO and commitment process can be applied to those incapacitated mentally ill jail inmates who are in need of treatment, but who may not be “imminently dangerous to himself or others.” Community Services Boards are to provide pre-screening reports.

6. Fiscal Impact Estimates are: Preliminary

6a. Expenditure Impact:

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2005-06	\$0	0.00	-
2006-07	\$1,283,008	0.00	GF
2007-08	\$1,283,008	0.00	GF
2008-09	\$1,283,008	0.00	GF
2009-10	\$1,283,008	0.00	GF
2010-11	\$1,283,008	0.00	GF
2011-12	\$1,283,008	0.00	GF

7. Budget amendment necessary: Item 316 (Mental Health Treatment Centers) Program 430 (State Health Services)

8. Fiscal implications: The jails of the Commonwealth are currently the primary provider of non-emergency mental health treatment to the target population addressed in this bill. It is estimated that the average daily census of mentally ill jail inmates in Virginia is approximately 2000-4000; that number is more than all of the psychiatric beds operated by the Department at all of its facilities. In addition, by the time jailed individuals with mental illness are finally referred to state hospitals, their lengths of stay are prolonged in a costly manner, due to the increased severity of their symptoms, caused by prolonged times without access to treatment.

This bill will increase the number of admissions for criminal defendants court-ordered to DMHMRSAS facilities for emergency treatment by 15%. This will be an increase for both those in jail and will apply to offenders (bonded defendants) not in a jail setting at the time the order is written. Data for FY2001 through FY2005 from the Department's Forensic Information Management System (FIMS) showed a yearly average of 430 emergency treatment – jail transfer admissions each year with an average length of stay of 32 days. Of these 430, 34% (148) were admitted to the maximum security forensic program at Central State Hospital and 66% (282) were admitted to civil programs at those state hospitals that admit jail transfers. Based on this data and polling of forensic coordinators and clinicians, the increase in jail transfer admission rate would result in 65 (430 x 15%) additional admissions. Using June 30, 2005 per diem rates of \$767 for the maximum-security unit (CSH) and a civil unit per diem of \$540, projected cost of these additional admissions is \$1,283,008. Given the high number of mentally ill jail inmates in this category who are currently being held in segregation cells in jails around the state, this estimate may be a modest one. Additional funds would be needed, as current resources could not accommodate these additional admissions.

	Maximum Security Unit	Civil Units	Total
Admissions	65 x 34% = 22	65 x 66% = 43	65
Bed days	22 x 32 = 704	43 x 32 = 1,376	2080
Cost of bed days	704 x \$767 = \$539,968	1,376 x \$540 = \$743,040	\$1,283,008

The bill also requires Community Services Boards (CSBs) to provide preadmission screenings for these admissions. CSBs do not identify or track the cost of preadmission screenings or evaluations separately and typically the costs are included in emergency services. These screenings would not require additional resources.

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

10. Technical amendment necessary:

11. Other comments:

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cc: Secretary of Health and Human Resources