

Department of Planning and Budget 2022 Fiscal Impact Statement

1. **Bill Number:** HB134

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

2. **Patron:** Cherry

3. **Committee:** Courts of Justice

4. **Title:** Involuntary commitment; release of person before expiration of order.

5. **Summary:** Provides that no person who is the subject of an order for involuntary commitment shall be released from a state hospital or licensed hospital and that no community services board shall petition for rescission of a mandatory outpatient treatment order or order authorizing discharge to mandatory outpatient treatment following inpatient treatment during the 96-hour period immediately following entry of the order, unless in the opinion of (i) the psychiatrist or clinical psychologist treating the person, based on an evaluation conducted by the psychiatrist or clinical psychologist, and (ii) a second psychiatrist or clinical psychologist who has evaluated the person, the person will not meet the criteria for involuntary commitment if released.

6. **Budget Amendment Necessary:** Yes, Item 317.

7. **Fiscal Impact Estimates:** See 8 below. The impact of this legislation is based on a range.

8. **Fiscal Impact Estimates:** The bill requires that an individual under involuntary commitment at a state hospital or facility licensed by the Department of Behavioral Health and Developmental Services (DBHDS) for equal to or less than a 96-hour period may not be discharged until they have been evaluated by two psychiatrists or clinical psychologists. Current practice only requires one evaluation.

DBHDS estimates that approximately 30 percent of facility admissions are released in five days or less, and many individuals are assessed by a primary physician. Requiring a second opinion from a clinical psychologist or psychiatrist will require additional resources for the facilities.

Below is a table illustrating the capacity of certified and operational beds at DBHDS' facilities. It is projected that each facility will need to hire additional full time psychologists or psychiatrists in order to meet the requirements of this legislation. This assumption would add one additional FTE per approximately 100 beds.

State Facility	Total Bed Capacity	FTE per approximately 100 Beds
Catawba Hospital	110	1
Central State Hospital	266	2
Eastern State Hospital	302	3
Northern Virginia Mental Health Institute	134	1
Piedmont Geriatric Hospital	123	1
Southern Virginia Mental Health Institute	72	1
Southwestern Virginia Mental Health Institute	179	1
Western State Hospital	246	2
Total	1432	12

The average salary for a DBHDS psychologist ranges from \$53,321 to \$97,704 depending on level of expertise. Comparatively, psychiatrists earn between \$200,000 and \$300,000 at DBHDS facilities.

Multiplying the required FTE times the average salary of a DBHDS psychologist, the costs to hire additional clinical psychologists could range between \$639,852 and \$1,172,448. Multiplying the required FTE times the average salary of a DBHDS psychiatrist, the costs to hire additional psychiatrists could range between \$2,400,000 and \$3,600,000. Therefore the cost of this legislation to DBHDS facilities is in the range of \$639,852 - \$3,600,000.

If facilities are not able to provide evaluations from two clinical psychologists or psychiatrists, individuals may be committed longer than medically necessary, exacerbating the bed crisis and the demands on facility staff. Additionally, the period of detention could be prolonged if a patient is approved for release by one clinician and then denied by the second, which could cause additional trauma for the individual.

The impact on any private provider who might need to provide a second evaluation for individuals committed to their care is indeterminate.

- 9. Specific Agency or Political Subdivisions Affected:** Department of Behavioral Health and Developmental Services.

10. Technical Amendment Necessary: No.

11. Other Comments: None.