

Department of Planning and Budget 2024 Session Fiscal Impact Statement

1. Bill Number: SB34

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

2. Patron: Locke

3. Committee: Education and Health

4. Title: Temporary detention; certified evaluators, report.

5. Summary: Authorizes hospitals with a psychiatric emergency department located in Planning District 21 to employ certain trained individuals to perform evaluations to determine whether a person meets the criteria for temporary detention for behavioral health treatment. The bill requires participating hospitals with psychiatric emergency departments in Planning District 21 to annually report the number of temporary detention order evaluations completed, the number of temporary detention orders petitioned, the number of individuals evaluated for temporary detention who were determined to not meet the criteria for temporary detention, and the number of individuals under a temporary detention order admitted to a state facility to the Chairmen of the Senate Committee on Education and Health, the House Committee on Health, Welfare and Institutions, and the Behavioral Health Commission. The bill has an expiration date of July 1, 2026.

6. Budget Amendment Necessary: Indeterminate.

7. Fiscal Impact Estimates: See Item 8.

8. Fiscal Implications: This legislation would allow hospitals with psychiatric emergency departments located in “Planning District 21” to employ “certified evaluators” as defined in the bill for the purposes of performing evaluations to determine whether a person meets the criteria for temporary detention for behavioral health treatment. Under current law, such evaluations are conducted by a designee of the local community service board (CSB) as defined in § 37.2-809. Because there is no current “Planning District 21” service region recognized by the Department of Behavioral Health and Developmental Services (DBHDS), it is assumed that this legislation would impact those localities in the former Planning District 21 (Hampton-Newport News, Colonial Behavioral Health, Eastern Shore).

If this legislation becomes law, the Department of Behavioral Health and Developmental Services would make the evaluation certification program open to evaluators employed by a hospital with a psychiatric emergency department in the impacted communities. This program is conducted through the COV Learning Center and could be extended to non CSB employees at no additional cost. Individuals in need of training will need to partner with a CSB to achieve their orientation, shadowing and observation requirements outlined in the certified preadmission screening requirements. It is unclear in the legislation who will be

responsible for the cost of training these individuals, but because of the limited geographical scope, it is assumed those costs would be borne by the impacted CSB or partnered hospitals.

Permitting a certified evaluator to conduct temporary detention order evaluations in lieu of the designee of a community service board may result in a reduction in CSB workload. The significance of any cost avoidance CSBs is indeterminate, as it is unknown the extent to which providers will take advantage of this option. In FY2023, CSBs serving the noted localities conducted 6,089 emergency evaluations.

According to DBHDS, prior to legislative changes several decades ago, the practice of non-CSB designated clinicians conducting emergency evaluations was permitted. This practice resulted in an abundance of patients being rapidly cleared from emergency departments by physicians and sent to state hospitals for treatment and the law was subsequently changed to require CSB evaluators. If this legislation is enacted, DBHDS anticipates an increase in the number of individuals sent to Eastern State Hospital (ESH), and possibly to other state hospitals as the impact ripples through the system, from emergency departments. The cost of these additional individuals is dependent on the magnitude of new commitments. For reference, ESH is currently at 95 percent of their staffed capacity, with forensic patients accounting for approximately 88 percent of the population.

- 9. Specific Agency or Political Subdivisions Affected:** Department of Behavioral Health and Developmental Services, Community Services Boards.
- 10. Technical Amendment Necessary:** The patron may wish to clarify which localities are to be impacted by the proposed legislation.
- 11. Other Comments:** This legislation contains similar provisions to HB608.