

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 5447-01
Bill No.: HB 2309
Subject: Mental Health; Mental Health Department
Type: Original
Date: April 8, 2016

Bill Summary: This proposal changes the laws regarding notice requirements for when a patient is admitted to a mental health facility.

FISCAL SUMMARY

| ESTIMATED NET EFFECT ON GENERAL REVENUE FUND | | | |
|--|-------------------|-------------------|-------------------|
| FUND AFFECTED | FY 2017 | FY 2018 | FY 2019 |
| General Revenue | (\$75,456) | (\$67,943) | (\$68,513) |
| Total Estimated Net Effect on General Revenue | (\$75,456) | (\$67,943) | (\$68,513) |

| ESTIMATED NET EFFECT ON OTHER STATE FUNDS | | | |
|---|------------|------------|------------|
| FUND AFFECTED | FY 2017 | FY 2018 | FY 2019 |
| | | | |
| | | | |
| Total Estimated Net Effect on <u>Other</u> State Funds | \$0 | \$0 | \$0 |

Numbers within parentheses: () indicate costs or losses.

This fiscal note contains 6 pages.

| ESTIMATED NET EFFECT ON FEDERAL FUNDS | | | |
|---|----------------|----------------|----------------|
| FUND AFFECTED | FY 2017 | FY 2018 | FY 2019 |
| | | | |
| | | | |
| Total Estimated Net Effect on <u>All</u> Federal Funds | \$0 | \$0 | \$0 |

| ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE) | | | |
|---|----------------|----------------|----------------|
| FUND AFFECTED | FY 2017 | FY 2018 | FY 2019 |
| General Revenue | 1 | 1 | 1 |
| | | | |
| Total Estimated Net Effect on FTE | 1 | 1 | 1 |

Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$100,000 in any of the three fiscal years after implementation of the act.

| ESTIMATED NET EFFECT ON LOCAL FUNDS | | | |
|--|----------------|----------------|----------------|
| FUND AFFECTED | FY 2017 | FY 2018 | FY 2019 |
| Local Government | \$0 | \$0 | \$0 |

FISCAL ANALYSIS

ASSUMPTION

Officials from the **Department of Mental Health (DMH)** state in order to meet the training requirements outlined, there is a one-time cost of creating the training and an annual cost of maintaining the training curriculum. The four-hour training would be developed to meet the conditions of the court and would be made available on-line. DMH estimates the contract for training would be a cost to the General Revenue (GR) Fund of \$15,000 for FY 2017 and \$5,000 annually thereafter.

In addition, to provide assistance to clients in identifying and assisting with guardian advocates, a new half-time Licensed Clinical Social Worker (\$45,000 annually per FTE) is required for each adult facility of the Department, including one-time costs for equipment and expenses.

It is estimated the fiscal impact to GR is \$211,143 for FY 2017 and approximately \$225,000 annually thereafter.

Oversight notes the DMH has adult psychiatric facilities in Fulton, St. Joseph, Farmington, Kansas City, and 2 in the St. Louis metro area. Although Oversight assumes the DMH would not hire six ½ FTE Licensed Clinical Social Workers and would have existing personnel absorb the responsibilities, Oversight does assume the DMH would hire 1 FTE for the St. Louis area and have that FTE work both the St. Louis Psychiatric Rehabilitation Center and the Metropolitan St. Louis Psychiatric Center. Therefore, Oversight will present costs associated with one FTE (salary and fringe benefits), equipment for office space at two facilities and annual expendable supplies/expenses associated with one FTE. If the DMH determines that staff is needed at the remaining facilities, the Department may request additional funding through the appropriations process.

Oversight has, for fiscal note purposes only, changed the starting salary for the Licensed Clinical Social Worker to correspond to the second step above minimum for comparable positions in the state's merit system pay grid. This decision reflects a study of actual starting salaries for new state employees for a six month period and the policy of the Oversight Subcommittee of the Joint Committee on Legislative Research.

Officials from the **University of Missouri (UM) Health Care System** has reviewed the proposed legislation and determined that as written it should not create additional expenses in excess of \$100,000 annually.

Oversight assumes this is the materiality threshold for the UM Health Care and that any costs incurred by UM can be absorbed within current resource levels.

ASSUMPTION (continued)

Officials from the **Office of State Courts Administrator** and the **Office of State Public Defender** each assume the proposal would not fiscally impact their respective agencies.

Officials from the following **hospitals**: Barton County Memorial Hospital, Bates County Memorial Hospital, Cedar County Memorial Hospital, Cooper County Hospital, Excelsior Springs Medical Center, Golden Valley Memorial Hospital, Hermann Area District Hospital, Macon County Samaritan Memorial Hospital, Putnam County Memorial Hospital and Washington County Memorial Hospital did not respond to **Oversight's** request for a statement of fiscal impact.

Officials from the following **community colleges**: Kansas City Metropolitan Community College, Moberly Area Community College, State Fair Community College, St. Louis Community College, St. Charles Community College, Three Rivers Community College, and the Jefferson Community College did not respond to **Oversight's** request for a statement of fiscal impact.

Officials from the following **circuit courts**: St. Louis City and Phelps County did not respond to **Oversight's** request for a statement of fiscal impact.

| <u>FISCAL IMPACT - State Government</u> | FY 2017 (10 Mo.) | FY 2018 | FY 2019 |
|---|--------------------------|--------------------------|--------------------------|
| GENERAL REVENUE FUND | | | |
| <u>Costs - DMH (§§632.13 and 632.135)</u> | | | |
| Personal service | (\$32,440) | (\$39,317) | (\$39,710) |
| Fringe benefits | (\$18,955) | (\$20,833) | (\$20,941) |
| Equipment and expense | <u>(\$24,061)</u> | <u>(\$7,793)</u> | <u>(\$7,862)</u> |
| Total <u>Costs - DMH</u> | <u>(\$75,456)</u> | <u>(\$67,943)</u> | <u>(\$68,513)</u> |
| FTE Change - DMH | 1 FTE | 1 FTE | 1 FTE |
| ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND | <u>(\$75,456)</u> | <u>(\$67,943)</u> | <u>(\$68,513)</u> |
| Estimated Net FTE Change on the General Revenue Fund | 1 FTE | 1 FTE | 1 FTE |

| <u>FISCAL IMPACT - Local Government</u> | FY 2017 (10 Mo.) | FY 2018 | FY 2019 |
|---|---------------------|------------|------------|
| | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> |

FISCAL IMPACT - Small Business

No direct fiscal impact to small businesses would be expected as a result of this proposal.

FISCAL DESCRIPTION

This bill specifies that at the time a patient is voluntarily admitted to a mental health facility, the identity and contact information of the person to be notified in case of an emergency must be entered in that patient's clinical record.

At the time a patient is admitted to a mental health facility for involuntary examination or placement or when a petition for involuntary placement is filed, the names, addresses, and telephone numbers of the patient's guardian, or representative if the patient has no guardian, and the patient's attorney must also be entered in the patient's clinical record. If the patient has no guardian, the patient must be asked to designate a representative. The bill prohibits the following individuals from being a patient's representative: a licensed professional providing services to the patient, an employee of a facility providing direct services to the patient, a department employee, a person providing other substantial services to the patient in a professional or business capacity, or a creditor of the patient.

Notice of a voluntary patient's admission must be given only at the request of the patient; except that, in an emergency, notice must be given as determined by the mental health facility. If notice is required to be given, the notice must be given to the patient and the patient's guardian, attorney, and representative. A mental health facility must give prompt notice of the location of a patient who is being involuntarily held for examination by telephone or in person within 24 hours of the patient's arrival at the facility unless the patient requests that no notification be made. If a patient is to be transferred from one mental health facility to another, notice must be given by the facility where the patient is located prior to the transfer.

The chief administrative officer of a mental health facility or his or her designee is authorized to petition the circuit court for the appointment of a guardian advocate based upon the opinion of a psychiatrist that the patient is incompetent to consent to treatment. If the court finds that a patient is incompetent to consent to treatment and has not been adjudicated incapacitated and a guardian with the authority to consent to mental health treatment appointed, it must appoint a guardian advocate.

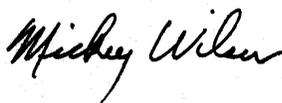
FISCAL DESCRIPTION (continued)

If a guardian with the authority to consent to medical treatment has not already been appointed or if the patient has not already designated a health care surrogate, the court may authorize the guardian advocate to consent to medical treatment, as well as mental health treatment. Unless the guardian advocate has sought and received express court approval, the guardian advocate must not consent to abortion, sterilization, electroconvulsive treatment, psychosurgery, or experimental treatments that have not been approved by a federally approved institutional review board in accordance with federal regulations.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Department of Mental Health
Office of State Courts Administrator
Office of State Public Defender
University of Missouri Health Care System



Mickey Wilson, CPA
Director
April 8, 2016

Ross Strobe
Assistant Director
April 8, 2016