Fiscal Estimate - 2003 Session

	Original		Updated		Corrected		Supplemental			
	Number	03-3619/1		Introd	duction Num	ber S	B-387			
Subjec										
Treatment of minors for mental illness										
Fiscal I	Effect									
	lo State Fisc ndeterminate Increase E Appropriat Decrease Appropriat Create Ne	Existing iions Existing	Reven Decrea Reven	ase Existing	to abs	ase Costs sorb withir Yes ease Costs	- May be possible agency's budget No			
 No Local Government Costs Indeterminate 1. ☐ Increase Costs Permissive ☐ Mandatory Decrease Revenue ☐ Counties ☐ Others ☐ School ☐ WTCS Districts Districts 										
Fund Sources Affected Affected Ch. 20 Appropriations GPR FED PRO PRS SEG SEGS										
Agency	/Prepared E	Ву	A	uthorized S	ignature		Date			
DHFS/ Donna Dunkel (608) 266-8156				Fredi Ellen Bove (608) 266-2907			2/4/2004			

Fiscal Estimate Narratives DHFS 2/4/2004

LRB Number 03-3619/1	Introduction Number	SB-387	Estimate Type	Original						
Subject										
Treatment of minors for mental illness										

Assumptions Used in Arriving at Fiscal Estimate

Under current law, the mental health laws distinguish between minors under 14 years of age and minors 14 years of age or older with regard to giving informed consent for mental illness or development disability for outpatient treatment, voluntary admission to and discharge from an inpatient facility for treatment and rehabilitation, reexamination under, or modification or cancellation of, an involuntary commitment order, transfer from a juvenile secured correctional facility to an inpatient facility, access and consent to the release of court records and treatment records, and informed consent for medication and treatment.

This bill eliminates the distinction between minors under 14 years of age and minors 14 years of age or older and limits the ability of minors 14 years of age or older to make decisions with regard to giving informed consent for treatment for mental illness, transfer, discharge, and access to records.

This bill will require DHFS to make policy and procedural changes at both of the department's mental health institutions, but will have no fiscal effect. The Department also anticipates there could be a fiscal impact on the mental health service system at the local level based on possible increases in adolescent commitments. The number of additional minors admitted into outpatient mental health treatment as a result of these provisions is expected to be minimal, but the Department has no way of projecting those additional commitments.

Long-Range Fiscal Implications