

Department of Planning and Budget

2002 Fiscal Impact Statement

1. **Bill Number:** SB482

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

2. **Patron:** Howell

3. **Committee:** Courts of Justice

4. **Title:** Persons acquitted of misdemeanors by reason of insanity.

5. **Summary/Purpose:** This bill provides that a person found not guilty of a misdemeanor by reason of insanity shall remain in the custody of the Commissioner of Mental Health and Mental Retardation for a period not to exceed one year from the date of acquittal. It also provides that prior to or at the conclusion of one year, if the Commissioner determines that the acquittee meets the criteria for release, emergency custody, temporary detention, or involuntary commitment, he shall petition the committing court to accomplish this. In addition, written notice of an acquittee's release after one year in the custody of the Commissioner is to be provided by the Commissioner to the attorney for the Commonwealth for the committing jurisdiction not less than 30 days prior to the release.

6. **No Fiscal Impact**

7. **Budget amendment necessary:** No.

8. **Fiscal implications:** There are currently 38 misdemeanorant Not Guilty by Reason of Insanity (NGRI) patients in DMHMRSA facilities, with varied criminal histories. Many in this group were acquitted of minor crimes, such as petit larceny or trespassing. A few had been convicted of felonies, prior to the commission of their NGRI offense. This bill seeks to provide a more expeditious path to discharge misdemeanorant NGRI as well as advance the general goal of providing mental health treatment services in the least restrictive setting.

It is anticipated that several of those 38 misdemeanorant NGRI patients currently in DMHMRSA facilities could be transferred to a civil commitment status and receive services in a civil unit. Many of these patients have received services in secure/forensic units during hospitalization in the DMHMRSA facilities. Primarily because of increased security requirements, these units have higher costs, than civil units.

Although some patients may be eligible for release or transfer to less costly units, it is anticipated there would be little cost savings. Since a high number of the misdemeanorant NGRI are patients at facilities staffed according to settlement agreements with the U.S. Department of Justice, there are not expected to be changes in staffing requirements resulting from a change in commitment status affecting this limited patient population. In addition, bed space freed up by this change in status would be rapidly filled, due to continuing demand for mental health treatment services available in a facility setting.

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

10. Technical amendment necessary: No.

11. Other comments: None.

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Document: G:\02-04\Efis02\Sb482e.Doc Janet Vogelgesang

cc: Secretary of Health and Human Resources