

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

2. **Patron:** Howell

3. **Committee:** Passed Both Houses

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 the Department of Mental Health and Mental Retardation (DMHMRSAS) 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 conditional or unconditional 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 no less than 30 days prior to the release.

6. **No Fiscal Impact.**

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

8. **Fiscal implications :** This bill seeks to provide a more expeditious path to discharge misdemeanor Not Guilty by Reason of Insanity (NGRI) patients, as well as advance the general goal of providing mental health treatment services in the least restrictive setting. It applies to misdemeanor NGRI patients currently in DMHMRSAS facilities as well as those who are acquitted due to NGRI on or after July 1, 2002. For current patients, implementation of this bill's requirements must occur on or before October 1, 2002.

There are currently 38 misdemeanor NGRI patients in DMHMRSAS 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.

It is anticipated that several of those 38 misdemeanor NGRI patients currently in DMHMRSAS 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 DMHMRSAS facilities. Primarily because of increased security requirements, these units have higher costs than civil units.

Although some of these current 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 misdemeanor NGRI patients are 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. For those who are conditionally released, there are generally costs of up to \$ 6,000 per case for follow -up services. It is likely that there would be an increase in the amount needed for these follow -up services if a significant number of patients is found to be eligible for conditional release to the community; however, this amount is unknown at this time.

There is no data available at this time to determine the number of patients admitted after July 1, 2002 to whom this bill's provisions would apply. It is expected, however, that these patients would add to the continuing demand for facility mental health treatment services as noted above. Follow-up costs for those who are conditionally released will be incurred, but there is no data available to determine the eligible number.

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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cc: Secretary of Health and Human Resources