

Department of Planning and Budget 2006 Fiscal Impact Statement

1. Bill Number: HB 43

House of Origin: ☒ Introduced ☐ Substitute ☐ Engrossed

Second House: ☐ In Committee ☐ Substitute ☐ Enrolled

2. Patron: Albo

3. Committee: Courts of Justice

4. Title: Mental Health; change in criteria for assisted outpatient treatment program

5. Summary/Purpose: This bill changes the legal criteria for ordering outpatient mental health treatment rather than involuntary inpatient treatment. It strikes the requirement that a person be found a danger to himself or others and instead requires a finding that assisted outpatient treatment will be sufficient to prevent him from harming himself or others.

6. Fiscal Impact Estimates are: Tentative

7. Budget amendment necessary: Item 312 (Grants to Localities); Program 44500 (Financial Assistance for Health Services)

8. Fiscal implications: This bill amends the criteria in §37.2-817.C for involuntary outpatient treatment. By amending the criteria, this bill creates a lower standard by which a judge might enter an order for involuntary outpatient treatment. When combined with the other criteria for involuntary outpatient treatment, this amendment is likely to expand the pool of people with mental illness who might be ordered involuntarily into treatment. Data is not available to determine the numbers who would be so ordered to receive outpatient treatment.

It is probable that intensive services similar to existing assertive community treatment (PACT) could be used as a model for this outpatient treatment. Costs are estimated at \$25,000 per case because the target group for these services is by definition currently unwilling to engage in treatment, and would therefore need intensive face-to-face intervention. If only two persons at any given time were under assisted outpatient treatment orders at each of the 40 CSBs, projected costs would be \$2.0 million annually for the additional services for these additional consumers. Again, however, data is not available to determine exactly the number of consumers and specific services needed so these costs could be significantly understated.

In addition, at least some such people might be ordered into inpatient treatment first, although they might not need inpatient level of care at the time of the order. Additional court-ordered inpatients would exacerbate the demand for services that already strains current inpatient treatment capacity. Without additional resources for inpatient services, the impact of additional court-ordered patients on existing inpatient services could be to make inpatient services less accessible for all.

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

10. Technical amendment necessary: No.

11. Other comments:

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Document: G:\Fy06 Legislation\Hb43.Doc Emily Ehrlichmann

cc: Secretary of Health and Human Resources