

Department of Planning and Budget 2007 Fiscal Impact Statement

1. Bill Number HB1904

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

2. Patron Albo

3. Committee Health, Welfare and Institutions

4. Title Outpatient treatment orders; changes first criterion to include failure to properly take medication.

5. Summary/Purpose: This bill adds a new element to the several findings that must be made by a judge (or special justice) in an involuntary civil commitment hearing under §37.2-817 to issue an order of involuntary outpatient treatment. The amendments in this bill create a new alternative to the current requirement that a person be found an “imminent danger” to himself or others or “substantially unable” to care for himself. Specifically, the court could now make *either* the above finding *or*, alternatively, find that the person has previously been diagnosed with psychosis, and has failed to take prescribed medication which resulted in in-patient commitment in the past two years and as a result will become an imminent danger or substantially unable to care for himself at some time in the future.

6. Fiscal Impact Estimates are: Tentative

7. Budget amendment necessary: Item 312 (Grants to Localities); program 445 (Financial Assistance for Health Services)

8. Fiscal implications: The amended criteria in §37.2-817.C for involuntary outpatient treatment create a lower standard by which a judge might enter an order for involuntary outpatient treatment. Although language of the substitute bill is somewhat more strict than what was included in the original bill, when combined with the other criteria for involuntary outpatient treatment, this amendment could expand the pool of people with mental illness who might be ordered involuntarily into treatment. However, 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. Based on the substitute bill’s criteria, if only one person at any given time were under assisted outpatient treatment orders at each of the 40 CSBs, projected costs would be \$1.0 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.

It is likely that the new section included as §37.2-816.1 will not have any fiscal impact.

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: The Supreme Court of Virginia has initiated a Commission on Mental Health Law Reform, which is intensively studying Virginia's involuntary civil commitment laws, including proposals such as this one. This group includes representation from all stakeholders, and will complete its study and recommendations in time for the 2008 Session.

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cc: Secretary of Health and Human Resources