

Department of Planning and Budget 2009 Fiscal Impact Statement

1. Bill Number: HB2257

House of Origin X Introduced Substitute Engrossed

Second House In Committee Substitute Enrolled

2. Patron: Albo

3. Committee: Health, Welfare and Institutions

4. Title: Outpatient treatment; allows court to order mandatory treatment following involuntary admission

5. Summary: This bill would amend §§ [37.2-817](#) through [37.2-817.4](#) and [37.2-818](#) to allow mandatory outpatient treatment (MOT) to be ordered by a court following a period of involuntary inpatient treatment. Such a “conditional release” MOT order could be issued by a court subsequent to a petition filed by the director of the treating facility or his designee, the community services board, or the person who is the subject of the order for involuntary admission. The MOT order would be based on the person’s current condition and treatment history, including past compliance with treatment, and upon finding that the person:

- a) has a mental illness,
- b) no longer needs inpatient hospitalization but requires MOT to prevent rapid deterioration that would cause the person to meet involuntary inpatient criteria,
- c) is not likely to obtain treatment unless it is court ordered, and
- d) is likely to comply with such an order.

Further, the ordered treatment must be available in the community and the service providers must have agreed to deliver the services. The CSB where the person resides would be required to file a comprehensive MOT plan at the time of the hearing, or, if the CSB is the petitioner, at the time the petition is filed.

If the director of the facility or his designee, the CSB and the person who is the subject of the order for involuntary inpatient commitment all join in the petition, the court shall enter an order for MOT without a hearing.

Procedures for monitoring, court review, rescission; recordings and records of the MOT following involuntary inpatient commitment would be in accordance with existing MOT statutes adopted in 2008: §§ 37.2-817.1; 37.2-817.2; 37.2-817.3; and 37.2-818

HB 2257 also amends § [37.2-814](#) to require the judge or special justice, at the beginning of the commitment hearing, to hear evidence of the person’s past compliance with treatment and the likelihood the person will comply with treatment as factors in determining the person’s capacity to consent to a voluntary admission. If the individual is found incapable of consenting to voluntary admission, the commitment hearing is to proceed.

6. Fiscal Impact Estimates: Minimal

7. Budget Amendment Necessary: No

8. Fiscal Implications: This bill would give the director of the facility or designee, a CSB, or a person involuntarily committed to inpatient care the right to petition for a transfer to mandatory outpatient treatment after an involuntary admission. This language could result in additional costs associated with an increase in Community Services Board involvement, independent evaluations and Court time; however, there is no information available to quantify the number of petitions that may result from this.

The amended language for § 37.2-814 pertaining to hearing evidence concerning the person's past compliance with treatment could slightly lengthen the court proceeding but it should not impose additional costs.

9. Specific Agency or Political Subdivisions Affected: DMHMRSAS, Community Services Boards, Courts

10. Technical Amendment Necessary: No

Date: 2/2/2009

Document: G:\FY2009\FIS\MHMR General\HB2257.Doc

cc: Secretary of Health and Human Resources