

Department of Planning and Budget 2009 Fiscal Impact Statement

1. Bill Number: SB 1122

House of Origin ☐ Introduced ☐ Substitute ☐ Engrossed

Second House ☐ In Committee ☐ Substitute ☒ Enrolled

2. Patron: Lucas

3. Committee: Passed Both Houses

4. Title: Psychiatric Inpatient Treatment of Minors Act; outpatient treatment

5. Summary: The bill provides that a person who meets the criteria for involuntary commitment under the Psychiatric Inpatient Treatment of Minors Act may be ordered to mandatory outpatient treatment if less restrictive alternatives to involuntary inpatient treatment are appropriate and are available and the minor and his parents have the capacity to understand the stipulations of the minor's treatment and to comply with such outpatient treatment and that they have agreed to abide by the treatment plan. The bill also sets forth how such mandatory outpatient treatment will be monitored and how a minor's noncompliance with such treatment will be addressed. The bill also clarifies that the commitment criteria for minors, and not the criteria for adults, apply when the emergency admission of a minor is sought under the procedures for the emergency admission of an adult set forth in Article 4 (§ 37.2-808 et seq.) of Chapter 8 of Title 37.2. The bill also provides that a minor who has been properly detained by a juvenile and domestic relations court may petition for voluntary admission and treatment of mental illness. Currently, such detained minors may not voluntarily seek admission. The bill further requires that if a minor is in a detention home or shelter care facility when admitted to a mental health facility, the director of the detention home or shelter care facility or his designee shall provide, if available, certain information relating to the minor to the mental health facility and to the juvenile and domestic relations district court for the jurisdiction in which the facility is located if such court is different than the court that placed the minor in detention or shelter care. The bill also clarifies under what circumstances the qualified evaluator who examined the minor must attend the minor's hearing and under what circumstances the evaluator's report is admissible.

6. Fiscal Impact Estimates: Indeterminate.

7. Budget Amendment Necessary: See below.

8. Fiscal Implications: The Commission on Mental Health Law Reform recommended modifications to the Code to ensure Mandatory Outpatient Treatment (MOT) procedures are tailored to special circumstances of 'juvenile commitments'. The proposed bill adds language which provides clarity about what is to happen when a minor is ordered into MOT, with the focus on preparation of the treatment plan, identification of providers, monitoring responsibilities, and obligations when there is non-compliance.

Existing data shows that involuntary outpatient treatment orders for juveniles are rare at only five percent of all involuntary commitment orders issued. However, there is no data available on which to base projections of how many additional minors may be ordered into mandatory outpatient treatment because of this proposed language. If additional minors are ordered into community treatment, there may be an increased cost to Community Services Boards depending on the intensity of treatment. The availability of community-based services for minors may impede growth in juvenile commitments.

The bill may result in additional hearings for the court to review an order for lack of services, noncompliance, or rescission. However, the results of a survey of juvenile courts in June 2006, supplemented by anecdotal evidence from those involved in this area, suggest that the number of children subject to mandatory outpatient treatment plans would not be expected to rise appreciably from existing levels. To the extent to which the number of mandatory outpatient treatment orders and hearings associated with these commitments does increase, there would be a corresponding impact on the court system for payment of guardians ad litem, counsel and independent examiners.

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

10. Technical Amendment Necessary: No

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cc: Secretary of Health and Human Resources