

Department of Planning and Budget 2010 Fiscal Impact Statement

1. **Bill Number:** SB360

House of Origin	___	Introduced	_X_	Substitute	_X_	Engrossed
Second House	___	In Committee	___	Substitute	___	Enrolled
2. **Patron:** Barker
3. **Committee:** Passed Senate
4. **Title:** Mandatory outpatient treatment following inpatient treatment
5. **Summary:** Allows a court to enter an order for mandatory outpatient treatment following involuntary inpatient treatment, which orders a person to involuntary inpatient treatment and authorizes the person's treating physician to discharge the patient from inpatient treatment subject to mandatory outpatient treatment. To be eligible for such an order, the person must meet the criteria for involuntary inpatient treatment as well as demonstrate (i) a lack of compliance with treatment for mental illness, (ii) the need for outpatient treatment to prevent a relapse or deterioration that would likely result in his meeting the criteria for inpatient treatment, (iii) that the person is not likely to obtain outpatient treatment unless the court enters the order, and (iv) that the person is likely to benefit from outpatient treatment. Additionally, services must actually be available in the community and providers of services must have actually agreed to deliver the services. The bill also sets forth how orders for mandatory outpatient treatment following inpatient treatment will be enforced, reviewed, continued, and rescinded.
6. **Fiscal Impact Estimates:** None
7. **Budget Amendment Necessary:** No.
8. **Fiscal Implications:** This bill creates a new procedure for mandatory outpatient treatment (MOT) following inpatient admission. Under this bill, if a person meets the criteria for involuntary inpatient admission as well as certain additional criteria, the presiding judge or special justice may issue an involuntary order for inpatient treatment that includes authorization for the treating physician of the inpatient facility to discharge the person from inpatient treatment to mandatory outpatient treatment under the same order, for a period not to exceed the length of the original order. In this proposal the discharge plan serves as the MOT plan, and is filed with the court and incorporated into the existing order. The plan must meet the MOT requirements already contained in statute (section G of 37.2-817), including the provision that services identified in the discharge plan must be available at the time of discharge and providers must have agreed to deliver the services. The CSB serving the person's residence upon discharge monitors compliance with the order, and all other existing statutory procedures for MOT orders would apply. This procedure may encourage a quicker transition from inpatient to less costly outpatient services for some persons. However, the number of cases is unknown as well as how services delivered under such an MOT order might differ - in terms of type and quantity - from services delivered voluntarily to a person

discharged from an involuntary inpatient treatment order without MOT following hospitalization. Regardless, the MOT order cannot be issued without the ordered services being available and agreement from providers to deliver the services. Thus, the total cost of care will be from available resources, and no fiscal impact will occur.

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

10. Technical Amendment Necessary: No

11. Other Comments: This bill is a companion to HB729

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