

Department of Planning and Budget 2012 Fiscal Impact Statement

- 1. Bill Number:** HB 475
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|------------------------|---------------------------------------|--------------------------|------------|------------------------------------|
| House of Origin | <input type="checkbox"/> Introduced | X | Substitute | <input type="checkbox"/> Engrossed |
| Second House | <input type="checkbox"/> In Committee | <input type="checkbox"/> | Substitute | X Enrolled |
- 2. Patron:** Albo
- 3. Committee:** Passed Both Houses
- 4. Title:** Involuntary commitment; alters criteria for ordering mandatory outpatient treatment
- 5. Summary:** This bill changes the duration of mandatory outpatient treatment following involuntary inpatient commitment to no more than 90 days, unless the order is continued. This bill also alters the several criteria for ordering a person to mandatory outpatient treatment or discharging a person for a period of mandatory outpatient treatment following involuntary commitment, replacing existing requirements that the person has the capacity to understand and comply with the treatment, has expressed an interest in outpatient treatment, and has agreed to comply with the treatment with a requirement that the person has agreed to abide by the treatment plan and has the ability to do so. The bill also eliminates the existing requirement that providers of mandatory outpatient treatment services must have actually agreed to deliver such services before mandatory outpatient treatment may be ordered, and instead requires a finding that such services will be delivered to the person on an outpatient basis. The bill also provides that mandatory outpatient treatment shall not include the use of physical force or restraint in administering medication.
- 6. Budget Amendment Necessary:** See fiscal implications below.
- 7. Fiscal Impact Estimates:** Indeterminate
- 8. Fiscal Implications:** This bill makes editorial changes to the criteria to be in place before discharging a person under a mandatory outpatient order ('step-down' MOT). However, these changes do not alter key ingredients for successful adherence to MOT, such as the person's agreement to 'abide by the discharge plan'. Also, this bill lengthens the maximum period of mandatory outpatient treatment following discharge to 90 days. Finally, this bill provides that MOT shall not include the use of physical force or restraint in administering medication. In FY2011, 33 individuals were ordered to MOT an average cost of \$3,363 per case, or \$110,980 total.

The proposed language changes are intended to make MOT more usable, and therefore may increase the likelihood that more people could be subject to 'step-down' MOT at discharge. While these amendments could expand the number of step-down' MOT orders issued,

existing data does not allow for an accurate projection of the numbers of increased MOT orders or associated costs.

9. Specific Agency or Political Subdivisions Affected: Department of Behavioral Health and Developmental Services, Community Services Boards, Virginia Courts

10. Technical Amendment Necessary: No.

11. Other Comments: None.

Date: 03/02/2012

Document:

c: Secretary of Health and Human Resources