

## Health and Human Resources Subcommittee Report (Mental Health Bills)

No.	Patron	Description	Features	Fiscal Impact
<b>The Subcommittee recommends that the following bills be reported</b>				
SB 246	Howell	<b>Omnibus Mental Health Bill; Involuntary commitment</b>  <i>The subcommittee recommends that the bill be reported.</i>	Establishes a new standard for involuntary outpatient commitment authorizing involuntary commitment where the person has a mental illness and there exists a substantial likelihood that, as a result of mental illness, the person will, in the near future (i) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm, or (ii) suffer serious harm due to substantial deterioration of his capacity to protect himself from harm or to provide for his basic human needs. This bill also requires a provider of mental health services to disclose records to a magistrate, the court, the person's attorney, the examiner, a community services board (CSB) or behavioral health authority, or law-enforcement officer; authorizes a single four-hour extension of an emergency custody order; provides that a person under a temporary detention order may be released prior to 48 hours after the order is executed if the person does not pose a danger to himself or others; specifies records and evidence that must be reviewed prior to an independent examination; requires that a representative of the CSB preparing the preadmission screening report attend each	<b>Fiscal Impact</b>  <u><b>FY2009</b></u> \$5.7 million (*)  <u><b>FY2010</b></u> \$5.7 million (*)  The introduced budget includes <b>\$4.5 million GF</b> for outpatient treatment, <b>\$7.5 million GF</b> for emergency services clinicians and psychiatric consults, <b>\$8.8 million GF</b> for additional case managers that could offset some of the additional costs of this bill, and <b>\$6.0 million GF</b> for jail diversion service that could offset some of the additional costs of this bill.  * Staff believes the fiscal impact may not account for increases in the number of involuntary

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			commitment hearing; establishes additional requirements for outpatient commitment; requires an outpatient treatment plan be filed with the outpatient order; and clarifies the monitoring duty of the community services board.	commitments. The cost of a 1% increase in involuntary commitments would require \$3.3 million GF each year, whereas a more significant increase of 5% would require \$16.3 million GF each year.
SB 140	Edwards	<b>Independent Examiner Training Program</b>  <i>The Subcommittee recommends that the bill be rolled into SB 246.</i>	Requires the Department of Mental Health, Mental Retardation and Substance Abuse Services to develop and implement a program for the training of persons conducting independent examinations and requires persons to be certified as having completed the training program before conducting independent examinations.	<b>Fiscal impact</b>  None
SB 67	Howell	<b>Involuntary treatment of minors; Incapable of giving informed consent</b>  <i>The Subcommittee recommends that the bill be reported.</i>	Provides that minors 14 years of age or older who are incapable of giving informed consent may be admitted to inpatient treatment upon the application of a parent. The bill also defines the term "incapable of giving informed consent."	<b>Fiscal impact</b>  Minimal

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SB247	Howell	<p><b>Involuntary treatment of minors; Requiring appointment of counsel or guardian ad litem</b></p> <p><i>The Subcommittee recommends that the bill be reported.</i></p>	<p>Provides that a court shall appoint a guardian ad litem and counsel for a minor for involuntary commitment hearings and proceedings for the judicial approval of the admission for inpatient treatment of a minor 14 years of age or older over his objections.</p>	<p><b>Fiscal impact</b></p> <p>Minimal</p>
SB276	Cuccinelli	<p><b>Involuntary treatment of minors; Extending the length of detention from 72 to 96 hours</b></p> <p><i>The Subcommittee recommends that the bill be reported.</i></p>	<p>Increases from 72 hours to 96 hours the length of time (i) to hold a hearing for the involuntary commitment of a minor or the emergency admission of a minor for inpatient treatment, and (ii) that a minor may be admitted by his parents to a facility over his objections. The bill also provides that the time to hold the involuntary commitment hearing runs from the filing of the petition for such hearing. The bill provides further that a petition for judicial approval of the admission of a minor by his parents over his objections shall be filed no sooner than 24 hours and no later than 96 hours after his admission.</p>	<p><b>Fiscal impact</b></p> <p><b><u>FY 2009</u></b> \$155,250</p> <p><b><u>FY 2010</u></b> \$173,104</p>
SB297	Puller	<p><b>Mental Health Services for Veterans</b></p> <p><i>The Subcommittee recommends that the "clause" be added and the amended bill be reported.</i></p>	<p>Requires the Commissioner of Veterans Services to establish, in cooperation with the Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department of Rehabilitative Services, a program to address the unique mental health needs of veterans, including post-traumatic stress disorder and traumatic brain injuries, and seek additional federal, state, and private sources of funding.</p>	<p><b>Fiscal impact</b></p> <p><b><u>FY 2009</u></b> \$2,939,911</p> <p><b><u>FY 2010</u></b> \$939,911</p>

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**The Subcommittee recommends that the following bills be carried over and referred to a special subcommittee for study**

SB177	Marsh	<p><b>Assisted Outpatient Treatment (AOT) Program</b></p> <p><i>The Subcommittee recommends that the bill be carried over and referred to a special subcommittee.</i></p>	<p>Establishes a program of assisted outpatient treatment for the severely mentally ill. The bill authorizes assisted outpatient treatment for persons previously hospitalized due to noncompliance with prescribed psychiatric treatment, who would be likely to meet the criteria for inpatient commitment without treatment. The bill requires that a specific written treatment plan be prepared by the community services board that gives consideration to the treatment preferences of the individual and explicitly bars the forcible administration of medication. The bill also authorizes a magistrate to issue a temporary detention order for an individual who fails to comply with an outpatient treatment order without good cause. The bill limits the duration of the court order to 180 days or less, and provides the person with procedural protections, including the right to an adversary hearing, the right to counsel, the right to an appeal, and the right to a jury trial on appeal.</p>	<p><b>Fiscal impact</b></p> <p><b><u>FY2009</u></b> \$7.3 to \$10 million*</p> <p><b><u>FY2010</u></b> \$7.3 to \$10 million*</p> <p>The introduced budget includes <b>\$4.5 million GF</b> for outpatient treatment, <b>\$7.5 million GF</b> for emergency services clinicians and psychiatric consults, and <b>\$8.8 million GF</b> for additional case managers that could offset some of the additional costs of this bill.</p> <p>* Initial estimate of \$25.0 million/year was revised on Monday, February 4, 2008.</p>
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SB16	Edwards	<p><b>Crisis Intervention Teams</b></p> <p><i>The Subcommittee recommends that the bill be carried over and referred to a special subcommittee.</i></p>	<p>Requires DCJS to establish crisis intervention team pilot programs in areas of the state by January 1, 2009 to assist law-enforcement officers in responding to crisis situations involving persons with mental illness, substance abuse problems, or both. By November 1, 2008, the Department shall submit to the Joint Commission on Health Care a report outlining the plan for the program. DCJS, in consultation with the DMHMRSAS, shall establish a training program for all persons involved in the CIT team pilot programs. Each crisis intervention team shall develop a protocol that permits law-enforcement officers to release from custody persons whom they encounter in crisis situations when the crisis intervention team has determined the person is sufficiently stable. An evaluation is required</p>	<p><b>Fiscal impact</b></p> <p><b><u>FY 2009</u></b> \$111,100</p> <p><b><u>FY 2010</u></b> \$109,300</p> <p><b>Local impact:</b></p> <p><b><u>FY 2009</u></b> \$246,500</p> <p><b><u>FY2010</u></b> \$227,500</p> <p><b>NOTE:</b> The introduced budget includes \$300,000 GF each year to provide statewide training for officers in crisis intervention strategies.</p>
SB18	Edwards	<p><b>Mental Health Courts</b></p> <p><i>The Subcommittee recommends that the bill be carried over and referred to a special subcommittee.</i></p>	<p>Requires the Supreme Court to establish by January 1, 2009, between 2 and 5 mental health courts for nonviolent offenders with serious mental illnesses.</p>	<p><b>Fiscal impact</b></p> <p><b><u>FY 2009</u></b> \$335,000 - \$400,000</p> <p><b><u>FY 2010</u></b> \$335,000 - \$400,000</p> <p><b>NOTE:</b> Assumes the creation of a minimum of two mental health courts.</p>

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SB275	Cuccinelli	<p><b>Emergency Psychiatric Treatment for Inmates</b></p> <p><i>The Subcommittee recommends that the bill be carried over and referred to a special subcommittee.</i></p>	<p>Adds a provision that a defendant in a criminal matter may be hospitalized if so seriously mentally ill as to be unable to care for himself. Under current law the standard is "imminently dangerous to himself or others." The provision applies to pretrial, after conviction but before sentencing and after sentencing. The bill specifies that the evaluation must be done in person by an employee of the community services board or its designee who is skilled in the assessment and treatment of mental illness and has completed a certification program approved by the Department of Mental Health, Mental Retardation and Substance Abuse Services.</p>	<p><b>Fiscal impact</b></p> <p><b><u>FY2009</u></b> \$1.3 million</p> <p><b><u>FY2010</u></b> \$1.3 million</p> <p>The introduced budget includes <b>\$6.0 million GF</b> for jail diversion service that could offset some of the additional costs of this bill.</p>
SB440	McEachin, Miller, YB	<p><b>Emergency Psychiatric Treatment for Inmates</b></p> <p><i>The Subcommittee recommends that the bill be carried over and referred to a special subcommittee.</i></p>	<p>Establishes a new standard for hospitalizing mentally ill criminal defendants. Hospitalization may occur when the defendant has a mental illness and there exists a substantial likelihood that, as a result of that mental illness, the defendant will, in the near future, cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm. Under current law the standard is "imminently dangerous to himself or others." The provision applies to pretrial, after conviction but before sentencing, and after sentencing. The bill specifies that the evaluation must be done face-to-face by an employee of the community services board or its designee who is skilled in the assessment and treatment of mental illness and has</p>	<p><b>Fiscal impact:</b></p> <p><b><u>FY 2009</u></b> Unknown (*)</p> <p><b><u>FY 2010</u></b> Unknown (*)</p> <p>While there is there is uncertainty about the fiscal impact of this provision, if the number of transfers from local and regional jails to state mental health facilities for emergency treatment increases by 10 percent (35 each year) as a result of modifying the current</p>

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			completed a certification program approved by the Department of Mental Health, Mental Retardation and Substance Abuse Services.	involuntary commitment standard for inmates, an additional \$647,744 GF each year would be needed.  The introduced budget includes <b>\$6.0 million GF</b> for jail diversion service that could offset some of the additional costs of this bill.
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