

Judicial Impact Fiscal Note

Bill Number: 1450 E 2S HB	Title: Mental health/inv outpatient	Agency: 055-Admin Office of the Courts
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Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

Account	FY 2016	FY 2017	2015-17	2017-19	2019-21
Counties					
Cities					
Total \$					

Estimated Expenditures from:

Non-zero but indeterminate cost. Please see discussion.

The revenue and expenditure estimates on this page represent the most likely fiscal impact. Responsibility for expenditures may be subject to the provisions of RCW 43.135.060.

Check applicable boxes and follow corresponding instructions:

- ☐ If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- ☒ If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- ☐ Capital budget impact, complete Part IV.

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OFM Review:	Phone:	Date:

Request # 1450 E2SHB-1

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact on the Courts

This bill would create an outpatient treatment alternative for persons “in need of assisted outpatient mental health treatment” where they do not present a likelihood of serious harm or are gravely disabled. E2SHB 1450 would have essentially the same impact on the courts as 2SHB 1450 would have.

Sections with potential court impact:

Unless otherwise mentioned, the section descriptions are essentially the same for both 2SHB 1450 and E2SHB 1450.

Sections 1 and 2 would amend RCW 71.05.020 to create a new definition for “in need of assisted outpatient mental health treatment” and “less restrictive alternative treatment.” In 2SHB 1450, the definitions referred to “assisted outpatient mental health treatment,” but in E2SHB 1450, the treatment is called “less restrictive alternative treatment.”

Section 3 would amend RCW 71.05.150 to create the procedure for filing a petition for assisted outpatient mental health treatment. It also clarifies that an emergency room may release a person who is subject to this petition when the medical treatment is finished.

Section 6 would amend RCW 71.05.230 to change the current 14-day detention for treatment to a 14-day commitment for treatment. If the petition seeks an involuntary less restrictive alternative to treatment, the court may find that the person is in need of assisted outpatient mental health treatment instead if the person does not present a likelihood of serious harm or is gravely disabled. The court may not order inpatient treatment without a finding of likelihood of serious harm or grave disability.

Section 7 would amend RCW 71.05.240 to provide that the court may not order inpatient treatment without a finding of likelihood of serious harm or grave disability. It would also require the order to identify the services that the person will receive.

Section 8 would amend RCW 71.05.245 to direct that the court consider the person’s current and prior condition when determining whether the person is in need of assisted outpatient mental health treatment.

Section 9 would amend RCW 71.05.280 to allow the court to confine a person who has finished the 14-day intensive treatment, where the person is in need of assisted outpatient mental health treatment.

Section 10 would amend RCW 71.05.290 to allow a petition for an assisted outpatient mental health treatment order during a person’s 14-day intensive treatment period.

Section 11, formerly section 13 in 2SHB 1450, would amend RCW 71.05.320 to allow the court to only order an appropriate less restrictive course of treatment for no more than 180 days where the court or jury finds the person is only in need of assisted outpatient mental health treatment. This section would also require the order to identify the services that the person will receive. 2SHB 1450 would also allow the court to order 1 year of less restrictive treatment or assisted outpatient mental health treatment when the person’s previous commitment term was for intensive inpatient treatment in a state hospital.

Section 12, formerly section 14 in 2SHB 1450, would amend RCW 71.05.340 to allow revocation of an assisted outpatient mental health order using the same procedures as for revocation of a less restrictive treatment order. However, if inpatient treatment is sought, a new petition under RCW 71.05.150 would need to be filed. 2SHB 1450 would instruct the court on the evidence to consider in this hearing.

Sections 13 and 14, formerly sections 15 and 16 in 2SHB 1450, would amend RCW 71.05.730 to allow a county to apply for reimbursement for the costs of the assisted outpatient mental health treatment action. In E2SHB 1450, the new treatment is recognized to be less restrictive alternative treatment.

Section 15, a new section to E2SHB 1450, would add a new section to chapter 71.05 RCW to specify the requirements of less restrictive alternative treatment.

Section 16, formerly section 17 in 2SHB 1450, would add a new statute to chapter 71.05 RCW to require that a less restrictive

Request # 1450 E2SHB-1

alternative treatment order be terminated prior to expiration if the person voluntarily accepts treatment or no longer needs treatment .

Section 21, formerly section 20 in 2SHB 1450, would nullify the act if specific funding is not provided by June 30 , 2015.

II. B - Cash Receipts Impact

There is no revenue expected as a result of this bill.

II. C - Expenditures

Based upon information provided and input from the courts, it is assumed that there would be financial impact to the superior courts statewide from the amendments and provisions in this bill. However, there is no judicial data available to estimate the number of new cases which may be filed as a result of this bill, and therefore we cannot estimate the full impact this bill would have if passed .

Mental health cases each take between ten minutes (for the least contested hearings) and several hours (for highly contested hearings) of court time. In most of the highly contested cases, and in some of the less contested cases, the courts will appoint a professional person, or expert, to assist the detained person in seeking a less restrictive alternative to assisted outpatient mental health treatment . The cost to the courts each time a professional person is appointed can range from \$200 to \$500 .

For the purposes of this note, we assume that the cases will take an average of 20 minutes each . We also assume that the courts will appoint a professional person in 25% of the cases filed, and each will cost the court \$350. Unfortunately, without any data to estimate the number of cases which will be filed, we cannot give an accurate assessment of the financial impact to the courts . The total number of involuntary mental illness and alcohol dependency cases filed statewide in the last 3 years averages 10 ,851 per year. Because this bill would bring to the courts a group of persons never before included, we cannot estimate the number of new cases which would be filed . For illustration, we can estimate the impact to the courts if we assume 100 cases are filed, or 500 cases are filed .

Number of cases filed: 100

New case filings cost to the courts – state: \$3,464

New case filings cost to the courts – counties: \$15,147

Expert costs – counties: \$8,750

Total costs – state: \$3,464

Total costs – counties: \$23,897

Total costs: \$27,361

Number of cases filed: 500

New case filings cost to the courts – state: \$17,318

New case filings cost to the courts – counties: \$75,753

Expert costs – counties: \$43,750

Total costs – state: \$17,318

Total costs – counties: \$119,485

Total costs: \$136,803

Again, these calculations are simply for illustration, as the true impact could be less or more than either of these estimates .

There is a finite amount of superior court judicial officer time available to hear cases throughout the state . Whenever additional caseload creates a need for additional judicial officers, the system absorbs that need . The system accommodates such changes partially by delaying criminal and juvenile cases and partly by lengthening the backlog for civil trials . Small increases in FTE need may be absorbed by the system, but there is a cumulative effect from multiple bills in a session or over a series of years that can result in a shortage of judges and commissioners relative to the judicial need expressed in caseload .

Part III: Expenditure Detail

Part IV: Capital Budget Impact