BILL SUMMARY
1st Session of the 55th Legislature

Bill No.:	**HB 1697**
Version:	**CS**
Request Number:	
Author:	**Rep. Denney**
Date:	**3/10/2015**
Impact:	**$6.3-10.8 million**

Research Analysis

The CS for HB 1697 adds a psychiatrist who is a diplomate of the American Osteopathic Board of Neurology and Psychiatry to the definition of *licensed mental health professional*.

The measure provides the court with the ability to order individuals to participate in an assisted outpatient treatment program through the filing of a commitment petition. The initial order for treatment will last one year. Within thirty days of expiration, a petition may be filed to extend the treatment plan. Unless authorized by a court order, any material change to the treatment plan must be made through petition to the court. Noncompliance with such an order will not be considered grounds for involuntary civil commitment or a finding of contempt of court. The Board of the Department of Mental Health and Substance Abuse Services must promulgate rules and standards for the certification of facilities or organizations that wish to seek certification as an assisted outpatient treatment program.

Prepared By: Scott Tohlen

Fiscal Analysis

Per the Oklahoma Department of Mental Health and Substance Abuse, this fiscal impact was developed to estimate the costs for mental health services required by AOT and implemented consistent with the implementation approach for other states. New York state is particularly relevant as its implementation has the most robust literature to reference. This analysis does not include any costs related to law enforcement transports or the courts.

The upper end of the fiscal estimate was made using data from the DMHSAS information system and applying the criteria of a person needing assisted outpatient treatment. There are criteria for which DMHSAS is unable to gather data, such as “serious violent behavior”. DMHSAS has no access to records which identify individuals who have violent behavior as a result of their mental illness.

Likewise, DMHSAS data only includes hospitalization and residential treatment stays on DMHSAS clients. Many mentally ill persons receive inpatient treatment at non-DMHSAS facilities. As a result, the DMHSAS estimate of the number of persons potentially meeting the AOT criteria is a conservative estimate.

The lower end of the fiscal estimate was made using information from the state of New York (NYS) which has an existing assisted outpatient treatment law (Kendra’s Law). A current review of their program suggests that approximately 1.7% of the seriously mentally ill adults in NYS actually were court ordered to AOT.

The AOT program in NYS was implemented with 32 million new dollars appropriated annually for direct support of AOT. Further allocations were made to increase the capacity of Intensive Case Management (ICM) and Assertive Community Treatment (ACT) programs totaling $125 million. A briefing paper from the Treatment Advocacy Center completed in 2009 points out that patients were more likely to receive ICM or ACT services after being court-ordered into AOT than prior to AOT. This intensive service availability was central to the continued recovery of the patient.

Prepared By: Stacy Johnson

Other Considerations

None.

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