

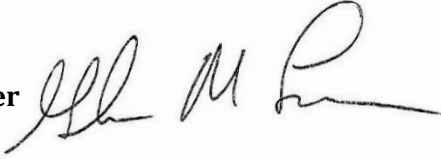
Government of the District of Columbia  
Office of the Chief Financial Officer



**Glen Lee**  
Chief Financial Officer

**MEMORANDUM**

**TO:** The Honorable Phil Mendelson  
Chairman, Council of the District of Columbia

**FROM:** Glen Lee  
Chief Financial Officer 

**DATE:** November 18, 2024

**SUBJECT:** Fiscal Impact Statement – Enhancing Mental Health Crisis Support and Hospitalization Amendment Act of 2024

**REFERENCE:** Bill 25-692, Draft Committee Print as provided to the Office of Revenue Analysis on November 1, 2025

---

**Conclusion**

Funds are not sufficient in the fiscal year 2025 through fiscal year 2028 budget and financial plan to implement the bill. The bill will cost \$623,000 in fiscal year 2025 and \$1.6 million over the financial plan to implement.

**Background**

Involuntary hospitalization, also known as involuntary commitment or civil commitment, is a legal process that mandates individuals to enter a hospital or psychiatric facility for mental health evaluation and treatment without their consent. Currently, the involuntary hospitalization process begins when an accredited officer or agent from the Department of Behavioral Health (DBH), an authorized law enforcement officer, or a physician or qualified psychologist with responsibility for the individual, detains someone without a warrant or Superior Court (Court) involvement if they believe the person is mentally ill and poses a risk of injury to themselves or others. The bill adds<sup>1</sup> Psychiatric Mental Health Nurse Practitioners to the list of professionals who can initiate the commitment process.

---

<sup>1</sup> By amending D.C. Official Code § 21-541.

The Honorable Phil Mendelson

FIS: "Enhancing Mental Health Crisis Support and Hospitalization Amendment Act of 2024," Bill 25-692, Draft Committee Print as provided to the Office of Revenue Analysis on November 1, 2024

Upon being detained, the person is placed for up to 48 hours in a hospital or mental health facility<sup>2</sup> for emergency observation and diagnosis. If additional time is needed for further observation and stabilization, the hospital or facility must file a written emergency petition for continued detention with the Court requesting a seven-day extension. The Court must review this extension within 24 hours after receiving the emergency petition and must order continued hospitalization or the person's immediate release.

If the Court approves the emergency petition for continued detention within 24 hours, the individual may be held for seven more days. During this time, the individual is assigned legal counsel and may request a probable cause hearing to challenge the continued detention. The Court currently must hold a probable cause hearing within 24 hours of receiving a request from a detained individual. The bill extends<sup>3</sup> this deadline to 48 hours. The bill also allows<sup>4</sup> for the consideration of alternative probable cause hearing formats, including virtual proceedings, when transporting a patient poses a significant risk.

If further hospitalization is required beyond the seven-day period, a hospital or facility can petition the court for an extension for up to a maximum of 21 days. The bill establishes<sup>5</sup> parameters for extending maximum detention periods for holiday and weather-related Court closures. If a clinician finds, after observation and diagnosis, that an individual is likely to injure themselves unless the person is immediately detained, and hospitalization is the best setting for treatment, the clinician must submit a petition for civil commitment to the Court's Commission on Mental Health (Commission). The bill requires<sup>6</sup> this petition also be sent to DBH. DBH is currently required by law to notify a person, by mail, within three days that a commitment petition has been filed. The bill codifies existing<sup>7</sup> practice by also allowing DBH to notify an individual personally, leaving a copy at the individual's dwelling, or delivering a copy of the petition to an authorized agent of the individual.

The Commission reviews each civil commitment petition of alleged mentally ill persons and inquires into their affairs and the affairs of persons who may be legally liable for their support. It also makes reports and recommendations to the Court on whether to civilly commit an individual. The Commission can recommend whether a civil commitment should be on an inpatient or outpatient basis. If the Commission recommends civil commitment, the case is forwarded to the Court, where the individual has the right to contest the recommendation and may request a jury trial. If the Court or jury finds that the person is mentally ill and is likely to injure themselves or others if not committed, the Court can order a person's commitment to DBH or any other facility, hospital, or mental health provider the Court believes is the least restrictive environment. Civil commitment orders are generally limited to one year but may be shorter based on the Commission's recommendation. The bill prohibits<sup>8</sup> psychiatrists or psychologist members of the Commission from presiding over a matter before the Commission if that member has been retained as an expert witness by either party, their attorney, or their attorney's firm or organization within the two years preceding the matter.

---

<sup>2</sup> Including United Medical Center, the Psychiatric Institute of Washington, MedStar Washington Hospital Center, and the Department of Behavioral Health's Comprehensive Psychiatric Emergency Program.

<sup>3</sup> By amending D.C. Official Code § 21-525.

<sup>4</sup> By amending D.C. Official Code § 21-526.

<sup>5</sup> Id.

<sup>6</sup> By amending D.C. Official Code § 21-541.

<sup>7</sup> Id.

<sup>8</sup> By amending D.C. Official Code § 21-502.

The Honorable Phil Mendelson

FIS: "Enhancing Mental Health Crisis Support and Hospitalization Amendment Act of 2024," Bill 25-692, Draft Committee Print as provided to the Office of Revenue Analysis on November 1, 2024

The bill also makes several changes to the law that fall outside the civil commitment process. These changes include:

- Clarifying<sup>9</sup> that individuals retain the right to voluntarily agree to remain in inpatient care until a safe discharge plan is in place;
- Extending<sup>10</sup> the emergency observation and diagnosis detention period from 24 hours to 48 hours for persons committed to outpatient treatment who may need to be transferred to inpatient treatment;
- Permitting<sup>11</sup> clinicians to admit individuals to the same hospital where they are employed or contracted if the clinician certifies that their compensation is not tied to referrals or admissions volumes; and,
- Clarifying<sup>12</sup> that legal guardians can consent to psychiatric treatment for individuals under their care.

The bill requires<sup>13</sup> that DBH develop online training and online resources on the District's voluntary and involuntary commitment processes for healthcare professionals and the public. The training and resources must include modules and information on:

- Distinctions between voluntary and involuntary commitment;
- Legal rights of individuals receiving mental health services;
- Step-by-step procedures for initiating involuntary commitment;
- Criteria for determining when involuntary commitment is warranted;
- Protocols for involving law enforcement in a mental health crisis; and
- Cultural competency and sensitivity in mental health interactions.

DBH must also conduct semiannual public awareness campaigns to promote the availability of the online resource through various channels, including engaging media outlets and online platforms, utilizing social media, partnering with educational institutions and healthcare organizations, educating emergency services personnel, collaborating with government agencies, and actively involving community groups, such as religious organizations, cultural associations, and neighborhood associations.

### **Financial Plan Impact**

Funds are not sufficient in the fiscal year 2025 through fiscal year 2028 budget and financial plan to implement the bill. The bill will cost \$623,000 in fiscal year 2025 and \$1.6 million over the financial plan to implement.

DBH requires additional resources to implement the online training modules and public awareness campaign required in the bill. The agency must hire one additional Program Manager to develop the content for the training, monitor training participation, maintain online resources, and coordinate the required semiannual public awareness campaigns. The salary and fringe benefit cost of this employee is \$118,000 in fiscal year 2025 and \$612,000 over the financial plan. The agency must also

---

<sup>9</sup> By amending D.C. Official Code § 21-512.

<sup>10</sup> By amending D.C. Official Code § 21-548.

<sup>11</sup> By amending D.C. Official Code § 21-582.

<sup>12</sup> By amending Chapter 20 of Title 21 of the District of Columbia Official Code.

<sup>13</sup> The Department of Behavioral Health Establishment Act of 2013, effective December 24, 2013 (D.C. Law 20-61; D.C. Official Code § 7-1141.01 et seq.).

The Honorable Phil Mendelson

FIS: "Enhancing Mental Health Crisis Support and Hospitalization Amendment Act of 2024," Bill 25-692, Draft Committee Print as provided to the Office of Revenue Analysis on November 1, 2024

contract with a vendor to create and maintain online training modules. Creating and maintaining the training modules costs \$380,000 in fiscal year 2025 and \$500,000 over the financial plan. The agency already contracts with a vendor that provides a web-based learning management system that hosts professional training. This platform can be used to host training on the voluntary and involuntary commitment processes. DBH also requires \$125,000 in fiscal year 2025 and \$500,000 over the financial plan to pay for the marketing expenses associated with the public awareness campaign. The bill's changes to the involuntary commitment process do not have a cost to the District. The Court and Commission operate outside of the District's budget and financial plan.

Enhancing Mental Health Crisis Support and Hospitalization Amendment Act of 2024					
Total Cost (\$ thousands)					
	FY 2025	FY 2026	FY 2027	FY 2028	Total
Salary <sup>(a)</sup>	\$93	\$126	\$129	\$131	\$480
Fringe <sup>(b)</sup>	\$25	\$34	\$36	\$37	\$132
Training Development <sup>(c)</sup>	\$380	\$40	\$40	\$40	\$500
Awareness Campaign	\$125	\$125	\$125	\$125	\$500
<b>Total</b>	<b>\$623</b>	<b>\$326</b>	<b>\$330</b>	<b>\$334</b>	<b>\$1,612</b>

Table Notes:

- (a) Assumes one Grade-14, Step 5 Program Manager and a salary growth rate of 1.9 percent. Assume a January 1, 2025 start date.
- (b) Assumes a fringe rate of 26.5 percent and a fringe growth rate of 2.35 percent.
- (c) Assumes ongoing maintenance costs of \$40,000 a year.