

**FISCAL IMPACT OF PROPOSED LEGISLATION**

**Measure: SB 187**

81st Oregon Legislative Assembly – 2021 Regular Session  
Legislative Fiscal Office

*Only Impacts on Original or Engrossed  
Versions are Considered Official*

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**Measure Description:**

Defines "dangerous to self or others" for purpose of taking person with mental illness into custody.

**Government Unit(s) Affected:**

Department of Human Services (DHS), District Attorneys and their Deputies (DAs), Department of Justice (DOJ), Oregon Judicial Department (OJD)

**Summary of Fiscal Impact:**

Costs related to the measure are indeterminate at this time - See explanatory analysis.

**Analysis:**

SB 187 defines "dangerous to self or others" in statute in order to determine civil commitment status as likely to inflict serious physical harm upon self or others within the next 30 days.

When making the determination whether a person has a mental illness based on the person being dangerous to self or others, the court may consider threats or attempts to commit suicide or harm self or another person, past behavior that resulted in harm to self or another person, and a review of the frequency and severity of relevant past behavior.

The fiscal impact of this measure on the Oregon Health Authority (OHA) is indeterminate and depends on the extent to which it changes the civil commitment population in Oregon. The average number of civil commitments is directly tied to OHA's budget in terms of the capacity needs at the Oregon State Hospital (OSH) and the availability of community mental health services funded with state funding. If the measure results in an increase in the civil commitment population, OHA believes it will increase spending at OSH in two ways that impact the continuum of care:

- 1) The civil admission list to OSH would increase - both by numbers referred and average days waiting for admission.
- 2) More civil commitments admitted to OSH would result in less bed space available to admit Aid and Assist (ORS 161.370) commitments and increase the hospital's overall average the length of stay because civilly committed individuals remain at the hospital longer.

Similar to the State Hospital, county-administered programs have finite residential and other treatment capacity, which is funded in large part with General Fund appropriated to OHA for individuals required to receive treatment through court order. An increase in the civil commitment population could therefore impact the state funding necessary for community-level services and bed capacity, whether the services are directly for civil commitment patients or other court-ordered commitment types unable to be admitted to the State Hospital due to system bottlenecks.

Although the potential fiscal impact on OHA is speculative without a quantified forecasted change in the civil commitment caseload, seemingly small changes in the average caseload can significantly impact OHA's budget

due to the relatively high monthly cost per paid for community services over the state's two-year budget period. The impact on the State Hospital may be less clear given the largely fixed cost model of operating the 24-hour facility. Normal ebbs and flows in the hospital's census do not automatically result in material costs or savings compared to the agency's legislatively approved budget. Increases in the patient census are most impactful if they result in the opening of a new unit, which OHA noted as a possible outcome of this measure. However, such action is not triggered by state law and would require legislative approval in the form of appropriating additional resources. Additionally, the potential of additional civil commitment patients reducing available bed space in the hospital for Aid and Assist patients would depend on OHA's admission practices.

Apart from the indeterminate fiscal impact related to treatment services funded in OHA's budget for court-ordered commitments, OHA anticipates a fiscal impact will result from the need to develop additional training for civil commitment investigators and examiners related to the new civil commitment standards. OHA anticipates this work being done by a new Operations Policy Analyst 3 (1.00 FTE) in the Health Systems Division, resulting in a cost of \$191,630 General Fund in the 2021-2023 biennium, and \$251,643 in the 2023-2025. While this work may be necessary to appropriately implement the measure, the Legislative Fiscal Office notes that it is not explicitly required by the bill and could potentially be one-time in nature.

The Oregon Judicial Department (OJD) anticipates a minimal fiscal impact from this measure. OJD anticipates an increased number of civil commitment cases filed with circuit courts resulting from this measure but cannot estimate the number of additional cases. OJD also believes that SB 187 would increase the number of judge and court staff time spent on civil commitment cases but that increase could be absorbed within existing resources.

The Department of Justice, the Public Defense Services Commission, and the District Attorneys and their Deputies do not anticipate a fiscal impact from this measure.

This measure warrants a subsequent referral to the Joint Committee on Ways and Means for consideration of its budgetary impact on the State's General Fund