

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 78TH LEGISLATIVE REGULAR SESSION**  
Revision 1

**April 2, 2003**

**TO:** Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

**FROM:** John Keel, Director, Legislative Budget Board

**IN RE: SB59** by Zaffirini (Relating to the management of behavior of residents of certain facilities.),  
**As Introduced**

**Estimated Two-year Net Impact to General Revenue Related Funds** for SB59, As Introduced: a negative impact of (\$13,000) through the biennium ending August 31, 2005.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

**General Revenue-Related Funds, Five-Year Impact:**

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2004	(\$13,000)
2005	\$0
2006	\$0
2007	\$0
2008	\$0

**All Funds, Five-Year Impact:**

Fiscal Year	Probable (Cost) from <i>GENERAL REVENUE FUND</i> 1
2004	(\$13,000)
2005	\$0
2006	\$0
2007	\$0
2008	\$0

**Fiscal Analysis**

The bill would require each health and human services agency that regulates the care or treatment of a resident at a facility to adopt rules to define acceptable restraint holds that minimize the risk of harm to a facility resident and to govern the use of seclusion of facility residents.

The bill would direct the Commissioner of Health and Human Services to establish an interagency workgroup to develop and recommend best practices in policy, training, safety, and risk management for a health and human services agency to use in managing the behavior of the residents of a facility. The bill would direct that representatives of certain agencies be appointed to the workgroup.

The commissioner would file a report with certain legislative committees no later than July 1, 2004

which describes the workgroup's recommended best practices. The commissioner would file a report with certain legislative committees no later than January 1, 2005 which describes the actions taken by health and human services agencies to implement the best practices identified by the workgroup.

### **Methodology**

Most health and human services agencies identified to participate in the workgroup indicate that related activities could be absorbed within existing resources.

The Health and Human Services Commission (HHSC) estimated that administrative activities provided by the agency related to support of the workgroup study and preparation of the required reports would require 624 work hours during fiscal year 2004 or an increase of 0.3 of a Full-time-equivalent (FTE) and an appropriation of approximately \$13,000 in General Revenue and All Funds. HHSC indicates that it could absorb this responsibility within existing resources.

### **Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 324 Department of Human Services, 501 Department of Health, 517 Commission on Alcohol and Drug Abuse, 529 Health and Human Services Commission, 530 Department of Protective and Regulatory Services, 655 Department of Mental Health and Mental Retardation

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