

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

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

**May 2, 2003**

**TO:** Honorable Jaime Capelo, Chair, House Committee on Public Health

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

**IN RE: SB1182** by Deuell (Relating to local area service planning by local mental health or mental retardation authorities.), **As Engrossed**

**No significant fiscal implication to the State is anticipated.**

The bill would amend the Health and Safety Code to require each local mental health (MH) or mental retardation (MR) authority to develop a local service area plan to maximize the authority's services using the best and most cost-effective means of using federal, state, and local resources. Each authority would also be required to undertake to maximize federal funding. The bill would require the plans to be consistent with Health and Safety Codes that relate to administration and coordination of mental health and mental retardation services at the state and local levels and that relate to the long-range plan of the Texas Department of Mental Health and Mental Retardation (TDMHMR).

In developing the plans, local MH and MR authorities would be required to solicit input from certain local community representatives, MHMR consumers and their families, and others. The local plan would become the basis for the performance contract between the agency and the local MH or MR authority.

The bill would take effect immediately if it receives a two-thirds vote in each house; otherwise, it would take effect September 1, 2003 and would apply only to contracts executed between the agency and the local authorities on or after January 1, 2004.

Under current statute, the local authorities' plan is based on "best practices" and the contract between TDMHMR and a local authority is performance-based. According to TDMHMR, the proposed change in the contract requirements and process would have a minimal fiscal impact on the agency.

It is anticipated that the requirements that would apply to local authorities under the provisions of the bill would have a minimal fiscal impact.

**Local Government Impact**

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:** 655 Department of Mental Health and Mental Retardation

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