

**LEGISLATIVE BUDGET BOARD**

**Austin, Texas**

**FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION**

**May 12, 2009**

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

**FROM:** John S. O'Brien, Director, Legislative Budget Board

**IN RE: SB1665** by Wentworth (Relating to post-commitment treatment and supervision of persons with mental illness who are manifestly dangerous.), **As Introduced**

**The bill does not indicate whether members of the review board established by the bill are state employees or un-reimbursed advisors, nor does it indicate whether services relating to treatment and supervision plans would be provided by the state or local governmental entities. There would be significant costs to the state if board members were state employees and treatment and supervision was provided by the applicable state agency.**

The bill would require the executive commissioner of the Health and Human Services Commission (HHSC) to appoint a five-member review board, including certain types of healthcare practitioners, to determine whether certain patients who have had a continuing care plan forwarded to the review board would be manifestly dangerous if the patient did not follow the continuing care plan after leaving an inpatient mental health facility.

The bill would require the review board, if it determines that a patient would be manifestly dangerous if the patient did not follow the continuing care plan after leaving the inpatient mental health facility, to recommend a treatment and supervision plan to the court that ordered the patient's inpatient mental health services. The bill would require the review board, if it determines that a patient would not be manifestly dangerous if the patient did not follow the continuing care plan after leaving the inpatient mental health facility, to inform the facility administrator and the court that ordered the patient's inpatient mental health services of its determination that a treatment and supervision plan is not necessary. The bill would require the review board to conduct a biennial review of the status of a patient who is released subject to a recommended treatment and supervision plan. The bill would authorize the review board to make certain recommendations at the time of the biennial review.

The bill provides that the changes in law made by the bill would apply to findings, commitments, or determinations made on or after September 1, 2009.

If the review board is an un-reimbursed advisory board whose members would not be reimbursed for services or travel, there would be no cost to the state; however, if the review board members were state employees, the Department of State Health Services (DSHS) assumes it would be composed of two psychiatrists, one registered nurse, and two clinical social workers at a total full-time equivalent salary and benefits cost of \$474,451 in fiscal year 2010, and \$631,466 in each subsequent year.

The bill does not indicate who would be responsible for providing services under the treatment and supervision plan. DSHS estimates that approximately 992 cases would be submitted to the review board per year, and that 496, or half, would be released into the community for outpatient-based treatment and supervision. According to DSHS there is not another entity that could provide services; they would have to be provided by Local Mental Health Authorities (LMHAs) by default and funded either by the state through DSHS or by local governmental entities. DSHS estimates that forensic and non-forensic assertive community treatment would have an annual cost of \$6.4 million, based on an average of \$12,965 per person. DSHS assumes that those in community supervision would require community housing assistance at an annual cost of \$10.8 million, including rental and residential facility assistance.

## **Local Government Impact**

There would be significant cost to LMHAs if they were required to provide services relating to treatment and supervision.

The bill would require local courts to hold proceedings to consider the adjudication of these patients. It is assumed that the cost of these proceedings would not be significant and could be absorbed within existing resources.

**Source Agencies:** 529 Health and Human Services Commission, 537 State Health Services, Department of  
**LBB Staff:** JOB, CL, LR, JJ