ill analysis	4/26/2007	Hilderbran, et al. (CSHB 654 by Delisi)
Creating a crisis stabilization unit pilot project in Kerr County		
Public Health — committee substitute recommended		
9 ayes — Delisi, Laubenberg, Jackson, Cohen, Coleman, Gonzales, S. King, Olivo, Truitt		
0 nays		
NESSES: For —Joe Lovelace and Linda Werlein, Hill Country Community MH/MR; Pat Tinley, Kerr County; ( <i>Registered, but did not testify</i> : Matthew T. Wall, Texas Hospital Association)		ed, but did not testify:
Against —None		
On —Joe Vesov	vate, Department of State He	alth Services
CSHB 654 would direct the Department of State Health Services (DSI to implement a pilot project to develop and operate a 16-bed crisis stabilization unit dedicated to serving the needs of Hill Country reside in a separate facility on the Kerrville State Hospital grounds. The unit would provide short-term residential treatment, including medical and nursing services, designed to reduce a patient's acute symptoms of me illness and prevent admission to an inpatient mental health facility. Th unit could not provide care to children or adults sentenced to a state m health facility.		perate a 16-bed crisis eds of Hill Country residents ospital grounds. The unit nt, including medical and t's acute symptoms of mental mental health facility. The
Hill Country are unit. Operating Kerrville State I service, laundry local mental hea department for s authority to ope was available to DSHS. The bill would r	equire DSHS to submit to the	operate the crisis stabilization mental health authority, naceutical services, food oment rental to the unit. The y appropriated to the o the local mental health HS would ensure that the unit es for use designated by
	Public Health — 9 ayes — Delis S. King, Olivo, 7 0 nays For —Joe Lovel MH/MR; Pat Ti Matthew T. Wal Against —None On —Joe Vesow CSHB 654 woul to implement a p stabilization uni in a separate fac would provide s nursing services illness and preve unit could not pr health facility. DSHS would co Hill Country are unit. Operating to Kerrville State H service, laundry local mental head department for sa authority to oper was available to DSHS. The bill would r	<ul> <li>Public Health — committee substitute recom</li> <li>9 ayes — Delisi, Laubenberg, Jackson, Cohe</li> <li>S. King, Olivo, Truitt</li> <li>0 nays</li> <li>For —Joe Lovelace and Linda Werlein, Hill</li> <li>MH/MR; Pat Tinley, Kerr County; (<i>Register</i>: Matthew T. Wall, Texas Hospital Association</li> <li>Against —None</li> <li>On —Joe Vesowate, Department of State He</li> <li>CSHB 654 would direct the Department of S</li> <li>to implement a pilot project to develop and o</li> <li>stabilization unit dedicated to serving the need in a separate facility on the Kerrville State He</li> <li>would provide short-term residential treatmenursing services, designed to reduce a patient illness and prevent admission to an inpatient unit could not provide care to children or adu health facility.</li> <li>DSHS would contract with the local mental H</li> <li>Hill Country area, including Kerr County, to unit. Operating under contract with the local Kerrville State Hospital would provide pharm service, laundry service, lawn care, and equip local mental health authority could use mone department for state hospitals and allocated to authority to operate the unit. In addition, DSI was available to other mental health authoritic</li> </ul>

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	describing the effectiveness of the pilot project and any recommendations concerning the continuation or expansion of the project. The pilot project would expire September 1, 2009.
	The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2007.
SUPPORTERS SAY:	CSHB 654 would benefit the Hill Country area by creating an inpatient psychiatric setting in the Kerrville community, allowing area patients to have shorter stays. The project would be based on the community treatment integration and recovery model, a holistic treatment approach that has been shown to reduce psychiatric hospital use and generally improve the mental health status of patients. Furthermore, this bill would provide access to "step down services" — transitional services from inpatient care to outpatient treatment — in the Hill Country area and beyond.
	The pilot project would allow the regional mental health authority — Hill Country Community MH/MR — to offer consistent, high quality community treatment to area residents that currently is difficult to provide at the state hospital due to overcrowding. CSHB 654 would prevent people in the Hill Country area from being diverted to other areas because no nearby beds were available, which increasingly has been the case in recent years. In 1999, DSHS reduced Kerrville State Hospital's role in delivering acute inpatient care and increased its forensic criminal commitment role — the evaluation and treatment of criminal suspects — which eventually led to the conversion of the hospital to a forensic-only facility in 2005. Hill Country MH/MR currently buys 16 beds from the Kerrville State Hospital. However, when Kerrville has an excess of forensic patients, other patients who need inpatient care are diverted to Austin and San Antonio. This bill would allow the Kerrville State Hospital to focus on its forensic mission while creating added civil capacity nearby.
OPPONENTS SAY:	According to the fiscal note, the state cost for implementing the crisis stabilization unit pilot project would be \$1.9 million in fiscal 2008-09. This is significantly higher than Hill Country Community MH/MR's cost to purchase beds from Kerrville State Hospital. Also, the bill would give DSHS a maximum of two years to evaluate the effectiveness of the pilot and publish a report containing future recommendations, which may not be enough time to adequately complete this task.

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NOTES: According to the Legislative Budget Board, CSHB 654 would cost \$1.9 million in general revenue-related funds in fiscal 2008-09.

The committee substitute differs from the original bill in that the substitute would:

- direct DSHS to implement a crisis stabilization unit pilot project rather than operate a community inpatient psychiatric hospital;
- direct the unit to provide short-term residential care;
- remove provisions from the original that would have required the unit must to provide rehabilitative and certain other care;
- authorize the use of certain money in operating the unit;
- require DSHS to submit a report concerning the effectiveness of the pilot project and recommendations regarding continuation or expansion; and
- end the pilot project by September 1, 2009.