

(The House considered SB 1054 by Uresti, the Senate companion bill, in lieu of HB 1678, the House version of the bill, which had been set on the daily calendar and was analyzed by the House Research Organization. The bill subsequently was enacted as SB 1054.)

HOUSE		HB 1678
RESEARCH		Hilderbran, et al.
ORGANIZATION	bill analysis	(CSHB 1678 by McReynolds)
	5/8/2009	

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SUBJECT: Making permanent a mental health crisis stabilization unit in Kerrville

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — Kolkhorst, Naishtat, J. Davis, Gonzales, Hopson, S. King, McReynolds, Truitt, Zerwas

0 nays

2 absent — Coleman, Laubenberg

WITNESSES: For — Nick Gallegos, Edwards County Hill Country MHMR; Joe Lovelace, Texas Council of Community MHMR Centers; Linda Werlein, Hill Country Community CMHMRC; (*Registered, but did not testify*, David Weden, Hill Country Community MHMR Center)

Against — None

BACKGROUND: The Hill Country Community MHMR Center (Hill Country) provides mental health services to residents of a 19-county area in central Texas.

During the 2007 regular session, the 80th Legislature enacted HB 654 by Hilderbran, which directed Hill Country to open a 16-bed crisis stabilization unit on the grounds of the Kerrville State Hospital. The crisis stabilization unit was created as a pilot project set to expire on September 1, 2009. HB 654 required Hill Country to contract with Kerrville State Hospital for equipment rental, laundry, lawn, food, and pharmacy services.

DIGEST: CSHB 1678 would make permanent the Kerrville State Hospital crisis stabilization unit. The bill would remove a project evaluation requirement, and Hill Country no longer would be required to contract with Kerrville State Hospital for equipment rental and pharmacy services.

This 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 August 31, 2009.

**SUPPORTERS  
SAY:**

CSHB 1687 would benefit the 19-county area serviced by Hill Country by making permanent the crisis stabilization unit in the Kerrville community. Crisis stabilization units differ from other psychiatric hospitals in that they allow for shorter stays. The facility is based on a community treatment 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,” which help patients transition from inpatient care to outpatient treatment.

A permanent mental health facility would allow Hill Country to provide convenient, high quality community treatment to area residents that would otherwise have to travel to Austin or San Antonio to receive care. In 2005, Kerrville State Hospital was converted into a forensic-only facility, meaning it could only treat mental health patients awaiting criminal trials. This conversion displaced a number of non-forensic patients. CSHB 1687 would provide an easily accessible mental health treatment center for those non-forensic patients previously displaced.

Although the bill carries a fiscal note, there would be no need to increase funding to DSHS. The funding necessary to operate this crisis stabilization unit was appropriated by the 80th Legislature. Since the opening of the unit has been postponed due to construction delays, the funds that were appropriated for fiscal 2008-2009 still are available. Furthermore, the ongoing operational costs were included as strategies in DSHS' baseline appropriations request for fiscal 2010-2011.

**OPPONENTS  
SAY:**

According to the fiscal note, the crisis stabilization unit pilot project continued by CSHB 1687 would cost the state \$963,830 per year to operate. This is significantly higher than the cost for Hill Country to purchase beds from Kerrville State Hospital without operating an entirely separate facility. Also, due to the delays in construction, DSHS has not had an opportunity to evaluate the effectiveness of the pilot project.

**NOTES:**

The Legislative Budget Board (LBB) estimates that the facility would have operating costs of \$963,830 per year through fiscal 2014.

The companion bill, SB 1054 by Uresti, passed the Senate by 30-0 on April 22 and was reported favorably, without amendment, by the House Public Health Committee on May 1, making it eligible to be considered in lieu of HB 1678.