

From: [Sunset Advisory Commission](#)
To: [Cecelia Hartley](#)
Subject: FW: Issue 9 Feedback
Date: Friday, October 17, 2014 4:11:33 PM

From: Sylvia Cave [mailto:scave@mhmrst.org]
Sent: Friday, October 17, 2014 4:10 PM
To: Sunset Advisory Commission
Subject: Issue 9 Feedback

Dear Commission Members:

I am the Interim Executive Director for Texoma Community Center and have worked in this Local Mental Health Authority (LMHA) for Cooke, Grayson and Fannin Counties for fourteen years. Your Commission did an outstanding job of evaluation!!

I was very relieved and grateful for the Sunset Commission's findings regarding the NorthSTAR Program and am in full support of the recommended changes in Issue 9. I have been instrumental in creating TCC's role as a provider organization that DOES provide in-depth services to individuals in our catchment areas that have behavioral and/or mental illness issues. During the past seven years, our Center has significantly increased the access and services to this population of individuals, and have seen first-hand the difference it has made in reducing the healthcare costs in our region. In seven years, we have stabilized over 225 severely mentally ill individuals in our area with our in-depth services which, in turn, reduced our local psychiatric hospitalization costs by 92% and more than cut our state hospitalizations in half. These 225 individuals are now stable in the community with this support system in place for them. We did this while improving access to services and expanding our other services. We are now operating an Integrated Health Care Program and our clients love it, as do our case managers.

I likewise have been observing the exorbitantly high number of hospitalizations that come out of the NorthSTAR area since they clog up all of the available bed-days everywhere when they ARE needed. I also have been frustrated with the lack of accurate data presented by NorthSTAR and hear the complaints from both clients and providers within that system. I whole-heartedly support the move of the Dallas NorthSTAR services out of ValueOptions, and under DSHS, for all the same reasons you noted.

The only additional recommendation would be to ensure that the Medicaid MCO's UNDERSTAND and SUPPORT the in-depth level of services required to maintain a severely mentally ill person in the community. MCO's tend to want to reduce numbers of encounters and contacts, and for these individuals, that will backfire to spiraling health care costs as they decompensate and return to hospital stays. It does, indeed, require intensive and on-going psychosocial rehab services which should be required, including sufficient housing and transportation access, to maintain mentally ill individuals in community-based settings. It will be paramount that Medicaid MCO's understand this dynamic and not block access to the funding to provide it. They will have to know that LMHA's DO know how to provide these services economically and with success. With that piece in place,

LMHA's across the state can have a significant impact on reduced health care costs while improving lives.

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