November 10, 2014

The Honorable Jane Nelson, Chairman
Texas Sunset Advisory Committee
P.O. Box 13066
Austin, Texas 78711

Dear Chairman Nelson:

We have reviewed with great interest the comprehensive October 2014 Sunset report on the Health and Human Services enterprise. The discussion related to Behavioral Health is critically important to us. Please make every effort to keep a priority focus on behavioral health as you proceed.

Mental Health America of Texas offers the following recommendations as you consider the resulting legislation.

Recommendation 1: Maintain Focus on Prevention and Treatment of Mental Health and Substance Use Disorders

The proposed Health and Human Services Commission structure in the October 2014 staff report provides an opportunity to move forward in integrating physical and behavioral health services. For the last several legislative sessions, the Texas Legislature has increased its investment, and sought meaningful outcomes from behavioral health services. Progress is apparent in numbers served, increased use of best practices, consumer focus and recovery. But that progress is fragile. It is dependent on Delivery System Incentive Reform Payment (DSRIP) funding and soft local agreements and is still operating in an underfunded environment. To lose visibility and momentum during agency reorganization could take us backwards with little useful system change.

To insure focus and progress:

Recommendation 1(a). Behavioral health services need to be located such that they are publicly visible and service providers must be accountable and actively involved in health integration policy setting and planning. To achieve this, high-level administrative status, an active and representative advisory board or council, and a monitored web presence are required. The web presence must include customer and provider resources and community and aggregate individual performance information that is accessible by Regional Healthcare Partnerships and other administrative designations where size allows.

Recommendation 1(b). All service activities under medical and social services should be designed using a community health viewpoint, rather than a functional role perspective. To change historical habits, an explanation of how the distinction was achieved must be required to provide a frame of reference for the decision.

Recommendation 1(c). The new Policy and Performance Office (proposed on page 36 of the October 2014 Sunset Committee Report) must have unambiguous authority to bring in outside experts to direct agency structural transition.

Recommendation 2: Data, Transparency, and IT

Recommendation 2(a). Develop broad scope measures to inform agency operations and system development. The HHSC enterprise collects data more to meet guidelines, manage contractual obligations and address short-term problems than to inform agency operation and system development. Community economic and health focused measures like recidivism, emergency room utilization, suicides, jail diversion, and continuity of care are far more productive measures of the value of government services than individual outcomes, histories, social and health status. The current DSRIP award process illustrates the power of this focus. A focus solely on activities and individual outcomes, especially comparing outcomes across agencies and locations, is a recipe for counterproductive interactions and decisions. Examining community improvement over time motivates state agencies and local service providers to mobilize to improve social, health, and economic status and respects variation in community character, opportunity, and capacity. In fact, in developing these measures HHSC will build a base of individual level information that can be accessed when finer distinctions are necessary.

Recommendation 2(b). Follow through on overhaul of current IT systems throughout the HHSC enterprise. Success does not depend solely on a good set of metrics. It requires an overhaul of the current information and technology systems throughout the HHSC enterprise exactly as described in the October 2014 Sunset Committee Report. Funding will be important, but internal HHSC leadership and focus are equally critical to the success of the initiative. It will have short-term costs, but managed properly it will increase effectiveness and efficiency well into the future.

Recommendation 3: Resist dismantling NorthSTAR until changes have been implementing in the rest of the state and a more integrated model is apparent.

NorthSTAR was created to model strategies for moving the behavioral health system in Texas out of a 1970s model of care. Beginning in the mid-1980s, the legislature identified increased accountability and streamlining as critical to keep up with community needs and population growth. Over time, it became clear that a more integrated and accountable approach based on a customer focus and public accountability was necessary to move the public behavioral health system forward.

NorthSTAR was that approach. ***Today, it is the only fully integrated public behavioral health program in Texas and one of only a few nationally. It serves consumers at half the cost as other public behavioral health programs in Texas with equivalent outcomes.*** NorthSTAR achieved this record by embracing the use of innovations and best practices in the field. Open access and resulting continuity of care between Medicaid and indigent eligibility is key to the success of NorthSTAR, but it is not replicated in any other Texas community. This innovation explains NorthSTAR's top performance among local service areas in spite of its low per capita funding.

Given the current state of affairs, it would be shortsighted to lump the NorthSTAR program with the rest of the state in an effort to achieve a better system. Many local service areas have substantial local commitments that could be lost in a wholesale changeover. Consider implementing change in the less productive parts of the system and migrating the successful elements to NorthSTAR, or any appropriate area. Alternatively, require a high-level model system be adhered to within several years and allow communities with strong existing infrastructure to migrate there.

Recommendation 4: Group home visitation initiatives in prevention line with health and mental health, not family/child protective services.

Home visitation programs address a wide range of developmental issues and demonstrate positive outcomes across multiple systems including education, health and child abuse prevention. Home visitation initiatives that address the broad needs of child development and family strengthening should be grouped in a prevention line with health and mental health to foster greater integration with overall health and wellbeing of children and families in the short and long-term. These programs should not be included under Family Protective Services since they more broadly address the whole-child within families instead of just preventing child abuse. These prevention programs are better placed outside of departments that specialize in crisis and direct intervention since home visitation programs serve families with diverse needs and demonstrate diverse outcomes with a wider scope of service

Recommendation 5: Expand suicide prevention and postvention to adults and individuals and families living with substance use disorders.

Texas has had a Suicide Prevention Plan since 2003 that emphasizes suicide prevention across the lifespan. However, the focus thus far has been on suicide prevention for youth, not adults. *Since the highest rate of deaths by suicide are in the middle ages and seniors for the United State and in Texas, it is vitally important that a coordinated, collaborative approach to suicide prevention and postvention in Texas be added for these age groups.* Additionally, providing suicide prevention and postvention services targeted to *individuals living with substance use disorders, their families, and those that work with them* is necessary to save lives in this high-risk population. A growing body of evidence suggests that alcohol and drug abuse are second only to depression and other mood disorders when it comes to risk factors for suicide.

Thank you for the opportunity to present our thoughts on Sunset. Mental Health America of Texas is ready to offer any clarification that aids in your work. Please feel free to contact our public policy director, Gyl Switzer, at 512-454-3706 (ext. 203) or by email at gyl@mhatexas.org.

Sincerely,

John Theiss, Ph.D.
Board Chair

Lynn Lasky Clark
President and CEO

cc: Senator Brian Birdwell
Senator Charles Schwertner
Ms. Dawn Buckingham
Senator Donna Campbell
Senator Juan "Chuy" Hinojosa
Representative Cindy Burkett
Representative Four Price
Representative Harold V. Dutton, Jr.
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Ken Levine, Director, Sunset Advisory Commission