

**From:** [Sunset Advisory Commission](#)  
**To:** [Cecelia Hartley](#)  
**Subject:** FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)  
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-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Friday, October 17, 2014 12:18 PM  
To: Sunset Advisory Commission  
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Friday, October 17, 2014 - 12:17

Agency: HEALTH AND HUMAN SERVICES COMMISSION HHSC

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State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed:

The October 2014 Sunset Advisory Commission Staff Report for the Health and Human Services Commission focuses on the need for continued consolidation of state agencies that the state began in 2003. In 2014, the goal should not mirror the consequences of services felt in the wake of HB 2292, but be designed to produce better outcomes for consumers. The report states:

“Problems observed in the system, including blurred accountability, ongoing fragmentation of similar programs and services, and organizational misalignments, have real significance for how these programs run and how clients are served.”

As advocates and providers of behavioral health services in the Greater Houston area, we agree with the sentiments and motivation behind this statement. If consolidation of separate state agencies is what is needed in order to produce better outcome for patients, than we encourage state leaders to look upon this report as a blueprint for how to better organize the system. The premise for integrated care is not far from the motivation sited throughout this report. In fact behavioral health services often fall victim to the same divisions and lack of resources listed for the five state agencies.

However, given past consolidation history, we are concerned about what this reorganization could mean for consumers of state services. Given the number of references to HB 2292, it is not surprising that many organizations would urge the leaders to pause and consider the implications that consolidation might mean on accessibility of services.

We believe there should be guiding principles that give the members of the Legislature flexibility in creating a new organizational operation that is better designed to meet consumer needs. Those principles include:

- A focus on local planning for service delivery models
- Measurable outcomes for consumers of services
- Community collaborations for increased service delivery capacity

- Stakeholder input in key advisory committee positions over agencies
- An accurate assessment and provision for resources to provide these services

To start, the ability for local stakeholders to coordinate service delivery systems is key in meeting demand. The Delivery System Reform Incentive Payment (DSRIP) Program is perhaps the best example of providers working together to find ways to serve patients throughout their Regional Health Partnerships (RHPs). Creating a system that capitalizes on the advantages of regional planning can produce better results tailored to the individual needs of specific areas. We urge leaders to look at DSRIP RHP's when creating different agency models as a successful, existing experiment.

Secondly, the ability to study outcomes based on individuals using the system can hold providers throughout the state accountable. While different models in different areas would allow for much needed flexibility, a common set of outcome measures can help compare and hold accountable service providers as well as inform lawmakers about which programs work. Any system would need a common definition of what success in providing services would look like. This information would better inform both the efficiency and resource questions inherent organizations providing large scale services. Unlike the initial regulations set forth in HB 2292, this new organizational structure should put equal weight behind the need for services that outcome data show as well as provider accountability. Issue 7 in this report addresses this question of data and compares the amount collected in HHSC to the entire works of the Library of Congress and images from the Hubble Telescope. Addressing challenges like dual diagnoses, data sharing, and client crossover between programs should not be as hard as the current system makes it.

Community collaborations have made a big difference in providing services in Greater Houston. From the new Harris County Mental Health Jail Diversion Program in Senate Bill 1185, to the ongoing Crisis Intervention Response Teams that combine law enforcement from both Harris County and the City of Houston with mental health providers, to the Houston Sobering Center and Houston Recovery Initiative providing badly needed substance abuse services, there is a proven track record that local solutions can work. These examples of local county and municipality efforts should be looked to with optimism in planning out services that maximize resources.

Issue 13 deals with advisory committees and states "Obtaining stakeholder input through advisory committees is an important tool for an agency, but advisory committees must be well managed to ensure their efficiency and effectiveness." State leaders must carefully consider the question of statutory committee elimination as suggested in Recommendation 13.1 and possible consequences. If committees are taken out of statute, or all members appointed by the Executive Director of HHSC, there is a danger in eliminating an avenue for public input. An outside body is needed that can voice stakeholder concerns and share those points with the commissioner. Flexibility and efficiency should definitely be factors to consider but not at the expense of meaningful public input. The report's recommendation to stream meeting is exactly on point in the spirit of this public participation and fully support Recommendation 13.3, anticipating its broad appeal for all involved in soliciting and distributing stakeholder input.

Finally, an accurate assessment of needs and resources has to be foremost in the mind of elected leaders when constructing new models. Texas has never invested in the behavioral health system to adequately address the demand for services and will be playing "catch up" for years. Building out the footprint of services thanks to the 1115 Waiver, Texas has the opportunity to invest at the perfect time for behavioral health service expansion. Using the guiding principles of local coordination and metric driven outcome indicators, lawmakers can continue the success they enjoyed during the 83rd Legislative Session in eliminating wait list for the public mental health system for adults and children as well as build on substance abuse funding increases. To be clear, the reorganization of systems at the state level cannot translate into less money for providers already struggling with overwhelming need. Savings from consolidation should be put back into the system to make providing behavioral health services a more successful business model. Changing systems is not excuse for short changing providers.

In crafting a new organizational model for the state, we hope these principles will help inform decision makers about the underlying goal of behavioral health service providers: to help consumers achieve better outcomes. While there will be arguments about which is the best way to set up this system, we believe the guiding principles light a clear path in the direction the state should go as well as show the consequences suffered in after consolidation occurred in 2003. Advocates and providers stand ready to assist the state in making the best system for both Texas and Texans.

Any Alternative or New Recommendations on This Agency: see above

My Comment Will Be Made Public: I agree