

•
•
•
•
•
•
•
•
•
•

Life Management Resources

October 16, 2014

Dear Sirs:

It is with great sadness that I received word that there was some consideration being given to the elimination of the NorthStar program. To that end I would appreciate your forbearance in reading this letter.

I have been working in the mental health/substance abuse field for 40 years. I have practiced in Collin County working with NorthStar since 2000. I was one of the first substance abuse programs to accept NorthStar.

Prior to the creation of NorthStar, and perhaps contrary to some of the rhetoric you have heard, getting a person with inadequate funding into treatment was horrific. When I would seek help for these less fortunate people I would be told that they needed to “keep on drinking” until a slot opened up, or “try to use less drugs until help was available”. This practice perpetuated the fact that mental health was the stepchild of the healthcare community. I believe that much of the fault in this system lay with the MHMR programs which have never liked NorthStar and have vocalized that complaint frequently. I’m not sure I fully understand their rationale since the program opened up service to more people. This is not to say the MHMR’s failed to deliver much needed services or that those services were not of good quality, but they were inadequate in terms of number and in providing immediate access to treatment.

But then NorthStar came along and offered to provide help to those in need through private providers who could immediately address the issues, commence treatment, and provide extremely high quality mental health services. You must imagine an ER at a local hospital where if you went in with a serious injury and you would be told to come back in 6 months when they had time to see you. Of course you can’t imagine that. But we see those desperate people daily. I train all of my therapist to view our lobby as a triage. Perhaps the patient doesn’t see the complexity of their issue as life threatening, but knowing the statistics, going to their funerals, and trying to comfort their families – we know it is a deadly issue and we take it seriously. Do we really want to return to those primal days? What kind of thought process is

Life Management Resources is:
Dr. Fred J. Hansen, PhD, BCP, LPC, CEO
Dr. Noor Gajraj, M.D., Medical Director
Kimberly K. Fred, BS - Administrative Director
Christi Nelson, LCDC - McKinney Director
Jessica Fred, LCDC - Counselor
Matt Osborn, LCDCI-Counselor
Misty Harris, LCDC- Adolescent and Adult Counselor
DeAndrea Lozano, LCDC, Adult Counselor
Casey Cobb, MA, LPC, Counselor
Julian Vasquez, MA, LCDC, Wylie Facilitator
Marieta J. Hansen, BA - Community Outreach
Sabina Stern, MS - Evaluator
Rhonda Blackmore - Plano Administration
Crystal DePiazza - Billing Coordinator
“A Partnership of Caring Mental Health Professionals”

• • • • •

October 20, 2014

Page 2

it that drives this thinking?

Six years ago I met with the Collin County Commissioners Court a number of times considering the efficacy of NorthStar. Their concern was that while the county represented 20% of the population, we only received 6% of the services. On first glance I assumed that was because Collin County was highly affluent and most of the indigent population was in Dallas County, which is largely true. However, looking at a map of the NorthStar area I realized that the entire eastern half of Collin County and most of adjoining Hunt County was totally unserved. One of the primary reasons for a lower NorthStar participation was lack of access to treatment in that area. To that end, I took a leap of faith (literally) and opened a substance abuse treatment facility in Wylie to serve the vast numbers of people in that area that were lacking in resources. On night one, four people attended, all NorthStar patients. Two walked to our facility, a walk of about three miles from where they lived. One was dropped off by a neighbor, and the fourth rode his horse and tied it to the fence.

I realized at that moment that were it not for NorthStar and my leap of faith, that these people would never have received the help that good Texans needed and deserved to have. This scenario has been repeated over 500 times at *that* facility.

It is important that you understand the fiduciary side of this program in order to fully appreciate the value and commitment of its providers. On the average, as a provider, we receive about 30-40% of the reimbursement that we would normally receive from managed care. Why then would we want to participate in such a program? Because when a patient presents in our office, visits with a counselor, explains the desperation in their heart and the need for help and says, "I lost my job, I have no money, my family will not speak to me, I have nowhere to go." We can say, "That's ok, we will help you with all you need. You just focus on improvement; the good people of Texas will handle the rest."

We are people of faith. It is a troublesome world we live in, the news breeds desperation and loss of hope. There are sufficient difficulties in life. Please, reconsider and not terminate a program that provides that hope and care to so many.

FYI: 3,513 – The number of NorthStar lives we have had the opportunity to save since 2000. Thank you for your consideration. Please reach out to me if you would like to discuss further.

Sincerely,



Fred J. Hansen, Ph.D.

CEO