



November 10, 2014

Ken Levine  
Texas Sunset Advisory Commission  
P.O. Box 13066  
Austin, TX 78711

RE: Reliable, current, and useful data from HHSC and modern IT systems to support it.

Dear Mr. Levine:

Please accept this letter on behalf of the Texoma Health Foundation regarding behavioral health needs that we find are important to our service area. We are hopeful our input can help inform the important work of the Sunset Commission as it undertakes a reorganization of the Health and Human Services Commission (HHSC).

The Foundation is a 501c3 independent public foundation serving a predominantly rural region in North Texas, with our total target population including 202,000 residents. We have grown from a \$10 million Foundation in 2007 to a \$55 million Foundation today. While THF has had an interest in supporting and improving behavioral health services since our beginning, the Board increased our focus and funding after conducting a regional needs assessment of healthcare services and gaps in 2010. Among other statistics of importance, *mentally unhealthy days* reported in our service area were among the highest in the State.

Access to mental health services and our own evaluation of effectiveness led us to realize that more needed to be done. To-date, the Foundation has invested over \$818,000 in direct behavioral health programs and services, and over the past three years we have held focus groups, conducted interviews, collected reports, kicked-off a resource map and held a region-wide conference in partnership with State mentors. The regional collaboration included at least one representative from all known behavioral health organizations and community partners to be able to identify ways to improve services and determine solutions to what is a crucial need impacting all segments of our communities.

We have worked to better understand areas such as substance abuse, veterans services and children's services. Our largest CASA organization, who is also one of our grantees, experienced a 67% increase in children entering CASA in 2013 and their numbers continue to climb. When we drilled down to better understand the needs, the Executive Director linked the area's increase in drug use. Over this past year,

our largest county ran numerous stories on the impact of escalating drug use on an increasing crime rate and the connection to tax dollars. This is just one of many areas in which we are focused and know that there are limited, coordinated resources for the underserved facing behavioral health needs.

The Foundation has collected information on programmatic gaps in service delivery and we continue to financially support innovative projects. However, **in order to truly address the core issues and make significant strides, our region is in desperate need of the resources to effectively capture and report data.** Reorganizing how data is collected and made public by the HHSC is absolutely critical to our success.

What could we do with reliable data from HHSC? To start, we would be able to a) adequately identify what services are provided to which populations and to b) establish reporting mechanisms for both the effectiveness and ineffectiveness of the outcomes of programs. This is not only an obstacle that requires substantial resources at implementation, but requires knowledge capacity that our region could ideally leverage through others.

The advantages of such a system would allow our area to understand the number and type of providers serving key categories, including ages and payer type (private pay, Medicaid, Medicare and the underserved). This data is reported to some degree, but it is outdated, more often incorrect and does not factor in the underserved. These are major barriers for identifying gaps, seeking resources and collaboration.

The second tier is even more important, and would be to clearly understand which programs provide what services to what patients. We have started this process but we need a more sophisticated system to implement to the extent needed for the community. What services are available by what organization is not only not understood by the general community, nor included in 211, but it is definitely not understood across provider partners that must be able to collaborate. An effective system for real-time tracking and easy distribution/availability for sharing this information is essential.

A modern information technology system that would support this, as well as allow for reporting of project evaluation outcomes, including tracking residents that providers are unable to support/turn away, would create a critical shift in our ability to truly understand needs, duplication, areas of opportunity and strengthen collaboration.

**In summary, The Texoma Health Foundation firmly believes that it can invest its charitable resources more strategically with improved and current state data that will result in a greater impact. Investing in better HHSC IT systems and requiring data to be easily and publicly accessible can help the State of Texas leverage limited taxpayer resources.**

The Texoma Health Foundation is focused on assuring systems change and pushing beyond the status quo. We are completely independent of any healthcare provider or organization and have a neutral voice in the community. We have resources that allow us to leverage other opportunities and know that we have a responsibility to serve as a community leader and convener. We hope that this input is helpful to the Commission's work and are open to any additional questions.

Sincerely,

A handwritten signature in cursive script that reads "Michelle Lemming". The signature is written in black ink and is positioned above the printed name and title.

Michelle Lemming  
President/CEO

Texoma Health Foundation  
5036 Reba Drive  
Denison, Texas 75020

cc: Ken Levine, Texas Sunset Advisory Commission  
Members of the Sunset Advisory Commission  
Rep. Larry Phillips, Texas House of Representatives  
Sen. Craig Estes, Texas Senate  
Sen. Bob Deuell, M.D., Texas Senate

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