

Response to the Texas Sunset Advisory Commission Staff Report on HHSC:

Issue 9 – Key Points

Issues with Report Findings and Recommendations:

- The report provides an inaccurate and incomplete description and review of the NorthSTAR system; failing to acknowledge the many strengths of the system and identifying NorthSTAR attributes as if they were liabilities.
- Key fundamental attribution errors and factual misstatements about the NorthSTAR program appeared to drive the Advisory Committee to flawed conclusions, faulty recommendations and a reckless timeline.
- The report contains criticisms of NorthSTAR that would be more appropriately attributed to DSHS and HHSC

NorthSTAR Strengths

- Integration of mental health and substance use disorder treatment – integrated MH/SUD service system for 15 years which is unique to NorthSTAR.
- Open Access – no waiting lists – The NorthSTAR program is the only mental health and SUD region in the state that has never had a waiting list for services.
- No wrong door – blended funding from multiple federal, state, and local sources are combined to provide services to all eligible enrollees. Supports coordination and planning, and continuation of benefits, without interruption, when and individual has a change in Medicaid benefit status. Enrollees never have to change providers or programs due to a change in Medicaid or other benefits. Allows treatment decisions to be determined based on clinical need and not funding stream.
- Choice of Providers – extensive network of over 300 providers, resulting in a competitive provider market, more consumer choice and lower costs for the state. Healthy competition among providers leads to improved quality of care and innovations.
- Separation of Provider and Authority Functions – NorthSTAR model separates the authority functions from the provider functions which is a feature that has been acknowledged as good public policy, and is supported as a best practice by mental health advocates.
- Accountability and Data – NorthSTAR contributes a great deal of data points and analysis and collects information in accordance with contractual requirements.

NorthSTAR Innovations

- NorthSTAR is not an outdated model – in the 15 years since its inception, NorthSTAR has continued to adapt, innovate and change.
- NorthSTAR has been a model of best practices, innovation and integration. The NorthSTAR collaboration has been early adopters of programs that reduce costs across systems.
- DSHS and HHSC have engaged the NorthSTAR region to pilot numerous innovative initiatives.
- Examples of NorthSTAR Innovation include:
 - Implemented level of Care Assessment tool and Assignment for Out-patient services in 1999

- Behavioral Health integrated Hotline
- Behavioral Health integrated Mobile Crisis
- 23-hour Observation
- Non-Medicaid, Non-Emergent Transportation
- County-based jail diversion initiatives starting in 2004
- 340-B Pharmacy Program
- Prostitution Diversion Initiative/New Life Opportunities
- Disaster Relief Behavioral Health Response
- Enhanced shelter-based services for people who are homeless
- After-hours clinic
- Intensive Case Management
- Dallas County Assisted Outpatient Treatment Court
- Kaufman County Behavioral Health Courts
- Post-Acute Transitional Services
- Peer navigators in Psychiatric Emergency Services
- Peer navigators at Homeward Bound residential substance use disorder treatment
- Peer support in community-based clinics
- Crisis respite unit
- Tele-psychiatry
- Outpatient Competency Restoration
- Outpatient Detox
- Online educational and recovery resources for enrollees
- Rental assistance
- Ebola quarantine counseling and services

The Future of NorthSTAR

- We believe that the successes of NorthSTAR warrant an opportunity to build on the existing model developed in collaboration with HHSC, DSHS, NTBHA, providers, enrollees, advocates, and community stakeholders. We reject the report's recommendation to discontinue NorthSTAR.
- NTBHA agrees that NorthSTAR should leverage opportunities to enhance the model in ways that will increase integration by including primary care for all NorthSTAR members. We believe this can be achieved through retaining a carve-out structure and sending general revenue dollars through NTBHA while enabling NorthSTAR access to 1115 Waiver funds, competitive funding requiring local match, and other potential funding opportunities.
- We would like to evolve into a system that goes beyond basic integration of funding through a carve-in of primary care and behavioral health services for Medicaid enrollees. The existing model of NorthSTAR as a comprehensive and integrated Behavioral Health Carve-Out program is well suited for continued innovation. There is local support for the integration of primary care into behavioral health homes.
- Local input will be fundamental in guiding and informing the development of these strategies for enhancement.
- HHSC and DSHS should ensure the application of consistent metrics across the state in order to enable direct comparison with the rest of the state for behavioral health services.