

From: [Sunset Advisory Commission](#)
To: [Cecelia Hartley](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Friday, October 17, 2014 9:59:16 AM

-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Friday, October 17, 2014 9:20 AM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Friday, October 17, 2014 - 09:20

Agency: HEALTH AND HUMAN SERVICES COMMISSION HHSC

First Name: Gyl

Last Name: Switzer

Title: Public Policy Director

Organization you are affiliated with: Mental Health America of Texas

Email: gyl@mhatexas.org

City: Austin

State: Texas

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

Issue 1: Consolidation to one agency. 12 year Sunset review.

- From the perspective of an advocacy organization for the prevention and treatment of mental health and substance use disorder:
 - o Great potential for MHSUD to get overshadowed by all other healthcare and Medicaid.
 - o Approximately 60% of persons who have no health care coverage and have a mental illness who are served in the public system are served by GR only. In a huge Medicaid bureaucracy, that important 60% could be lost.
 - o MHAT has concerns with the state hospitals being in a different functional line than MH care in a new mega-agency. This functional lines issue could impede needed improvements in continuity of care between state hospitals and community care and vice versa. Also, clinicians in partnership with patients and not facility managers should make care decisions.
 - o In the described single agency format, the Executive Commissioner would become one of the top 3-4 officials in Texas (along with the Governor, Lt. Governor, and Speaker of the House) because of the enormous financial and decision-making authority he/she will wield without appropriate oversight by elected officials and without appropriate input and shared decision-making with stakeholders including consumers and advocates.
- If one single agency is created, Sunset review (and other serious

reviews) should start before 12 years.

- Look at comparable states and learn from their structures and problems.
- Look at literature re consolidation and success or lack thereof—in government.
- Decision-making on all things state hospitals, including Sunset recommendations, should be informed by the 10-year study and other state hospital initiatives: HB 3793 workgroup, Terrell State Hospital RFP for privatization, DSHS open enrollment for inpatient MH care, DSHS Exceptional Items. NOTE: oversight of inpatient hospital beds run by or purchased by the state must be stellar and patient care must be stellar.
- Further research and consultation with stakeholders needs to be sought re placement of prevention services in any new or existing structures.

Issue 4

- All HHS agencies should be given the tools to collect, use, and publish data on outcomes for stakeholders including individuals, advocates, community leaders, and others to use to make informed personal, local, regional, and statewide decisions. This statement is broader than is what is required in the Sunset staff report. (this relates to other Issues as well including 6 and 7)
- Agree with the recommendation to consolidate P&T into DUR, HOWEVER, the more important issue is to open the DUR process more to stakeholders including advocates and consumers—some examples include: more user-friendly information, making it easier to testify at meetings, having consumers and advocates on the DUR, examining the drug utilization review process, etc.

Issue 9

- Ideally, community mental health and substance use services will be delivered in an integrated care environment that is transparent, data-driven, recovery-focused, community/patient-centered, infused with input and shared decision-making by consumers, advocates, and other stakeholders. When a system like this is developed and functioning in Texas then perhaps the NorthStar model may have become obsolete. Texas communities outside of NorthSTAR are very far from the ideal. The NorthSTAR model has significant design elements and positive outcomes for clients that can inform the process of moving all of Texas forward in integrated care. Further discussions are needed and MHAT has much to contribute to the discussion.
- It is false that significant data from the N* model and community model cannot be compared and years of studies have proven this. Data analyses have shown that outcomes for consumers and the efficiency with which they are delivered are significantly better than the community center models at the times of the analyses.

Issue 12

- Absolutely HHS agencies need coordinated and better websites, calls, centers, and other ways of distributing information to and receiving feedback and complaints from the public. It will be important to:
 - o Work with agencies outside of HHSC.
 - o Develop a meaningful ombudsman process that can address complaints and feed into policy change.
 - o Involve stakeholders including consumers and advocates.

Other:

- Prevention and early intervention are the key to a healthy Texas and significant cost. There was almost no mention of prevention and early intervention: how to support and enhance throughout the entity, ways to leverage prevention and early intervention to save funds, etc. MHAT has 79 years experience in prevention and early intervention advocacy and particular expertise in home visitation and suicide prevention. MHAT will contribute to the ongoing discussion.
- As mentioned above, there is a void in the entire report about consumer and advocate having meaningful input into all agency activities and decisions.

Any Alternative or New Recommendations on This Agency:

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My Comment Will Be Made Public: I agree