



COLLIN COUNTY

Cheryl Williams
Commissioner, Pct. 2
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Senator **Jane Nelson**, Chair
Representative **Four Price**, Vice Chair
Sunset Advisory Commission
P.O. Box 13066
Austin, Texas 78711

November 23, 2014

Dear Senator Nelson and Representative Price:

On Friday, I saw a copy of input provided to the Sunset Advisory Commission that reportedly reflected the position of the North Texas Behavioral Health Authority (NTBHA) on Sunset staff recommendations regarding HHSC and System Issue 9 (NorthSTAR). I am concerned about the validity of this input since it was not approved, or even shared, with the full NTBHA Board. Below are a couple of issues that seem significant.

There is no mention in the report that the second largest county, Collin County, has indicated in NTBHA Board meetings and in public testimony to the Sunset Commission that it supports the staff recommendations. The Collin County Commissioners Court has unanimously passed a resolution indicating their desire to move out of NorthSTAR and into a more integrated model of care that better serves our residents.

While the report does mention that three providers (Metrocare Services, LifePath Systems and Lakes Regional MHMRA) dissented from the proposed NTBHA recommendation, there is an attempt to trivialize that dissent. One must consider the size of those three providers to understand the impact of their dissent. According to the most recent comparison of outpatient providers in the network (NTBHA website Data Book), these are the largest providers in all of the counties. In fact, Metrocare serves 10 times more clients than any other single provider in the NorthSTAR system. Similarly, both LifePath and Lakes are by far the biggest providers in the areas they serve. These providers have the in depth knowledge and experience to speak with authority on the need for significant change to the NorthSTAR model. Certainly the perceptions and input of these providers who together see the majority of all NorthSTAR clients should receive considerable weight in any recommendation from the NTBHA Board.

Since you have already received my testimony in person and in writing, I will not reiterate it here. However, I will again encourage you to take bold action as it relates to Issue 9: NorthSTAR. The three largest providers of the system and the second largest county have clearly spoken in favor of substantive change from the existing NorthSTAR model. I urge you to listen to the comments of those in the trenches trying to provide needed services under difficult conditions. We believe patient care and outcomes can be improved if we are allowed to transition to a model that allows for integrated care, access to the 1115 Waiver, and true local control.

As you make your decisions on how to move forward, I hope you will consider that using the existing Regional Health Partnership lines to set up Local Authorities would be a more logical way to set up a new system. Collin County is in RHP 18 and I believe DHHS would confirm that we have a strong partnership, excellent administration, and have used the 1115 Waiver very effectively. We believe we have very different needs as well as different strengths in Collin County and RHP 18 and we are confident we can create a successful system if the Sunset Committee will allow us the opportunity.

In all of these issues, it is hard to understand how we (NTBHA Board) are reflecting the public interest, as I believe we are responsible to do. Thank you for making the commission's process open and allowing input in a variety of venues. Please feel free to contact me if you need any additional information.

Sincerely,

A handwritten signature in black ink that reads "Cheryl Williams". The signature is written in a cursive, flowing style.

Cheryl Williams

Collin County Commissioner, Precinct 2
NTBHA Board Member

Public Comment
Presented to the
Texas Sunset Advisory Commission
November 13, 2014

Collin County, Texas



Collin County supports the recommendations of the staff report for Issue 9, and stands prepared to fully cooperate with the Health and Human Services Commission to accomplish a smooth transition from NorthSTAR to a more effective statewide system of behavioral healthcare.



**PUBLIC COMMENT PRESENTED TO THE SUNSET ADVISORY COMMISSION
ON THE HHSC AND SYSTEM ISSUES STAFF REPORT**

Cheryl Williams, County Commissioner, Collin County Texas, Precinct 2

Collin County supports the recommendations in the Staff Report on the Health and Human Services Commission. A resolution passed by the Collin County Commissioners Court is attached, in support of the recommendations in Issue 9 *NorthSTAR's Outdated Approach Stifles More Innovative Delivery of Behavioral Health Services in the Dallas Region*.

1. First I believe it is important to consider the findings and recommendations in Issue 9 in context of those in Issues 3 and 4 as well as in Issues 6 and 7. Taken all together these materials contain compelling context for understanding why an imbalanced, isolated, and outmoded program must be dissolved, and its seven counties empowered to make local decisions about their healthcare systems.
2. Collin County is the second largest of those seven counties. We have about 880,000 residents today, and a projected population growth over the next 20 years to 1.4 million.¹ Collin County residents make up about 22% of the seven-county NorthSTAR area. Collin County clients in NorthSTAR represent about 8% of all NorthSTAR clients. But for the past 15 years, Value Options and the NorthSTAR program have severely and persistently limited the growth of behavioral health services available in Collin County. There are four elements of this system that form our primary concerns.
 - First, as noted by the staff report, the NorthSTAR system has relied on outmoded cost reduction methods, focusing on serving more clients with fewer services, with potentially preventable adverse results. The proprietary contracting method and lack of transparency have thwarted our ability to make local decisions about care and treatment. It is time for a contemporary health care model that restores decision making to the local authorities, and contain costs while expand the depth and breadth of evidence-based services.
 - Second, while services have expanded in Dallas County in NorthSTAR, provider networks have not kept pace with growing behavioral health needs in Collin County. Almost one-third of the Collin County NorthSTAR clients have had to navigate the confusing web of access points in Dallas County for services that have been unavailable locally.² Approximately 15% of the annual expenditures for Collin County NorthSTAR clients has been paid to behavioral health providers outside of Collin County. Our new DSRIP programs in Collin County are demonstrating that not only do we have the need for expanded behavioral health services closer to home, but also that we can successfully expand access locally and improve health outcomes.
 - Third, we have experienced denials of claims that have resulted in utilization of more restrictive, more expensive, and less effective levels of care. Value Options often denies Collin County courts' physicians' recommendations for mental health care at a higher cost in both economic and human terms. It is time for Collin County to join the rest of the State in the more responsive emerging managed care model.
 - Our fourth primary concern is that in this imbalanced system of care a small number of clients tend to use a larger proportion of more intensive services. Under NorthSTAR, approximately 10% of all Collin County residents served utilize about 22% of the services. To modulate this trend we need to develop a greater depth and breadth of services, with a focus on preventing exacerbation of high risk conditions, and early intervention.

November 13, 2014



**PUBLIC COMMENT PRESENTED TO THE SUNSET ADVISORY COMMISSION
ON THE HHSC AND SYSTEM ISSUES STAFF REPORT**

Cheryl Williams, County Commissioner, Collin County Texas, Precinct 2

3. This report on HHSC reemphasizes several of the findings of the Sunset Commission study of the Department of State Health Services earlier this year. Both studies underscore three points of great importance to Collin County.
 - One, we need to eliminate inefficiencies and fragmentation in our crisis services systems.
 - Two, we must take steps to integrate our physical health and behavioral health systems.
 - And three, we must define and report population and individual health outcomes rather than focusing only on numerical goals and reports.
4. We have identified four actions we believe are imperative to swiftly move forward in a new and greatly improved model of behavioral health care in Collin County.
 - One, restore decision making to the local health and behavioral health authority rather than allowing a for-profit corporation to make decisions for local residents;
 - Two, reverse an increasing reliance on antiquated crisis response models by providing greater depth and breadth of preventive and follow-up services aimed at reducing unnecessary incarceration and hospitalization, and providing more humane options for crisis intervention;
 - Three, make more efficient use of local funds for innovative models of coordinated care for Medicaid and indigent clients with co-occurring mental health and physical health conditions, to the ultimate benefit of the healthcare consumer;
 - Four, as noted in the Sunset Review Committee report for DSHS, we need to shift our attention from a numbers-only driven reporting system, and align our health information systems with comparable local and statewide data systems. This will ensure that our healthcare systems will have access to critical information at the point of care and we can more readily track performance and outcomes data.

The findings and recommendations of the Sunset Commission for both DSHS and HHSC have underscored the points made in the study of the Collin County behavioral health system under NorthSTAR that was published in 2011.² These Sunset Commission's staff reports have made it clear that informed discussions of incidence or prevalence, services utilization, cost effectiveness or health outcomes in NorthSTAR counties have been practically impossible because of the lack of transparency in its data, its management systems and its decision-making practices. It is time for change so that we can meaningfully participate in statewide initiatives, focus on squarely on health outcomes, make the best use of performance and incentive based methods, and provide a range and mix of services specifically responsive to our local needs.

Collin County serves as the Anchor for the Regional Healthcare Partnership 18. In cooperation with Rockwall and Grayson counties, our DSRIP programs form a solid platform on which to address the growing and unique needs of our citizens. RHP18 is outside of, but works in cooperation with the Dallas healthcare system. We stand prepared to fully cooperate with the Health and Human Services Commission to accomplish a smooth transition from NorthSTAR to a model more in keeping with the direction of the State as a whole.

¹ Source: Texas State Data Center 2012 Population Projections

² Source: A study of the Collin County Texas behavioral health services system, a NorthSTAR County, Phases one, two and three reports, published May and November, 2010, and July 2011.

THE STATE OF TEXAS

COUNTY OF COLLIN

Subject: Support, Sunset Advisory Commission Staff Report, HHSC – Commissioner Precinct 2

On **October 20, 2014**, the Commissioners Court of Collin County, Texas, met in **regular session** with the following members present and participating, to wit:

Keith Self
Mark Reid
Cheryl Williams
Chris Hill
Duncan Webb

County Judge, Presiding
Commissioner, Precinct 1
Commissioner, Precinct 2
Commissioner, Precinct 3
Commissioner, Precinct 4

During such session the court considered a request for approval to support the Sunset Advisory Commission Staff Report on HHSC.

Thereupon, a motion was made, seconded and carried with a majority vote of the court to unanimously support the recommendations on Issue 9 (NorthSTAR's Outdated Approach Stifles More Innovative Delivery of Behavioral Health Services in the Dallas Region) made in the Sunset Advisory Commission Staff Report on Health and Human Services Commission and System Issues released in October 2014. Same is hereby approved in accordance with the attached documentation.



Keith Self, County Judge

Mark Reid, Commissioner, Pct. 1

Cheryl Williams, Commissioner, Pct. 2

Chris Hill, Commissioner, Pct. 3

Duncan Webb, Commissioner, Pct. 4

ATTEST:

Stacey Kemp, Ex-Officio Clerk
Commissioners Court
Collin County, TEXAS



COLLIN COUNTY

Commissioners Court
2300 Bloomdale Road
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McKinney, Texas 75071
972-548-4631
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November 20, 2014

Sunset Advisory Commission
PO Box 13066
Austin, Texas 78711

Dear Commission Members,

The Collin County Commissioners Court unanimously supports the recommendations made in Issue 9 (NorthSTAR's Outdated Approach Stifles More Innovative Delivery of Behavioral Health Services in the Dallas Region) of the Sunset Advisory Commission Staff Report on Health and Human Services Commission and System Issues released in October 2014.

Please contact North Texas Behavioral Authority Board Member and County Commissioner Cheryl Williams at 972-548-4631 or cdwilliams@collincountytx.gov for additional information.

Sincerely,

Keith Self, County Judge

Mark Reid, Commissioner, Pct. 1

Cheryl Williams, Commissioner, Pct. 2

Chris Hill, Commissioner, Pct. 3

Duncan Webb, Commissioner, Pct. 4