

**From:** [Sunset Advisory Commission](#)  
**To:** [Cecelia Hartley](#)  
**Subject:** FW: Attn: Mr. Ken Levine, Director, Sunset Advisory Commission  
**Date:** Wednesday, October 15, 2014 5:17:50 PM

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**From:** Quita Williams [mailto:qwilliams@namidallas.org]  
**Sent:** Wednesday, October 15, 2014 3:08 PM  
**To:** Sunset Advisory Commission  
**Subject:** Attn: Mr. Ken Levine, Director, Sunset Advisory Commission

Attn: Mr. Ken Levine, Director, Sunset Advisory Commission,

Thank you for your hard work and taking the time to listen. I'm sure you may be faced with difficult decisions on a regular basis. I am writing on behalf of the low income individuals affected by mental illness in the 7 county service regions of NorthSTAR/ValueOptions requesting that you and members of the Sunset Advisory Commission reconsider your proposal to discontinue NorthSTAR insurance. This insurance program has provided treatment options to families and individuals affected by mental illness for many years. Statistically NorthSTAR has served quite a number of residents at a more affordable rate than any other county and similar program. In fact NorthSTAR is unique. Although individuals cannot afford private psychiatric care, they still have a choice in selecting their own provider under this program.

As a social worker I have served as a clinical case manager in an outpatient treatment facility and have personally witnessed successful recoveries as NorthSTAR provided a second chance to many seeking to manage their mental illness. Your pending consideration not only eliminates NorthSTAR-- it also eliminates hope, recovery, Texas' chance at being an acceptable mental health care provider but more importantly this decision could potentially eliminate several lives.

The fact of the matter is everyone with a mental illness cannot afford to wait- they cannot afford to gamble with their treatment. Mental illness is an ongoing battle and requires a provider who can render immediate assistance. A delay in treatment can mean self-medication, rapid decline, fatality, homelessness, violence, incarceration and more. These potential outcomes have happened to a number of members who were denied immediate treatment in other counties and who sought assistance and refuge in one of the counties covered under NorthSTAR. Please weigh the options on both sides and reevaluate what is really at stake. Will this pending decision do more damage than good? How can the state of Texas, providers and advocates respond to the high demand of people requiring treatment if NorthSTAR no longer exist? Denial or a delay in treatment can create undesirable results in the 7 country service area currently being served.

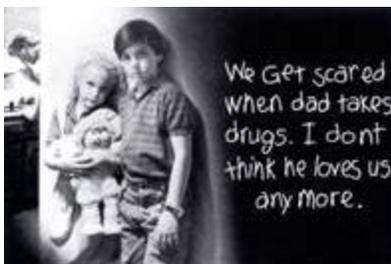
NorthSTAR has served veterans who were neglected, children who couldn't care for

themselves, the elderly who are often exploited and even individuals with co morbid disorders including intellectual/developmental disabilities. Untreated mental illness and delay in services has been a major factor in national tragedies, mass shootings (Ft. Hood, Sandy Hook) and domestic problems. Even individuals who *can* afford treatment are susceptible to relapse. Dallas is the 9<sup>th</sup> largest city in the U.S. – Dallas Fire & Rescue, Law Enforcement, Suicide and Crisis, Mobile Crisis and others alike refer many of the folks they encounter to NorthSTAR for mental health assistance.

This pending proposal affects more than just the people living with mental illness; it affects mental health organizations and city personnel trying to locate services and respond to needs. It affects children whose mom or dad can't get the help they need. It affects the single parent home who's trying to find services for their suicidal teen. Instead of eliminating a vital program, consider ways we can improve and join forces to reduce untreated persons with mental illness. With NorthSTAR individuals are less likely #1) to flood the jails and prisons #2) professional intervention teams are able to respond to crisis more effectively #3) mental health judges are able to offer treatment in lieu of jail time.

One provider and one system cannot meet the high demands of the mental health population in Texas. Mental health care is a complex situation and requires careful consideration. There is no one size fits all approach. More importantly ask **yourself**: "*How would I react if someone were making decisions that directly affected me and not them?*" Is NorthSTAR causing any harm or negative impact to our community? You and your members have an opportunity to save more lives than you may be aware of. Would you consider sending a professional to survey individuals utilizing NorthSTAR and ask how would they pay for treatment if NorthSTAR was not available? Locate individuals in recovery and ask how they achieved their recovery. Include professionals who are working on the forefront and ask how NorthSTAR has been a benefit.

A simple internet search of *mental illness tragedies* illustrates the lack of treatment, support and education. So before you and your members make a decision review the pleas of many trying to maintain affordable mental health care through NorthSTAR. *Let's stay in the caring profession.*



## The Impact of Mental Illness in America

- Serious mental illness costs America \$193.2 billion in lost earnings per year.<sup>17</sup>
- Mood disorders such as depression are the third most common cause of hospitalization in the U.S. for both youth and adults ages 18 to 44.<sup>18</sup>
- Individuals living with serious mental illness face an increased risk of having chronic medical conditions.<sup>19</sup> Adults living with serious mental illness die on average 25 years earlier than other Americans, largely due to treatable medical conditions.<sup>20</sup>
- Over 50 percent of students with a mental health condition age 14 and older who are served by special education drop out—the highest dropout rate of any disability group.<sup>21</sup>
- Suicide is the tenth leading cause of death in the U.S. (more common than homicide) and the third leading cause of death for ages 15 to 24 years.<sup>22</sup> More than 90 percent of those who die by suicide had one or more mental disorders.<sup>23</sup>
- Although military members comprise less than 1 percent of the U.S. population<sup>24</sup>, veterans represent 20 percent of suicides nationally. Each day, about 22 veterans die from suicide.<sup>25</sup>

The screenshot shows the Texas Department of State Health Services website. The header includes the state logo, the text "TEXAS Department of State Health Services", a search bar with "Advanced" and "Inicio en español | Text Size: [icon]", and a topic index "Topics: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All". The navigation menu includes "Home", "About Us", "News", "Learn More...", "I want to...", "Resources", and "Find Services". The main content area is titled "Home > Mental Health Services Search" and "Search for Your Local Mental Health Authority - Buscar la entidad de salud mental en su localidad". It provides instructions in English and Spanish on how to find local mental health services, including a link to a list of local authorities and crisis hotlines. Below this, there are three search methods: "Search by County (Buscar por condado)", "Search by City (Buscar por ciudad)", and "Search by Zip Code (Buscar por código postal)". The "Search by City" method is selected, with "Dallas" entered in the text box. A "Search (Buscar)" button is visible. Below the search results, it lists "Mental Health Authority/Mental Retardation Authority in the City of Dallas" and provides contact information for NorthSTAR Behavioral Health Authority, including crisis and main phone numbers and the website URL. A red arrow points from a text box to the website URL.

**NOTE: The provider listed on the Texas Department of State Health Services... NorthSTAR**

Name of Center: [NorthSTAR / North Texas Behavioral Health Authority](http://www.northstar.org/index.aspx)  
Crisis Phone: 1-866-260-8000  
Main Phone: 214-366-9407  
Website: <http://www.northstar.org/index.aspx>  
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