

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: DSHS Sunset review
Date: Thursday, June 12, 2014 8:07:24 AM

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

From: Rocky
Sent: Wednesday, June 11, 2014 7:14 PM
To: Sunset Advisory Commission
Subject: DSHS Sunset review

To Whom It My Concern,

I just finished reading the recently released findings on the Dept. of State Health Services. While I am not surprised by the accurately critical report, I am curious as to how so many of those in leadership at DSHS have been promoted after creating this mess.

For example, former Asst. Commissioner Maples was good at securing money for MHSA, but yet the division experienced very lackluster performance in meeting legislative mandates. Mr. Maples was recently promoted to the position of Deputy Commissioner for the entire agency. He has been with DSHS since it was Texas MHMR.

Thomas Best was Director of Contractor Services where he provided oversight of MHSA contracts, which both saw poor performance as noted in your report. Mr. Maples created an Associate Asst. Commissioner position and promoted Mr. Best in the past few months.

Mr. Roderick Swan was manager over MH Contracts and worked for Mr. Best, was just promoted into Mr. Best's old position, yet his unit was specifically named as having only achieved a 1% success rate last year.

The only well deserved promotion amongst any of the long-term MHSA leadership staff would be Lauren Lacefield, who was recently promoted to the position of Asst. Commissioner over MHSA.

One can only hope that things will improve under Ms. Lacefield, but that is yet to be scene. Turnover with this division is one of the highest amongst all DSHS Divisions. Staff have been told they cannot get raises. Staff are overloaded with projects, without resources and there is a gross lack of historic knowledge left in the Division as most employees are new and inexperienced.

Two or three of the primary leaders are so terribly slow at decision making that programs are late in getting implemented, letters, QM reports and documents are outdated before reaching contractors, and the agency lacks the ability to produce good and accurate data.

Staff are very quick to initiate punitive action against providers, will not or cannot visit providers face-to-face and seem to think Technical Assistance is uncoordinated ten minute calls asking providers what can they do to improve.

Frustration levels with working with DSHS is boiling over and most contractors have any confidence in the agency at this time. While legacy MHMR had its problems, they were no where near this level of ineptitude. The only consolidation that occurred with MH and SA was in name only, and MR (IDD) should have never been stripped out.

My hope is that when you make recommendations about the future of this agency, there will be consideration into pulling MHMR and SA back together into its own again. It is also my hope that recommendation are made that strongly challenge the practice of promoting individuals who have helped create this message and/or keep this division on turmoil.

Regards