

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Monday, June 30, 2014 4:36:57 PM

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

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Monday, June 30, 2014 3:06 PM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Monday, June 30, 2014 - 15:05

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

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

Comments - DSHS Sunset Staff Report
Submitted by the Texas Council of Community Centers

Issue 1

Resolving the Current Crisis in the State Mental Health Hospital System Requires Action, Starting Now.

Change in Statute

1.1 Require DSHS to work with the Court of Criminal Appeals to develop training to inform the judiciary about alternatives to inpatient mental health treatment.

Texas Council supports this recommendation.

Management Action

1.2 Direct DSHS to develop a guide for alternatives to inpatient mental health treatment in the state mental health hospital system.

Texas Council supports this recommendation, including to secure LMHA and Texas Council assistance in gathering information on alternatives in local service areas.

1.3 Direct DSHS and HHSC to immediately review and streamline hiring processes and improve other personnel actions needed to ensure state mental health hospitals are appropriately staffed.

Texas Council supports this recommendation, but recommend that either in this phase or the broader HHSC phase of the Sunset review, the Sunset staff review this issue in light of the substantive changes in the Human Resource (HR) function that were directed by HB 2292 [78th R Legislature) that significantly diminished local, facility-based HR leadership and support functions, including activities related to recruiting, hiring, training & retention.

1.4 Direct DSHS to continue expanding state mental health hospital system capacity for both forensic and civil patients by contracting with mental health providers in local communities whenever possible.

Texas Council supports this recommendation, including for DSHS to address gaps in patient data currently provided by contracted facilities. The description for this recommendation refers to minimum information to be collected. This minimum information (commitment type, information regarding staff and patient injuries and use of restrains and seclusion) seems generally acceptable.

However, direction to the agency should also include a statement that in developing the common data set, DSHS must take into consideration the differences (e.g., in scope of responsibility) that may exist between state operated facilities and locally purchased inpatient services.

Issue 2

DSHS Has Struggled to Deliver Integrated, Outcomes-Focused Community Mental Health and Substance Abuse Services.

Change in Statute

2.1 Require DSHS to integrate mental health and substance abuse hotline, screening, assessment and referral functions.

Texas Council agrees that the integration of these mental health and substance abuse functions works well in the two areas of the state where they are conducted by the LMHA and expansion of this model could make it easier for people seeking help to get to right services.

2.2 Require DSHS to focus funding equity efforts for local mental health authorities on targeted capacity needs rather than narrow per capita funding.

The Texas Council does not support targeted capacity as the sole mechanism to ensure funding equity.

This section of the Sunset report generally reflects the fact that disparities in funding have long-existed and not been satisfactorily resolved over time. The report describes the DSHS funding structure as byzantine.

The report also reflects (p. 29) that the Legislature has repeatedly instructed DSHS to make mental health funding distribution more equitable on a per capita basis as new funding becomes available, noting that “Over time, attempts to adjust scarce funding have been met with a chorus of providers raising the specter of causing so much disruption in the system that efforts to correct the situation are rendered dead on arrival. As a result, per-capita funding across the state still varies widely region-by-region and has actually diverged more over time by several measures, despite repeated efforts to make the funding more equitable.”

In this description, the Sunset report accurately reflects opposition for achieving equity by cutting funds from rural areas (with higher per capita funding) as the means to increase funds in other local service areas.

Although not specifically outlined in the Sunset report, opposition to using funding reductions to local service areas for purpose of redistribution to other areas is based on two primary factors:

1. there is no local service area of the state that is adequately funded; and
2. local service areas that are funded above the average per capita are rural in nature with relatively small allocations.

For example, to achieve equity by cutting funds to rural service areas with higher than average per capita funding

would require eliminating all allocated mental health crisis and treatment funds to four (4) Local Mental Health Authorities:

- West Texas Centers in Big Springs – serving 23 counties;
- Coastal Plains Center in Portland – serving 9 counties;
- ACCESS in Jacksonville – serving 2 counties;
- Center for Life Resources in Brownwood – serving 7 counties; and
- cutting 90% of all allocated mental health crisis and treatment funds to Helen Farabee Centers in Wichita Falls – serving 19 counties.

The continued and (in some cases) increased disparity in per capita funding is primarily the result of three (3) factors:

1. lack of substantive new funds for mental health treatment in the decade prior to 2007;
2. population growth in some areas of the state significantly outpacing new funds; and
3. substantial waiting list funding in the 83rd session that was not tied to per capita funding levels or base population.

The Sunset Report (p. 30) also draws attention to nine (9) regions that are funded above the state average in per capita funding and as described in the report, “overusing their allocated share of beds in the state mental health hospital system”. The report reflects that “significant overuse of allocated state beds indicates a breakdown in local service delivery and capacity”.

This section of the report does not articulate the rural nature of the nine (9) regions and the significant lack of other inpatient facilities and resources—although in other sections of the report, there is recognition of significant loss of state hospital inpatient capacity overall and an increase in acuity levels of people in state hospitals (indicating clinical need for state hospital utilization overall).

The Texas Council supports use of new funds to achieve equity and opposes achieving equity by cutting funds from one local service areas for purpose of redistribution to other authorities to (consistent with the Equity Task Force Report issued in 2000).

Although the Texas Council agrees that per capita funding should not be the sole mechanism for determining equitable access to services we believe population based funding continues to represent an important way to ensure basic access to mental health crisis and treatment services.

That said, the Equity Task Force Report (2000) referenced in Sunset Report Appendix D, Rider 16 (2002 – 2003), represents the most recent broad based consideration of how to approach an equitable distribution of vital resources for communities across Texas. We would support a recommendation directing DSHS to again convene a Task Force to re-consider this issue.

Management Action

2.3 Direct DSHS to evaluate and improve its behavioral health performance measurement and contracting processes.

The Texas Council generally agrees with the recommendation for DSHS to evaluate and improve its behavioral health performance measurement and contracting processes.

We do not agree with reference in the Sunset Report (p. 30) that the 10% withhold represents a “small portion of the historical regional funding for local mental health authorities”. We are not aware of any other contractors (including Value Options in NorthSTAR) that have 10% of their funds withheld for achieving outcome based performance measures. Of note, in several local service areas the 10% withhold is substantially more than the new funds allocated.

The Texas Council recommends identifying alternate incentive strategies to promote achievement of performance-

based outcomes as opposed to withholding operating funds needed for service delivery.

Change in Statute

2.4 Require DSHS to overhaul regulations for community-based behavioral health treatment facilities, including creating new license types if necessary.

The Texas Council generally agrees with this recommendation.

2.5 Remove two DSHS advisory committees from statute.

The Texas Council generally agrees with this recommendation.

Management Action

2.6 Direct DSHS and HHSC to establish the Council for Advising and Planning for the Prevention and Treatment of Mental and Substance Use Disorders in rule.

The Texas Council generally agrees with this recommendation.

Any Alternative or New Recommendations on This Agency:

Recommended Modification, DSHS Issue 2, Recommendation 2.2:

Require DSHS to focus funding equity efforts for LMHAs by targeted capacity needs (e.g. developing alternatives to hospitalization) and a population-based per capita funding methodology that ensures access to basic mental health crisis and treatment services across both urban and rural areas of the state.

My Comment Will Be Made Public: I agree