

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 4:49:30 PM

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

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Monday, June 30, 2014 11:28 AM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Monday, June 30, 2014 - 11:27

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Adam

Last Name: Slosberg

Title: Managing Director

Organization you are affiliated with: n/a

City: Austin

State: Texas

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

Adam Slosberg

Austin, Texas

June 30, 2014

Hand delivered and provided through the Sunset website.

TO: SUNSET COMMISSION MEMBERS

Senators – Nelson • Birdwell • Hinojosa • Patrick •
Schwertner • Dr. Dawn Buckingham

Representatives – Price • Burkett • Dutton Jr. • Gonzales • Raymond • Mr. Tom Luce

It is an honor to provide you with my written public testimony that I could not provide during your hearing last week. To start this letter and attachments on positive note, I would like to compliment Senator Nelson; with deference and respect to all other members. Senator Nelson – I testified before you at the 83rd on behalf of SB68. My requests pertaining what is commonly called “peer support” were not ultimately favored yet SB68 did make a request that a cost/benefit analysis be made of this industry.

After SB68 was passed, I was fortunate to hear you speak on a couple of occasions, and this weekend listen to 80% of the hearings. I appreciate your humour, directness, succinctness and laughter. Of most importance, your

demeanor and respect to those coming before you. Thank you.

I have structured this package in the following way:

- Section I: An introduction of myself
- Section II: Sound-bites from the deis on DSHS
- Section III: Services at DSHS, LMHA and FQHC
- Section IV: Recommendations and Commentary
- Section V: My accomplishments in the past three years (mainly in mental and behavioral health)

SECTION I – INTRODUCTION TO ADAM SLOSBERG I am a lay person in the field of behavioral health. My first career of 25+ years focused on finance, management strategy, and information technology. I worked in mid-senior level management for Chase Bank, Soros Fund Management, Microsoft and AMD. I moved to Austin four years ago and just about three years ago left corporate life and began a life devoted to helping others with mental health issues as well as mental health advocacy and activism. I serve on various linked workgroups and am the Managing Director of Beyond Today where I perform my work. The behavioral health arena has become a passion and I have made several impacts and for my field (see Section V).

At Beyond Today I do not get paid, I do not charge my peers and I do not accept funding. In this light, I joined the safety nets over two years ago.

As a result, my mental health and primary care has worsened even from my previous status of having no medical insurance or care at all. In other words, I was better off without any care than with care from the safety nets.

This is not a good indicator for our public care infrastructure.

SECTION II – SOUND BITES FROM THE DEIS

I did not have a chance to read the report in its' entirety – my apologies. However, I entrust that the Commission discussed the most pertinent details. With regards to DSHS I have noted some of the statements that resonated most with me.

General Comments

- Need leadership
- Do not need more silos
- Jack of all trades – master of none
- 200 programs, \$3B+ budget, 165 funding sources, 12,000 staff
- Operates in crisis mode
- Little time for strategic thinking
- Failure to put together clear rules
- State hospital heavy demand due to forensic patients
- Legislature has time and again attempted to help DSHS maneuver
- Cheaper to treat in patients in community instead of state hospitals (I do not believe this is correct. Our BJA group did an analysis just over two years ago and if recollection serves, most expense beds were in jails/prisons, community, then state hospitals. (Judge Hohengarten may still have that data)
- “So out of touch”

Senator Nelson

- Commission should not oversee agencies
- Agrees with report and notes Meadows foundation for mental health is laying its' mark
- Pay for outcomes
- Measure outcomes
- Should approach collaboratively
- MH and SA should collaborate
- Are incentives following what we receive?
- MH may not have a long term plan
- Something needs to be done to elevate MH

Senator Price

- In training judiciary, are we doing anything to incentivize funding

- Must achieve benchmarks to achieve funding

Senator Schwertner

- Should MH/BH be a separate entity (2.5 million) (see recommendations)
- IDD can be problematic as it is co-symptomatic yet part of integrated care
- Do state hospitals (and LMHA's) receive different compensations in rural areas?
- Are there courses for judges and are judges doing referrals?
- Public health and mental health – are they different to be handled differently?
- Need transparency

Senator Birdwell

- Can we expand capacity with local providers – is there a ceiling?

Representative Dutton Jr.

- Commission could perhaps define the Mission
- 500,000 SMI, 2,000,000 SA yet spending only \$750,000,000. “Funding does not equate to the magnitude of the problem.”
- Using jails as a center of care
- Do you see a problem with delivery system in Texas? Staff: aside from a lack of psychiatrists Lackey states wait list per last session is down. (PLEASE be careful on this statistic as definitions by staff may have changed and ways of reporting by LMHA's may have changed; hence not comparing apples to apples)
- Is there an effective complaint process? (Staff: there is process – did not look at specifics)

Representative Raymond

- DSHS has not provide the best leadership (I believe this came from report and Representative Raymond took umbrage in that commentary)
- LMHA relationships are strained and offer no support just funds

Representative Burkett

- Advise a patient using telemedicine that they may not be able to get scripts
- How is someone supposed to find housing when a legislator cannot?

Mr. Luce

- Focus on outcomes
- Need metrics – few exist now
- Proponent of an integrated care system
- MH works in an emergency basis. No prevention, no early treatment

Dr. Dawn Buckingham

- Transfers from hospital to community needs better coordination

Unknown

- In agreement with Luce on integrated care – 70% tied (from primary care side)
- Collection of information should be done with consent and accurate data. Data is not currently accurate
- 63% staffing is at state facility / 37% is at non-direct care
- What is state to patient cost?
- Telemedicine (for prescribing may be ineffective: Austin to Houston client example)

SECTION III – SERVICE FROM DSHS, LMHA, FQHC This section refers specifically to me and not to any

experiences from my peers. I will write in generalities about the LMHA and FQHC in question yet call out people at the agency – with the goal of letting you know that if you believe we need help from your macro level you are right. In my humble opinion some sort of overhaul is required.

DSHS

- Failure to respond to numerous open records requests
 - Failure to advise status of such requests
 - Failure to communicate if a request does not belong to their department
 - Failure to provide a tracking number causing open records requests to “get lost”
 - Failure to provide accurate information on some requests
 - Only assistance – though time consuming – came from HHSC requesting DSHS to respond
 - Failure to resolve LMHA complaints with an iota of logic or communication
 - Persons most responsible: Sam Shore, Mike Maples, Dr. David Lackey
- LMHA (in current attempts to resolve issues)
- Failure to provide medications and possibly sparking a dangerous situation
 - Failure to provide information on how to obtain medications
 - Consistent failure to operate procedures around medication and levels of service
 - Failure to post patient rights despite being notified several times

FQHC (in current attempts to resolve issues)

- Failure to have a complaint process
- Failure to properly treat wound resulting in a 3-day hospital stay
- Failure to properly provide referrals after three requests and 5-6 months of time resulting in additional referrals to specialists with potential for future surgery

Kindly note that more details will be provided either by August 13, 2014, or beforehand.

SECTION IV – RECOMMENDATIONS and COMMENTARY Despite my short time in MH I have been fortunate to be exposed to items on a local, county, regional, state and national level. I still consider myself a lay person and, in essence have just a few comments which many of you have already alluded to and many of which are already providing results in other states. Respectfully, this is not rocket science.

- Ø Measure outcomes and in cases pay per performance
- Ø Jail based interventions on a variety of MH (not BH issues). This may require working with the Medicare such that LMHA's can be reimbursed
- Ø Ensure compliance with state statutes and the mental health code
- Ø Ensure complete, detailed and accurate audits
- Ø Help LMHA's, COSP's and other entities work on integrated care
- Ø Fund the above with training and/or licensure of integrated care peer specialists
- Ø The same as above for mental health peer support specialists
- Ø Follow, obtain, and ask for assistance from SAMHSA
- Ø Force a competitive marketplace for MH and SA
- Ø Provide for LMHA's to work with housing groups, substance abuse and criminal justice
- Ø De-criminalize Class C Misdemeanors which great affect this population from obtaining housing and employment
- Ø Re-audit DSHS for administrative expense number presented of 2% and insure that audit is also inclusive of wasted energies and time. Suggest to DSHS to form a leaner organization based upon outcomes
- Ø Reform statutes pertaining to client rights and ensure that clients have immediate access to understand their rights
- Ø Mental health issues are a human rights issue

Ø People with mental health issues are the most discriminated group in the United States

I thank you for your time. SECTION V – MY ACCOMPLISHMENTS follow this signature page.

Sincerely,

Adam Slosberg

Any Alternative or New Recommendations on This Agency:

Adam Slosberg

305.785.3215 • P.O. Box 153173 – Austin, Texas 78715 adamslosberg@yahoo.com •
www.linkedin.com/in/adamslosberg

Behavioral HealthCare Achievements 2011 – 2014 (this list excludes a myriad of conferences, meetings, trainings and webinars)

2014

- ACMHA Conference
- ECHO Housing Workgroup
- MetroAccess Appeals Panel
- Stand-up for Mental Health Comic
- National Mentorship – Behavioral Health
- 1st National Mental Health & Dignity March – Texas Lead
- SAMHSA Expert Panel – Peer Recovery Services and Supports
- 1st National Mental Health & Dignity March – Leadership Team
- Mental Health Peer Support Case Management – Beyond Today
- Texas Association Against Sexual Assault – Mobilizing Men Task Force
- Commissioner – City of Austin Mayor’s Committee for People with Disabilities
- Central Texas African American Family Support Conference Planning Committee
- Community Advancement Network – Cultural Competency, Diversity & Inclusion
- Community Advancement Network – Cultural Competency, Diversity & Inclusion Training Hub
- Met with Mario Jardon CEO Cirus Health Network (Miami Dade County – Florida) – Peer Support Specialists
- Discussions with Judge Ginger Lerner-Wren (Broward County – Florida) on Behavioral Health and Criminal Justice

2013

- ECHO Housing Workgroup
- Metro Access Appeals Panel
- Austin ROSC Initiative Member
- Stand-up for Mental Health Comic
- Hogg Foundation video of my personal story
- Mental Health Peer Support – Beyond Today
- Pet Partners program at Austin State Hospital
- Home away from Home Conference Participant
- Alternatives 2013 Conference – Texas Committee
- Presentation to Huston-Tillotson on Peer Support
- Austin ROSC Initiative – Mental Health Focus Group
- Texas Tribune Mental Health Symposium Participant

- Austin Travis County Behavioral Health Advisory Board
- Precinct Five Deputy to enforce Texas disability statutes
- 2013 Central Texas Healthcare Diversity Summit Participant
- Only Advanced Certified Peer Support Specialist in Texas – DSHS
- Behavioral Health Planning Partnership (until disbanded in June)
- Austin Travis County Re-entry Roundtable – XOffender’s Council
- Presentation to Texas State University on careers in Peer Support
- Central Texas African American Family Support Conference Speaker
- Austin Travis County Re-entry Roundtable – Employment Committee
- Texas Association Against Sexual Assault – Mobilizing Men Task Force
- Presentation about Peer Support to Downtown Austin Community Court
- Austin Travis County Re-entry Roundtable – Support Systems Committee
- Organized second Mental Health Awareness Day : Voice in Recovery Event
- Breaking the Silence: Understanding Asian American Mental Health Training
- Camp Good News Partnership with Austin Travis County Re-Entry Roundtable
- Commissioner – City of Austin Mayor’s Committee for People with

Disabilities

- Presentation to the City Hall Commission on Immigrant Affairs on Peer Support
- Central Texas African American Family Support Conference Planning Committee
- Community Advancement Network – Cultural Competency, Diversity & Inclusion
- Central Texas African American Family Support Conference Program Sub-Committee
- Texas Behavioral Health Institute presentation on Peer Support, Recovery, and Cultural Competency
- Presentation to Texas State University on Peer Support in jails, hospitals and local mental health authorities

2012

- Austin ROSC Initiative
- ECHO Housing Workgroup
- Texas Catalyst for Empowerment Member
- Mental Health Peer Support – Beyond Today
- BRSS Policy Academy Application Committee
- Presentation to Austin Clubhouse on Peer Support
- Texas Catalyst for Empowerment Leadership Award
- Organized first Mental Health Awareness Day event
- Austin Travis County Behavioral Health Advisory Committee
- Austin Travis County Re-entry Roundtable – XOffender’s Council
- Austin Travis County Re-entry Roundtable – Employment Committee
- First Peer Support Pilot Program at Travis County Correctional Facility
- Presentation to Mental Health Public Defender’s Office on Peer Support
- Austin Travis County Re-entry Roundtable – Support Systems Committee
- Testimony given on behalf of the Texas Criminal Justice Coalition on HB3531
- Acceptance from City Hall of the Mental Health Awareness Day proclamation
- Interview with Dr. Blessing Anyatonwu D.C., M.S., on the role of Peer Support
- Cooperation with Texas State University for large scale mental health programs
- Testimony given for the Texas Finance Committee with Senator Nelson on SB68
- Austin Travis County Re-entry Roundtable – Evidenced Based Practices Committee
- Central Texas African American Family Support Conference Planning

Sub-Committee

2011

- Incorporation of Beyond Today
- Austin State Hospital – Volunteer
- Formation of peer support group
- Design of Website for Beyond Today
- Design of Brochure for Beyond Today
- Assembling of partners for Beyond Today
- Mental Health Peer Support – Beyond Today
- Austin Travis County Integral Care – Employee
- Austin Travis County Integral Care – Volunteer
- Financial Literacy of Central Texas – Volunteer
- Fundraiser on behalf of the NAMI Austin Walk
- “Consumer” selected for BRASS TACS Initiative
- Assembling of Advisory Board for Beyond Today
- Presentations to ASH patients about peers support
- Assembling of Board of Directors for Beyond Today
- Assembling Board Members At Large for Beyond Today

My Comment Will Be Made Public: I agree