

OCT 24 2014

State of Texas
House of Representatives

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Representative Jim Pitts

Mr. Ken Levine
Director, Sunset Advisory Commission
P.O. Box 13066
Austin, TX 78711

Dear Mr. Levine:

Thank you for considerable efforts on behalf of the State of Texas and your dedication to the Sunset Advisory Commission. I am writing regarding the Sunset Commission Staff Report on the Health & Human Services Commission (HHSC), released October 3, 2014. Issue 9 of the Report recommends the discontinuation of the NorthSTAR mental health system. I am very concerned about this recommendation and take great exception to the report.

I understand there is a desire to make every program standardized, but with the exception of NorthSTAR, every other mental health region in Texas has been operating the same model since the 1970's. I am not sure that we should be satisfied with that model. Chronic waiting lists, no choice of providers, substance abuse treatment is separate from mental health services—is that the model the state wants to keep going forward with?

I was in the Legislature when NorthSTAR was begun in the 7-county region in 1999 and I remember what the mental health care delivery system was like before NorthSTAR appeared. I want NorthSTAR to continue because it has never had waiting lists, it serves more people for less money with a wide array of quality services, and most of all my constituents, who are consumers of NorthSTAR, want it to continue.

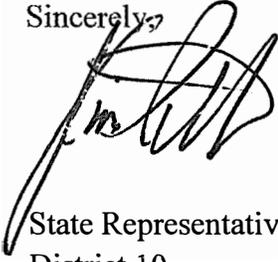
I know that the rest of the state is going to the MCO carve-in model for Medicaid mental health services, but do we really know with certainty that this approach will work as well as the BHO model does in NorthSTAR? The new MCO model started on September 1 this year; I don't believe the results are in yet. Are we willing to toss out a system that is working very well for my constituents for a model that is, as yet, untested?

One of the reasons that Sunset staff said NorthSTAR was "outdated" is because it can't participate in DSRIP funding. The NorthSTAR program should not be ended just because of this. First, the Regional Health Partnerships that NorthSTAR is in have participated in DSRIP, although not to the extent as some other regions. However, I have confidence that HHSC can determine a way for the NorthSTAR area to fully participate in DSRIP funding. Further, the question must be asked: will DSRIP funding continue for some time, and is it worth changing a solid delivery model on the belief that this type of funding will continue indefinitely?

The Legislature funded mental health more in 2013 than in any other year since I have been serving in the House. I understand that because of the increased funding there are now no waiting lists for mental health services in other areas of the State and I am very proud of that. But what happens in a budget shortfall? NorthSTAR has never had a waiting list, and that was during the budget surplus years as well as the budget shortfalls.

I hope that the Commission will reconsider this staff recommendation on Issue 9. Of course, there are always improvements that can be made with any delivery system, and I would absolutely welcome those—but doing away with this model and starting over is not the way to do it.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Pitts", written over a light blue rectangular background.

State Representative Jim Pitts
District 10

Cc:

Senator Jane Nelson
Senator Juan Hinojosa
Senator Charles Schwertner
Senator Brian Birdwell
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