



7800 Shoal Creek Blvd., Suite 171-E
Austin, TX 78757
voice/tdd: 512.454.4816
intake: 800.252.9108
fax: 512.323.0902
infoai@advocacyinc.org
www.advocacyinc.org

**TESTIMONY TO THE DSHS ADVISORY COUNCIL
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AARYCE HAYES**

My name is Aaryce Hayes. I am a Policy Services Specialist at Advocacy, Inc. I am also speaking on behalf of Mental Health America of Texas, National Alliance on Mental Illness of Texas and Texas Mental Health Consumers.

Nationally and internationally, agencies and systems have acknowledged that the use of restraint and seclusion is dangerous to anyone involved. The National Association of State Mental Health Directors (NASMHD) characterize the use of these interventions as a treatment failure and have promoted efforts to reduce the frequency of such incidents. Such efforts have also been encouraged by Federal Regulations and accreditation entities such as JCAHO and CMS (formerly HCFA).

We compliment the Department on the collective efforts of the state hospitals to reduce the frequency of incidents of restraint and seclusion and to integrate trauma informed treatment into their practices. The data, a performance indicator for the state hospitals, is available on the DSHS website. An informed analysis of the data as well as reports from the facilities, including the forensics, indicate growing success in their attempts to change their culture resulting in fewer incidents of restraint or seclusion. This is an important treatment issue. Incidents requiring the use of restraint and seclusion are indicators of a need for continued treatment and may point to trauma related issues that should be addressed to improve the person's impulse control. Last year Texas was awarded a SAMHSA grant to advance these efforts in four state hospitals. DSHS and HHSC have committed to sharing what is learned through the grant across health and human service and juvenile justice agencies as the agencies continue their efforts to learn from each other.

As aggressively as the state hospitals have confronted this issue, neither the public nor the Department know the extent to which similar efforts are occurring within the private psychiatric hospitals. The 1/1/2001 JCAHO standards required the collection of data on the use of restraint and seclusion. Neither the public nor the Department know the extent to which private psychiatric hospitals are in compliance with this standard. Despite the statutory oversight responsibility to license and regulate both public and private psychiatric hospitals in Texas, this data has not been requested by the Department, nor offered by the industry. It is inexcusable that DSHS would fail to provide the same attention to this issue for the private facilities that it has with the public facilities. Individuals who receive services from private psychiatric facilities have the same rights and

protections as individuals in the public sector and the failure of the Department to attend to an issue of such importance is disturbing. We have a great opportunity to move the system forward by learning from each other. It is likely that if the systems share information, they will be able to enhance their practices to reach a shared goal of reducing if not eliminating incidents of restraint and seclusion as well as the deaths and injuries that are too often unintended consequences of the practice.

The sharing of knowledge and successful practices was the focus of SB 325 which was passed during the 78th Legislative Session by Senator Zaffirini. SB 325 mandates data collection across all the health and human service agencies. While it is true that ultimately HHSC has responsibility for all of the agencies, it is logical that HHSC will first require the regulatory agency to collect the data from the entities they license and regulate. This is already occurring with DFPS and DADS for many of the affected settings and programs. To improve and better ensure the care and treatment of individuals receiving mental health services, the Dept must develop a process to encourage the sharing of information and practices that result in a reduction of incidents of restraint and seclusion. All of the available studies indicates that successful efforts to implement changes to reduce the use of restraint and seclusion take leadership at the administrative level and that the change occurs from the top down.

Advocacy, Inc., Mental Health America of Texas, NAMI Texas and Texas Mental Health Consumers respectfully but strongly recommend that DSHS request data from the private psychiatric hospitals and develop a process to share information and data between the public and private systems. It seems to be a good fit with the Data and Technology Subcommittee of the Transformation Workgroup.