



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting

Thursday, April 12, 2007

Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (*Please list agenda title(s) or number(s)*):

Summary of Comments:

Work with Legislators

Registrant information:

Please PRINT clearly

NAME: <i>KELLEY CHOU</i>		
ADDRESS: <i>2121 Radnor Drive</i>		
CITY: <i>Austin</i>	STATE: <i>TX</i>	ZIP: <i>78727</i>
PHONE NUMBER: <i>(512) 238-5689</i> REPRESENTING: <i>self</i>		

Signature: *Kelley Chou*

Date: *4-12-2007*

To Comment:

1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chairman to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



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Please Print Aaryce Hayes

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments: Role of MHPAC

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING, filled with handwritten information.

Signature: [Handwritten Signature] Date: 4/12/07

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Message

Public Comment
By MHPAC

Aaryce Hayes

From: Aaryce Hayes
Sent: Monday, April 09, 2007 12:51 PM
To: 'Daggett, Pamela'
Cc: Joe.Vesowate@dshs.state.tx.us
Subject: FW: HB 3730

Just FYI

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

From: Aaryce Hayes
Sent: Monday, April 09, 2007 12:50 PM
To: 'Robin Peyson'; 'denise.brady@mhatexas.org'; Mike_Halligan@tmhc.org; 'Young, Amy'; Melissa Cook; Eileen Rosen
Subject: HB 3730

I am preparing for the hearing on HB 3730. I know CCHR is working on a substitute but the language is not available yet. This is a difficult one to address but seems to provide a platform for the kind of support statement we have talked briefly about in MHPAC. Attached is suggested language which you can see is very broad. I likely will testify, but will testify ON the bill rather than take a position on this difficult issue.

I plan to share the attached language at MHPAC today.

4/11/2007

TESTIMONY TO THE HOUSE – HUMAN SERVICES COMMITTEE
APRIL 10, 2007
HB 3730

The Mental Health Planning Advisory Committee, is Federally mandated to any state which receives Mental Health Block Grant funds. The committee consists of organizations and members that represent family members, individuals receiving services, advocates and other state agencies. MHPAC met April 9, 2007 and agreed to provide education on this issue.

There has been considerable concern and outrage in response to allegations related to the pharmaceutical manufacturer for Risperidal and Zyprexa. That outrage is completely justified if the allegation, that the manufacturer withheld information about the side effects of the medications, is accurate. The Texas Legislature as well as the legacy agency, TDMHMR went to significant efforts to ensure that individuals are provided sufficient information to ensure their choice of medication is driven by informed consent. Physicians are limited in that they can only provide the individual with the information that is provided to them. If indeed the manufacturer withheld information, that should be dealt with and appropriate legal action taken to ensure that this does not occur in the future. DSHS should inform stakeholders if and when new information is discovered about the side effects of any psychotropic medication.

It is of great concern, however, that the media has at times redefined the issue in such a way that it has negative implications for the Texas Implementation of the Medication Algorithm (TIMA). MHPAC remains supportive of the use of TIMA. The algorithm was developed for the purpose of addressing the lack of consistency in physicians' approaches to treating mental illness and to increase transparency and education so that individuals are sufficiently informed to not only understand but also to direct their own treatment. The media's implication is that TIMA was designed and used to encourage the use of these two specific medications in the treatment of Schizophrenia. However, the algorithm, which is available on the internet at <http://www.dshs.state.tx.us/mhprograms/TIMA/shtm>, recommends a choice of five different medications which are produced by three manufacturers. Therefore, to conclude that the algorithm was designed to increase the use of any particular medications seems to be inaccurate.

Historically, individuals with a mental illness have experienced changes in their diagnosis as well as their prescribed medication, based on the individual preferences of the physician. The diagnosis and recommended medication may change over time with the same physician and occurs even more often in the public system where the physician may be different from one appointment to the next. Changes, made in this manner, are not conducive to good clinical outcomes. The algorithm was developed by clinicians but in tandem with individuals receiving mental health treatment, as well as, family members and advocates. The algorithm includes individual and family education programs as well as educational materials designed for and by individuals receiving treatment, as well as their family members.

TESTIMONY TO THE HOUSE – HUMAN SERVICES COMMITTEE
APRIL 10, 2007
HB 3730

TX
Council
on
Developmental
Disabilities

This testimony is provided on behalf of Advocacy, Inc., Depression and Bipolar Support Alliance Texas, Mental Health America Texas, National Alliance on Mental Illness in Texas, Texas Mental Health Consumers and Prosumers. All of these organizations represent individuals who are receiving mental health services, their family members and advocates who work and are invested in the mental health system.

There has been considerable concern and outrage in response to allegations related to the pharmaceutical manufacturer for Risperidal and Zyprexa. That outrage is completely justified if the allegation, that the manufacturer withheld information about the side effects of the medications, is accurate. The Texas Legislature as well as the legacy agency, TDMHMR went to significant efforts to ensure that individuals are provided sufficient information to ensure their choice of medication is driven by informed consent. Physicians are limited in that they can only provide the individual with the information that is provided to them. If indeed the manufacturer withheld information, that should be dealt with and appropriate legal action taken to ensure that this does not occur in the future. DSHS should inform stakeholders if and when new information is discovered about the side effects of any psychotropic medication.

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The information provided includes:

- what medications are considered most effective for Schizophrenia, Bi-Polar Disorder and Major Depression,
- the known side effects of the medication,
- recommended dosage;
- how long to remain on a trial of the medication, and
- the next steps to consider if that medication proves ineffective.

These educational materials are powerful instruments which assist the family and consumer in understanding and participating in their treatment program.

Stakeholders have some discomfort with the language in HB 3730 knowing that it is not realistic to expect that individuals working in the field of mental health are not going to have some ties to the manufacturing industry. This bill may limit the use of leading experts, including University experts, in the development of such protocols.