

## July/August 2008 Newsletter

### National Association of County Behavioral Health and Developmental Disability Directors

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#### **Board Recognizes NACBHDD's Legislative Successes, Discusses Involvement in NACo Health Care Reform Initiative**

The NACBHDD Board met July 10 and 11 in Kansas City, Missouri, immediately prior to the National Association of Counties (NACo) Annual Conference. A highlight of the very successful Board meeting was a visit from NACo First Vice President Valerie Brown, who is leading NACo's health care reform initiative.

#### **NACBHDD Board Meeting**

"The Board is almost like a family; it's great to meet with colleagues from across the country who have the same passion. It's good for our consumers and good for us," said NACBHDD Board Chair Leon Evans (Executive Director, The Center for Health Care Services, San Antonio, Texas). And he added, "There are lots of really creative people there, and I always come back energized and with lots of things to add to my toolkit."

Evans described the Board meeting as productive and a chance to reflect on NACBHDD's legislative successes. "Our efforts around Medicaid reform worked out well. We were able to work with NACo and other advocacy organizations to pass the moratoria." He also cited NACBHDD's work around parity and the quality of the communications the members receive from the Washington office as reasons why "[e]verybody left feeling pretty good" about the organization and about its impact in Congress.

Specifically, two bills that were enacted are of critical importance to county behavioral health and developmental disability programs. 1) The Supplemental Appropriations bill that provides funds to continue the war in Iraq was the vehicle for enacting ***six moratoria to stop proposed***

**Medicaid rule changes** from going into effect. 2) A bill that makes improvements to the Medicare program also contains **a mandate for mental health parity for Medicare beneficiaries**.

In addition to recognizing these efforts, the Board discussed the following:

- **Washington, DC staff evaluations.** NACBHDD Executive Director Ellen Witman has been at NACBHDD for a year, and the Board is extremely pleased with her work and feels very fortunate to have her as a leader. The Board also “sang the praises,” of Director of Government Affairs and Public Policy Maeghan Gilmore, said Evans.
- **Membership, budget, and funding.** The Board discussed several ways of increasing and strengthening NACBHDD’s membership including: 1) re-engaging existing members, 2) expanding membership in states where there is not yet 100% membership, 3) reaching out to potential developmental disability members in several states, and 4) reaching out to potential alcohol and substance abuse members in several states.

Ellen Witman has already received and accepted invitations to attend state association meetings in Ohio and Utah and the Anne Arundel County (MD) Mental Health Agency’s appreciation dinner in the coming months.

In addition, the Board approved a new membership brochure which will be available soon.

The Board discussed several ways of increasing the organization’s funding, including reaching out to corporations and private foundations for funding, much like NACo does. Evans believes that there are foundations and public trusts that are interested in supporting behavioral health.

The Membership Committee will develop a business plan to address these considerations.

**Discussion with Valerie Brown** -- Both Debbie Donaldson (Director, Human Services, Sedgwick County, Kansas and former NACBHDD Chair) and Leon Evans (current NACBHDD Chair) serve on the NACo Health Care Reform Task Force chaired by Valerie Brown, NACo’s First Vice President and Supervisor, Sonoma County, California. Brown also has worked as a licensed marriage, family, and child counselor. She will become President of the NACo Board in July 2009. Each NACo President has a Presidential Initiative; health care reform is Brown’s initiative. Evans feels that Brown’s experience as a county supervisor and her experience as a clinician will be instrumental in her work with the committee and that “she will provide great leadership.”

Brown visited with the NABHDD Board and discussed how NACBHDD can be involved in health care reform. Evans noted that while health care reform may be imminent, there are concerns around county behavioral health that NACBHDD members are in a unique position to discuss and represent. He cited the complexity of assuring that treatment is accessed and maintained for many of the consumers that NACBHDD serves. For example, many of the people NACBHDD

members serve have compliance and treatment problems even with the extensive wrap around services provided or the availability of ACT teams. Evans pointed out that if a new system focuses primarily on providing health care coverage to every American, it could mean that individuals with serious mental illness will have benefits and never use them because their illness is so debilitating they can't access services or they don't know how to access them. Discussions about health insurance and coverage frequently do not take into account the extensive, comprehensive systems of care required to address the needs of those with serious mental illness or substance use disorders. In addition, there is concern about how the federal government will fund the cost of delivering these services and what role counties will play. Needless to say, there was considerable discussion about these issues.

**October Board meeting is in conjunction with Texas state association meeting.** On October 30 and 31, the NACBHDD Board will hold its meeting in Austin, Texas in conjunction with the Texas Council of Community MH/MR Centers, Inc. This Texas state association is a new member of NACBHDD, and NACBHDD is pleased to be working with them.

Board meetings are open to all NACBHDD members, although only Board members may vote on business items.

### **NACBHDD participates in NACo Committees and Annual Conference**

NACBHDD was involved in several meetings at the NACo conference including a meeting of NACo's Behavioral Health Subcommittee. NACBHDD also cosponsored with NACo two of the Annual Conference sessions, one entitled "Reentry for Safer Counties: The Door to the Jail Need Not Be a Revolving One" and one called "Use the Internet to Link Vulnerable Clients to Community Resources" featuring Trilogy Integrated Resources and Network of Care.

#### **NACo's Behavioral Health Subcommittee**

The Behavioral Health Subcommittee, chaired by NACBHDD Board member and Medicaid Committee Chair David Wiebe, considered several resolutions to recommend to the Health Committee and then the NACo Board. Five of the resolutions were submitted by NACBHDD. They were unanimously accepted with amendments to reflect the good legislative news that came after the resolutions were drafted. These resolutions will soon be posted on the NACBHDD website.

Wiebe commented on the Medicaid Moratoria and the concerns of the Subcommittee and NACBHDD. "The Moratoria recently passed by Congress of six proposed Medicaid regulations puts off until next April any action on the issues addressed by the regulations. The issues themselves, however, will not go away. We have simply bought about nine months time before the new Administration, once again, addresses a number of questions about how Medicaid is

used and financed by states and counties to pay for many of the essential services we provide to our vulnerable residents. In anticipation, the NACBHDD Medicaid Committee, along with many other stakeholders, has already begun that discussion.” (Look for an interview with Weibe about Medicaid concerns in a forthcoming newsletter.)

Chad von Ahern, a NACBHDD member from Sedgwick County, Kansas, offered a presentation on an innovative community-based system for working with individuals with difficult behavior problems. (An interview with von Ahern about this program will appear in a forthcoming newsletter.)

### **Salt Lake County, UT and the Veterans Administration Discuss Joint Effort to Help Veterans of the Iraq and Afghanistan Wars**

Patrick Fleming, Director of Salt Lake County Substance Abuse, is currently involved in discussions with the local Veterans’ Administration (VA) in Utah regarding a joint program to address the behavioral health needs of soldiers returning from the wars in Iraq and Afghanistan. Many of Utah’s veterans of these two wars are residents of Salt Lake County.

Salt Lake County Substance Abuse acts as a managed care organization and purchases services from private nonprofits. They have been working with many of the same providers successfully for nearly thirty years and, as a result, they have been able to build capacity and stay competitive. Many of Salt Lake County’s treatment contractors are already seeing soldiers returning from the wars in Iraq and Afghanistan. At the same time, the local VA has started to buy some of Salt Lake County’s capacity. In addition, Fleming is involved in an effort to increase his county’s services by about 320 beds. (Current capacity is 375 beds.) Therefore, Fleming said it seemed most productive and best for the veterans and their families to discuss a joint venture between Salt Lake County and the VA.

Fleming proposed six major areas on which Salt Lake County and the VA will base their joint venture. The local VA is now reviewing Fleming’s proposal, and he is very hopeful about the plan.

1. Joint program and services planning.
2. Joint procurement and vendor selection.
3. Joint financing and braiding of funding; this allows both parties to stretch their funding and wrap services around veterans and their families.
4. Joint client outcomes measurement. SAMHSA’s National Outcome Measures are well regarded measures. To view, click here [National Outcomes Table](#).
5. Joint integration of electronic health records (or at least some aspects of it). Both Salt Lake County and the VA have strong electronic health record systems, and Fleming feels coordination of the systems can serve veterans and their families well. He believes it is “really important for the families to only be asked the questions once.” Salt Lake County system is used by 17 states and 5 counties, and is based upon the addiction

severity index, and the VA agrees this is a good biopsychosocial tool. Fleming noted that the use of electronic health records in services for veterans may have applications beyond Salt Lake County, and that they may be looking to the national VA for some funding assistance.

6. Research and outcomes driven services. It is important to set up the research model immediately because due to both widespread PTSD and amphetamine abuse, the traditional models may not necessarily apply to these wars.

Salt Lake County's mayor is backing the effort, and Fleming would like to share this model with other counties across the country. He thinks the model provides "powerful services that may help returning veterans reintegrate into their communities and maintain relationships with their families."

### **September is Recovery Month; NACBHDD Joins the Effort as a Planning Partner**

September is **Recovery Month**, and this year's theme is "***Join the Voices for Recovery: Real People: Real Recovery.***" Recovery Month, developed by SAMHSA's Center for Substance Abuse Treatment, concentrates on nonprofit, federal, and educational resources. NACBHDD, along with nearly ninety other advocacy organizations, is a Planning Partner for Recovery Month. NACBHDD's Legislative Assistant Melissa Stein has been attending Planning Partners meetings in preparation for Recovery Month.

Members are encouraged to involve their organizations in Recovery Month. Materials, including a Recovery Month kit, information about community events across the country, press materials, "Voices for Recovery" (individual, personal stories of recovery), and additional resources such as information on local treatment centers, are available at:

<http://www.recoverymonth.gov/2008/>.