

June 2008 Newsletter

National Association of County Behavioral Health and Developmental Disability Directors

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NACBHDD Working With NACo on Platforms Around Medicaid, SAMHSA Funding At July NACBHDD Board Meeting and NACo Conference

The NACBHDD Board will meet July 10 and 11 in Kansas City, Missouri, immediately before the National Association of Counties (NACo) Annual Conference and Exposition, July 11-15, at the Kansas City Convention Center in Jackson County, Missouri. (Information for this year's NACo Annual Conference "Restoring the Partnership" can be accessed at www.naco.org.)

NACBHDD Board President Leon Evans says that "We are at the point right now, at the national state and local level, that funding will continue to be an issue that we have to work together at the community level to keep all legislators informed about the unintended consequences of these funding cuts." He pointed out that most states are having funding problems too, and it may become the problem of counties as well. "One of the great things about NACBHDD is that we are able to focus on the populations most at risk in our communities." NACBHDD is working with NACo on resolutions to the Medicaid moratorium and SAMHSA funding, which will be included in NACo's platform for next year with Congress. And, of course, there is a huge federal deficit that will have to be addressed. *Evans calls all this "a perfect storm brewing" and says, "Our constituents don't have a strong voice. There is still discrimination. If the problems are not addressed, the individual, familial, and societal impact is enormous."*

NACBHDD's Public Policy Committee will meet during this time on Wednesday afternoon, July 9, from 3:00 to 5:00 p.m. in the InterContinental Hotel.

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.

The Behavioral Health Workforce: NACBHDD Examines Wide-Ranging Concerns

NACBHDD is embarking on a series of articles that examine the workforce shortage in all three areas NACBHDD members serve. This month, Leon Evans, the organization's Board President and Executive Director, The Center for Health Care Services, in San Antonio, Texas and Duane Spilde, Executive Director, Conference of Local Mental Hygiene Directors, New York, and Chair of the Developmental Disabilities Subcommittee, address general workforce issues in their area and their impact on county behavioral health directors. Future articles will focus on recruitment and retention.

In Texas, the mental health workforce shortages are critical and well-documented. The Hogg Foundation for Mental Health at the University of Texas 2008 study "Health Care in Texas: Critical Workforce Shortages in Mental Health" found that "As of January 2008, 184 of the 254 counties in Texas were designated by the U.S. Department of Health and Human Services as Health Professional Shortage Areas for mental health purposes. This indicates that 72 percent of Texas counties have an acute shortage of licensed professionals." (From the Texas Department of State Health Services, www.dshs.state.tx.us/CHS/hprc.) The report goes on to note that this shortage is complicated by the shortage of mental health professionals who are linguistically, racially, and culturally diverse, and it is more prevalent in rural and border areas and in disadvantaged urban areas.

Evans outlined some specific concerns around the behavioral health workforce:

Psychiatrists, who want to work in public behavioral health, especially child psychiatrists, are rare. An article in the September 2006 edition of the *Journal of the American Academy of Child & Adolescent Psychiatry* stated that "The shortage of child and adolescent psychiatrists remains and is still accentuated for those living in rural areas or in poverty. Despite the increased number of child and adolescent psychiatrists, the number of residents and changes in workforce age indicate that the shortage will continue." ("The Continuing Shortage of Child and Adolescent Psychiatrists," Christopher R. Thomas, M.D., and Charles E. Holzer, III, Ph.D., 2006; 45(9)) And, Evans notes, many psychiatrists do not take Medicaid or Medicare, and in many cases, they do not take private insurance.

For an article on how the shortage in child psychiatrists is being addressed in rural areas of New York, [click here \Telepsychiatry program aids kids in need.htm](#).

- **There is a significant shortage of psychiatric nurses.**
- In Texas, there is a **shortage of licensed chemical dependency counselors.**
- **There are unique challenges to working in public behavioral health.** As Evans describes it, "It's hard work dealing with people who are very, very ill and who may have severe concomitant issues."

In addition, Evan explains, these workforce shortages bring significant challenges for management.

- **There are generational issues that are not unique to the behavioral health workforce but that do impact the public behavioral health workforce in a specific way.** "In my generation, jobs are central to our existence . . . the younger generation is tied in more to friends, etc." And, Evans feels the work ethic is

different, with more of an emphasis on being part of a team. This generational difference brings up an important question for county behavioral health authorities now and as the field moves forward. Evans says it is important to address questions such as: How do you manage people based on how they work and how they are motivated? And, he points out, addressing this can be especially difficult in an underfunded industry. It may require more keeping of office or team data, rather than individual data and lots of peer pressure and peer support and rewarding of team effort. Evans feels the sense of teamwork is a critical issue, and noted that some employees who work with homeless individuals seem very happy because of the sense of team spirit and team recognition within the group. In addition, he noted that salary can be a “demotivator” if people feel they are not being treated fairly, and he cited a study that emphasized equity, achievement, and camaraderie as motivators. www.sirota.com/articles/2-HarvardArticleJan06.pdf.

- **Training is important, says Evans, not only because it provides employees an opportunity to improve their skills, but also because it makes them feel valued.** The Center for Health Care Services is working with the Network of Care to provide online training for employees. NACBHDD members participating in the Network of Care can access this training at a discount. (Contact Ellen Witman at ewitman@nacbhdd.org if you are interested.)
- **There are specific educational and training concerns.** While Evans says that the average age of people entering the public health workforce is older and that more young people are needed, Jan Kaplan, Chair of the Mental Health Subcommittee, in the May newsletter, pointed to an educational and training concern that impacts both younger and older workers. There is an uncertainty about how the cultural and philosophical shift toward the recovery model impacts the workforce; i.e., has the behavioral health educational and training system kept up with the recovery model?
- **Financial incentives.** The Center for Health Care Services surveys salaries for like jobs (both public and private) at all levels in the state and they try to be competitive, with promotions and incentives for performance. In addition, Evan says Texas is considering educational financial assistance for psychiatric nurses to help in recruitment efforts.

Duane Spilde describes the workforce shortage concern as such an overriding issue that “it’s almost a given.” In fact, the web site for The National Leadership Consortium, a project of the National Association of State Directors of Developmental Disabilities Services, states that.

“A crisis is looming in the field of developmental disabilities. Fully two-thirds of current CEOs and executive directors of nonprofit organizations, and an equal number of government senior managers, anticipate remaining in their positions for five years or fewer. Many leaders of disability organizations are reaching retirement age and there is not a “next generation” of leaders prepared to move into these positions. In a recent study by The University of Delaware, over 50% of the CEOs surveyed did not have a succession plan for their organizations. Almost without exception, the leadership crisis has been a major topic of focus at recent conferences for developmental disability professionals.”
<http://www.nlcdd.org/week-long-institute.html>

Spilde identified some key concerns specific to the developmental disabilities workforce:

- **The simultaneous aging of primary caregivers and the workforce.** Just as the parents of individuals with developmental disabilities, who in many cases are their primary caregivers, are aging, so is the workforce.
- **“Salaries are the number one problem, and they are getting to be more of a problem.”** This is at all levels of the workforce, including the entry level. As Spilde explained, there are many entry level jobs

outside of behavioral health in which people may make more money than they do in entry level behavioral health jobs.

- **The shortage of people entering the behavioral health workforce needs to be addressed with specific strategies.** “We need a lot more strategies to make people aware of this as a work choice,” said Spilde.
- **Retention and building careers need to be addressed.** Spilde feels that behavioral health needs to be sure to build in a career ladder in order to retain people.
- **Financial incentives.** In New York, there is an attractive health insurance package. In addition, individuals with developmental disabilities in New York and their parents have access to Home of Your Own, which offers a very attractive mortgage rate. Spilde believes that it soon may be available to those who work with individuals with developmental disabilities as well.

NACBHDD’s Developmental Disabilities Subcommittee Focuses on Priorities

Duane Spilde, Executive Director, New York Conference of Local Mental Hygiene Directors, is the new Chair of the Developmental Disabilities Subcommittee. New York’s Conference of Local Mental Hygiene Directors is made up of the local mental hygiene directors for the state’s 57 counties and the city of New York. The Conference deals with state and local policies to address the needs of individuals with mental illness, developmental disabilities, and/or chemical dependency. Previous to his position with the Conference, Spilde was a county official for 15 years (1986-2001) in a small, rural county in the Finger Lakes region of New York. He is a licensed clinical social worker, was a clinician for twelve and a half years, and previously was a consultant to the local ARC. Kim Miller, Superintendent, Union County Board of Developmental Disabilities, in Marysville, Ohio, serves as Vice Chair of the Subcommittee.

There are many individuals with developmental disabilities in New York, and due to the increasing numbers of individuals with developmental disabilities living in the community, Spilde describes housing for those with developmental disabilities as “almost a cottage industry” for counties in New York.

As a subcommittee of the Public Policy Committee, the Developmental Disabilities Subcommittee will be recommending a few (likely two) primary issues of focus to the Public Policy Committee. They have had two teleconferences so far, in January and April, and there is another call scheduled for June. Issues discussed so far include:

- **Exchanging information** about what is going on in their localities and in DC and vice versa, and helping the NACBHDD staff in DC identify priorities for their work.
- **Housing**, especially around financing and funding.
- **Aging caregivers.** The primary caregivers of individuals with developmental disabilities, who are often their parents, are growing older, retiring, and passing away.
- **Funding.** The Subcommittee is concerned that Medicaid as a sole source of funding is a vulnerability, and that other sources of funding should be identified.
- **The changing nature of the developmental disabilities community.** More individuals moving into and living in the community, with more housing needs.
- **Identifying successful local strategies regarding employment, housing, and living more independently.** Some strategies to be identified include: designing spaces for individuals with developmental disabilities and identifying funding streams for housing projects.
- **Autism Spectrum Disorders.** Discussion is ongoing in this area, particularly around funding and a policy direction for the organization.

- **The CMS regulations and the efforts to delay implementation of them.**
- **The ADA Restoration Act.** This legislation is currently working its way through Congress.

The Subcommittee recognizes that with the upcoming Presidential election, the group may consider reordering their priorities. Developmental disabilities is a growing area for NACBHDD, and the committee is open to more membership. If you are interested in joining, contact Duane Spilde at ds@clmhd.org.

NACBHDD President Speaks at National Association of Attorneys General Meeting

NACBHDD Board President Leon Evans (Executive Director, The Center for Health Care Services, Bexar County/San Antonio, Texas) spoke by invitation at the National Association of Attorneys General Southern Regional Conference in Biloxi, Mississippi on March 20 on Bexar County's award-winning jail diversion program. The Bexar County Jail Diversion Program has won several distinguished awards including the American Psychiatric Association's Gold Award in 2006 and the National Council for Community Behavioral Healthcare's Excellence in Service Delivery Award. The program also was highlighted in the SAMHSA journal for innovation and creativity. In addition, representatives from nineteen states, as well as Canada and China, have visited the program, which is modeled on community collaboration. The program has been involved in a technical assistance effort with the state of Washington. Evans testified about the program before the House Judiciary Committee's Subcommittee on Crime, Terrorism, and Homeland Security's hearing on Criminal Justice Responses to Offenders with Mental Illness in March, 2007.

Evans explains that the speaking engagement came at an especially opportune time. The Pew Charitable Trusts report "One in 100: Behind Bars in 2008" had been released just weeks earlier, with the report that for the first time in history more than 1 in 100 adults in the United States is in jail or prison. [\Pew Report Finds More than One in 100 Adults are Behind Bars.htm](#). Evans emphasizes that the majority are in jail or prison for nonviolent offenses, and 16 to 20% of these nonviolent offenders have serious mental illness. Evans put this in perspective with the severe overcrowding in jails and prisons that has been recognized for years. "All states are finally waking up to the reality that the three strikes and you're out does not work. . . Our point is . . . you have to divert people and get them into treatment and out of emergency rooms, where they are triaged to the back of the line."

Evans refers to the National Association of Attorneys General as the "states' top cops," and he urged them to look at what they can do to impact funding, policy, and training regarding law enforcement and funding around community collaboration as well as mental health. The general re-arrest rates are around 35%, but in Bexar County, the re-arrest rate for seriously mental ill offenders is less than 6%. This is a number that Evans said "got the attention" of the Attorneys General.

What does all this mean to NACBHDD? Evans feels that NACBHDD is "kind of leading the nation in addressing this problem." Most counties are responsible for jails, and this is a very significant public safety and financial issue for counties. A few years ago county sheriffs were spending over \$600,000 in overtime for officers who were often involved in long waits with arrested individuals in emergency rooms. There are now crisis centers where individuals can be brought to be evaluated, and officers are back on the street in 45 minutes.

The way community collaboration is approached matters. Evans compared Bexar prior to the collaboration effort to the 9/11 report, in which the central criticism was that no one shared information. "We kind of understood this [type of problem]. We went to the county judge and explained problems and asked him to sponsor a meeting and call everyone together." A judge chaired the group, and they had a continuous quality improvement process and

cost data sharing. The jail diversion community collaboration effort has been so successful that Bexar is now working on community collaboration around children and adolescents in crisis. And, Evans says, the jail diversion is so successful that they have turned their efforts to emergency room diversion with the formulation of a medical directors round table. The group is chaired by a professor of emergency medicine at the nearby medical school.

Evans is next speaking about the program to the National Association of Emergency Room Psychiatric Nurses on July 28 in Washington, DC.

In summing up the overall reaction to his talk, Evans described it as well-received but that the audience was not surprised. "People start to understand that not funding the mental health system and not treating young people with substance abuse problems is not productive to society as a whole." The organization is planning on inviting Evans to speak at its other regional conferences.

NACBHDD Executive Director Attends AAID Conference

NACBHDD Executive Director Ellen Witman attended the American Association on Intellectual and Developmental Disabilities (AAIDD) Conference held in Washington, DC at the end of May. The organization's president, David Rotholz, Ph.D., spoke on "Creating our Future: Beyond Our Inheritance of the Past," a speech that Witman said, "set the tone for the day recognizing the significant progress that has been made over the past several decades in the treatment and integration of individuals with intellectual and developmental disabilities while simultaneously acknowledging the challenges confronting the field today and into the future."

This conference afforded Witman the opportunity to talk with Nancy Thaler, Executive Director of the National Association of State Directors of Developmental Disability Services. Witman met with Thaler a week before the conference to gain a better understanding of current developmental disability issues and to talk with Thaler about counties' perspectives. They plan to continue their conversation in July.

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/>.