

# National Association of County Behavioral Health and Developmental Disability Directors

## January 2010 Newsletter

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### 2010 Annual Legislative and Public Policy Conference Is March 8 and 9

The 2010 Annual Legislative and Public Policy Conference, *"Local Systems of Care in National Health Reform: Strategies for Strengthening Local-Federal Partnerships"* will be held March 8 and 9 at the Hyatt Regency, Capitol Hill, in Washington, DC. The NACBHDD Board meeting will be held March 7, and is open to the entire membership.

Please plan on joining NACBHDD's new executive director, Dr. Ron Manderscheid, your colleagues, and some of Washington's most influential players for the only national legislative conference dedicated to county and local behavioral health and developmental disability authorities. At the conference NACBHDD will:

- **FOCUS** our objectives as an organization and work towards implementation by educating targeted members of Congress and the Administration!
- **LEARN** about up-to-date progress in health reform from Congressional and Administration leaders!
- **EXCHANGE** points of view with state partners and coalition leaders!
- **CELEBRATE** how far we have come and our dedication to progress at a reception with congressional leaders on Capitol Hill!

The afternoon of the 8th, NACBHDD members are encouraged to visit key leaders from their state. Ron Manderscheid will be in contact with members regarding the Hill visits.

For the latest draft agenda, go to

<http://www.nacbhdd.org/content/Draft%20Agenda%202010%20NACBHDD%20legandpolconf.pdf>

**Hotel Accommodations:** The Hyatt Regency Capitol Hill NACBHDD conference room rate is **\$226.00**. To receive this rate, reservations must be made by February 4, 2010. Please call **800-233-1234** and use the group identifier **G-BHDD** or use the link below:

<http://washingtonregency.hyatt.com/groupbooking/wasrw2010bhdd>

**Registration Fees:**

Early bird registration: until February 4, 2010  
\$375 - members

**Regular Registration:** after February 4, 2010

\$425 - members  
\$500 - non-members

## **New Year, New Frontiers: A Letter from New NACBHDD Board President Dan Ohler**

Happy New Year! By now, most of you have returned to work after the holiday break. Believe it or not, we are already in the second decade of this century. Ten years ago we were all relieved that the predicted Y2K disaster did not shut down our computer systems and render our business practices back to the 1970s. Then - just like that - an entire decade of the new millennium has passed us by. During the past ten years, most of us have replaced our cell phones with a blackberry or smart phone; texting has replaced talking as the primary use of electronic communication; and, over 300 million people have a Facebook account. Many of us also saw the loss of a loved one, the falling of the Twin Towers and two wars that will not seem to end. However, every New Year brings with it the hopes of prosperity and happiness, resolutions to do something different to make our lives better. Let this new year be no different. It is an honor for me to begin a two-year term as President of this unique and dynamic organization that we call *NACBHDD* (we have to use the acronym, the name is too long!). Many of you know me as we have had the opportunity to work together and/or speak to one another at Legislative Conferences and/or Board Meetings. From my very first *NACBHDD* meeting in Traverse City, MI back in 2006, to our most recent gathering in Seattle, WA just two months ago, I have had the privilege of meeting many of you, learning from you and sharing your desire to see this organization move forward and progress as the voice of local government in our Nation's Capital. For those of you that do not know me, I take this opportunity to share just a little about my goals and myself as President of this organization for the next couple of years.

My primary responsibility is serving as the Executive Director of the *Ohio Association of County Boards Serving Individuals with Developmental Disabilities (OACB)*. It is a position I have held for the past five and one-half years and one I will hold at least five more – hopefully longer! The *OACB* represents all of Ohio’s eighty-eight (88) *County Boards of Developmental Disabilities*, and also over 20 Affiliate Members. I am a registered lobbyist in Ohio, travel to our member boards whenever they need me, oversee a staff of about a dozen and generally try not to get in their way. I have a great deal of energy and passion for what I do, a firm belief that *NACBHDD* has only scratched the surface of what it can accomplish, work hard and possess a sarcastic sense of humor. To be clear and honest, I have an MBA and wanted to be Alex P. Keaton when I grew up. I tripped into social services and love this job more than any I have ever had. Like many of you, I am very excited about the opportunity to work with Dr. Ron Manderscheid, *NACBHDD*’s new Executive Director. I am both proud and humbled to be a part of such a diverse and intelligent Leadership Team that includes: Vice President Patrick Fleming with the *Division of Substance Abuse* in Salt Lake County, Utah; Treasurer Mary Ann Bergeron, Executive Director of the *Virginia Association of Community Services Boards*; Secretary Lisa DeVivo with the *Oak Park Township Community MH Board* in Illinois; State Association Committee Chair Patricia Ryan, Executive Director of the *California Mental Health Director’s Association*; and, Medicaid Committee Chair David Wiebe, *Johnson County Mental Health Center* in Kansas. Those with a keen eye did not see reference to one other member of the Leadership Team; specifically, the Immediate Past President. The Executive Director of the *Center for Health Care Services* in Bexar County, Texas, Mr. Leon Evans is a gem! If I can provide this organization with just a portion of the dignity, class, professionalism and leadership that Leon has displayed over the past two and one-half years he has served as President, then I will consider myself to have been successful. Leon has agreed to continue as the *NACBHDD* representative on the *National Association of Counties (NACo)* Board and is as fine a gentleman that one could ever hope to meet. I thank him for his leadership, his commitment to this organization and his mentorship. I will likely thank him again in Washington, DC at our Legislative Conference, but for those of you that might not be able to make that trip, I want you to know what a great President Leon Evans has been for this organization.

With Ron on board with us now for slightly over a month, I believe *NACBHDD* has the opportunity to blossom relative to its presence in the Nation’s Capital, as well as with the technical assistance the organization is able to provide to its membership. It will be important for us to develop partnerships with organizations that share some of the same values and legislative interests, as well as corporate partners to help alleviate some of the financial burdens of the membership. We need to continue to grow the core membership, as *NACBHDD* is the only national association that represents local governmental entities that have responsibility for the coordination of behavioral health & developmental disability services in the country. While we have a strong and committed group of members, the potential for new members is huge. Anyone with an appreciation for American history is aware of the slogan “United We Stand, Divided We Fall”. That rings true for the membership of *NACBHDD* and for the Vision that each of our organizations seek to achieve. Our Leadership Team wants to hear from you. We need to know how we can be of assistance to you and best represent our collective interests. One of my goals as the Executive Director of *OACB* has been for each of our

members to see the renewal of their membership as a “no brainer”. Okay, that is not exactly how the goal statement reads, but the point is we want our members to see that their voluntary membership in *OACB* as something they want to do, need to do and quite frankly, find to be a financial bargain. By the time my term as President ends in December 2011, I want *NACBHDD*’s members to feel that same way.

Please feel free to contact me at anytime via telephone at 614/431-0616 (i.e., my assistant’s name is Lana) or email at [dohler@oacbdd.org](mailto:dohler@oacbdd.org). I hope to see all of you at *NACBHDD*’s Legislative Conference in Washington, DC on March 8-9, 2010 and welcome you to join us for the Board Meeting on March 7<sup>th</sup> if you arrive in town early.

### ***BITS from DC: A letter from Executive Director Ron Manderscheid***

Happy New Year to each of you! I hope that 2010 is a much better year than 2009 for each of you and your families!

Both the House and Senate have now passed National Health Reform Bills, and a process to resolve differences is being configured by Speaker Pelosi and Majority Leader Reid. The goal will be to resolve differences between the House and Senate Bills, yet to prepare a common Bill that majorities in both the House and Senate can accept. This will be a difficult task because the two Bills have some major discrepancies, e.g., the “public option” and national vs. state “insurance exchanges”. You will need to advocate with your Representative and your Senators to encourage ultimate passage.

In another action, the House has passed a Bill, the *Jobs for Main Street Act of 2010*, which includes an extension for the enhanced FMAP. The Bill would appropriate \$23.5 billion to extend the higher federal match for payments to doctors providing services to low-income families under Medicaid through June 2011. The higher federal match provides an incentive for states to commit resources to their Medicaid programs and helps ensure services for Medicaid beneficiaries. This Bill has now moved to the Senate.

In the December *Newsletter*, *NACBHDD* President Leon Evans reported on a meeting he attended several weeks earlier. I served as convener and host for that meeting in Washington, D.C., which was designed to identify, build consensus, and prioritize needed improvements in services for adults with serious mental illness. The meeting was convened because National Health Reform will provide a unique opportunity to implement these needed improvements.

Adults with serious mental illness comprise almost 6 percent of the U.S. population. All have illnesses that can lead to problems in one’s life in the family, workplace, and community, and many have other co-morbidities, such as substance use or chronic physical problems. It is well-known that services for this population have major deficits that can be corrected. However, clear definition of key solutions is frequently absent. Currently, a national leadership workgroup from the meeting is preparing an important action report. Once this report becomes available, I will share it with you through our *Newsletter*.

Also in December, I reported in *Behavioral Healthcare* on former First Lady Rosalynn Carter's 25<sup>th</sup> Anniversary Mental Health Symposium. The summary is available at: <http://www.behavioral.net/ME2/dirmod.asp?sid=&nm=&type=Publishing&mod=Publications%3A%3AArticle&mid=64D490AC6A7D4FE1AEB453627F1A4A32&tier=4&id=F3C289AF74A443D6BE51D85FBFBF8321>. All of us owe Mrs. Carter a great debt for the leadership and support that she has provided to the behavioral healthcare fields for more than 35 years.

Please remember to register for our Legislative and Policy Conference to be held on March 8 and 9 in DC. You are also welcome to attend our Board meeting on March 7. I look forward to seeing all of you at that time.

Finally, I look forward to our next monthly NACBHDD TA-lk. The first installment of this technical assistance series was a great success.

Ron Manderscheid

### **Dan Ohler Responds to Recent Ohio Tragedy**

On January 7, three individuals with developmental disabilities, along with the bus driver driving them to work, were killed in a traffic accident in Ohio.

( <http://www.cbsnews.com/stories/2010/01/07/national/main6068827.shtml> )

In response to the tragedy, NACBHDD President Dan Ohler [(Executive Director of the Ohio Association of County Boards Serving Individuals (OACB)], has prepared an article for the bi-monthly OACB NewsLetter, which will be published February 1. Ohler is sharing the article with the NACBHDD membership, and emphasizes that "Despite this horrible tragedy, this does not stop us from moving forward in our work, and making sure that the individuals we serve have the same opportunities to live, work and play in the community that everyone else is assured." Ohler's article can be viewed at: ( <http://www.nacbhdd.org/content/Ohler%20Article.pdf> ).

### **Texas Council Reports on Landmark Innovations Amidst Economic Downturn**

*In the October newsletter, Karen Scherra, Executive Director, Clermont MH&R Board, in Batavia, Ohio, described the devastating impact of the national economic crisis on behavioral health in her county, and in the November newsletter, Jeff Brown, Executive Director, Oakland County Community Mental Health Authority (OCCMHA) in Auburn Hills, Michigan, described the impact of the economic crisis in his area. This month NACBHDD turns to Danette Castle, Chief Executive Officer, Texas Council of Community MHMR Centers (the Council represents all 254 communities in the state), Joe Lovelace, the Council's Associate Director of Behavioral Health, and Lee Johnson, Membership Support Director for the Council, as they outline Texas's unique situation. While Texas is seeing many of the same troubling increases in individuals suffering from increased serious behavioral health concerns and the myriad related concerns, some very positive activity is underway that has critical implications for NACBHDD. Areas of progress include: recent funding increases in a state that in 2007 ranked 50 out of 51 of the states and*

DC in funding, passage of a Medicaid substance abuse benefit in a historically conservative state, and a report from a Texas legislative body that demonstrates that total Medicaid costs for chronic conditions are reduced if mental health and substance abuse disorders are covered.

Following is an overview of both the challenges in Texas and the progress.

### Challenges

- **The tremendous growth in the state population – more than 15% since 2000 – is linked to an 87% increase in individuals receiving crisis services** under the Crisis Redesign implemented in September 2007. The increase breaks down as follows: 52,474 in 2007; 62,249 in 2008; and 98,062 in 2009.
- **Texas is the number one state in the nation in terms of the percentage of the population that is uninsured.** Castle believes that health care reform could have a huge impact on this, with a significant expansion of Medicaid in the House bill; however,
- **Many rural areas of the state are lacking in practitioners,** and there is a concern that many more individuals may have access to insurance, but may not, in reality, have access to care. The Council is examining this issue now.
- **Texas has the third largest population of veterans in the United States,** with a high number deployed to Iraq and Afghanistan, and the crisis system has been accessed by many veterans. Work has been done in the previous legislative session to draw attention to this. \$5 million was recently allotted to local mental health authorities to address the complex needs of veterans and their families, including a veteran-to-veteran peer program and competitive grants to be specifically tailored to the distinct needs of veterans in local communities. Veterans are scattered across Texas, with many in rural communities far from the VA. (Look for an article on initiatives to serve Texas' veterans in a future newsletter.)
- **Despite the increases in funding, the system still cannot meet the demand.** Castle noted that Texas has had two years of implementing the crisis response system, and in 2009 the Council and advocates successfully made the case for ongoing systems. These initiatives are now being implemented, and the demand is more than the system can handle. Castle noted that sheriffs in particular are frustrated because so many people have not received the intensity of services needed and are in jails and emergency rooms. In addition, individuals are unable to get into state hospitals that are filled to capacity. According to the January 1, 2010 Report to the Texas Department of State Health Services, "Evaluation Findings for the Crisis Services Redesign Initiative," "A lack of adequate RDM services for many of the newly engaged crisis consumers who qualify for long-term services has created wait list or limits on available treatment."

### Some landmark innovations

There are no data available yet on some of the struggles in Texas, including the suicide rate. However, the impact is clear in the interface with other systems, says Castle. "We certainly have seen a far greater impact in the interface with the criminal justice system. And, she has no doubt that there a far more people dealing with job loss and depression and that "the swing

up in use of the crisis response system runs parallel with the swing down in the economy.” However, Castle believes that there are very real positives to be derived from the increased use of the crisis system –“in awareness, involvement, and access.” Specifically, Castle, Lovelace, and Johnson pointed to:

- **Significant increases in behavioral health funding in the past two legislative sessions.** Texas has a long history of being “at the bottom of the deck in per capita level of funding,” explained Castle, and Texas has a history of low funding across all health and human services. However, while there are very real and troubling concerns with behavioral health services in Texas, the tide has turned “We entered the [economic] crisis as thin as possible, but in the last two legislative sessions, we have secured significant funds. When the rest of the nation was dealing with high gas prices, we were benefitting. We’ve had four years of significant increases in funding levels.” (The Texas legislature meets every two years for five months, and is currently in an interim year.)
- **A landmark study that demonstrates that overall Medicaid expenditures for chronic illnesses are reduced if behavioral health is treated.** The Legislative Budget Board, a group of both Republican and Democrat staffers that works for the Texas legislature to analyze the state budget, researched and produced a study that demonstrated that the overall expenditures for Medicaid were reduced if mental health and substance abuse were treated. Castle said, “Suddenly we had an unexpected partner in advocacy. This information caught the eye of many legislators who otherwise might not have noticed.”
- **A landmark policy shift in a historically conservative state** In the last legislative session, a substance abuse and addiction benefit was added to Medicaid. This is an extremely significant policy shift in traditionally conservative Texas. Castle noted that an “overwhelming number of people with substance abuse issues have been presenting with minor violations.” Forty percent of the Council’s population has Medicaid and a high percentage of that population has co-occurring disorders. In the state’s previous legislative session, money was put into re-entry and jail services, and there has been less focus on building prisons and more on treatment and follow up. The Texas Council has historically only lobbied for mental health services, and the most recent session was the first one in which the Council successfully lobbied for substance abuse. “We’ve come a long way in increasing legislative and public awareness of the importance of treating mental illness, and we still have so far to go on the substance abuse side. We hope to use this benefit to continue to advocate and strengthen our role in the lobbying, too.” If someone meets Medicaid eligibility requirement, a substance abuse benefit has been added. This benefit will be implemented six months out, and Castle says the legislature will be looking for proof that it works in their next legislative session, which begins in January, 2011. The Council will continue active advocacy around this critical benefit.

## **NACBHDD Will Advocate for Outcome and Performance Measures**

NACBHDD Secretary Lisa DeVivo (Executive Director, Community Mental Health Board of Oak Park Township, IL), Board member Cheryl Ramirez (Member Services Coordinator, Association of Community Mental Health Authorities of IL), and Executive Director Ron Manderscheid recently held a teleconference to discuss preliminary steps around NACBHDD's advocacy for outcome and performance measures.

Both DeVivo and Ramirez cited the use of outcome measures in their work. DeVivo regularly uses mental health data to justify treatment court, and Ramirez has worked with NACBHDD Vice President Pat Fleming (Director, Salt Lake County Substance Abuse, UT) on compiling a fact sheet with data on the cost-effectiveness of treating substance use disorders as chronic conditions. Both Ramirez and DeVivo noted that Illinois has a history of substantial funding on outcomes, but while the localities have utilized outcomes, the state has not.

Manderscheid has many years of experience working on outcome measures, and noted consumers have been behind the issue since the 1990s, but that objective measures of outcomes and performance have never been implemented. Manderscheid noted that the behavioral health field – both the public and private sector -- has not come together on outcome measures. The group agreed that it is important for NACBHDD to put together this “hard data” as health care reform moves forward. According to Manderscheid, “We soon will arrive at the day of living in a pay for performance environment.”

NACBHDD will be involved in several activities in the next few months related to outcome and performance measures and moving the issue forward on the national agenda:

- **National Quality Forum.** Manderscheid will attend a meeting of the National Quality Forum ([www.qualityforum.org](http://www.qualityforum.org)), the recognized federal entity that will develop quality measures across all of healthcare. In addition, he will be able to communicate with SAMHSA about this.
- **Meeting with Mike Oprendeck,** Mental Health Director, Solano County Health and Social Services, CA. Manderscheid will meet with Mike Oprendeck during the California state association meeting in February 10-12, and DeVivo and Ramirez will “dial into” the meeting.

Mike Oprendeck has provided some informational pieces about outcomes and performance measures, including an article from the Bazelon Center, “Integration of Mental Health in Quality Assurance Policies,” (<http://www.nacbhdd.org/content/Quality.pdf>) and a Power Point presentation “Mental Health Performance Measures” presented by Solano County Mental Health (<http://www.nacbhdd.org/content/PHC%20Slide%20Presentation%20Final%20Rev.ppt>).