

National Association of County Behavioral Health and Developmental Disability Directors

Newsletter

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NACBHDD's Vice Chair is White House Invitee to First Regional Health Reform Forum

The White House recently held a series of Regional Health Forums on Health Reform in Michigan, Vermont, Iowa, North Carolina, and California. According to the White House website for health reform, www.healthreform.gov, the forums "bring together Americans across the region, key health care stakeholders, and elected officials from both sides of the aisle to discuss what must be done to change our health care system." Dan Ohler, Vice Chair of the NACBHDD Board and Executive Director, Ohio MRDD Board's Association, attended the first regional forum in Dearborn, Michigan on March 12. NACBHDD Executive Director Ellen Witman, Ohler, and NACBHDD members Leon Evans, Lisa DeVivo, Dorelia Rivera, Sandy Lewis, and Mark Hammerer, met with Special Assistant to President Obama on Disability Policy, Kareem Dale, on March 10 during NACBHDD's Legislative Conference in the Old Executive Office Building. During this meeting, Dale discussed the regional forums, and Ohler got a call the next day inviting him to attend. When Ohler checked into the forum, he was told he was on the list as a White House invitee. "It was an honor to be there and a little humbling to have someone say I was a White House invitee." And, Ohler says NACBHDD's participation in these historic discussions was so significant because "We don't necessarily think the same way the states do," and he pointed out while 22 of the 50 states are members of NACBHDD, those 22 states represent 70% of the population of the country.

Ohler was seated near Michigan Governor Jennifer Granholm, Wisconsin Governor Jim Doyle, and White House Director of Domestic Policy, Melody Barnes. The two-hour forum, with about 200 attendees – mostly from Michigan and Wisconsin, was conducted like a town-hall style

meeting. Ohler feels that Barnes effectively elicited comments from citizens, that there was a good exchange between panelists and questioners, and that the two governors were very gracious. The forum also included a brief video message from President Obama, and Ohler says that there was a “real feeling that the President wants to hear from people and genuinely wants to know what their thoughts are.”

Ohler did not get a chance to speak publicly, but he did talk with Ms. Barnes afterward; and he emphasized the following:

- It is important to understand that behavioral health is integral to overall health.
- Access to care and the related therapies and services, such as dental care, occupational therapy, physical therapy, speech therapy, and vocational rehabilitation, can be difficult for many NACBHDD consumers, including the DD population, especially in rural areas. Transportation to that care is essential, and not all areas have public transportation.
- Self-medication and the ability for individuals with developmental disabilities to self-administer their medication involves cost concerns, and needs to be examined and discussed carefully.
- It is important to understand that in most cases people don't look to state capitols for help, rather they look to their counties. If counties are part of overall health reform, counties need to be involved in the discussions so that the individuals county authorities serve do not lose services.

Other points of discussion in the first forum

Ohler noted that the following issues were part of the discussion at the first forum:

- Prevention, and the desire for it to be discussed and emphasized more in health reform.
- The link between insurance coverage and employment was discussed, although the uninsured, which Ohler noted has an impact on everyone, was not addressed.
- Denials of insurance coverage due to pre-existing conditions.
- Excessive financial rewards, particularly in regard to the impact they have on good physicians who may opt not to practice due the high cost of malpractice insurance.
- End-of-life cost and quality concerns.

What's next? NACBHDD and county behavioral health authorities have access, and are continuing to be recognized by the Administration. Ohler continues to receive emails from Kareem Dale, and recently received one highlighting accomplishments for people with disabilities in Obama's presidency thus far. Ohler says, “We have a President who seems committed to getting as much input as possible and he admits he does not have the answers. There is a real sensitivity in the Administration. They get the problem and they want input.”

There is a real recognition that they want to know what we think. We're getting straight to the federal level – we can get the message there ourselves.”

For more information, including videos of the forums, see www.healthreform.gov.

Campaign for Mental Health Reform Director Attends White House Forum on Health Reform

Campaign for Mental Health Reform Director William Emmet was the only attendee exclusively devoted to representing the behavioral health community at the March 5 White House Forum on Health Reform. He was able to represent a broad, collaborative swath of advocacy groups with vital roles in the mental health community at the forum, which was attended by nearly 150 people, including members of Congress, advocacy organizations, business, unions, and insurance companies.

Five break-out sessions discuss key questions

There were five break-out sessions to discuss key issues in reform, and Emmet emphasized that the atmosphere was businesslike, yet relaxed, and participation and input were clearly welcome. “Obama set a tone that invited everyone to participate in a genuine way – participation was truly invited.”

The break-out sessions focused on the following questions.

Why is Health Reform Important, and How and When Should It Be Addressed?

How Can We Contain Rising Health Care Costs?

How Can We Expand Health Insurance and Improve Its Quality?

How Should We Finance Health Reform?

In each session, panelists contributed to the discussion, and Emmet spoke for several minutes in his session. President Obama said at the forum that although the country may be fully involved in an economic crisis, we still must talk about health care reform, because if we don't, the chunk of the economy devoted to health care will only grow. Taking that as his cue, Emmet explained in his break-out session that health reform cannot be approached without discussing mental health, and he cited the following critical information:

- Behavioral health consumers account for about half of all cigarettes consumed in the US.
- Individuals with mental illness in the public mental health system die on average 25 years earlier than those in society in general.

- If we don't address mental health concerns in people with chronic conditions, we will have worse outcomes and their care will cost more.

Emmet noted that his comments clearly resonated with others in the room. Peter Orzag, Director of the Office of Management and Budget, mentioned that he had seen programs in which depression was addressed and he had also seen the resulting data on the impact and improvement. Other advocacy group representatives and Congressional members were nodding in agreement.

What's next?

In keeping with the timetables of the Administration and Congress, Emmet said discussions about health reform may move at a "very rapid clip." Congress will want to have something accomplished by the August recess, and there are two committees in the Senate and three committees in the House with jurisdiction over health care reform.

Discussions will likely focus on cost and coverage and the linkage between employment and coverage, as well as the fact that many people are unemployed. Concerns about what shape a public plan will take will likely be a point of debate, which will test President Obama's skills at art of compromise. Other issues that are very likely to be of concern include:

- **Comparative effectiveness.** While it is unclear how much will be discussed or accomplished around this issue, Emmet says that the concern in behavioral health is that practices or products we know intuitively to be helpful may not have evidence to be supported in the marketplace. In addition, there is concern that research may be performed by professionals "not as familiar with our corner of the health care world," and that the unique needs of behavioral health consumers will not be taken into account. These concerns will continue to be expressed in the Campaign's advocacy.
- **Quality** is important in health care reform, but can be often elusive in terms of behavioral health. The workforce shortages in behavioral health impact discussions of quality. For example, the patient-centered medical home model relies on primary care physicians; however, we are losing many primary care specialists in the US and there is concern about primary care physicians' knowledge base of the behavioral health field. The Campaign is in ongoing discussions about what the medical home means to the people it represents.
- **Protecting services in reform.** Will the services for the individuals the Campaign represents be protected in the "overall rush" to integrate behavioral health into overall health?

The Campaign meets every few weeks; and as health care reform issues emerge, the Campaign is ready to respond with advocacy positions, materials, and experts to discuss and explain the issues. In addition, the Campaign is working with the broader health community as much so that they can be advocates for mental health, too. For example, emergency room staff can advocate well for mental health since they see a large number of consumers with mental health concerns. The Robert Wood Johnson Foundation provides funding for the Campaign's work.

To read a summary of the forum, [click here](#)
[White House Forum on Health Reform Report.pdf](#)

Other Campaign news

March 18 Annual Awards Dinner. Emmet described this year's Annual Awards Dinner as "terrific," with awards going to Massachusetts First Lady Diane Patrick, Senator Mike Enzi, and Representative Pete Stark. Following is a full description of the Dinner and the awards presented from the Campaign's website at www.mhreform.org.

The Campaign for Mental Health Reform, a coalition of 18 national mental health organizations, presented three awards at a dinner held in Washington, DC, on March 18, 2009. Honored were Senator Mike Enzi (R-WY), Representative Pete Stark (D-CA), and Massachusetts First Lady Diane Patrick. Representative Stark and Senator Enzi were recognized for their "enduring leadership," while Mrs. Patrick won praise for her "inspiring leadership."

At the dinner, 175 Campaign members and supporters celebrated passage in the last Congress of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act and the Medicare Improvements for Patients and Providers Act. Together, these legislative victories helped to bring equitable insurance coverage to Americans of every age. Senator Enzi helped secure passage of the long sought mental health parity act, which affects private insurance, while Representative Stark was instrumental in bringing an equitable co-payment for mental health services to the Medicare program. Both lawmakers are positioned to play critical roles in the health reform effort underway in the current Congress. Representative Patrick Kennedy (D-RI), a leader in the parity effort, presented the Campaign's award to Representative Stark. Senator Enzi's award was presented by his fellow Wyoming Republican, Senator John Barrasso, who is a physician.

Colorado First Lady Jeannie Ritter presented the Campaign's award to her Massachusetts counterpart, movingly noting the example set by Mrs. Patrick in both seeking treatment for a 2007 episode of depression and publicly acknowledging the reason for her six-week absence from the public eye. Mrs. Patrick has since returned to her law practice and the official duties she performs as the wife of Massachusetts Governor Deval Patrick. She regularly receives letters from writers across the country telling her that her example inspired them to seek treatment and be open about their own illnesses.

Emmet's testimony before the Senate Health, Education, Labor, and Pensions Committee (HELP). On January 22, Emmet testified before the Senate HELP Committee about the connection between mental health and substance use disorders and other chronic conditions. Tom Harkin (D-Iowa) chaired the committee during Senator Ted Kennedy's absence in this

series of testimony intended to examine prevention, wellness, and public health as part of overall healthcare reform.

Emmet's testimony was prepared with contribution from the Campaign partners, and among other issues, he emphasized that individuals with mental illness in the public mental health system die on average 25 years earlier than those in society in general, that depression has a negative impact on the outcome of various chronic conditions, including diabetes and heart disease.

Senator Harkin said, in his introduction to the testimony, "As Mr. Emmet knows very well, mental health is too often the neglected step-child in our health reform agenda. It should be obvious that mental health is integral to physical health. In so many cases, you can't have the latter without the former, and legislation drafted by this committee needs to reflect that reality."

The written testimony and a video of the hearing can be accessed at:

http://help.senate.gov/Hearings/2009_01_22/2009_01_22.html.

Innovative Court Program Provides Holistic Team Approach to Helping Veterans

Mark Kammerer, Director, Treatment Programs, Cook County (IL) State's Attorney's Office, participated in the panel "Helping Returning Veterans" at the March 9 Legislative Conference. He discussed a new and innovative program he oversees that follows the model of the four drug courts and three Mental Health Courts in Cook County in that it utilizes alternative prosecution/sentencing. Kammerer recently spoke with NACBHDD in more detail about the program.

While the drug courts and mental health courts have been in operation in Cook County for several years, Kammerer and his staff, in recognition of the unique needs of veterans, started planning and preparing for the veterans court about a year ago, and in mid-February, the first two individuals participated in the court, with several others in the assessment process. Housed in a felony courthouse in Cook County, the veterans court is a felony-only court.

How does it work? At booking, each individual is asked if they ever served in the US armed forces. If the answer is yes, the next step is a criminal background check followed by a preliminary hearing to determine whether a crime was committed and if there is a reasonable belief that the individual committed the crime. (The criteria for criminal activity are the same as they are for drug court – no history of violence in the last 10 years.) An individual is admitted to

veterans court if he goes through all these steps, pleads guilty, and is placed on veterans probation – a 24 month probation. While the individual entering veterans court pleads guilty to a felony, if they successfully complete the program, they can ask that the charge be withdrawn and they can petition to expunge the record of arrest.

A team works together to coordinate services. A team from various agencies works together to provide services, including a judge, the state attorney’s office, the defender’s office, the Illinois VA and the federal VA, and the Illinois Department of Mental Health. The John Marshall College of Law offers free legal assistance. The Chicago police department has a federal (SAMHSA) grant designed to help them intervene at the street level and divert veterans from jail and into community-based treatment providers.

A holistic approach Kammerer explained that individuals admitted to veterans court receive a broad array of supports, including:

- Evaluation for medical and psychological needs
- Social contacts
- Housing is always a central concern. Kammerer has been approached by the Volunteers of America (about a 50 bed home), as well as A Safe Haven in Chicago, to collaborate on housing needs.
- Mentors. The mentors are peers who Kammerer says “cut through the haze of why people don’t make progress.” This very successful component of the veterans courts is already up and running, with a waiting list of mentors eager to be trained.
- Family. While what services might be developed for families is still being examined, Kammerer says they are trying to draw on the experiences of the other treatment courts, and they do know that virtually no individual in the treatment courts has had an active, ongoing relationship with family. Domestic violence is expected to be a factor in veterans court.
- Employment. Volunteers of America may collaborate on employment also.

What is Kammerer expecting as the program moves forward? Kammerer notes that they expect to see a lot of PTSD, traumatic brain injury, sleep deprivation, and substance abuse. He expects that most crimes will be substance-related or criminal theft or criminal trespass. If there is a victim in the crime committed, the victim has to approve of the perpetrator going into the veterans court program.

Kammerer is enthusiastic about the tremendously positive response to the program. Calls from organizations wishing to collaborate, such as Volunteers of American, have been coming in. “People are calling and asking if they can collaborate.” And, Kammerer says of the VA,

which provides a VA representative for the veteran in the court program, “I can’t imagine having any better cooperation. They have been right in there since the beginning.”

If you have questions, contact Mark Kammerer at markkammerer@hotmail.com.