

July 2009 Special Edition

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“Be Vigilant” is the Message on Health Care Reform from The Campaign for Mental Health Reform

NACBHDD recently spoke with Bill Emmet, Director of The Campaign for Mental Health Reform, about the Campaign’s current efforts around health care reform and behavioral health concerns as Congress accelerates its work on reform prior to the August 7 recess. NACBHDD is one of 18 national advocacy organizations partnering to act as “the mental health advocacy community’s united voice on federal policy issues.” (www.mhreform.org)

Emmet feels that at this historic juncture it is important to recognize that the “fractiousness” of past reform discussions in the behavioral health community is no longer present, and that the entire community is working together to make sure that mental health and substance abuse are included in health care reform, with the successful work on and passage of parity is the most recent evidence of the coming together of the behavioral health community. And, Emmet said that working on health care reform has necessarily involved the Campaign in discussions with the broader health care and patient advocacy community and as a result, the behavioral health community has discovered enormous support among the larger health community, especially in discussions about the need to integrate behavioral health into overall health. For example, Emmet was approached at a recent meeting at the Food and Drug Administration by an individual who told Emmet he was very pleased to hear that the mental health dimension of chronic disease was being considered and discussed.

There is a fair amount of confidence that behavioral health will be included in an essential package of health care reform. In the House bill, it is clear that mental health and substance abuse will be included, and Emmet says that there is reason to be confident that it will be included in the Senate bill, too. **However, concerns remain around the exact details of the benefits package, as the Congressional committees involved in the legislation do not have jurisdiction over this. Emmet emphasized that the Campaign and grass roots advocates will need to continue to “be vigilant” as the national discussion continues and the details are worked out. Emmet outlined the following specific areas of concern.**

- **The specific benefits package and the composition of an HHS governing body.** In all likelihood, the Department of Health and Human Services (HHS), will assign a governing group or “designing body” to address the task of developing the benefits package. Emmet emphasized that it will be crucial for the behavioral health community to argue that individuals with behavioral health expertise be part of that designing body – and that the group include both behavioral health clinicians and behavioral health consumers.
- **Clarification around parity also will need to be addressed.** Currently, the Domenici-Wellstone Act does not require that mental health be part of a benefits package, but it does require that if mental health coverage is part of a benefits package that it be covered at the same rate as other benefits. A central question related to parity is: If health care reform is passed with mental health and substance abuse included in the essential package, will Domenici-Wellstone be overridden? In addition, the parity legislation does not apply to groups with under 50 employees, but the Senate has developed a new provision that employers with 25 or more employees must offer coverage or the employer will pay a penalty. The House bill goes beyond the current parity legislation and says very clearly that mental health and substance abuse must be part of the essential package, and removes the under 50 employees’ exemption for small businesses.
- **Funding and cost concerns.** Emmet urged advocates to pay close attention to understanding all the provisions included in proposals, including both what is mentioned and what is not mentioned. And, attention to detail will be critical in the designing body appointed by HHS. For example, in decisions about how funding for prevention is allocated, a behavioral health expert’s participation in the group will be crucial to represent the needs and concerns of the behavioral health community in prevention and its role in preventing and treating mental illness and substance abuse, as well as the role of prevention in containing the costs associated with addressing these disorders.
 - **Further concern about the cost of reform.** Emmet predicted that the next few weeks will see considerable discussion around the cost of

reform – specifically concern about whether reform costs too much. This was proven true when the Director of the nonpartisan Congressional Budget Office, Douglas Elmendorf, stated in testimony before the Senate on July 16 that neither the current House nor Senate proposals would address cost concerns and could make the country’s financial outlook even more severe.

- o **Vigilance about possible shift of cost burdens to the states or to Medicaid.** In terms of where cost concerns might be addressed or shifted, Emmet said the Campaign will be careful to examine that in addressing costs concerns; Congress does not shift the burden to the states or create an even worse burden for Medicaid. Emmet noted that the vigilance should also apply to watching where the uninsured and underinsured may factor into cost proposals, as individuals with severe mental illness make up a large portion of the uninsured and underinsured population.
- o **Comparative effectiveness.** Emmet noted that the behavioral health community will need to be vigilant around opportunities related to comparative effectiveness. \$1.1 billion was allotted in the American Recovery and Reinvestment Act of 2009 to support comparative effectiveness research, and the legislation created a federal council on comparative effectiveness research.

Proposal to include primary care in community mental health centers -- an opportunity for county behavioral health directors to watch for. There has been a proposal from Senator Jack Reed (D-RI) to include primary and specialty care in community-based mental health centers. This proposal would involve a SAMHSA and HRSA-coordinated program grant that would be available to eligible entities. County behavioral health directors should be careful to examine and determine what “eligible entities” means.

A public plan option? Emmet said that the public plan option discussion has been a largely partisan debate, and that the Campaign has not been involved in this discussion, except to insure that if a public plan were proposed, a behavioral health provision would be part of the public plan option.

Joining efforts with the overall health care community. At this critical point in the health care reform discussion, the Campaign is networking as much as possible with a broader health coalition, the Coalition for Whole Health, which has been spearheaded by many of the same members of the Whole Health Campaign who worked intensively on parity. The Coalition on Whole Health, coordinated through the Legal Action Center, has submitted a statement to the House and to the Senate HELP Committee, and also will submit a statement to the Senate Finance Committee once they produce their proposal. Working with the Coalition for Whole Health, explained Emmet, allows the Campaign to benefit from “the eyes and ears of a number of organizations doing their best to

carefully examine the legislation.” For more information on the Coalition for Whole Health and to view the Coalition’s statements to Congress, see the Legal Action Center website at www.lac.org, and click on “National Healthcare Reform.”

A gradual phase in. Emmet explained that no matter what legislation is passed, there likely will be a gradual phase-in of health care reform law, with some parts effective in one year, some parts effective in two years, and so on. Ideally, expanding coverage will be the first step in a series of actions that change the way health care is delivered in this country. Emmet said that certain behavioral changes will have to be allowed for, too. For example, if health care facilities of a certain description are required to adopt health information technology before they can receive funds, then those facilities will have to be allowed the time to implement the technology.

In total, five congressional committees have jurisdiction over health reform legislation. In the Senate, the Health, Education, Labor and Pensions (HELP) Committee debated their bill for a month and cleared the bill out of committee on July 15, 2009. The Senate Finance Committee has yet to release its reform bill. Finance has oversight of the Medicaid program. The three House committees, Ways and Means, Education and Labor and Energy and Commerce created a tri-committee bill. Ways and Means and Education and Labor cleared the sections of the bill within their oversight. Energy and Commerce is in the process of marking up their provisions which include Medicaid. Congressional Democrat leaders and the Administration have expressed the need to pass comprehensive health reform prior to the August recess.

Housing Alert: TAC, Inc. Provides Critical Information on Time-Sensitive Funding Opportunities, Overview of *Priced Out in 2008*

Emily Cooper, Senior Associate, the Technical Assistance Collaborative, Inc., (TAC) and Stephen Day, Executive Director, TAC, recently provided an overview of time-sensitive funding opportunities, as well as an overview of TAC’s report on the state of housing for individuals with disabilities, *Priced Out in 2008*. Day oversees matters related to mental health and substance abuse for TAC, Inc., and Cooper has directed efforts for *Priced Out*, published every two years in collaboration with the Consortium for Citizens with Disabilities (CCD), for the past 10 years.

The findings of *Priced Out in 2008* highlight the need for urgent attention to the current time-sensitive funding opportunities in housing. As Cooper said, information and resources about these funding opportunities are coming out “fast and furious” and are opportunities that county behavioral health directors

should be aware of now; and both Cooper and Day emphasized that county behavioral health directors should maintain relationships and communicate with their local housing agencies and state housing authorities in order to take advantage of funding opportunities that will assist the individuals NACBHDD serves. The summary below first summarizes the findings of *Priced Out in 2008* and then provides a list of resources about the funding vehicles for housing.

Priced out in 2008 Demonstrates the Cost of Modest Housing for Most Individuals with Disabilities Exceeds Their Monthly Incomes

Cooper said of the most recent *Priced Out*, "The most depressing part is that ten years ago when I started this the findings were virtually the same." She did go on to add that the heartening news is that the Obama Administration and HUD have added new resources to address the crisis. Most people with severe disabilities live with incomes far below the poverty line, and *Priced Out in 2008* demonstrated that in detail. The following information is taken from TAC's press release about the report at www.tacinc.org.

- The national average rent for a one-bedroom unit climbed to \$749 per month in 2008 – higher than \$667, the average monthly income of over 4 million people with disabilities.
- In 2008, 219 housing market areas across 41 states had modest one-bedroom rents that exceeded 100 percent of monthly SSI, including 25 communities with rents over 150 percent.
- Between 2006-2008, the number of market areas with modest rents higher than SSI rose from 164 to 219 – a 34 percent increase.
- ***For the first time, there were 3 housing market areas – Honolulu (HI), Columbia City (MD), and Nantucket County (MA) – where SSI recipients needed to spend over 200 percent of their income for a modest 1-bedroom housing unit.***
- The amount of monthly SSI income needed to rent a modest one-bedroom unit has risen an astonishing 62 percent from 69 percent of SSI in 1998 to ***112.1 percent of SSI in 2008.***

The report also includes specific recommendations to address the housing crisis, including:

- Section 811 legislation to create at least 5,000 new units of permanent supportive housing each year.
- 10,000 new Housing Choice Vouchers for People with Disabilities in HUD's annual budget.
- Support the Administration's proposal to appropriate at least \$1 billion for the National Affordable Housing Trust Fund.
- Remove Barriers to Permanent Supportive Housing in the LIHTC Program.

- Facilitate a Coordinated Disability Housing Policy Across the Federal Government.
- Reinvigorate Fair Housing Enforcement.

Funding Resources Have Strict Spending Requirements and Housing Will Fill Up Quickly

Both Day and Cooper urged NACBHDD members to pay close attention to the current funding opportunities so that people with disabilities can be found eligible for these funding vehicles and access housing. And, they both urged NACBHDD members to, “Engage people who are planning for the needs of people with disabilities,” so that those individuals and families that NACBHDD serves can access housing under these time-sensitive funding opportunities. Further, much of the funding, has strict spending requirements that all those involved in the planning will need to be cognizant of.

The TAC website at www.tacinc.org has a comprehensive list of opportunities including:

- HUD’s \$1.5 Billion in NEW Homelessness Prevention and Rapid Re-Housing Program (HPRP)
- HUD’s National Housing Trust Fund. Housing advocates are awaiting specifics on this from HUD.
- HUD has just announced and Congress has just enacted new vouchers for homeless veterans, including veterans with disabilities.
- New vouchers for non-elderly individuals with disabilities, including from HUD. A subset of this funding will be linked to the money-follows-the-person program under Medicaid in 29 states.

Other housing advocacy organizations that offer updated information on housing funding opportunities include: the National Low-Income Housing Coalition at www.nlihc.org and the National Alliance to End Homelessness at www.endhomelessness.org.

For a copy of *Priced Out in 2008*, see <http://www.tacinc.org/pubs/pricedout/2008.html>. For more information about *Priced Out*, or about funding opportunities, contact Emily Cooper at ecooper@tacinc.org or at (617) 266-5657 x123.

NACBHDD Members Will Participate in Workshops at NACo Annual Conference, HHS Secretary and Director of National Drug Control Policy to Speak at Conference

NACBHDD Board members Debbie Donaldson and Jeff Brown will support the collaboration between NACo and NACBHDD at the July NACo Annual Conference through their involvement in workshops. Donaldson, Director, Sedgwick County Division of Human Services, Kansas, will moderate a workshop on Crisis Intervention Teams (CIT). Brown, Executive Director, Oakland County CMH Authority, Auburn Hills, Michigan, will participate in a health care reform discussion and address behavioral health and developmental disability issues.

Key leaders at the federal level also will be involved in the NACo Conference. Health and Human Services Secretary Kathleen Sebelius will speak at a NACo general session. Gil Kerlikowski, Director of the Office of National Drug Control Policy, will present at NACo's Justice and Public Safety and Health Steering Committees.

Members may be interested in the following workshops that are planned during the NACo Conference:

- Improving Law Enforcement Response Through Crisis Intervention Teams (CIT)
- Using Health Care Reform for Healthier Communities
- Counties Partnering with the Federal Government for Veterans' Services
- Saving County Dollars Through Justice System Reform (focus on pre trial services and juvenile justice reform)

For more information on the NACo Annual Conference and Exhibition, see www.naco.org.

NACBHDD Board to Discuss Leadership, Future Direction, at Annual Board Meeting

The NACBHDD Board will meet Thursday, July 23 and Friday, July 24, during the NACo Annual Conference and Exposition, which takes place July 24-28 in Nashville, Tennessee. The Board will discuss the focus and direction of the organization. Ellen Witman, formerly Executive Director, is no longer with NACBHDD. Leon Evans, NACBHDD Chair, says that the organization "appreciates her hard work and the growth we had while she was Executive Director and we wish her well." Evans notes that this is a time of transition and a time to build on that growth and to examine what type of leadership works best for NACBHDD, as well as an opportunity to find ways to create collaborative partnerships as the organization moves forward. The Board will be examining all possibilities to make sure that the right decision is made, and will keep the membership informed throughout the process.