

National Association of County Behavioral Health and Developmental Disability Directors

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Legislative Conference Focuses on Health Care Reform; Keynote Speaker Previews What's Ahead for Behavioral Health

Recognition of a great year... and moving forward to give policymakers the message about what works. Leon Evans, Chair of NACBHDD's Board, opened this year's Legislative and Policy Conference (Making Change Happen!) by recognizing this year's historic speakers, "folks who helped shape our industry," including keynote speaker Dr. Ron Manderscheid. Noting that it has been "a great year," Evans went on to emphasize that now is "a real time [in light of the economic crisis] for us to inform policymakers about what works." He is hopeful about the year ahead and stressed that now more than ever, repetition of this message is needed at the state and federal level.

On NACBHDD's 20th anniversary, Evans reviewed the organization's ongoing, successful partnership with NACo on critical issues such as enacting a parity law, the children aging out of foster care initiative, veterans' mental health, methamphetamine, Medicaid, and work around the criminalization of the mentally ill. The NACo Legislative Conference took place concurrently, and many NACBHDD members were involved in meetings of both conferences.

Ron Manderscheid, Ph.D., Director, the Mental Health and Substance Use Program for SRA, an information technology and health consulting firm, and a consultant to the Whole Health Campaign (www.wholehealthcampaign.org), delivered the conference's keynote address,

“National Health and Health Care Reform,” on March 9. Manderscheid was previously chief of SAMHSA’S Survey and Analysis Branch of the Center for Mental Health Services, and a senior policy advisor in the Clinton Administration. He is a leader in evidence-based practices and cost benefits outcomes.

Manderscheid very adeptly explained the forces currently driving the health care reform debate and also provided critical information on what he described as the “sobering statistics” on the costs of our current system, particularly in regard to public behavioral health. He discussed the background and status of health care reform, and outlined the framework of the discussion, including Obama’s principles for reform, the anchors of health care reform, implications for public behavioral health, and key questions for behavioral health and NACBHDD. Dr. Manderscheid’s entire presentation will be available on the NACBHDD website (www.nacbhdd.org) under the “Highlights of Recent Conferences” tab very shortly.

Some highlights of the presentation:

Framing Issues

Manderscheid emphasized that health care reform will involve very large change, including:

- Stepping out of the comfort zone.
- Making new system assumptions; for example, about the relationship between specialty care and primary care.
- Developing two to four key action vectors. Manderscheid says that he learned from his previous work with reform that these huge changes will need to happen incrementally. And, he emphasizes, NACBHDD should not be working on these areas of action alone, but that the field should agree on between two and four key areas for health care reform.

Manderscheid noted that both Obama and members of Congress have said that if health care reform is not related to the economic recovery, then reform will not happen.

Obama’s eight principles of health care reform

In the recent budget, Obama released eight principles of health care reform. These principles can be viewed in Manderscheid’s Power Point.

The reform discussion, Manderscheid explained, will also be driven by the economic meltdown, the new “front office” in DC, a new approach to entitlement programs, and addressing chronic diseases, which Manderscheid says now consume 75 cents of every health care dollar. Behavioral health, he noted, “has an impact on a wide swath of issues.” For example, depression is often present in individuals with diabetes and chronic heart disease, and Manderscheid noted that there is evidence that those not treated for depression at the time of a heart attack have a 40% higher chance of dying.

To put the issues driving the reform debate into some perspective, Manderscheid provided “sobering statistics.” Eighty percent of public mental health consumers are unemployed. 17% of health care consumers are uninsured; this is 34% for behavioral health. There is also a group

of 20 to 30 year olds who have no health care insurance because they think they do not need it, and the 18-20 million unemployed who now have COBRA will add to the 47 million uninsured. Universal coverage is a foundational issue of health care reform, and Manderscheid noted that each of these clusters of uninsured people has to be examined.

Promoting positive health. Manderscheid argued that we have been one-dimensional with our focus on illness, when in fact, we live in a two-dimensional world. The health dimension is independent of the disease dimension, and consumers are operationalizing and implementing the concept of recovery. This elicits the question of how we promote positive health, and Manderscheid cited Patrick Kennedy's focus on "Stop it where it starts."

The Healthy People 2020 Framework emphasizes health determinants and interventions to address them; health care is a secondary objective. This model also addresses disparities and moving toward a more equitable system. To access the Healthy People 2020 Phase I Report Recommendations for the Framework and Format of Healthy People 2020, click here: <http://www.healthypeople.gov/HP2020/advisory/PhaseI/default.htm>.

The aging behavioral health workforce will also have an impact on the reform discussion. The average age of a psychiatrist in the US is 58, said Manderscheid, and the average age of a psychiatric nurse is 56.

Comparative effectiveness. President Obama wants to create a research institute on comparative effectiveness; we are likely to hear a lot about comparative effectiveness in the reform discussion.

Anchors for reform. Reform will require massive changes in infrastructure and a phase-in period will be needed. Manderscheid cited the following anchors for health care reform:

- Universal coverage
- Promote health
- System reform
- Care coordination
- IT
- Financing

Likely implications for public mental health. The agenda for public mental health will grow to include promotion and prevention. Core partners and financing may change. HHS may look vastly different, with a system change to "pay for performance."

In closing, Manderscheid noted the following key questions for behavioral health and NACBHDD:

- How will we develop and implement **health promotion** services?
- As the **medical health home** is developed, with a major role with primary care, how will we change?

Manderscheid pointed out that more people in behavioral health need to be working on this issue, and that those in behavioral health working on reform need to work with the Centers for

Disease Control and Prevention and its significant funding for prevention and wellness, as well as work with the HHS funding initiatives for IT and for workforce training.

- **White House conference on Mental Health and Neuroscience.**

Manderscheid mentioned that Representative Patrick Kennedy has announced that there will be a White House conference on Mental Health and Neuroscience in the next two to three months. He emphasized that it is very important for the behavioral health community to be involved in this conference.

“We in the field have to decide what outcome measures we will take on. The field has to go collectively to the Hill in agreement on what the measures are – for the good of the field.” Manderscheid says consumers need to be at the table of health reform in more than a token way, and the Obama administration seems to agree with this, especially in terms of individuals taking more responsibility for their own care. And, Manderscheid emphasized, it is important to note the people on the Hill best understand first person stories.

A panel discussion followed the keynote address. It was moderated by Karen Scherra, Executive Director, Clermont MH&R Board, Ohio, with Neal Brown, Chief, Community Support Programs Branch, SAMHSA, and Pat Fleming, Director, Salt Lake County Substance Abuse, Utah, presenting. Brown provided an update on SAMHSA activity, especially in regard to the State Transformation Incentive Grants (TSIGs), system transformation, and evidence-based practices. New evidence-based practice kits will be available on the SAMHSA web site this year, as well as guides for promising practices.

Fleming focused on communicating effectively with policymakers, and stressed the need to demonstrate that health care reform and specific programs within reform are the key to reducing the costs to county government. For example, he noted that the costs-offsets of the jail system are very well-understood, but that benefits of other cost-effective programs need to be repeatedly communicated.

These opening day discussions were engaging and thought-provoking and set the tone for the NACBHDD 2009 Legislative and Policy Conference. Over the next two days there were panels on veterans’ mental health issues, health IT, supportive housing and Medicaid as well as meetings with SAMHSA’s three Center directors, a CMS representative and the legislative directors of NASADAD, NASDDD, NASMHPD and NGA. A highlight of the conference was when the participants went to Capitol Hill for briefings on health care reform from Andy Schneider, Chief Health Counsel to the House Energy and Commerce Committee, and on veterans’ issues from the Chairman of the Health Subcommittee of the House Veterans’ Affairs Committee, Representative Michael Michaud. Participants also spent time meeting with the elected officials from their own counties and states. A Congressional Reception capped off the second day and gave participants a chance to hear from Representatives Patrick Kennedy (D-RI), Allyson Schwartz (D-PA) and Jackie Speier (D-CA).

NACo's Health Care Reform Working Group Makes Behavioral Health A Top Priority, Takes Message to Capitol Hill

NACo's Health System Reform Working Group met during the NACo Legislative Conference. The group is the Presidential Initiative of NACo President-Elect Valerie Brown, who leads the Group in their efforts to develop a healthcare reform agenda to discuss with Congress and the Administration that has a positive financial impact on counties and enhances the health of families and counties. NACBHDD's voice is represented in the Working Group by Leon Evans and Deborah Donaldson, Director, Sedgwick County Division of Human Services, Kansas, who both attended the meeting.

The Health System Reform Working Group is involved in two central efforts: hearings around the country in which Working Group members and witnesses provide testimony about challenges and successes in providing healthcare in their counties; and development of a white paper, *"Restoring the Partnership for American Health: Counties in a 21st Century Health System."* The most recent hearing was held February 19 in Wake County (Raleigh), North Carolina.

Behavioral health is a top priority of NACo health care reform platform; Group takes message to the Hill. Evans reported that the Group's meeting at the conference was extremely productive and the White Paper "Restoring the Partnership for American Health: Counties in a 21st Century Health System" was adopted at the Conference and distributed on the Hill. Behavioral health will be one of the top three priorities highlighted in the platform. The group travelled to the Hill, and Evans and several other Group members met with key congressional members and had the opportunity to talk very specifically about the impact and unintended consequences of serious mental illness on county services and on consumers and families.

February hearing in North Carolina Focuses on Mental Health, Prevention. Evans attended the second hearing of the Health System Reform Working Group, held February 19 in Wake County (Raleigh), North Carolina. Evans noted that nearly every individual offering testimony discussed mental health issues. Prevention was also a focus of the North Carolina hearing. For a report on the hearing, click here:

<http://www.naco.org/Template.cfm?Section=Health&template=/ContentManagement/ContentDisplay.cfm&ContentID=30122>.

NACBHDD Meets With Special Assistant to the President on Disability Policy

Executive Director Ellen Witman and NACBHDD members Leon Evans, Dan Ohler, Lisa DeVivo, Dorelia Rivera, Sandy Lewis, and Mark Hammerer, met with President Obama's Special Assistant for Disability Policy Kareem Dale on March 10 in the Old Executive Office Building. The group discussed the imperative to include behavioral health and disability issues in any health care reform proposals, and presented examples of why this is so critical -- from cost savings from jail diversion programs to the use of veterans' courts to increased revenue to the government that comes from training and employing mentally ill and developmentally disabled

persons. Dale, who is partially blind, said he understood the frustration of the disability community and was working to ensure that their voices are heard. Jeff Crowley, formerly Senior Scholar at the Georgetown University O'Neill Institute for National and Global Health Law and a Senior Research Scholar at the University's Health Policy Institute, and now a member of President Obama's Domestic Policy Council, also attended the meeting. Crowley is very familiar with NACBHDD and reinforced Dale's message that the Administration wants to hear from the behavioral health and developmental disability communities. NACBHDD is grateful for Dale's and the Administration's support and interest.

Dan Ohler attends regional Health Care Reform Forum. Dale invited Ohler to attend the regional health care reform forum in Michigan held on March 12. Look for an interview with Ohler in a future newsletter about the forum.

Helping Returning Veterans: Innovative County Services and A Congressional Update

In keeping with NACBHDD's growing concern for veterans and their families, the Legislative Conference featured overviews of two innovative county-based programs and an update on the activities of the House Committee on Veterans Affairs.

Demonstration of "For Veterans" component of Network of Care. Jacqueline Zimmer, Trilogy IR, Inc., demonstrated the Veterans' Network of Care website (www.networkofcare.com). Maryland has already launched the site, and California will launch its site soon. Zimmer reported that the three primary issues addressed are mental health, homelessness, and employment assistance. The home page features photos of veterans, which can be clicked on to access a veteran speaking about a particular issue. Arabic and Somali have been added to the languages on the site. There is also a text-only link for the visually impaired. Social networking is an especially important feature; Zimmer reported that veterans groups feel that communication and bonding with others who have been through similar experiences is critical, and blogs are part of the site in order to meet this need.

Report from House Committee on Veterans Affairs. Cathleen Wiblemo, Director, Health Subcommittee, provide an update on the activities and priorities of the House Committee on Veterans Affairs, including:

- Mental health
- Access to services, especially rural access. There is a high deployment rate from rural areas, and access to services is often limited in rural areas.
- Re-integration. This is a very critical concern, and may be the most frequent reason for visits to county providers by veterans and their families.
- Appropriate services for female veterans. The incidence of PTSD among female veterans has gone from 1% to 20% over the past several years.
- Services for family members. The VA is not authorized to offer services to families, but the Subcommittee is looking at the New Freedom Commission and its emphasis on family dynamics.

- PTSD. Wiblemo noted that PTSD is second only to musculoskeletal concerns in terms of visits to the VA.

Veterans Courts. Mark Kammerer, Director, Treatment Programs, Cook County, Illinois State’s Attorney’s Office, discussed the Veterans Courts program in his county, one of the few in the country. Look for an interview with Kammerer and a detailed description of this innovative program in the [April newsletter](#).

NACBHDD Members Recognized for Excellence and Leadership

The Legislative Conference provided an opportunity to recognize three members for their outstanding contributions to the field and to the organization. David Lalumia received the 2008 Robert Egnew Award for Excellence, and Patricia Ryan received the 2009 Egnew Award. Lynn Ferrell received the “Outstanding Leadership Award,” created for NACBHDD’s 20th anniversary event.

Robert Egnew Award for Excellence. David Wiebe, Executive Director, Johnson County Mental Health Center, Kansas, described the vital role in NACBHDD’s history played by Robert Egnew in whose honor the award for excellence is given. Wiebe characterized Egnew, a Board member emeritus, as the “sparkplug that got NACBHDD going once again as a vital organization” in the early 1990s. And, he fondly remembered Egnew’s persistence in strengthening the organization and the role of behavioral health. “We used to call him the ankle-biter because he would get hold of an issue and not let it go.”

- **2008 Egnew Award presented to David Lalumia.** Jeff Brown, Executive Director, Oakland County Community Mental Health Authority, Michigan, accepted the 2008 Egnew award on behalf of David Lalumia who was unable to attend. Lalumia, now President/CEO of the Health Care Association of Michigan, was formerly executive director of the Michigan Association of Community Mental Health Boards. He was the first director and served for 28 years. In his current position Lalumia oversees all operations for the Health Care Association of Michigan, which represents over 260 nursing and rehabilitation facilities and serves almost 25,000 Michigan residents. Brown noted Lalumia’s critical role in Michigan’s public behavioral health system, explaining that he guided the system through the institution of Medicaid, Medicaid managed care, and person-centered-planning, as well as bringing Michigan into full NACBHDD membership.
- **The 2009 Egnew Award was presented to Patricia Ryan,** Executive Director, California Mental Health Directors Association, by Sandra Naylor-Goodwin, Executive Director of the California Institute for Mental Health and a NACBHDD Board Member. Goodwin and Mark Refowitz, Behavioral Health Director, Orange County Health Care Agency, discussed Ryan’s dedicated service to county authorities and the people they serve, her tenacity in sticking with an issue until it is resolved no matter how long it takes, and her kindness and support for her members. Goodwin described some pertinent

biographical information about Ryan, including the fact that her father, Congressman Leo Ryan, was murdered in Jonestown when he went to investigate what was going on there. Ryan, in her acceptance remarks, also referred to her father and said that his example of public service and commitment to his constituents was what inspired her to do the work she is doing. “He always wanted to know the truth, to investigate what was really taking place, so that he could provide constructive help; it was why he went to Jonestown to see why a good number of his constituents had followed Rev. Jones there,” she told the group. Pat feels that her work is in keeping with her family’s tradition of public service.

The “Outstanding Leadership Award” was presented to Lynn Ferrell, Executive Director, Polk County Health Services, Iowa, in recognition of his 20 years of dedicated leadership and service on NACBHDD’s Board of Directors. David Wiebe, as the second longest-serving Board member, read a speech by Linda Hinton, Counsel for the Iowa State Association of Counties, and presented the award to Ferrell. To read Hinton’s speech, click here: <http://nacbhdd.org/conferences/highlights.cfm> . Ferrell received an engraved glass award noting his 20 years of dedicated service, and he was presented with a piece of artwork from Art Enables, which sponsors developmentally disabled artists, provides a workshop for them to paint/create in, and sells their work to the public. Ferrell said of his award:

I was quite honored upon receipt of the award. As I think back on our purpose for forming NACBHDD, our hope was that we could accomplish two things. First was to have an impact on public policy formulation in Washington and on informing our peers of the need to coalesce around policy advocacy efforts. I can see areas where our impact was felt in federal policy, as well as many where we are still ahead of the curve. For example, we were at the table when health care reform was being developed and debated 15+ years ago, and I’m certain we’ll be there again, but more importantly, that issue never went off of NACBHDD’s radar screen. The second goal of NACBHDD was to create a forum for sharing ideas about what works and what doesn’t work for service delivery in various communities. Many of the service improvements we’ve implemented in Des Moines over the years are the direct result of something I’ve learned from my colleagues at NACBHDD & NACo meetings.

NIATx Webinar a Big Success

Fifty-one sites, with multiple participants at some sites, participated in the first webinar offered to all NACBHDD members free of charge on February 24. The webinar was a project of the Substance Use Disorder Subcommittee and was described by co-chair Pat Valentine as the group’s “maiden voyage” in the process of meeting the subcommittee’s goal of providing information to members in a way that is cost-effective and convenient for them. The webinar was sponsored by NIATx, an improvement collaborative that assists substance abuse and behavioral health organizations to improve access to and retention in their treatment programs by teaching a simple process improvement model developed under the leadership of Dr. David Gustafson, who is an industrial engineer. NIATx is part of the Center for Health Enhancement System Studies at the University of Wisconsin–Madison.

Valentine reports that the webinar was a success and that she has received positive feedback about it. Additional topics for webinars and teleconferences are being discussed by the Subcommittee. All suggestions are welcome.

NACBHDD Welcomes 2009 Corporate Sponsors

NACBHDD has developed a Corporate Sponsors Program intended to be mutually beneficial to the organization’s public sector members and to partners in the private sector. NACBHDD was pleased to have representatives from Eli Lilly & Company, Genoa Healthcare, InfoMC, and Janssen Pharmaceutica participate in the 2009 Legislative and Policy Conference in Washington, DC. These new Corporate Partners join Trilogy Integrated Resources, Inc., NACBHDD’s partner since 2004, in supporting the important work of NACBHDD and providing opportunities for the public and private sectors to interact and work together to achieve common goals. This important new relationship was recognized in the Legislative Conference program:

By encouraging dialogue, facilitating information exchanges and providing opportunities to meet and build relationships, NACBHDD offers a venue in which government and industry can learn from each other, collaborate on projects of mutual interest, and coordinate efforts to improve public policies and supportive services for those living with mental illness, substance use disorders and developmental disabilities.

NACBHDD is continuing to develop the Corporate Partners program and hopes to be able to announce new Partners in future newsletters. Contact Ellen Witman (ewitman@nacbhd.org) if you know of or work with companies that would be good Corporate Partners for NACBHDD.

Maeghan Gilmore Moves to NACo as Program Director for Health, Human Services and Justice Issues

After nearly five years as NACBHDD’s Director of Government Affairs and Public Policy, Maeghan Gilmore has left the organization to join NACo’s staff as Program Director for Health, Human Services, and Justice Issues. Gilmore will develop and manage programs and provide technical assistance and training to county governments in these areas. She will also provide policy guidance and work with NACo’s legislative staff.

During her tenure at NACBHDD, Gilmore provided valuable information to the members through her *DC Updates* and other communications, represented the organization on Capitol Hill and in numerous coalitions, planned conferences, worked with the Board of Directors and committees and was an important liaison to NACo and other associations representing state and local governments including NASMHPD, NASADAD, NADDDDS and NGA.

Everyone at NACBHDD wishes Maeghan well in her new position and thanks her for her dedicated service to NACBHDD.
