

Innovations in Women's Behavioral Health: Bringing about Systems Change at the County Level...

Separate programs for SA, MI, trauma and HIV force women with multiple needs to prioritize treatment or forego it altogether because of the difficulties of managing appointments, meeting eligibility requirements and dealing with competing agencies. "Unless all of these needs are met in some coordinated way a woman's life and well-being are at risk...and so is the investment of public funds to serve her." This recognition has led PROTOTYPES, a major **Los Angeles County** treatment organization, not only to complete its own one-stop service for women, but also to help communities and community agencies establish or improve integrated treatment.

Started in 1988, PROTOTYPES provides services to over 10,000 women and their children every year through 18 programs in Los Angeles and Ventura Counties. A long time advocate of integrated treatment, the organization is now using that expertise to affect change at the county level. The PROTOTYPES Systems Change Center has expanded its Local Experts Group, a panel of top MH and SA officials, as well as the head of the Department of Public Social Services. The group meets to improve and coordinate services within L.A. County. PROTOTYPES staff also participate in county commissions aimed at strengthening services and conduct countywide training programs, which have increased participation of outside agencies. Another PROTOTYPES innovation is co-locating Calworks (CA welfare benefits agency) personnel with treatment providers at the Systems Change Center. Calworks brings in women clients, who then have treatment options on site.

PROTOTYPES says systems change requires "networking, information-sharing, technical assistance and empowerment of consumers." The Systems Change Center has six goals: 1) identify gaps in services and develop integrated solutions; 2) provide targeted technical assistance; 3) convene new networks of experts; 4) create a comprehensive database; 5) develop and disseminate practice guidelines for serving women with multiple vulnerabilities and 6) foster policies on key issues that affect treatment of women with multiple vulnerabilities.

The Systems Change Center is funded by SAMHSA as part of its women and violence study

(see story below). In its grant application PROTOTYPES cites its own data, showing among 286 women, 63% had four or more problem conditions, including heroin abuse (25%), cocaine abuse (70%), amphetamine use (25%), alcohol abuse (49%), homelessness (59%), co-occurring MH problems (24%), health disorders (26%), HIV (11%), cognitive impairment (22% had an elevated Luria screener score) or history of childhood or adult abuse (87%). Another study of 440 clients showed that 62% had a history of childhood abuse.

In **Milwaukee County, WI**, anyone who is uninsured has had to go to a centralized office for treatment. If that person is found to be involved in a public welfare program, she is referred back to that program. When the problem is SA this system results in fragmented treatment at best and sometimes no treatment because agencies may or may not have contracts with SA treatment providers.

Since January the system has been changing in Milwaukee County with a \$7.5 million TANF grant designed to create wrap-around services for TANF eligible substance abusers. Since TANF eligibility includes having a child, most beneficiaries (85%) of the new program are women.

The new system is comprehensive including basic transportation, childcare, housing, MH and trauma treatment, and even social and spiritual counseling. Defining the new system as treatment oriented, rather than dollar driven Project Manager Gena DeSousa says "it is absolutely necessary that every aspect of a person's life be taken care of". So far only four public service agencies have the services in place to participate in the program but more will be brought on board as they are able to demonstrate that they can provide gender specific treatment and strength based services, i.e. services that build on a client's strengths.

Right away the TANF funding allowed the county to increase its points of system entry from three to seven. Then it was necessary to standardize the new system, agreeing on measures for pre screening, screening and assessment. Those tools have been selected and implemented. In May the doors were opened to clients. For each, a master treatment plan is developed with all parties involved coming

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President's Column

Dear NACBHD Member:

Welcome back from what I hope was a relaxing and enjoyable summer. I wanted to take a moment to update you on NACBHD's recent developments and future plans. NACBHD's fifth Annual Conference, "Developing First-Class Leaders: Knowledge, Tools and Resources", was an unmitigated success. The 60+ participants represented 17 states. Topics ranged from "Community Building and Collaborative Leadership" to the more technical issues of medication algorithms and information systems. The first ever Thomas W. Wernert Award for Innovation in Community Behavioral Healthcare was presented to Hennepin County, MN for their innovative program for homeless individuals (see story above). Hats off to our host Mecklenburg County, Charlotte, North Carolina for their support and hospitality.

The NACBHD board also met during the conference. We learned that our decision last year to create a sliding fee schedule for dues based on annual budget was accepted by more than 90% of our members. **Our financial statement for the first six months of 2000 also proved that our restructured dues meant that NACBHD is a fiscally viable organization for the first time in its short history.**

As NACBHD's conference drew to a close, our leadership turned its attention to the 65th Annual Conference of the National Association of Counties (NACo). Led by our Past President, David Wiebe, Chair of the Behavioral Health Subcommittee and Sally McElroy, NACo Assistant Legislative Director, the behavioral health platform was rewritten to incorporate language supporting health insurance parity, county sovereignty in implementation of Medicaid managed care waivers and other issues important to our members. Thanks to Lynn Ferrell from Iowa and Sandy Goodwin from California for authoring key language for these changes.

Our Annual Conference capped a very successful year. In order to meet our needs for advocacy and education in the future, we must continue to grow our organization and increase participation of our members. **Toward that end, I am establishing a goal to increase our membership to 400 by our Annual Conference next year in Philadelphia.** David Wiebe has agreed to head this effort. His Membership Committee will include a board member or designee from each state. In turn, each state is challenged to recruit a minimum of 50% of their local behavioral health authorities.

In addition to this primary strategic goal of membership recruitment, I encourage each of you to become involved in NACBHD. Access the full value of your membership by contributing your time and talents. Remember that you are NACBHD!

Sincerely,



William P. Harper, MSW
President

Bulletin

NACBHD

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Women' Behavioral Health

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parties involved coming to the table and coordinating services. DeSousa says the most important participant in this process may be the client herself, who will eventually be weaned from the system and is expected to make her own decisions from the start.

Milwaukee County's TANF funding ends June 30, 2001. But a contract with the University of Wisconsin will ensure that its use is well documented both in terms of systems and client outcome. The first qualitative report will be issued later this month followed by a quantitative report at the end of the year.

Linking Services...

In 1999, 59 babies of substance abusing mothers were born drug free in **Hennepin Co., MN**; 91% of those born to women participating in Project CHILD. To County Program Manager for Chemical Health, Peg Murphy, that is the best measure of the program's success. Project CHILD (Chemical Health, Linkage and Development) provides outreach, comprehensive assessment, treatment and service planning, referrals and case management to pregnant and post-partum women, who are reported to the county for controlled substance abuse.

Run by the County's Chemical Health and Child Protection Services and the Metropolitan Visiting Nurse Association the program also networks extensively with other community-based programs. Women, who enter the program, are served by the Chemical Health Team, which includes a case manager and a public health nurse. "A lot of these women haven't been able to move forward with their lives," says Murphy, adding that individual attention from both the case manager and nurse really makes a difference. Other factors that make Project CHILD a success are that it is multi-disciplinary and on-site since team members visit clients rather than vice versa. Case management continues to be provided for up to six months after the baby is born.

Started in 1990, the program has been expanded this past year to include alcohol abusers.

Outcomes of a **Virginia Beach, VA** project, linking services for substance abusing women, have been rated favorably by the College of William and Mary. But, when asked, LINK Coordinator Cleriece Whitehill prefers a more anecdotal measure, mentioning a project sponsored summer family play day attended by two little boys, who knew each other from school. Because of the play day their moms met and discovered they lived down the street from one another. The connection led to play dates for their sons, both of whom have physical disabilities, and support for one another.

Located in five VA communities, as well as Virginia Beach, Project LINK coordinates and enhances existing services for pregnant and post partum women, who are

affected by SA. Because each project serves a different community, each does things differently and after nine years of operation, different sites have developed a different expertise. For instance, project residential services have been established at Serenity House in Newport News. At the same time the six meet monthly to share experiences around their core purpose.

In the beginning, the Virginia Beach LINK had agreements with 15 agencies but has since expanded to work with other organizations. According to Whitehill, the biggest difficulties her clients face are lack of transportation and lack of childcare. One of the greatest barriers to treatment, one that LINK can affect, is stigma. Whitehill says that pregnant women with SA problems face "a lot of guilt and shame without having that multiplied by service providers."

Promoting Awareness...

CA's newly formed **Women's Mental Health Policy Council** is spending its first year spreading the word about women's MH issues. Formed to pursue an agenda for women's MH in CA, the 50-member council met for the first time in January. Members include practitioners, legislators, state and county MH officials, and researchers.

At its first meeting, the Council reviewed and approved a CA Institute for MH document, developed from a women's MH conference last year. *Gender Matters: Building a System of Services and Treatment for Women in CA* sets out seven principles for a gender appropriate MH system. Such a system would

- Employ a woman-centered approach that takes account of trauma, life transitions and life circumstances on MH;
- Eliminate financial barriers to services;
- Provide culturally appropriate services ;
- Present a well-integrated system of care;
- Be open to consumer viewpoints;
- Support all the roles that women play in society; and
- Promote gender-specific education, training and research.

Also, at its first meeting the Council agreed on action plans to share research and program information, promote gender sensitivity in the legislature and administration, generate public awareness of women's MH issues and collect needed data. In particular the Council is interested in collecting data on trauma and parenting, and ensuring that findings become integrated into policy and practice.

Plans for the rest of this year include: holding one or more public awareness events , developing training materials on gender-specific issues in MH, sponsoring five continuing education programs for public and private MH providers in the state, and working to integrate women's MH issues into existing continuing education channels. ■

First Phase of SAMHSA's \$8.5 Million Women and Violence Study Ends This Month

For the past two years 14 communities across the U.S. have been developing strategies to treat women with co-occurring disorders and histories of physical and/or sexual abuse. At the end of this month they will submit Phase I data for probable release at the end of November.

SAMHSA's Associate Administrator for Women's Services, Ulonda Shamwell says the study is designed to bring together three disparate treatment modalities, SA, MH and trauma. It was born out of the realization that women with MH or SA problems or both often share a common heritage of violence. The project, she says, has been "challenging" since the three different kinds of service providers "speak different languages."

The 14 sites (see Prototypes above) are located

throughout the U.S. and represent a variety of regions and populations, including migrant farm workers, prison inmates nearing release, prostitutes, HIV-positive women, refugees, immigrants, homeless women and others. They are trying a variety of approaches to organizing services for women to determine what works and what doesn't. Among them are case management and co-location of services. Another aspect of the model-development phase has been a combined effort to develop intervention models that are useful and can be tested at all sites.

In Phase II, the systems developed in Phase I will be implemented and evaluated. Among other things, the study will assess how difficult it is to set up an integrated system in each community and client outcomes. ■

Conference on Women's Mental Health Issues Leads to Changes in Treatment

The Kern County, CA, Annual Conference on Women and Mental Health got started by accident. Conference Chairwoman Alexis Woods says it began with a training session and a debate about whether the session should be open to the entire county mental health staff. "We decided that it was a good idea," Woods says, "It's not that often that discussion is geared to women."

The first year of the conference, 1995, seventy people attended to focus on mental health services for women. As a result of that first meeting, a checklist assessing women's services was developed. Since then the conference has grown every year and now has about 200 participants. They have convened to discuss managed

care, violence against women, the impact of welfare reform, and the needs of children. In some cases, according to Woods, the discussion has led to change. For instance, work groups have been established for women in jail and there have been changes in the administration of children's outpatient services. A videotape shown at the conference on women and violence was so effective, it was later broadcast to the community via cable.

This year's conference will be held in late October and the theme will be living safely in a violent world, encompassing topics such as personal safety, terrorism and violence in the workplace. ■

Publication Available

SAMHSA's Office of Managed Care, through its Managed Care Tracking System, has recently published its Annual Report: *State Profiles, 1999, On Public Sector Behavioral Health Care*. The data scrutinizes all public behavioral health care programs in a national summary of findings. To receive a copy of the state profile report, please call NCADI at 1-800-729-6686.

First Annual Wernert Award to Detox Program for Homeless Men; Program for Homeless Women Planned

Given for innovation in community behavioral health care, the first Thomas M. Wernert Award has been presented to Hennepin County's Street Case Management Project. Using the harm reduction model, Street Case treated 30 clients last year, reducing detoxification encounters by 67% and emergency room visits by 65%, a track record that has been steadily growing, since the program began in 1996.

According to Project Manager John Bollig, the success of the project is in the hands of the clients themselves, who determine their own needs with Street Case's help. For example, the first client ever to become sober decided he needed sober lodging, which the project helped him get. Now he has his own apartment, a fulltime job and maintains as a volunteer. Another client still chooses to live in a wet house but has been sober for almost a year. Bollig believes it is the power to choose that motivates his clients to stay sober.

Thus, Bollig says, the \$10,000 award is a "recognition

of a group of people who have lived this lifestyle and of their ideas." The money will help start a project for homeless women, who, Bollig thinks, may need it more than the men, since they have more significant MI, chemical abuse, and addiction problems and are less likely to access the system for help. The women's program is scheduled to start October 1.

Street Case Management was one of 14 applicants for the award, which is sponsored by the Technical Assistance Collaborative (TAC) and the David and Lura Lovell Foundation in collaboration with NACBHD. It was presented July 14th at NACBHD's Annual Conference.

A video and additional information about Street Case Management can be attained by contacting Bollig at john.bollig@co.hennepin.mn.us or 612-879-3597. ■

106th Congress has Reconvened for Push Toward Adjournment

by, Sally McElroy, Associate Legislative Director, National Association of Counties

Congress returned from August recess the week of September 5th, for a hectic drive toward final adjournment, targeted for October 6th. Even though progress this year on appropriations bills has been better than in recent memory, President Clinton has threatened to veto a majority of these bills. This scenario sets the stage for another end-of-the-year omnibus spending package of which the Labor, Health and Human Services, and Education (Labor, HHS) appropriations bill is likely to be a part.

House and Senate conferees on Labor, HHS have agreed to go with the overall higher funding levels contained in the Senate package for the most part. However, the Administration argues that the areas of education and workforce training do not come near the president's request. In addition, Title XX, the Social Services Block Grant, remains underfunded, although conferees did go with the higher amount of the two bills. NACo continues to actively push Members of Congress for adequate funding for Title XX and is also working with a coalition of Title XX stake-

holders in a coordinated lobbying effort in this regard.

When all is said and done, the Mental Health Block Grant should receive an increase in appropriation. In the House bill, the Mental Health Block Grant was funded at \$416 million. The Senate funding was \$366 million. FY 2000 Mental Health Block Grant funding was \$356 million.

Other health-related agenda items for the Congress in September are Medicare prescription drugs, managed care reform, and another round of Medicare "givebacks". At this point, the outlook for enacting Medicare givebacks, or increases in reimbursements is by far the rosier of the three with support from both sides of the aisle in Congress and the administration. Medicare prescription drugs and managed care reform remain embroiled in election year politics. With Majority control of the House in serious play, these issues are now a part of a political duel. Party leaders are continually weighing the benefits of action v. inaction with all eyes on the November elections. All seats in the House and one-third of the Senate seats face re-election this year. The outcome will determine which party controls the House and the Senate. ■

Consumer Viewpoints

In January 2000, the National Association of County Behavioral Health Directors (NACBHD) polled its members and their peers throughout the country to assess their opinions of behavioral healthcare programs provided to people with serious and persistent mental illness. The result was NACBHD's survey, "Mental Healthcare in America."

On June 10, 2000, NACBHD convened a peer-led roundtable discussion of six consumers from throughout the country to comment on the survey topics. All participants defined personal success as the ability to leave a world of isolation and develop relationships. Consumers, agreeing with behavioral health directors, said the newer generation of antipsychotic medications (Zyprexa, Seroquel, Risperdal) has made dramatic improvements in their abilities to function. Several of the participants described an "awakening" after taking the newer medications and said they not only were able to go to school and hold jobs, but they were also able to have social lives.

"When I first got sick, I didn't talk to anyone. Now that I'm on the new medications, I'm more sociable and outgoing, and can enjoy carrying on a conversation," said Willie Hester, a business administration student from Richmond, Virginia.

Consumers credited newer medications with controlling their symptoms without the debilitating side effects of older medications. As a result, they said they are eager to pursue their goals. Consumers

agreed with health directors that the quality of supported education and employment services should be improved, and they recommended more individualized support services.

"I wish somebody had sat me down and ran through the financial stuff with me to help me understand what I was trying to accomplish, how to go about doing it, and if I would be able to eventually do it," explained Philip Carwin, a computer science student from Monterey, California, when describing his experience in saving money to buy a car.

Participants agreed with survey respondents that stigma is a major barrier to change and rated improving public understanding as the top priority for the nation's mental health agenda. Consumers said they hesitate to tell employers and friends about their illness for fear that employers will think they can not handle the stress and friends will withdraw from them socially. They agreed improving public understanding should come at all levels, but it can start with the media portraying people living with mental illness in a more positive light.

Jim Stewart, President-Elect of NACBHD, attended the meeting. Stewart agreed with participants that it is important to give consumers a voice. "I strongly believe change can come from the power of lobbying from consumers and their families," Stewart said.

A complete summary of the discussion will be mailed separately to NACBHD members. ■

NACBHD IN CYBERSPACE

Check out NACBHD's Web Site for the latest in association news, policy updates, job announcements and links to useful web sites. Use the Members Only Section to chat with your colleagues and exchange useful information and ideas. www.nacbhd.org

POSITION ANNOUNCEMENTS

CHIEF EXECUTIVE OFFICER

The Bert Nash Community Mental Health Center seeks a dynamic leader to further the mission of the center in advancing the behavioral health of Douglas County, KS. The successful candidate must demonstrate:

1. Experience in motivating a growing organization in a changing environment.
2. Accountability to multiple projects.
3. Ability to identify creative solutions to current and evolving community needs and interests.
4. Ability to build consensus and support for state-of-the-art services.

Competitive financial package commensurate with experience. Deadline – September 29, 2000. Send resume to:

Search Committee
The Bert Nash Center
200 Maine, Suite A
Lawrence, KS 66044

EXECUTIVE DIRECTOR

The Texas Council of Community MHMR Centers, Inc., a statewide trade association representing Texas community MHMR centers, seeks executive director to oversee all aspects of non-profit's organizational operation. The executive director is employed by and responsible to the Board of Directors. We seek established senior level candidates who are experienced in organizational management, public policy, coalition building, legislative processes, managed care and knowledge of developmental disabilities. Salary and benefits are negotiable. Position will be effective September 1, 2001. Applications must be received NLT November 1, 2000.

For applications and additional information, contact: Search Committee; P. O. Box 28189, Austin, Texas 78755-8189, e-mail edsearch@txcouncil.com, or Catharine Stocker at (512) 794-9268.

MARK YOUR CALENDAR

NACBHD'S 2001 LEGISLATIVE CONFERENCE

FEBRUARY 28 – MARCH 2ND

HOLIDAY INN ON THE HILL, WASHINGTON, DC

Don't miss the best forum for the latest, most critical policy information directly affecting county/local behavioral health authorities! Our new location on Capitol Hill will afford you the opportunity to hear from legislators and their staff members on key behavioral health legislation, and speak with your own congressional delegation.

NACBHD recognizes Milwaukee County Mental Health, WI, one of our member organizations, as sponsor of the September issue of the *NACBHD Bulletin*.

Calendar of Events

Fall – Early Winter, 2000

October 5-6: Open Minds. **Information Technology Institute: How to Leverage Your Technology Investment.** San Francisco, CA. Call Open Minds. (Source: Open Minds web site).

October 16-20: CDR Associates. **The Mediation Process.** Boulder, CO. Call: 800-633-4283 (or www.mediate.org/Training_Schedule.htm). (source: NCJRS web site).

October 20-22: Ben Franklin Institute. **Summit for Clinical Excellence: "Innovations in Addiction Treatment & Behavioral Health Care"**. Scottsdale, AZ. Call 800-643-0797 or 480-563-1192. (source: Myron Pulier).

October 24-29: American Academy of Child and Adolescent Psychiatry. **47th Annual Meeting.** Contact Yevette Taylor or Carlota Cater at 202-966-7300. New York, NY. (source: NCJRS web site).

November 7-8: California Mental Health Directors Association/California Institute for Mental Health. **Integrated Approach to Mental Health and Alcohol and Other Drug Services for Children and Youth.** Sacramento, CA. Contact Bill Carter at CIMH (916) 556-3480.

November 8-11: National Association for Rights Protection and Advocacy (NARPA). **19th Annual Conference.** Sacramento, CA. Contact Colleen Fry at NARPA. (Source: Advocacy Unlimited web site).

November 9-10: Open Minds. **Strategic Positioning Institute: Navigating Turbulent Times - Preparing for Managed Care Competition.** Orlando, FL. Contact Open Minds. (Source: Open Minds web site).

November 28-29: California Mental Health Directors Association/California Institute for Mental Health. **Cultural Competence and Mental Health Summit VII.** Los Angeles, CA. Contact Ed Diksa at CIMH (916) 556-3480.

December 1-3: Zero to Three. **National Training Institute.** Washington, DC. Call 703-271-1296. (source: NCJRS web site).

December 3-6: National Association of State Mental Health Program Directors. **Winter 2000 Meeting and Forensic Division 2000 Annual Conference.** Sheraton Marcos Resort & Conference Center, Chandler, AZ.

December 6: California Institute for Mental Health. **Welfare Reform: Mental Health, AOD, and Domestic Violence Barriers to Employment.** Satellite Broadcast. Contact Tony Aguilar at CIMH (916) 556-3480.

December 11-13: North Carolina Council of Community Programs. **Annual Conference and Exhibition: "Driving for the Leader Board"**, Pinehurst Resort and County Club, Pinehurst, NC. Contact: (919) 755-0680.



NATIONAL ASSOCIATION OF COUNTY
BEHAVIORAL HEALTH DIRECTORS
1555 Connecticut Avenue, NW
Suite 200
Washington, DC 20036