

## National Association of County Behavioral Health and Developmental Disability Directors

# Newsletter

February 2009

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**LET YOUR VOICE BE HEARD! Don't miss NACBHDD's 2009 Legislative and Policy Conference  
March 9-11, 2009 in Washington, DC**

**The 2009 Legislative and Policy Conference is an historic, not-to-be-missed event!** As a new President, new Executive Agency Directors, and a new Congress begin their work, you will have the opportunity to hear from representatives of key federal agencies, Congress, national organizations, and other leaders in the fields of behavioral health and developmental disabilities. Highlights include:

- **Ron Manderscheid, Ph.D., will deliver keynote address on health reform.** Manderscheid is currently Director, the Mental Health and Substance Use Program for SRA International, Inc., an information technology and health consulting firm, and a consultant to the Whole Health Campaign. Previously, he was chief of SAMHSA'S Survey and Analysis Branch of the Center for Mental Health Services, and a senior policy advisor in the Clinton Administration.
- **Speakers will include Directors of all three Centers at SAMHSA and the Acting Director of CMS' Disabled & Elderly Health Programs Group, Center for Medicaid and State Operations.**
- **On Tuesday, March 10, we will go to Capitol Hill to take our message to elected officials and have a Hill Reception in the evening.** Rep. Patrick Kennedy, who has long worked on issues important to NACBHDD members, will speak at the reception.
- **Reception for the 20<sup>th</sup> anniversary of NACBHDD's affiliation with NACo.** We will look back over the past 20 years of NACBHDD's affiliate partnership with NACo. NACo Executive Director Larry Naake will attend.

**Location and registration.** The conference will be held at the **Churchill Hotel**, located on Connecticut Ave., NW, just north of Dupont Circle. A conference registration form and hotel registration information are posted on our website at [www.nacbhdd.org](http://www.nacbhdd.org) under "Conferences".

## Substance Use Disorder Subcommittee Concentrates on Dual Value

*In a continuing effort to keep members informed of the priorities of NACBHDD's committees and subcommittees, the **NACBHDD Newsletter** periodically will feature an interview with a committee or subcommittee chair. This month, Patricia Valentine, Co-Chair of the Substance Use Disorder Subcommittee, along with Cheryl Ramirez, reviewed the current focus of the group, which is a subcommittee of the Public Policy Committee. (Valentine is Behavioral Health Administrator, Allegheny County Department of Human Services, in Pittsburgh, Pennsylvania, and Ramirez is Executive Director, Association of Community Mental Health Authorities of Illinois in Urbana.) The subcommittee meets monthly by phone, and they meet in person at NACBHDD meetings, with the next in-person meeting to be during the upcoming NACBHDD Legislative Conference. In addition to Valentine and Ramirez, members include: Margaret Hanna, Executive Director, Bucks County Drug & Alcohol Commission in Pennsylvania, Pat Fleming, Director, Salt Lake County Substance Abuse, Utah, and Richard Nance, Director, Utah County Division of Substance Abuse. Other representatives from member organizations with an interest in Substance Use Disorders are welcome to join the Subcommittee. Those with expertise or interest in a particular topic may participate in a call or discussion without joining the subcommittee.*

**The Subcommittee is concentrating on dual value.** Valentine says the Subcommittee has been reinvigorated, with the intent to make all it undertakes very meaningful and of value to two populations, or as Valentine says "We want all we do to be of dual value – of value to consumers and of value to counties." The group is very cognizant of the critical interest all counties have in substance use because of its impact on so many county services, including jails, child welfare, and courts. As a result, says Valentine, "We decided that one of the things we wanted to do is to disseminate knowledge within NACBHDD." There is ample opportunity for counties to benefit from the experience of other counties. As Valentine points out, "Many counties are doing exciting things, and the committee believes that other counties can learn from them." In addition to disseminating information within the organization, the subcommittee is discussing dissemination of information and collaboration with other groups outside NACBHDD.

- **Dissemination of information within the membership.** The NIATx webinar scheduled for February 24 at 1:30 EST is the "maiden voyage" as Valentine describes it of the internal sharing of information. The subcommittee feels that it is critical to make information available to members in a way that is cost-effective and convenient for them. The NIATx webinar came up when the subcommittee was discussing how they could best offer value. Subcommittee member Margaret Hanna had a very positive experience with NIATx and the subcommittee decided to start with a project that had a proven track record of being useful and valuable. The webinar is free and open to NACBHDD members only. Members can register by sending an email including their name and organization to [mstein@nacbhd.org](mailto:mstein@nacbhd.org).
- **Dissemination of information outside of NACBHDD and collaboration with other groups.** Because substance use disorders are largely misunderstood, the subcommittee feels that it is important to disseminate information outside of NACBHDD as well. There are many county systems that would function better, including jails, child welfare, probation, and nursing homes, if there were collaboration and information dissemination about the effectiveness, benefits, and cost-savings of treatment. Specifically, Valentine says, the group wants to focus on special populations of interest. For example, the subcommittee hopes to concentrate on making services more available to veterans and their families because many veterans are returning with PTSD and with concomitant alcohol and substance use problems. Other special populations include women and those involved in the criminal justice system.

Collaboration outside of NACBHDD will involve getting beyond what Valentine describes as the “culture of differences” of various entities. “We’ve got to reconcile those because any individual we serve is likely to pass through several points of service [with distinct cultures].” The subcommittee has discussed offering a presentation at a NACo conference. In addition, subcommittee members do take the information back to their own counties.

Ramirez summarizes the importance of information dissemination outside NACBHDD particularly about the effectiveness of early intervention, treatment of substance use disorders as chronic conditions, and the cost-savings of treatment. She explained:

It is evident in funding allocations and cuts that there remains a bias toward blaming the individual with the addiction and viewing it as a character flaw, rather than a valid disorder or illness. The other component of substance use disorders that intrigues me is the current view, and I believe accurate one, that addictions are chronic in nature and should be treated similarly to diabetes, heart disease, asthma, and other chronic conditions. My background is in public health - I ran a diabetes prevention/control program and I have been a trainer for the Chronic Disease Self Management Program. The acceptance that treatment is for a lifetime and the process one goes through to actively participate in managing the chronic condition are two major components of chronic disease management and addictions treatment fits perfectly in this model. Valentine looks forward to the NIATX webinar and the subcommittee’s future work. “I’m really excited about this. We feel like we’re really contributing.

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## Member Spotlight: Jeff Brown on His Participation in the National Leadership Consortium on Developmental Disabilities

*Jeff Brown, Executive Director, Oakland County Community Mental Health Authority, in Auburn Hills, Michigan, recently attended the National Leadership Consortium on Developmental Disabilities and offers his first-hand account of the consortium. This is the first in a series of “Member Spotlights,” in which members contribute their own pieces to the Newsletter. If you have attended a conference or have a promising practice you would like to write about for the NACBHDD Newsletter, please contact Executive Director Ellen Witman at [ewitman@nachbhdd.org](mailto:ewitman@nachbhdd.org).*

*Many thanks to Jeff Brown for sharing his experiences with the membership.*

The mission of Oakland County Community Mental Health Authority is to advance social equity and improve the quality of life for persons with Mental Illness, persons with Developmental Disabilities and children with Serious Emotional Disturbance and their families. As an organization we are committed to involving those we serve in all aspects of our organizational decision making. The effective participation of those we serve begins with a voice. Their voice must be heard and responded to with person-centered and person-controlled services and supports.

For persons with Developmental Disabilities, consistent and effective participation has been difficult and a significant area requiring organizational improvement. This organizational need served as the focal point of my learning experience at the weeklong leadership institute I attended in January 2009. This **Leadership Institute was sponsored and organized by the** National Leadership Consortium on Developmental Disabilities at the University of Delaware in collaboration with the Sonoran UCEDD at the

University of Arizona. As the rest of the country was in a deep freeze, Tucson was the perfect environment to learn, gather personal insight, and develop relationships with 24 others in leadership positions throughout the United States and Canada. The National Leadership Consortium on Developmental Disabilities is a partnership with nine of the leading national organizations in the field of developmental disabilities: The American Association on Intellectual and Developmental Disabilities, the ANCOR Foundation, The Arc of the United States, the Association of University Centers on Disabilities, The Council on Quality and Leadership, Human Services Research Institute, The Learning Community for Essential Lifestyle Planning, the National Association of Councils on Developmental Disabilities, and the National Association of State Directors of Developmental Disabilities Services. Their specific purpose is:

To build a corps of quality leaders and to promote sound, values-based leadership practices. *The focus of the Leadership Institute is on supporting participants to determine and set organizational direction to move their organization to a high-performance model, and build a lifetime network of peers and leaders to sustain career growth.*

The entire week was one of discovery; intellectually, socially and personally. We began the week with a historical review in the manner persons with Developmental Disabilities have been defined and treated over the years. Throughout the week, we were able to remember the institutional confinement and isolation from family and community while we took stock of our current reality. The Institute participants came from different organizations, different states and different countries. The organizations are at different points on the continuum from institutionalization to full community integration, participation, self direction, and personal fulfillment.

We had sessions that were full of hope and expectation. Session content included Person Centered planning, characteristics of Person Centered organizations, progressive organizations, participatory management, change management, quality management, and real world leadership. Each session combined current information with relationship building opportunities that purposely encouraged the application of learning to situations back home as well as the problem we came to the Institute we expected to solve. Through the 360 degree feedback on current leadership performance, group discussions, videotaping and process feedback, effectiveness in application of learned leadership skills was enhanced.

For me, the most important part of the experience was the messages received from the self-advocates and families. The importance of creating and encouraging possibility, expectations and support in people living lives in the community was vividly illustrated. Family, reciprocal relationships, community mobility and involvement, meaningful work, and safe and affordable housing were highlighted as essential for health and happiness of those we serve.

Throughout the Institute, as the only representative from a “governmental entity,” it became abundantly clear that our role as funder of community services and supports has a profound, if not a determining, influence on service delivery. We can “fund” to maintain the status quo or “fund” to support the flexibility and creativity necessary to support people in their pursuit of lives of their choosing.

As a Board member of NACBHDD, I not only recommend our membership participate individually in this Institute in the future, but also as an organization, develop a collaborative relationship with the National Leadership Consortium on Developmental Disabilities at the University of Delaware. This would not only enhance the effectiveness of our advocacy, but most importantly, advance the quality of life for those we serve and support.