

June 2009 Newsletter

- *The Health Care Reform Discussion Intensifies: NACBHDD Emphasizes Access, Supportive Services, and the Critical Role of County Behavioral Health in the Overall System*
- *A Report on an Innovative Program in Critical Times: The Network of Care for Veterans and Service Members*

NACBHDD continues to be involved in national health care reform discussions. (See the May newsletter for previous efforts.) Currently, two Senate committees, the Senate Health, Education, Labor and Pensions (HELP) Committee and the Senate Finance Committee, and three House committees, Ways and Means, Energy and Commerce, and Education and Labor, are all working on health care reform bills, with President Obama hoping to sign legislation into law in October. Congress will recess for the month of August, and both chambers hope to finalize proposals before the recess. The newsletter will continue to highlight these efforts as reform discussions intensify, as well as focus on the innovative programs of our members around the country.

In this newsletter, NACBHDD Chair Leon Evans focuses on the necessity of access to treatment and supportive services in reform legislation. Pat Fleming, Director, Salt Lake County Substance Abuse, Utah, reports on his recent Capitol Hill briefing regarding the role of county behavioral health services in the overall health system. While NACBHDD is involved in national health reform discussions, members continue to spearhead innovative programs. California recently orchestrated a statewide launch of an innovative web site for veterans to help address the myriad needs of veterans in every county in the state. Maureen Robles, Orange County Veterans' Services Coordinator, discussed the new site with NACBHDD.

NACBHDD Chair Highlights Essential Services as Reform Discussion Intensifies

Health care reform legislation must include services to access treatment and supportive services in the community

NACBHDD Chair Leon Evans is concerned that in the drive to ensure that all Americans have health insurance coverage that the specialized services necessary to accessing services (such as bus tokens, assistance in completing forms and paperwork) and supportive services in the community may be cut in the attempt to restrain costs. Evans bluntly and clearly emphasizes the necessity of these services in terms of access for the seriously mentally ill consumers county behavioral health officials serve.

“Our people may be so dysfunctional that they cannot navigate [the system] in the first place. We do all these special things to help our folks access services in behavioral health care. If an individual can’t find their way into treatment, they may end up in county jails, emergency rooms, and increase the numbers of the huge homeless population. We want to make sure that when we talk about everyone being covered, that we include the specialized services that help our consumers access treatment and other ancillary services and that maintain them in their life in the community. This includes bus tokens and other strategies to get to services and maintain health. An insurance card is not enough.”

Prevention is often emphasized in health care reform discussions, and Evans believes that better access to behavioral health services will aid significantly in prevention and in diagnosing and addressing potential serious mental illnesses much earlier. He cites the SCHIP program as an existing model for prevention.

Evans notes that ensuring access to treatment and supportive services in health care reform legislation, in order to support and continue consumers’ lives in their communities, is in keeping with the culture of hope and the long-established philosophy and model that recovery not only is possible, but does happen.

Salt Lake County Substance Abuse Director Stresses County Behavioral Health’s Role in Overall Health System at NACo Hill Briefing

Pat Fleming, Director of Salt Lake County, Utah, Substance Abuse, participated in a June 8 NACo Capitol Hill briefing before staff members of the U.S. House of Representatives. Fleming, who presented a Power Point to assist in the discussion, emphasized the role of county behavioral health services and county government in the overall health system.

“NACo did a really nice job. There were quite a few people there. Larry Naake [NACo’s Executive Director] did a nice overview. He made the point that county governments have a big stake in health care reform because they are the care of last resort for many individuals,” said Fleming. Naake also discussed efficiency and managing costs, quality, and providing services to as many as possible, principles which are consistent with national health care reform efforts. Other contributors included Ken Ulman, County Executive, Howard County, Maryland (a largely suburban county between Washington and Baltimore), and Carol Moehrle, North District Director, North Central Health Department, Nez Perce County, Idaho (a rural area).

Fleming represented the largest suburban county in Utah, and he felt that these different perspectives from different areas of the country were quite informative. Ulman discussed providing disease prevention and access to health care for low-income individuals by partnering with local providers and hospitals (Healthy Howard.) Moehrle focused on the difficulty of providing services in a rural area that has been decimated by the economy. There are many laid off people in her county (a 12% unemployment rate), and they are turning to public health programs for care at a time when county revenues are down. Demand for services is quite high, but capacity is way down. Her message was that public health programs are essential to the health care system because they provide basic health care, even though this is not usually their role. Moehrle did allude to behavioral health issues, and noted a concern about rising domestic violence, increasing despair related to the economy, and an overall attitude of pessimism in the community. The building industry, which is a large part of the economy in the area, may be the last to respond to any upsurge in the economy which means these concerns are likely to persist for quite a while longer.

Fleming emphasized in his comments that mental illness and substance abuse are chronic, relapsing diseases that respond best to long-term, sub-acute care. Acute models of care have not shown to work with chronic diseases, since it is not cost effective in treating chronic behavioral health issues and, in fact, wastes resources. He also pointed out that the demand on counties is growing. The following are key policy issues from Fleming's presentation.

- **Behavioral Health Care MUST be part of Health Care Reform**
 - It drives much of our national health care spending
- **Acute Care Models will not work with Chronic Diseases**
 - Best Practice Models show that matching the treatment approach to the etiology of disease will yield a better outcome (i.e. sub-acute care models work best with chronic diseases)
- **Acute Care Models are too Expensive and Waste Resources**
 - Private Pay/Insurance Benefit in Utah is 30 days of inpatient/hospitalization and 20 outpatient visits – a value of approximately \$32,000 (\$1,000 per day)
 - Public/County Benefit minimizes acute care (inpatient/hospitalization) in favor of sub-acute care (residential, day treatment, social detox, outpatient treatments – a value of approximately \$17,000 (\$75 per day)
- **Right Now, Federal Block Grant Funds, Medicaid, and the Taxpayer are the Foundation of County Delivery System**
 - Only about 20% of those in need of treatment can access it

- **County Government is a willing and able partner in the delivery of basic, safety net services BUT the demand is growing**
 - Federal, State and County Governments are becoming the only provider and payer for behavioral health services
 - The demand for services has not diminished but has been shifted to prison/jails, hospital emergency departments and the community

Fleming noted that there is a concern that insurance companies are having more input into the reform discussion than they should, and that the private sector needs to start examining public sector models of care. For example, the block grant prohibits spending on inpatient services, which are very expensive, so the public sector has developed detox programs and only hospitalizes individuals with high-risk concerns, such as heart disease. And, Fleming, notes, substance abuse or serious mental illness often do not respond to these older models of care in the private sector. When the diseases do not respond to the old models, people may likely exhaust their resources and end up in the public sector.

Committee staff at the briefing asked about parity, and Fleming explained that many of NACBHDD's consumers do not have any health insurance and therefore parity is a moot issue. In addition, many employers are resorting to catastrophic plans to reduce overhead. For every treatment slot, there is a four to five month waiting list. Employer-based health insurance has become very expensive, and many employers cannot afford to supply it. Private pay has contracted over the years so that public pay is at 80% and private pay is at 20%.

Behavioral health issues drive about 20-30% of health care. If behavioral health care is not included in health care reform, Fleming says, "Jails and emergency rooms will be jammed with people who really don't belong there. If we can get in a really good basic benefit for behavioral health care, it will save everybody so much money; and it will be a really good benefit if we can integrate behavioral health care with primary care." For example, pediatricians can perform a SAMHSA brief questionnaire with adolescents they are concerned about and refer those children on to specialists for assessment and treatment if needed. All this could be covered, and would go a long way in preventing potential serious mental illness and the ensuing costs.

Fleming also recently listened in on a NACo call with the White House. Valerie Jarrett, Senior Advisor and Assistant to the President for Intergovernmental Affairs and Public Liaison, stressed that "now is the time" and that President Obama

wants something done by the end of August. Jarrett was clear that the Obama Administration sees the following as essential in health care reform:

- Reduce costs.
- Ensure that all Americans have coverage.
- Protect peoples' choice in health insurance plans and doctors.
- Portability must be assured.
- Individuals cannot be denied coverage due to pre-existing conditions.

Look for an interview with the Director of the Campaign for Mental Health Reform and an update on health care reform events in early July.

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/Davidson County, 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. For example, the organization is an affiliate of NACo and housed in the same building, and there is a growing respect between NACo and NACBHDD.

NACBHDD Members Will Participate in Workshops at NACo Annual Conference

NACBHDD 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 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 disabilities issues.

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.

Membership Campaign: Renew and Encourage Colleagues at this Historic Time

Members are reminded to submit their dues and to reach out and inform others of the benefits of joining NACBHDD. As Evans says, "Our effectiveness and existence are based on our membership. Help in these critical times when we're debating health care reform and supporting our vulnerable populations is critical." Contact Melissa Stein at mstein@nacbhdd.org or at 202-661-8816 if you have questions.

California Launches State-Wide Comprehensive Network of Care Veterans Web Site

On Memorial Day (May 25), California Governor Arnold Schwarzenegger announced the launching of the statewide Network for Care for Veterans and Service Members Web Site, available in every county in California, and developed over several years with Trilogy Integrated Resources, Inc. (Trilogy has partnered with NACBHDD previously in bringing the Network of Care to NACBHDD members.) NACBHDD recently spoke with Maureen Robles, Orange County Veterans' Services Coordinator, about the Network of Care for Veterans and Services Members Web Site. (See www.networkofcare.org, and click on "Veterans and Service Members.")

Robles felt it was very significant that Schwarzenegger was present to launch the site statewide during such a troubling time economically in California. (Maryland also has a site for veterans.) Importantly, in his remarks, the governor recognized the mental health issues and struggles facing many veterans, the

role of counties and the private sector, and the comprehensiveness and extent of resources available on the site. [Bolding is added below for emphasis.]

Fighting in a war is a life-changing experience. A veteran can leave the battlefield but leaving behind the pain, the anguish and the terrible memories I think is much more difficult and much more challenging to do. Many of them will be returning home and they will be struggling just to settle in, to settle into the routine of civilian life. Many of them will be struggling because they will have problems finding jobs. **They will have problems with drugs and with alcohol. They will have problems by being suicidal. We have seen the rate of suicide in our military is exceeding now that of the general population.**

So our veterans need help. I think all of us have to do everything that we can to provide that help, and this is why it is so important to recognize that many of them do not know where to turn and who to go to.

So this is why this Veterans Network of Care is so important, and this is something that we have been working on for years, since 2001, and finally it's coming about. There are many great programs to help our military heroes, but the Network of Care website will bring all of those programs together in one place. You type in your information and you will be connected to programs and services right in your community. Whether you're looking for health care, or employment assistance, or counseling, or support groups, or anything there is, you can get that through this website.

And I want to be clear that this is a very extensive website and has been worked on for a long time; it contains 15,000 web links and 250,000 pages of information. Now, of course, people that go on that website don't have to go and read the 250,000 pages, I promise you. But the information is available, that's the point.

I'm very proud that California, right along with Maryland, is leading the way in bringing the resources to our veterans. Veterans have always been a big, big priority of mine, and it is a terrific example of how the public and the private sector has worked together on that and has raised the money for that. This, by the way, doesn't cost the state of California one penny going forward, because this is, of course, important when you have a financial crisis that we have right now, where we face an additional \$21 billion deficit. We don't want to create new programs, obviously, so this is why this is so important, because it doesn't cost the state any extra money.

Our state and our counties have been working on this, like I said, with Trilogy. We want to thank Trilogy for their great work since 2001. <http://gov.ca.govspeech/12366>

Robles explained that Mark Refowitz, Behavioral Health Director, Orange County Health Care Agency, spearheaded the effort among county behavioral health directors in California to establish the web site. California has more veterans than anywhere in the country, with the latest Department of Defense statistics, noted Robles, estimating that there are about 150,000 veterans in California. This meant that veterans and service members would need one centralized place to turn to for an array of resources. In addition, Robles said, families of veterans have said that there are so many resources that they had been

spending an enormous amount of time checking them – which further supported the need for a comprehensive web site to support veterans.

Network of Care for Veterans and Services Members is rich in resources and accessible in several languages

“This is a very rich concept,” said Robles, “We are trying to get people the tools they need to live full, productive lives.” Not all the information on the site is related to behavioral health, but there are extensive behavioral health resources available. The site is, as the home page states “part of a growing awareness and effort to take a community approach to the needs of returning veterans, to ensure that they are a valuable part of a healthy community and that the community is a meaningful part of the health of the veteran. The Network of Care for Veterans & Service Members is a one-stop-shop for virtually all services, information, support, advocacy, and much more.” The web site is accessible in English, Spanish, Cantonese, Russian, Tagalog, Vietnamese, Cambodian, Korean, Somali, and American Sign Language, and contains the following information:

- Community Announcements
- Nationwide News
- Service Directory
- Library
- Social Networking
- Legislative section
- Assistive Devices
- Personal Health Record
- Links
- Mental Health Crisis Programs
- Help for Homeless Veterans
- Employment Assistance
- County Veterans Service Officer