

March 2008 Newsletter

The Newsletter of the National Association of County Behavioral Health and Developmental Disability Directors

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NACBHDD Legislative Conference Focuses on Medicaid, Veterans' Concerns; Fosters Relationship with NACo

NACBHDD's annual Legislative Conference took place February 27 through 29 in Washington, DC, and was described by NACBHDD Board Chair Leon Evan's as "the best ever." This year's conference focused on priorities of SAMHSA and CMS and the 110th Congress, and featured a Capitol Hill meeting Representative Henry Waxman, a key congressional voice in Medicaid legislation, as well as an evening Capitol Hill reception with Representative Patrick Kennedy (D-RI), who has a long history of mental health policy advocacy. In addition to presentations from SAMHSA and CMS officials, conference participants had the opportunity to hear about a California project aimed at helping veterans and to view excerpts from the related film "Another Kind of Valor," as well as hear from the filmmaker and the author of a training manual that accompanies the film. (Look for an article on this project in the April newsletter.)

Officials from the National Association of State Alcohol and Drug Abuse Directors, the National Association of State Directors of Developmental Disability Services, the National Association of State Mental Health Program Directors, and the National Governors Association participated in a legislative and budget update. Issues which are of continuing concern to advocates, such as Housing and Corrections, were addressed by officials from the National Alliance on Mental Illness and the ARC and USP (Housing) and the NACBHDD Justice Subcommittee, Chair

Gilbert Gonzales (Corrections). And, the Director of the Campaign for Mental Health Reform (of which NACBHDD is a partner), gave an update on the Campaign's activities. Members can access the Legislative Conference presentations from the NACBHDD web site at www.nacbhdd.org.

Board Determines Priorities

The NACBHDD Board met for several hours at the end of the Legislative Conference. Chair Leon Evans noted that members of the Board are getting to know one another, and he is enthusiastic about the new Board and committee structure, and he explained that NACBHDD "has more people involved than ever in leadership and oversight of the organization." He also noted that the Board is "very proud of the staff in DC." During the meeting, the Board discussed focusing on the following priorities:

Medicaid - There was significant discussion about Medicaid and the Deficit Reduction Act at the Board meeting, with the consensus that there needs to be "a time out" until more research can be done and a new Administration is in place. And, due to CMS Director Dennis Smith's participation in the conference, the NACBHDD leadership gained a new opportunity to engage in regularly scheduled Medicaid discussions at the state level. Ellen Witman has been invited to participate in bi-weekly Medicaid teleconferences with stakeholders at the state level, including the National Association of State Medicaid Directors and the National Association of State Mental Health Program Directors, among others. In addition, she soon will attend a meeting with these state-level stakeholders and CMS. Both Evans and Witman described this development as the first time "NACBHDD has been at the table" for these discussions.

Membership - Evans noted the need to concentrate on communicating the value of NACBHDD membership in order to sustain and increase membership. State directors and state organizations "need to feel empowered" in their role in NACBHDD, and Evans said that the State Association Committee can be helpful in increasing membership in states that do not have 100% membership, especially in the areas of Developmental Disabilities and Alcohol and Substance Abuse.

Financial viability - In order to help the organization support its goals the Board discussed the role corporate partners might be able to play in supporting NACBHDD's "unique voice in DC." For example, the Legislative Conference was supported in part by pharmaceutical and software companies. Pharmaceutical companies, software companies, and psychiatric hospitals might be a source of financial support.

Report from the Medicaid Subcommittee Meeting

David Wiebe, Executive Director, Johnson County Mental Health Center in Mission, Kansas, is Chair of NACBHDD's Medicaid Subcommittee as well as a member of the NACBHDD Board. The twelve-member Medicaid Committee, a subcommittee of the Public Policy Committee, is active and conferences regularly. Ten members of the subcommittee met in person during the Legislative Conference. Wiebe reported that the Medicaid Issue Paper prepared last year by his subcommittee is being revised to better reflect the current environment. The paper, which "discusses what is at stake for county programs and the people they serve," will also include first-person vignettes from consumers in order to demonstrate the real-life impact of the Medicaid crisis.

At the Legislative Conference, on the afternoon of February 28 during the Capitol Hill Update at the U.S. Capitol, NACBHDD members heard directly from Representative Henry Waxman (D – CA), who, according to his website, “leads a large bipartisan group in requesting that the Department of Health and Human Services withdraw a proposed rule that would fundamentally alter the financing and payment arrangements of many state Medicaid programs.” (http://www.house.gov/waxman/issues/health/issues_health_Medicaid.htm) Wiebe described this meeting as, “interesting and enlightening” and said it “underscores just how complex the whole Medicaid arena is.”

Medicaid was a major focus of the Legislative Conference, especially the whole series of proposed regulations that the Centers for Medicare and Medicaid Services (CMS) has been releasing over the past few months. There is significant concern that these regulations would impact case management and rehabilitation services in a way that would be harmful to NACBHDD members and the consumers they serve. This is of debate in the entire advocacy and stakeholder community.

Advocates want a moratorium on the CMS regulations, and hopefully such a moratorium would extend into the next Administration – until March or April 2009. However, Wiebe says, NACBHDD and other advocates must begin considering alternatives to address the Administration’s concern about the continuing increase in the cost of Medicaid to the federal government, which is what originally led to the proposed regulations. For a summary of the proposed regulations from the National Association of State Medicaid Directors, see: <http://nacbhdd.org/content/NASMD%20Chart%20of%20Proposed%20Regulations.pdf> .

As Wiebe describes it, there is an underlying “legitimate point of debate” in the Medicaid discussion, especially in respect to the proposed rules for case management and rehabilitation services. Forty to fifty years ago the majority of individuals with severe mental illnesses or developmental disabilities lived in institutional settings. The shift to individuals living in communities has been made possible by a whole array of rehabilitation and case management services which are most accurately described as social services. Medicaid, however, which funds the large majority of these services, is a third party health insurance program. And, CMS funding is based on a medical model. This brings up the questions: Is Medicaid the most appropriate vehicle to fund these types of services? What is the alternative? Wiebe says the further questions are: Do we keep searching for the best way to structure Medicaid to pay for these essential rehabilitation services, or do we look for an alternative source? Looking for an alternative source would be a huge shift. However, if an effective way is not found to deal with this crisis, thousands of individuals with mental illness and developmental disabilities would be at risk of returning to supervised institutional settings.

The immediate goal is to achieve moratoriums on the proposed regulations, and then to have a discussion under a new Administration, with hope for possible creative solutions. Wiebe says there is not certainty about what these creative solutions are; so far advocates have just been involved in reacting to negative solutions. CMS has demonstrated little interest in remaking the regulations in a way that would not harm the populations NACBHDD serves. Wiebe feels that partnerships and collaborative relationships with such entities as the National Association of State Medicaid Directors, the National Association of State Mental Health Program Directors, and the National Association of State Directors of Developmental Disabilities are essential to

finding solutions to address this issue. The National Association of Counties (NACo) is involved in the Medicaid issue and has adopted a resolution to support the moratoriums on the proposed regulations. The resolution is now part of NACo's policy position and allows NACo staff to advocate for the position on Capitol Hill.

Every Fall SAMHSA and CMS hold an invitational Conference on Medicaid and Mental Health and Substance Abuse Treatment which brings together many stakeholders. NACBHDD will very likely receive enough invitations for all Medicaid Subcommittee members to participate. Wiebe is hopeful this year's conference will bring some focus to the seeming "disconnect" between SAMHSA'S emphasis on a transformation model that promotes recovery and CMS's focus on a medical model that does not adequately support the array of rehabilitation programs necessary to support the recovery objective.

NACBHDD Leadership Presents to NACo's Behavioral Health Subcommittee

NACBHDD Executive Director Ellen Witman, Maeghan Gilmore, Director of Government Affairs and Public Policy, Leon Evans, and Debbie Donaldson, former NACBHDD Board Chair and Director, Sedgwick County Division of Human Services in Wichita, Kansas, participated in a presentation to NACo's Behavioral Health Subcommittee on the Sunday morning immediately following NACBHDD's Legislative Conference. (NACo's and NACBHDD's Legislative Conferences overlap.)

Evans described the presentation as an opportunity to inform county commissioners about NACBHDD's mission and role in county services. Many of the county commissioners may not have much knowledge of the impact of the population NACBHDD serves on county services. For example, Evans cited the impact of the mentally ill on emergency room capacity and the fact that a homeless individual costs a county \$30,000 to \$50,000 per year. "Once you start explaining all these unintended consequences, ears start to perk up. Our group spoke well, and we got the attention of these elected officials."

NACBHDD Members Continue Involvement In Key NACo Committees

NACBHDD members continue to be involved in important NACo committees, and participated in these committee meetings most recently at the NACo Legislative Conference.

- **Aging Out of Foster Care Task Force.** NACo's new President, Eric Coleman's (Commissioner, Oakland County, Michigan) Presidential Initiative is Aging Out of Foster Care. Information from the Child Welfare League of America cites the following data on children aging out of foster care: 25 percent become homeless, 56 percent are unemployed, and 27 percent of males are incarcerated. Coleman's goal as President is "to put NACo member counties in the forefront of solving this national crisis." Leon Evans is a member of this task force; the most recent meeting focused on the sexual exploitation of children aging out of foster care, with a presentation from the Casey Foundation.
- **Health Care Task Force.** Both Debbie Donaldson and Leon Evans have been asked to be on the Health Care Task Force, chaired by Valerie Brown, NACo's First Vice Chair and Supervisor, Sonoma County, California. (Brown will become Chair of the NACo Board at the end of Coleman's term. She is a licensed marriage, family, and child counselor.) The Health Care Task Force met for the first time. Donaldson and Evans attended the meeting and viewed a presentation from a health economist.

New Web Site Is Up and Running

NACBHDD's new, interactive web site (www.nacbhdd.org) is now up and running. The home page, with a new logo, includes access to the latest news from Capitol Hill, newsletters, and news about past and future conferences. In addition, members can now communicate with one other through online message boards, as well as advocate for their local interests in Congress through the Advocate, an online advocacy tool. We are continuing to refine the web site to be the best possible resource for our members, and would appreciate member input. Comments and suggestions can be submitted to Ellen Witman at ewitman@nacbhd.org.

Texas Member Partners With Military on Unique Youth Suicide Prevention Project; Leads in Training Families on Mental Health Needs

James Castro, Director of Children's Operations, the Center for Health Care Services (CHCS) in San Antonio, Texas, recently spoke with NACBHDD about two programs that address the unique mental health concerns of families of soldiers from the Iraq and Afghanistan wars. CHCS's location in San Antonio gives it the opportunity to work with Brooke Army Medical Center, which is located on the base of Fort Sam Houston in San Antonio. Two grants have allowed CHCS to help children and spouses or caregivers of soldiers – one focuses on depression in children and one on training spouses or caregivers in the mental health needs of soldiers. As Castro explains, the Texas Youth Suicide Prevention Project is the only one of its kind – the only youth suicide prevention project for military dependents and a project that partners with the military. And, through an educational training project sponsored by the Texas Resources for Iraq Afghanistan Deployment Fund (awarded by the San Antonio Area Foundation), CHCS will train spouses and caregivers of soldiers on the specific mental health needs related to these wars, as well as provide age-appropriate training for children. A look at the two projects:

The Texas Youth Suicide Prevention Project. The project is funded from Texas' Department of State Health Services, and runs from April 2007 through November 2008. (Castro reports that continued funding is currently being sought for this successful project.) Because the project involves military dependents and screenings of children in local middle schools and high schools for suicidal thoughts and ideation, the project required both military Institutional Review Board approval and local school board approval, both of which were successfully obtained.

A partnership with the military. In terms of facilitating the partnership with the military, Castro explained that Colonel Bruce Crow, Psy.D., Chief, Department of Behavioral Medicine at Brooke Army Medical Center, helped secure the grant. Crow is also the Clinical Psychology Consultant to the Army Surgeon General.

Working with the local schools. Children in one middle school and one high school in the Fort Sam Houston Independent School District are now being screened for suicidal thoughts or ideation. *Castro reported that 30% of about 140 children screened have been positive for suicidal thoughts or ideation.* Some children have been referred back to their mental health providers or to the Department of Behavioral Medicine at Brooke Army Medical Center, and a few children have been hospitalized because they had a suicide plan.

What's next? A clinical psychologist is analyzing the data from the project. While CHCS has become a Tri-Care provider, this initiative only provides access to children of active military personnel. Castro says a significant concern is how to replicate the project to other branches. And, continuation of the project brings up the questions of whether the military contracts out for these services or if any of their initiatives fit into this.

Training Families to Recognize the Mental Health Needs of Soldiers. Castro explained that CHCS has been long concerned about how best to support spouses, parents, and caregivers, as well as children, of soldiers involved in the wars in Iraq and Afghanistan. A \$252,000 grant (December 2007 – December 2009) from the Texas Resources for Iraq Afghanistan Deployment Fund awarded by the San Antonio Area Foundation is supporting development of educational training for spouses and parents of wounded soldiers. As Castro pointed out, the potential for mental health concerns for soldiers from these wars is well-known. The three-week educational group training will educate family members on mental health problems, the signs of potential problems, changing communication patterns, how to foster positive communication, and how to access help. In addition, age-appropriate educational training for children has been developed. They are now in the first three months of the grant, and are determining how to identify parents and at what point to inform them that the training is available, as well as determining where to hold the group trainings. The outcome will be a curriculum, and they will offer pre- and post-training evaluations to families regarding their pre-training and post-training knowledge.

A resource for families. Castro cited FamilyStrong, a grass roots advocacy group started by military spouses, as a valuable family-to-family resource for soldiers' families, and he has offered the local chapter office space. According to their web site, FamilyStrong's mission is to "provide peer to peer support between military families in the area of deployed and wounded soldiers, and special needs children. We connect families with the existing resources and bridge the gaps between needed supports and services." See www.familystrong.org for more information.

If you have a program you would like to see in the NACBHDD Newsletter, please contact Ellen Witman (ewitman@nacbhd.org) to discuss it.