

National Association of County Behavioral Health and Developmental Disability Directors

The voice of local authorities in the Nation's capital

NEWSLETTER

July 2011

HIGHLIGHTS OF THE 26TH ANNUAL TEXAS COUNCIL OF COMMUNITY CENTERS CONFERENCE

Danette Castle, Chief Executive Officer
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From June 15-17, 2011, over 650 people from across Texas and the nation gathered at the Westin Galleria in Houston united by their resolve to learn new skills and seek opportunities for a better future for Texans with severe mental illness, substance use disorders and intellectual disabilities.

After a rousing welcome by Community Center leadership and invited guests, opening day began with a plenary session on national perspectives led by notable panelists Suzanne Bosstick of Centers for Medicare & Medicaid Services, Dr. Ron Manderscheid of National Association of County Behavioral Health & Developmental Disabilities and Linda Rosenberg of the National Council for Community Behavioral Healthcare.

Each panelist presented a perspective on select elements of the Affordable Care Act, highlighting the most relevant provisions concerning the Community Center system of care. The presentations included a series of recommendations and considerations for transitioning into and developing new healthcare models.

Suzanne Bosstick, Deputy Director of the Disabled and Elderly Health Programs Group began her discussion on Medicaid basics but focused her presentation on the key Affordable Care legislation provisions relevant to persons needing long-term care. She mapped out a “foundation for a redesigned service system for individuals with chronic conditions,” based on the principles of person-centered care, integrated services, individual control and quality service provision.

After expressing hearty congratulations for a successful legislative session, Dr. Ron Manderscheid staked out five key reform components within the Affordable Care Act: Insurance, Coverage, Quality, Payment and Information Technology. These components formed the basis of a useful checklist Community Centers can use to both prepare for and create opportunities brought about by healthcare reform. He illustrated his points with national examples of how certain states are implementing the Insurance and Quality reform components.

Linda Rosenberg stressed the importance finding external leadership sources and relationship building, conducting thorough health care reform readiness assessments and knowing our system’s “Achilles heels” in order to take an active role in building a “new healthcare ecosystem.” She maintains Centers must focus on two particular health care reform strategies—service delivery redesign and payment reform—noting that future healthcare models will be shaped by cost containment, accountability and quality improvement reforms.

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Teddi Fine, MA, Editor

The following day, Chuck Underwood, noted author and expert on generational dynamics, delighted the audience with his insights into the most active generations in the American Workforce: The Silents, Baby Boomers, Gen Xers and Millennials. Mr. Underwood also lead an interactive breakout session where he delved into the core values, strengths and weaknesses of each generation and introduced generational strategies applicable in the Community Center system of care. As an added benefit, he coached participants to find ways to apply generational strategy at their individual Centers.

Breakout sessions covered an array of topics and services including sessions on behavioral analysis, leadership development, supported employment, supported housing, managed care and public policy.

Of note, featured presenter Kathleen Reynolds, Director of the SAMHSA/HRSA Center for Integrated Health Solutions at the National Council, returned this year to lead two workshops on integrated health initiatives one of which addressed ways to finance integration initiatives in Texas.

After three days of excellent presentations, hard work and memorable experiences, conference participants learned from each other and gained fresh perspectives on future challenges and opportunities.

For his tremendous efforts in illuminating our path, we are grateful to Dr. Manderscheid for his leadership in the national healthcare arena and thank him for his unwavering support of our system of care.



**Texas Council
of Community Centers**



BITS FROM DC

Dear Colleagues:

In just a few short days, we will depart for our NACBHDD Summer Board Meeting and the NACo Summer Meeting in Portland, Oregon. Our Board Meeting promises to be important and information packed. Barbara Edwards from CMS will speak about developments in the Medicaid Program, including the development of Accountable Care Organizations (ACOs). John Agosta from HSRI will give us a national update on developments in the DD field, and Kana Enomoto from SAMHSA will offer guidance on how we can work with that agency. As in the past, we will make our 800 number available for those of you who wish to dial into these key presentations.

We will also take up important NACBHDD business at our Board Meeting. The NACBHDD Election Committee, chaired by our Vice President, Pat Fleming, will offer a final slate of candidates. We will also hold a critical discussion on the role that we might play as a broker of cooperative purchasing of electronic health records and accreditation. We will report on each of these topics in future Newsletters.

We are also hosting two important events in the NACo Summer Meeting. On Friday, July 15, we will host the Behavioral Health Subcommittee of the NACo Health Committee. At that time, we will present an award to NACo President, Judge Glen Whitley. We also will learn about a model county program for suicide prevention from Jim McDermott; and we will hear the first public report on the PRIDE study of a long-acting antipsychotic agent for persons being released from jails. The latter report will be given by Dr. Reuven Ferziger from Janssen.

On Monday, July 18, we will host a NACo workshop on suicide prevention that will feature a model county program from San Bernardino, California, and the very important suicide prevention work being undertaken by the US Department of Veterans Affairs.

By the time you receive this, we will be near the August 2nd deadline for extension of the US debt ceiling. Irrespective of the status of these negotiations, it is very clear that the federal government will have less to spend in the future, and that these decreases will have the potential to cause significant adjustments in behavioral health and developmental disability services in the future. Once the ultimate scenario becomes clear, we will need to engage in strategic discussions about how counties will need to respond in order to adjust to these changes.

I hope that you are enjoying your summer, and that you will make time for a family vacation.

Ron Manderscheid, PhD
Executive Director

CALL FOR NOMINATIONS FOR EXCELLENCE IN PSYCHIATRIC SERVICES

The **American Psychiatric Association** seeks applications for its 2011 psychiatric service achievement awards to honor innovative programs of at least 2 years duration that deliver services to people with mental illness, including substance use disorders or people with mental disabilities; have overcome obstacles; and that can serve as models for other programs. Up to 4 awards may be presented:

- 2 gold awards (one to a community-based program; one to academic/institution sponsored program)
- 1 silver award
- 1 Bronze Award

Each will receive a plaque and recognition at the October 2011 Institute on Psychiatric Services in San Francisco, California, as well as coverage in two APA publications. **Application deadline: August 5, 2011.** For more, go to: <http://www.psych.org/achievementawards> or call [703-907-8592](tel:703-907-8592).



HILL HAPPENINGS: THE GOOD, THE BAD, AND THE UGLY

- **Cut, Cap, Balance Dead:** Despite a threatened veto, the House adopted draconian reductions in discretionary and entitlement programs under the Cut, Cap and Balance bill. It will never need the President's veto stamp. By a vote of 51-46, the Senate voted not to consider the measure, described by the Senate Leader as "the worst single piece of legislation to hit the Senate floor."



- **Committee Delays FY 2012 HHS Appropriations Vote:** The House has postponed mark up of the FY 2012 Labor/ HHS appropriations bill. Originally slated for July 26 (Subcommittee) and August 2 (full Committee), the bill—which cuts 18% off current spending levels—likely will be considered after the "August district work period" (aka, summer recess). Ten of the 13 appropriations bills have been through their respective appropriations committees; the most contentious, including Labor/HHS, remain.
- **Upcoming Senate Activities:** On August 3, the Senate Health Education Labor and Pensions Committee will mark up two bills: (1) reauthorization of the Combatting Autism Act of 2006; and (2) payments to children's hospitals providing graduate medical education programs.
- **Brand Name vs. Generics:** The Senate Judiciary Committee advanced legislation (S. 27), 10-8, to prohibit brand-name drug manufacturers from paying generic drug manufacturers to delay the research manufacture, marketing or sales of their less expensive versions of their medications.

SAMHSA/HRSA RESPONSE TO NACBHDD ACA LETTER

The following end-of-June response was received to our April 26 letter to the SAMHSA and HRSA Administrators urging that county behavioral health authorities be included in discussions regarding ACA implementation, particularly since programs such as health homes will actually be undertaken at the community level.

Dear Dr. Manderscheid:

Thank you for your interest in the implementation of the Affordable Care Act. We recognize that county engagement is a critical component of the implementation process and is something we would like to further discuss with you.

The purpose of the joint regional meetings sponsored by SAMHSA, HRSA, and CMS is to specifically engage state-level officials from the Medicaid, mental health, and substance abuse agencies, as well as the state behavioral health provider associations, in a conversation regarding integration and Provision 2703 of the Affordable Care Act, Medicaid State Plan Amendment for Health Homes.

We look forward to sharing with you the products being developed under the SAMHSA/HRSA Center for

Integrated Health Solutions and obtaining your input to make sure that the Center is responsive to the technical assistance needs of the National Association's member organizations.

Again, we appreciate your willingness to discuss other features of the Affordable Care Act and look forward to working with you and the membership of the National Association of County Behavioral Health and Developmental Disabilities Directors in the future.

[Signed by SAMHSA Administrator Hyde; HRSA Administrator Wakefield]



HHS/ADMINISTRATION NEWS AND NOTES

- **Next ACO Learning Session:** The second AO Accelerated Development Learning session is slated for September 15-16 in San Francisco. It is designed to teach providers interested in becoming ACOs what they can do to improve care and develop an action plan toward providing better coordinated care. Plenary sessions of past and future programs will be available via webcast. To access webcasts, get more information or register for this or future sessions, go to: <https://aoregister.rti.org>
- **ACA First Installment to School-based Health Centers:** HHS has announced the award of \$95 million in grants to 278 school-based health centers. This is the first installment of a \$200 million appropriation under the ACA. The grants are designed to help ensure that children get the care they need at school by funding program management and operation, salaries for health care professionals and other personnel; and training.
- **SAMHSA ADS Center Teleconference: Peer Respite Services: Transforming Crisis to Wellness** will be held August 4, 3-4:30 pm EDT For more info or to register, go to: <http://www.promoteacceptance.samhsa.gov/teleconferences/archive/training/teleconference08042011.aspx>
- **Increased Flex for States on Insurance Exchanges:** On July 11, HHS proposed rules governing the national health care reform law's health insurance exchanges. They require operational health exchanges in every state by January 1 2014, giving states until January 1, 2013, to demonstrate the ability to operate a functional exchange. The rules also allow states to get conditional approval for an exchange if they demonstrate adequate progress toward establishing one. HHS will operate exchanges in states unprepared or unwilling to operate their own. The rules require exchanges to provide online health plan price and quality information, offer specific standardized plans, and establish an annual open enrollment period. The rules outline an initial open enrollment period of October 1, 2013 through February 28, 2014, with subsequent annual open enrollment periods running from October 15 to December 7. To date, 10 states have laws establishing health exchanges. Go to: <http://www.hhs.gov/news/press/2011pres/07/20110711a.html>
- **New Financing Models for Dual Eligibles:** On July 8, CMS (CMS) announced 2 new financing using increased care coordination to reduce costs and improve care quality for dual eligibles. The *Capitated* model will authorize three-way contracts among state, CMS, and a health plan, establishing a system under which the plan will receive blended payment for comprehensive coordinated care. Under the *Managed Fee-For-Service* model, CMS will enter into agreements with states, granting savings for reducing costs and improving care quality. For more, go to: <https://www.cms.gov/SMDL/SMD/list.asp>
- **Do You Have Your Badge?:** CMS has created a new, clickable Consumer Assistance web "badge" to link consumers to specialists and resources who can address their health insurance problems and questions. Put this badge on your organization's website, and consumers can click on it to connect to an interactive map on the Consumer Assistance Program (CAP) webpage on the federal government's cutting edge consumer healthcare website, HealthCare.gov. Consumers select their state and get web-links and contact information for the CAP in their state. To post on your site, go to: http://www.healthcare.gov/stay_connected.html
- **2011 National Drug Control Strategy:** On July 11, ONDCP Director Gil Kerlikowske released the Administration's drug control policy. It emphasizes community-based prevention efforts, the integration of substance abuse treatment into the mainstream health care system, criminal justice system innovations designed to end the cycle of drug use and crime, and efforts to disrupt transnational drug trafficking. In addition, the strategy offers specific measures to improve the health and safety of three special populations affected by high substance use rates: active duty military



members and veterans; college students; and women and their dependent children. Much will depend on the FY 2012 funding levels appropriated by Congress.

NARMH's 37TH ANNUAL CONFERENCE HELD JOINTLY WITH AGRIWELLNESS

Linda Werlein, President NARMH
Mike Rosmann, AgriWellness, Inc.

The National Association for Rural Mental Health (NARMH) and AgriWellness recently held a joint conference, *Navigating the Currents of Change*, in Dubuque On June 22-25, 2011. During the conference, consisting of a one-day AgriWellness track and two and a half day NARMH track, representatives from NARMH and AgriWellness agreed to work with NACBHDD on projects in the future that will enhance behavioral healthcare in the rural areas of the country. Participants from across the nation and India joined together in *Navigating the Currents of Change* where Dr. Ron Manderscheid, Ph.D., Executive Director of the NACBHDD, set the tone of the meeting in two keynote addresses: Great Reforms: Insurance, Coverage, Quality and Payment. He outlined the main aims of the Affordable Care Act and its implications for rural behavioral healthcare and gave practical advice about how to participate in Accountable Care Organizations.



One of the conference highlights was a panel of representatives from five federal agencies consisting of Dr. Phuong Kim Pham from the National Institute of Health, Cheryl L. Cook from the U.S. Department of Agriculture, Eileen Holloran from Health Resource and Services Administration (HRSA), Pamela J. Fischer from the Substance Abuse and Mental Health Service Administration and Harold Kudler from the Veteran's Administration. They conducted two sessions, Federal Agencies Help in Navigating the Currents of Change in Rural America and Funding Opportunities for Rural Health, designed to help practitioners and researchers understand funding available from their various agencies and how it could be utilized to assist in addressing rural behavioral health needs. In addition, Eileen Holloran and Cheryl Cook, respectively, conducted additional Plenary Sessions on New Directions of HRSA in an Era of Health Care Reform and New Roles of the USDA in the Well-Being of Rural America.

Dr. Alana Knudson, Ph.D. of the National Opinion Research Center, reported on research she undertook to document disparities in the availability of healthcare insurance in rural states; she indicated how the recently passed Affordable Care Act can improve access in rural and frontier regions. Ms. Allison Lighthall, a nurse practitioner who works with military veterans, focused her presentation, Ten Things You Should Know about Combat Veterans and their Families, on the psychosocial impact of war on returning veterans and their families. Ms. Joyce Sebian, of the Georgetown University Center for Child and Human Development, explored reasons to advance a public health approach to children's mental health in rural communities in order to improve the lives of children and their families and to strengthen rural communities.

The National Association for Rural Mental Health (NARMH), whose mission is *Linking Voices to Promote Rural Mental Health*, presented the Going to Bat Award, an honor given to an individual who has been a strong voice and advocate for rural mental health, to Mary Wakefield, PhD, RN. Dr. Wakefield is Administrator of the Health Resources and Services Administration, U.S. Department of Health and Human Services. NARMH's Victor I. Howery Award, which is given to an individual who has made significant contributions to the rural mental health field, was presented to Marcie Moran, RN, EdD who currently serves as Director of Mental Health Services at Avera McKennan Hospital in Sioux Falls, SC.

AgriWellness, Inc., whose mission is building hope and health in the rural agricultural community, presented its "Bringing Hope and Health to the Rural Agricultural Community" awards to Dr. J. Pat Hart, a past president of the National Rural Health Association and well know advocate for rural behavioral health services, and to Mr. Mark Little Owl, Director of the Behavioral Health Services program for the Three

Affiliated Tribes (Mandan, Hidatsa and Arikara Nations) in western North Dakota.

The **2012 NARMH Conference**, *Alaska... We Are Rural and Then Some*, will be held May 15-18, 2012 in Anchorage, Alaska. Consider joining us in the land of midnight sun, aurora borealis, mountains majesty,

salmon filled waters and rich traditional cultures for the 38th Annual Conference. If you ever dreamed about visiting Alaska, there will be no better time to do so. For more information on the 2012 conference, please visit www.narmh.org.

LEGAL HAPPENINGS ON HEALTH REFORM AND OTHER TOPICS

- ✓ **Federal Appeals Court Rules Individual Mandate Constitutional:** The 6th Circuit Court of Appeals in Cincinnati has ruled the requirement in last year's health reform law that Americans have health insurance is constitutional. The case was brought to the court by the Thomas More Law Center under the premise that the requirement for individuals to buy health insurance could lead to financial hardship for some Americans. The individual mandate was a central part of the Affordable Care Act's mission to enact reforms such as barring insurance companies from denying individuals with pre-existing health conditions insurance policies. Bringing nearly all Americans into the health insurance system will help lower costs across the board. The ruling was the first by a Circuit Court; rulings are expected from the 4th Circuit and the 11th Circuit later this summer. The 6th Circuit case is likely to be appealed to the Supreme Court where it could be heard sometime in the next year.
- ✓ **Court Action Likely Required.** Missouri makes three states that have enacted a health care compact law, joining Georgia and Oklahoma. The compacts are agreements between participating states that advocates say "restore authority and responsibility for health care regulation to member states." Most legal experts agree, however, that such compacts cannot override the federal healthcare reform law, which is their goal. The supremacy clause of the U.S. Constitution would control – and also suggests that these laws may yet reach the Supreme Court for a decision regarding their constitutionality.



NACo JUSTICE AND PUBLIC SAFETY STEERING COMMITTEE

RESOLUTION ON LOSS OF FEDERAL ENTITLEMENT BENEFITS FOR PRE-TRIAL DEFENDANTS

Katie Bess, MSW
NACBDD Senior Policy Intern

Today, approximately 800,000 people are housed in local jails nationwide; nearly two thirds have mental health or substance use disorders. Concerned by this disturbing statistic, NACo has put established a Justice and Public Safety Steering Committee (JPSSC) to review the resource gaps that are causing many individuals with behavioral disorders to end up in our local jails, costing the counties and states money they do not have. The Committee is working on policies to save our counties and states substantial expenditures, while providing continuity of care directed at decreasing recidivism and reducing health care costs and, at the same time, increasing the overall health of the jail population.

The Committee met recently to discuss a proposed resolution on federal entitlement benefits for pre-trial defendants. The Committee is concerned that a gap exists in state and local accessibility to federal entitlements (i.e., Medicaid, SSI, SSDI and CHIP) for pre-trial defendants, since, in some cases, their benefits are terminated at the door before adjudication. The Committee's draft resolution proposing a Medicaid waiver for a pilot demonstration project to evaluate outcomes for potential programs that enable beneficiaries to retain their Medicaid benefits while incarcerated, if approved by NACo, will be submitted to the Center for Medicare and Medicaid Services for consideration. The demonstration project is designed support programs that are intended to improve health outcomes, prevent recidivism and reduce overall health care costs.

In addition, because the Affordable Care Act (ACA) expands Medicaid eligibility in 2014 to 133 percent of the Federal Poverty Level, individuals in the justice system and not now ineligible for Medicaid and other federal programs

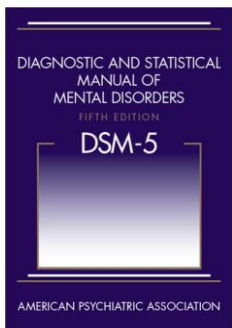


may well be eligible for coverage upon release. Aware of this timeline, the NACo JPSSC is developing draft policies designed to improve post incarceration services, continuity of enrollment for individuals post adjudication and resumption of benefits to individuals post-release.

The proposals are in keeping with NACo's platform, based on the American County Platform 2010-2011, which emphasizes the importance of ensuring continuity of care for individuals with mental health and substance use conditions. An important central element of both resolutions are their emphasis on providing continuity of enrollment for individuals from post-adjudication to resumption of benefits upon community re-entry. A next step in fostering support for adoption of the resolutions is the identification of supportive evidence-based or promising practice programs. Any information regarding evaluation data on the effectiveness of diversion, in-jail, and exit services, or models of care for incarcerated persons with behavioral disorders is requested by the Committee. These materials can be submitted to the NACBHDD office at kbessl@nacbhd.org.

DSM-5 FIELD TRIAL PARTICIPANTS WANTED

As part of the process for revising the fifth edition of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), the American Psychiatric Association is seeking clinicians to participate in field trials to test the feasibility and clinical usefulness of the proposed diagnostic criteria and diagnostic-specific measures in real-world clinical settings. These field trials will also examine whether the measures adequately capture changes in patients' or clients' symptom levels over time and are informative to treatment planning. For participation in the field trials, clinicians will receive CME/CE* credits, a discount coupon from American Psychiatric Publishing, Inc., and will have their names listed as a DSM-5 Field Trial participant. The field trials are scheduled to begin in August 2011. Eligible volunteers will continue to be included until all slots are filled.



Interested clinicians should visit www.psych.org/dsm5-rcp-fieldtrials.aspx and register to volunteer. For questions about participating, write aparesearch@psych.org or call 800-713-7123. **More information can be found at www.dsm5.org/Research/Pages/DSM-5FieldTrials.aspx**

AROUND THE STATES: AN UPDATE

- **Arizona Supreme Court Rejects Injunction Request:** September 20, the State Supreme Court is expected to hear a case challenging a Medicaid enrollment freeze for adults earning over 75 percent of the federal poverty level (FPL). The suit alleges the freeze violates the state constitution because it effectively repeals a voter-approved measure expanding coverage to all adults earning up to 100 percent of the FPL. On June 24, the **Arizona Supreme Court** declined to impose a temporary injunction on Arizona's FY 2012 Medicaid eligibility freeze requested to avoid potential irreparable harm to affected individuals, enabling the freeze to take effect July 1.
- **Delaware Mental Health Service Restructure:** Settling a 3-year **U.S. Department of Justice** investigation that found violations of the Olmstead Act and the ADA, the State will undertake mandatory reforms in the provision of mental health services at the Delaware Psychiatric Center, including a census reduction, provision of community-based mental health services where possible, and support services, including a peer support recovery network and housing assistance. By January, the state also must establish a mental health crisis team, capable of statewide crisis response within one hour.
- **Missouri creates Joplin Child Trauma Center:** Missouri's governor has allocated funds to create a center to serve children whose mental health was affected by the May 22 tornado that struck Joplin, MO. The Center will provide free therapy services to children and train community partners in recognizing the signs of trauma.
- **Ohio May Have Ballot Referendum Barring ACA Individual Mandate:** The Ohio Secretary of State has received and is verifying the names on a 546,000-signature petition to place a measure on the November 8 ballot to amend the state constitution to prohibit enforcement of the ACA's individual insurance mandate in Ohio. With a July 26 verification deadline, approximately 385,000 valid signatures are required to earn a spot on the ballot, the proposed amendment would prohibit any law from forcing state residents, employers, or health care providers to participate in a health care system.



- **Oregon Senate votes health changes:** On July 1, Oregon Governor John Kitzhaber signed into law a measure he championed that is designed to transform how the State pays for low-income health care by creating community-based organizations to coordinate mental, physical and dental health.
- **New Jersey Senate Fails to Reverse Governor's Budget Vetoes:** New Jersey Senate Democrats failed to muster the three Republican votes needed to override even one of Gov. Chris Christie's budget vetoes. As a result, they have failed to restore the Governor's budget cuts affecting child abuse services, women's health clinics, legal aid and mental health services.
- **Missouri Disability Legislation Now Law:** Missouri Gov. Jay Nixon has just signed legislation that, in part, provides that a disability or disease doesn't automatically diminish an adult's parental rights or disqualify someone from being an adoptive or foster parent.
- **Texas Budget Brings Good/Bad News for People with Disabilities:** The recently passed Texas budget is a see-saw affair for people with disabilities, and because the cuts didn't land evenly across the board, advocates are unsure how things will play out. The 5 state agencies whose responsibilities include providing services to people with physical, mental and other disabilities will receive about \$53 billion in 2012 and 2013, down from \$64.7 billion in the previous 2-year budget. Some programs, including community mental health services, emerged intact. Stay tuned!

BUILDING OUR HUMAN RESOURCE CAPACITY IN NEW WAYS

[Forthcoming in Open Minds]

Ron Manderscheid, PhD
Executive Director, NACBHDD

Like the rhythmic sound of sleet crystals against a cold window pane, it is clearly obvious that our present human resources in behavioral healthcare and prevention will not be sufficient to address the expected expansion in demand due to National Healthy Reform. Just look at the numbers: Currently, we serve about 22 million adults per year who have behavioral health conditions. Most conservatively, we can expect this number to grow from 3-5 million in the short run and up to more than 10 million in the longer run. Thus, we are very likely to confront almost a 50 percent expansion in demand.

Another factor to be considered is the age distribution of our providers. The average age of a practicing psychiatrist is quickly nearing 60, and the average age of a clinical psychologist is now well over 50. Most of our county and local authority and local program managers are baby boomers, many of whom can be expected to depart during the next 5 years. By contrast, relatively few of our providers and managers are from the succeeding baby bust generation.

From this statistical information and from discussions with field leaders, I would conclude that we already have a very serious human resource deficit. For too many years, we have not paid sufficient attention to our human resource characteristics and needs. Consequently, our troubles will be compounded as we begin to implement National Health Reform. The burning question is: What can we do about it?

Clearly, an immediate need exists for the Federal Government to undertake programs to train a new generation of county and local authority directors, program managers and clinicians. This urgent need is not new, and it was thoroughly documented in the strategic human resource plan developed for SAMHSA in 2005. You can access this plan at:



A second question is: What else can be done to address our human resource deficits in the short period between now and 2014, when the health insurance coverage expansion will occur?

Most obviously, we have a critical resource pool numbering in the millions immediately available to us. These are our consumers, who are eager to become peer specialists and care coordinators. Not only can they work on access and care negotiation issues, but, with a bit more training, could also help the new enrollees negotiate the inevitable insurance hurdles that they will encounter. Implementation of this strategy would accord fully with our longer term goal of fostering the development of a care system that is consumer driven and friendly, as well as recovery oriented. How very, very exciting!

Information technology can help as well. Not only should consumers have access to electronic personal health records, they should have access to IT tools that can provide self-help guidance when the consumer determines that it is needed. For example, such tools are needed to address what steps can be taken to control symptoms, or what steps can be



taken when friends are not available for social support. Consumers must be consulted to help to develop these modules so that they meet the appropriate needs and are both friendly and recovery-oriented.

IT has other applications as well. E-prescribing can obviate the need to make day-long trips to see a provider; IT can be used for instant messaging between provider and consumer, without the need for an in-person visit; and IT can fulfill many care coordination functions. A very urgent need exists to discuss and to develop these applications, while also assuring that their ultimate design is very consumer friendly.



Let me also introduce a third area through which we can expand our human resources. In the fast-approaching world of integrated care, we will also be able to call on our professional colleagues from other disciplines to extend our capacity. I am speaking here about our primary care colleagues and our other behavioral health colleagues, e.g. substance use for mental health, and vice versa. For this to work effectively, it is essential for these colleagues to understand our consumer-driven and recovery-oriented model, and to appreciate fully the very important role that consumers play in delivering care.

These primary care and behavioral health colleagues will require on the job training, which I am very confident can be provided by our consumers. For this purpose, I call on our national consumer groups to think through and prepare for this major new role. What will be involved? Training about medications. Training about respect and human relationships. Training about recovery. And much more. Again, how very, very exciting!

What seems quite obvious from all of this is that we need to begin to think about our human resource issues in a new way. Government is not the only answer. It is clearly only part of the answer. A more central factor is our own ingenuity in designing solutions that fit the problem well and promote the goals of consumer direction, recovery, and independence.

Wow! When can we start?

REFLECTIONS ON PROVIDING BEHAVIORAL HEALTH SERVICES IN A DETENTION CENTER SETTING

Katie Bess, MSW
NACBHDD Senior Policy Intern

The Butte County Jail and Juvenile Hall located in Oroville, CA, contracts with California Forensic Medical Group (CFMG) to provide physical and mental health services to individuals who are in custody. A behavioral health specialist from CFMG completes a mental health assessment and based on their needs, refers the individual to see the CFMG psychiatrist. The psychiatrist is available once each week to meet with individuals through a two-way monitor with the mental health therapist in the room with the inmate. If an individual is prescribed a psychotropic medication, he or she will be seen on a regular basis, depending on the psychiatrist's discretion, approximately every two to four weeks.

Butte County jail only has one full-time marriage and family therapist (MFT) and a part-time licensed clinical social worker (LCSW). The population in the Butte County jail in March 2011 consisted of 533 inmates; it has total capacity to hold 614. Having only two mental health specialists in the facility makes meeting with individuals difficult. Those who are at a higher risk are seen first. Certain factors can make an individual at high risk of being seen by mental health staff. This includes previous use of psychotropic medications, a diagnosed mental disorder, suicidal ideation, or the severity of the criminal charge.

The experience of working in this facility showed me the need to have more mental health services for individuals both when in custody and also when released. A lack of clinical staffing in our county jails makes it difficult for inmates to be regularly seen and treated. Without "wrap-around" services for these individuals (i.e., collaborative coordinated interdisciplinary care), it is likely they will not receive the support they need while in custody and continuing to the community.

The Butte County jail mental health unit does segregation educational groups (SEGs) in the women's pod with inmates who are single-celled. These women are in most cases single-celled due to their mental health issues and their unsociable behavior in the community. The mental health unit will bring two to three women together and have them participate in a social activity. Some of these individuals are being released into the community and this exercise gives them practice and experience of socializing with other individuals before their release. With the limited amount of staffing and limited space in the male unit, males who are single-celled do not receive the same kinds of services.

The lack of staffing in our county jails makes it difficult for everyone to be seen, and thus individuals with severe mental health issues become the priority. Yet, by providing additional staffing and services to those with mental health, substance abuse and dual-diagnosis issues, we will likely decrease the number of individuals that recidivate – often within months of their release. Without the support from the state and Federal governments, it is a challenge for us to reach this goal.

**REGISTER FOR NATIONAL CONFERENCE ON
SUBSTANCE ABUSE, CHILD WELFARE AND THE COURTS**

Putting the Pieces Together for Children and Families: The National Conference on Substance Abuse, Child Welfare, and the Courts will promote multidisciplinary collaborative advances in practice, research, and policy. These advances lead to effective, coordinated, and culturally relevant services for children, youth, and families affected by substance use disorders and child abuse or neglect. The conference, sponsored by the Center for Children and Family Futures, will also include the National Alliance for Drug Endangered Children and its 8th Annual Gathering.

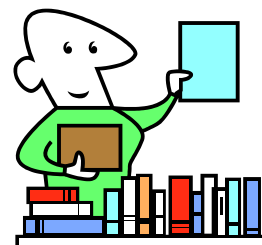
September 14-16, 2011

Gaylord National Resort and Convention Center, National Harbor, Maryland

Register at: <http://www.cffutures.org/conference2011/registration>

ON THE BOOKSHELF: RECENT POLICY PUBLICATIONS OF NOTE

- **Milbank Fund:** *Evolving Models of Behavioral Health Integration in Primary Care* suggests how integration of primary care and behavioral health can respond to the unmet needs of Americans with behavioral disorders. It summarizes available evidence and states' experiences with integration as a way to deliver quality, effective physical and mental health care. It provides 8 models of different means of integrating/coordinating care—from minimal collaboration to partial integration to full integration—according to stakeholder needs, resources, and practice patterns. For more, go to: <http://www.milbank.org/reports/10430EvolvingCare/10430EvolvingCare.html>
- **U.S. PIRG Education Fund:** *Building a Better Health Care Marketplace* details issues involved in establishing insurance exchanges, including accountability and transparency, power to negotiate, innovations in cost and quality, stability, consumer-friendly design, and coordination with public programs, with a focus on small businesses. Go to: <http://www.uspirg.org/uploads/b0/c3/b0c389deaa93a872b358cd45a69b5133/Building-a-Better-Health-Care-Marketplace-vWeb.pdf>
- **California HealthCare Foundation** *Ready for Reform? Health Insurance Regulation in California under the ACA* proposes criteria for health insurance regulatory reform, offering 2 options: consolidate the state department of managed health care and the department of insurance into one agency; or institutionalize their coordination and consistency. Go to: <http://www.chcf.org/~media/Files/PDF/R/PDF%20ReadyReformHealthInsRegulationACA.pdf>
- **Urban Institute:** *The Effects of Health Reform on Small Businesses and their Workers* synthesizes research findings about the effect of the ACA on small business owners and employees, including savings in healthcare costs and premium contributions, coverage for workers and dependents, offer rates, and number of uninsured. Go to: <http://www.rwjf.org/files/research/72530quickstrike201106.pdf>
- **Patient-Centered Primary Care Collaborative:** *Better to Best: Value-Driving Elements of the Patient Centered Medical Home and Accountable Care Organizations* summarizes the content and consensus reached in a September 2010, high-level, health care stakeholder meeting. The report summarizes the evidence base behind enhanced access and care coordination; discusses the implementation opportunities and challenges for both patient-centered medical



homes and accountable care organizations; and presents action items to propel these initiatives forward. For more, go to: http://www.pcpcc.net/files/better_best_guide_full_2011.pdf

- **Henry J. Kaiser Family Foundation:** *Living Close to the Edge: Financial Challenges and Tradeoffs for People on Medicare* profiles the choices and trade-offs Medicare beneficiaries make to cover expenses with limited financial resources, including cutting back on basics and relying on credit cards or help from family, and the effects on medical debts and access to care. For more, go to: <http://www.kff.org/medicare/upload/8200.pdf>
- **Robert Wood Johnson Foundation:** *Aligning Forces for Quality: Disparities Reduction and Minority Health Improvement under the ACA* highlights the law's provisions to reduce racial/ethnic health disparities, including requiring data collection, integrating minority health into national strategies, and funding efforts to increase minority representation in health workforce. For more, go to: <http://www.rwjf.org/files/research/72513legalnotes201106.pdf>

LEARN ABOUT IMPLEMENTATION SCIENCE

Today, it can take more than a decade for new clinical health care research discoveries to become part of regular community-based services. Implementation science seeks to bridge that gap. Thus, implementation science quickly is becoming an integral component of many human service programs including in the areas of behavioral health and developmental disabilities.

The First Annual Global Implementation Conference will convene August 15-17, 2011 at the Marriott Wardman Park, Washington, D.C., bringing together scientists, policymakers, practitioners and community leaders in a forum for reporting research and evaluations of implementation, sharing implementation best practices, and working to establish public policies to support and fund implementation research and practice. Among the sponsors and partners are SAMSHA, the U.S. Department of Veterans Affairs and the U.S. Department of Education

Get more information, check out the agenda, or register at: <http://www.implementationconference.org/>



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