

National Association of County Behavioral Health and Developmental Disability Directors

The voice of local authorities in the Nation's capital

NEWSLETTER

SEPTEMBER 2011

IN A CHANGING ENVIRONMENT, ALWAYS FIND PROMISE

Vincent J. Rogusky, President, InfoMC, Inc.

Today's county and local behavioral health organizations face unprecedented challenges in healthcare including funding, regulation and competition. The Patient Protection and Affordable Care Act (ACA) has become a beacon for change, but the light is not always so clear or visible. Reform has mandated a significantly increased Medicaid population in 2014, while the current economy has further contributed to that population's growth. At the same time, economic conditions and uncertainty stemming from our country's debt rating have severely affected funding at the state and federal levels. Restless states are looking for any ray of hope to lower costs, including adopting managed care models and looking to others outside the public sector universe for help. With such mandates as HIPAA 5010 and ICD10 are added to the aforementioned conditions, counties and local organizations essentially are being asked to do more with less. Given these hurdles and changes in the marketplace, county, local and other participants in the healthcare industry are asking: "What do we need to do to survive?"

Simply put, in change, there is opportunity. To take advantage of opportunity, one must embrace change. And to do that, one must "always find promise." Find promise in the knowledge, skills and ingenuity that are part of who we are as people. Find promise in the spirit and freedom of competition that drives innovation which both fosters and adapts to change. Find promise in the deep roots of caring about and doing "the right thing." To "always find promise" means never giving up, improving each day, and being the best possible....as individuals and as organizations. Sometimes, to "always find promise" means to seek a path not traveled, to be the first not the follower and to take risk in action.

To take advantage of the changes in healthcare and to be part of the solution, 3 interconnected themes can be applied:

- (1) Think of your organization differently.
- (2) Create flexibility.
- (3) Be proactive.

To illustrate how this approach works, let's take a snapshot of a key element of reform, find promise, and then take action using the foregoing themes.

1. The New ACO--Accountable Community Organization: ACO, ACO, ACO. That's the latest and greatest acronym in healthcare, and it's the ringing doorbell of reform. The Accountable Care Organization (ACO) is a reform entry ticket that establishes criteria for care and ties that to payment. To create an ACO, traditional healthcare delivery and managed care models and methodology must be changed and combined. And where there's change, "Always Find Promise."

County and local organizations have a unique advantage in the world of ACOs; they have *community*. Think of an ACO not as an Accountable

ALSO IN THIS ISSUE

- *Look "Under the Microscope"*
- *Bits from DC*
- *National Drug Survey 2010 Released*
- *Fall NACBHDD Election Slate*
- *CDC Mental Health Action Plan*
- *At the Table NACBHDD Reaches Out*
- *Hill Happenings*
- *Join In on Child Mental Health*
- *Join in: Keeping it Real*
- *CDC and Mental Health Surveillance*
- *Goodbye/Hello*
- *HHS News and Notes*
- *The Legal Front*
- *Around the States*
- *On Social Justice*
- *MH/Justice Center of Excellence for IL*
- *On the Bookshelf*
- *Other Announcements*

Teddi Fine, MA, Editor

Care Organization, but as an Accountable *Community* Organization. Care today should be about an individual's community—a person's network of family, friends, care givers and care managers. This community-driven purpose is the strength of a county or local organization.

Transitioning from a county or community behavioral health center to an Accountable *Community* Organization focused on a network of individuals is an achievable goal. It can be accomplished by employing process change through the use of technologies such as mobile applications, proactive engagement, real-time collaboration and business intelligence/analytics, among others. By thinking differently about your organization (creating your vision) and leveraging new tools, processes and technologies, counties can use reform to their advantage and begin to adapt to change.

2. **Build a Flexible, Scalable Organization:** To incorporate a vision in the midst of a rapidly changing marketplace, it is critical to create flexibility. Flexibility provides the framework to adapt, to take advantage of change, and to not be directed by change but to be the director of change.

The first step to becoming a flexible organization is to accept the fact that, in your plans, change is inevitable. Knowing this, create an environment that relishes change but in the context of your vision. As an Accountable *Community* Organization, establish an operational framework that can address delivery and managed care tied to the network of an individual's community. By doing so, counties can achieve flexibility while simultaneously addressing the requirements and benefits of reform. With a growing Medicaid population, scalability is both a necessity and key element of creating a flexible environment. Technology enables both flexibility and scalability and can help lower operational costs and create improved consumer outcomes.

3. **Be a Proactive Agent of Change:** With this chaotic and rapidly changing healthcare environment, being proactive vs. reactive will help Counties gain control. Organizations that try to “just ride the wave” risk crashing and being washed ashore. Being proactive means starting with a vision of *your* ACO and leveraging your strengths. As discussed, the county or local organization is a community of individuals comprised of the consumers you serve and those that support them. This, again, is your strength.

Be proactive in using this strength to attain the funding and infrastructure to create and deliver the services of your vision. In other markets, unlikely or competitive organizations become partners in changing environments. Seek partners where necessary and be open to dialogues with managed care organizations or other commercial entities to help achieve your goals. But be the driver of the discussions and prepare your organizations in advance. Don't look to these managed care organizations to be the sole answer but to be a part of your solution.

In addition, embrace the technologies that can drive your organization's vision. Apple recently topped Exxon Mobil as the most valuable company in the world. Apple achieved this status because it uses its technology to fulfill consumers' desires to communicate how they want, when they want. Your county or local organization serves populations that have the same desire. You have access to the right technology tools to make this happen. And your advantage is that you can establish a connected, operational framework tied to real-time communications and information processing using much of the data you have today. This kind of proactive approach can provide your organization with the leverage to partner. Also, being proactive will help you achieve the vision and associated cost and funding benefits you desire.

A flexible, proactive Accountable *Community* Organization can be a leader in the world of healthcare reform. To win, to embrace change as the fuel for survival, organizations must “always find promise.”



MENTAL ILLNESS AWARENESS WEEK OCTOBER 2-8, 2011

GET READY TO LOOK UNDER THE MICROSCOPE

You told us that you want more details on topics of concern. That's why, beginning in October, we're replacing one of our 2 monthly “Headline DC” issues with a new e-mail communication.

Under the Microscope will provide a brief, in-depth look at an issue of importance to county behavioral health and developmental disability directors. You'll continue to receive 3 publications, but they'll be 3 DIFFERENT publications: *Under the Microscope*, the *NACBHDD Newsletter*, and *Headline DC*.

Let us know of issues **YOU** want to see looked at more closely, information you want more of, subjects about which potential county implications need to be explored. Keep an eye out!



BITS FROM DC



Dear Colleagues:

Issues around the budget, the deficit and the debt loom large as we enter the fall. The Super Committee has been formed, and we are actively engaged in advocacy as an organization, as a member of the Consortium for Citizens with Disabilities, and as a member of the Coalition for Whole Health. We also will need *your* advocacy as we move through the fall on the core financial issues that concern us all: Medicaid, funding for SAMHSA and HRSA, funding for social wrap-around services, Medicare, and SSI and SSDI. Since a specific Committee direction is not yet apparent, the areas that will need your advocacy are not yet known.

On September 14, we hosted the first-ever meeting between NACBHDD and the Association for Behavioral Health and Wellness (ABHW). Our Executive Committee participated, as did each of ABHW's large managed behavioral healthcare companies. A short article on this meeting is included in this Newsletter. In future editions, we will discuss the products that are developed from this important collaboration.

Also this week, Secretary Sebelius announced the *Million Hearts Initiative*—a national effort to prevent 1,000,000 heart attack deaths over the next 5 years. Since our populations are over-represented among these deaths, we need to pay close attention to the initiative and to foster appropriate activities in county programs.

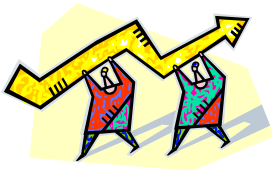
Finally, put our Albany, NY, October 24 and 25 Board meeting on your calendar. We will be hosting Kelly Hansen and her group of program directors from New York.

Hopefully, the changing colors of the leaves will be at their peak then.

Ron Manderscheid
Executive Director

ANNUAL DRUG USE SURVEY RESULTS RELEASED

Data from SAMHSA's 2010 National Survey on Drug Use and Health (NSDUH), the primary source of information on the prevalence, patterns, and consequences of substance use among people age 12 and older, show no statistically significant one-year increases from 2009 to 2010 in any past-month illicit drug-use category for any age group (12 to 17, 18 to 25, or 26 and older). However, over the past two years (2008-2010) the rate of marijuana use increased significantly, driving up overall rates of illicit drug use. Moreover, between 2008 and 2010, there was also a 43 percent increase in illicit



drug use among Hispanic boys and a 42 percent increase among African American teen girls, suggesting the value of targeted prevention efforts. Overall, the survey found that 22.6 million Americans age 12 and up (8.9% of the population) were illicit drug users in 2010, up from 8% in 2008. As in the past, the report shows a vast disparity in the number of people needing specialized treatment for substance abuse and the number who actually get that treatment (respectively, 23.1 million and 2.6 million Americans ages 12 and up). For more: <http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.htm>.

NACBHDD ELECTION SLATE

The NACBHDD Nominating Committee offers a slate of officers for our Association for 2012 and 2013:

Immediate Past President:	Dan Ohler, Ohio
President:	Patrick Fleming, Utah
Vice President:	Patricia Ryan, California
Treasurer:	Mary Ann Bergeron, Virginia
Secretary:	Larry Carroll, Texas



According to NACBHDD by-laws, the immediate past president and the president assume their new offices automatically; the vice president, treasurer and secretary are elected by the Board of Directors at its annual meeting, to be held this year on October 24-25. At the meeting, it is likely the Board will discuss a potential change in board member terms of office from the current 6 years to a lesser number of years, a change that would require a revision to NACBHDD by-laws.

Nominations are now open from all association members. If you choose to do this, please contact the Nominating Committee chair, Patrick Fleming by close of business October 14.

CDC 'S NEW 4-YEAR, PUBLIC HEALTH ACTION PLAN ON MENTAL HEALTH

Integrating mental health and public health programs that address chronic disease is a challenging but essential task in protecting the health of Americans. Recognizing that mental and substance use disorders are linked with higher rates of chronic physical disease, accounting at least in part for a 25-year reduction in life expectancy among people with the most serious mental disorders, the CDC has launched a 4-year action plan to implement 8 key strategies with specific implementation steps to promote the prevention and treatment of mental illnesses. Titled *Public Health Action Plan to Integrate Mental Health Promotion and Mental Illness Prevention with Chronic Disease, 2011-2015*, the plan outlines how promotion of mental health will be incorporated in CDC's efforts to prevent chronic disease. The document includes both action steps and performance measures for each of the following 8 mental health promotion and mental illness prevention strategies:

- Surveillance
- Epidemiology research
- Prevention research
- Communication to the public
- Education of health professionals
- Program integration with chronic disease prevention and control
- Policy integration with chronic disease prevention and control
- Systems to promote integration with chronic disease prevention and control

NACBHDD Director Mandersheid has called the CDC action plan a “first-of-its-kind redirection of public health policy that recognizes and fosters the implementation of community-based approaches to positive mental health as a means of promoting healthy behaviors and preventing chronic illnesses. It addresses the question: ‘What role does positive mental health play in treating disease, preventing disease and promoting overall health?’ instead of focusing solely on treating disorder.”

To download the CDC's action plan, go to: <http://www.cdc.gov/mentalhealth/> .

SITTING AT THE TABLE: NACBHDD REACHES OUT

...TO THE INDUSTRY

On September 13, NACBHDD Director Manderscheid and 9 Association leaders (Neal Adams, Leon Evans, Charlie Boone, George Braunstein, Pat Fleming, Dan Ohler, Frank Hickman, Pat Ryan and David Wiebe) engaged in an afternoon-long discussion with representatives of the Association for Behavioral Health and Wellness (ABHW), including its President/CEO Pamela Greenberg and representatives from member behavioral health and wellness organizations (OptumHealth, ValueOptions, Health Net Federal/MHN, Beacon Health Strategies, Aetna Behavioral Health, and Health Net Federal/MHN). The focus was on health reform, the ACA, and ways in which the organizations can collaborate. Three such areas were suggested for discussion purposes:

- Working with private insurers on new enrollees at 135-200% FPL and likely to require public-level services;
- Working on the Essential Health Benefit to be used in the Exchanges and the Medicaid expansion; and
- Working on fostering integrated carve-out programs.

The discussion explored the need to consider the cost and payment mechanism for wrap-around services essential for the success of health care service, to educate purchasers about behavioral healthcare, and to base behavioral healthcare programs in evidence-based practices and demonstrated cost-effectiveness. Three major tasks emerged:

- Identification of key field demonstrations that are undertaking projects which address some of these key concerns;
- Development of principles that can be used to communicate information about good quality, cost-effective behavioral healthcare; and
- Education of payers about behavioral healthcare.

The group agreed first to identify key field demonstrations. Pam Greenberg, Neil Adams and Ron Manderscheid will discuss and organize the work for this assignment. Other NACBHDD and ABWH volunteers will be sought to assist with this task. The group will meet again when this initial task is completed.



...AND TO PROVIDERS

On September 9, at the request of psychiatrist Anita Everett (former head of the Virginia Department of Mental Health and SAMHSA Special Expert), NACBHDD Director Manderscheid met with members of the American Psychiatric Association's Council on Healthcare Systems and Financing which Everett chairs. The Council historically has explored timely policy initiatives in health financing and their implications for mental health. Most recently, the Council's emphasis has been on such issues as integrated care, medical homes, parity, and Accountable Care Organizations; it currently is

developing a monograph on the psychiatric workforce, particularly in the public sector.

Dr. Manderscheid provided the Council information, not only about the NACBHDD, its priorities and policy directions, but also about the impact of both the ACA and budget reform on behavioral health. He shared observations about integrated behavioral and physical health care, including within the context of medical home and explored issues in workforce development and best practices. As with the ABHW, the dialogue was begun, with a promise that it would continue.

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

- **FY 2012 Funding Allocation Ceilings (302(a) Allocations):** The Senate has allocated its Labor/ HHS/Education Subcommittee \$157.1 billion in FY 2012 funding authority, \$300 million less than enacted for these programs in fiscal year 2011. In contrast, the House set allocation ceilings for the House Labor/HHS/Education Subcommittee at \$139.2 billion, over \$18 billion below 2011 levels.
- **FY 2012 Appropriations:** It is unlikely that, with fewer than 12 working days left before the end of FY 2011, that FY 2012 HHS/Labor/Education appropriations will be enacted in time to avoid yet another continuing resolution. Nonetheless, the Senate Subcommittee marks up the bill on September 20. The House indefinitely postponed its Subcommittee mark-up. Instead, the House Appropriations Committee has introduced a stopgap funding measure to keep the government running through November 18 at the level agreed to in the debt-ceiling legislation, a reduction below FY 2011 levels.
- **Expected Activities in Committee and on the Floor:** Two House *Ways and Means Subcommittees* will hold a joint hearing on September 23 on SSDI work incentives. The *Senate Finance Committee* is marking up a bill reauthorization of child and family services programs through FY 2016. The *House* will suspend the rules and vote (probably by voice vote) on H.R. 2005 (autism programs) and H.R. 1852 (providing support for pediatric health professional training).
- **Staying on Top of the Supercommittee:** The Joint Select Committee on Debt Reduction has established a website with information about its rules, members, hearings and other information. Stay informed by monitoring activities by going to: <http://deficitreduction.senate.gov/public/index.cfm/home>



JOIN IN: CONFERENCE ON COMMUNITY MH CARE FOR CHILDREN AND YOUTH

NACBHDD members are invited to the Foundation for Excellence in Mental Health Care's fall 2-day symposium: *Optimizing Mental Health Choices for Children and Adolescents within the Community*, to be held on September 30 through October 1, 2011, in Chapel Hill, North Carolina. Please find attached the agenda that sets forth the schedule for the two-day meeting.

The symposium follows the Foundation's successful inaugural symposium in Portland, Oregon and is a step toward a national broad-based reform effort to build a new paradigm of care that focuses on long-term recovery and wellness. The Foundation's mission **to promote better mental health outcomes** is achieved by identifying, developing, and sharing knowledge with the public about mental health care that best helps people recover and live well in society. To that end, topics at the conference focus on child mental health-related topics such as issues and best practice in medication use and management, early intervention programs for those at-risk for or recovering from a first episode of psychosis, building moving research to practice, among others.

The Foundation plans to cover all costs associated with meals and meeting room rental. We have secured a special rate of \$86.00/night, at the Sheraton Hotel, Chapel Hill (919-968-4900, or www.starwoodmeeting.com/Book/mentalcare). Remember to ask for the Foundation for Excellence in Mental Health Care block rate. To confirm your space at the symposium, please contact Gina Nikkel (503-930-0349).

Hope to see you in North Carolina,

JOIN IN THE KEEPING IT REAL 2011 CONFERENCE

The 2011 *Keeping it Real Conference on Street-level Intervention Strategies for Addiction, HIV/AIDS and Hepatitis* will convene on October 17-19, 2011 at the Crown Plaza Hotel, Silver Spring, MD. Keeping It Real 2011 is a Danya Institute event supported by SAMHSA funding through the Institute's Central East Addiction Technology Transfer Center and its Center for HIV, Hepatitis, and Addiction Training and Technology Center (CHHATT). This is the tenth year the CHHATT has sponsored this national conference that provides cutting-edge information on issues related to HIV/AIDS, hepatitis and substance abuse and is geared toward all outreach workers, substance abuse counselors and related public health personnel who work with substance users, HIV positive or at-risk populations.

The conference addresses the prevention and treatment of HIV/AIDS, hepatitis and other infectious diseases in substance using individuals, and focuses on enhancing the professional development of all health care personnel. The conference is based on seven specific outreach competencies developed by the CHHATT. Session will discuss not only the competencies and their importance, but also the topics of needle exchange and recovery-oriented systems of care in outreach.

In celebration of the 10th Anniversary of The Danya Institute, an evening reception is planning for Tuesday, October 18th, to highlight the accomplishments of the Institute.


For information regarding this conference and registration, to view the outreach competencies, and to learn more about the CHHATT, please visit www.ceattc.org.


DOING MENTAL HEALTH SURVEILLANCE RIGHT

The Centers for Disease Control and Prevention (CDC) has amped up its involvement and interest in issues related to mental health and mental illness. In addition to its new 4-year action plan on mental health promotion and illness prevention as key to overall health (see related story above) CDC has been engaging in increased and integrated its surveillance work in behavioral health. First up: a new Morbidity and Mortality Weekly Report (MMWR), *Mental Illness Surveillance Among Adults in the United States*, the first agency-wide compilation of data from selected surveillance and information systems that measure the prevalence and effects of mental illnesses among the adult population in the US. (A similar report on childhood mental illnesses is planned for release in 2012.)

Specifically the report notes about half of U.S. adults will develop a mental illness during their lifetime. It goes on to explain that numerous chronic diseases are associated with mental illnesses, such as cardiovascular disease, diabetes, and obesity. In such instances, treatment of the mental illness can reduce the effect of the chronic disease. The report observes: "Population surveys and surveys of health-care use measure the occurrence of mental illness, associated risk behaviors (e.g., alcohol and drug abuse) and chronic conditions, and use of mental health--related care and clinical services" and suggests such surveys and surveillance systems can provide essential evidence to guide effective mental health promotion, mental illness prevention, and treatment programs. To download the MMWR supplement with this new report, go to: http://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm?s_cid=su6003a1

YOU SAY GOOD-BYE AND I SAY HELLO

 **Moving Out:** NACBHDD wishes a fond farewell and offers its congratulations and thanks to **Karl Brimmer** who is retiring from Multnomah County, OR, after more than 30 years in the field as a state or county director, program director and clinician. He plans to do some consulting going forward, we hope, to continue to share his expertise and experience with colleagues in our field.

 **Moving On:** We also want to express appreciation to Association of Oregon Community Mental Health Programs (AOCMHP) Executive Director, **Gina Nikkel**, who, after 11 years of yeoman's work, is moving on to take the helm of the Foundation for Excellence in Mental Health Care, a group of researchers, clinicians, prescribers, philanthropists, policy makers, people who use mental health services, and family members whose mission is to promote better health outcomes. We won't be losing a colleague; rather, we're gaining collaboration with a new organization. [The invitation to the FEMHC meeting, found below, is just a first example, we're sure!]

Moving Over: Stepping in for Dr. Nikkel at AOCMHP is **Cherryl Ramirez**, MPH, MPA. Cherryl is making the move to the Northwest following a 7-year stint in the Midwest as Executive Director of the Association of Community Mental Health Authorities of Illinois (ACMHAI). She'll bring long-standing expertise in policy development, legislation, training, collaboration with other human service interest groups, and advocacy to support the community behavioral health systems in Oregon, much as she did so well in Illinois. We wish her good luck on the transition and know it will be a smooth one for all involved.



HHS NEWS AND NOTES

- **Empowering Through Access to Personal Health Information:** On September 12, HHS proposed a first round of new rules to broaden the rights of patients to gain access to their own health information through the use of health information technology (HIT). The draft rules are designed to strengthen patients' rights to access their own laboratory test result reports. In the coming year, the HHS will work with health care stakeholders to further consumer access to information and empower consumers to become active participants in their health. A new website, www.HealthIT.gov creates dedicated consumer-oriented information that describes the benefits of health IT, provides consumer health education materials and will be a valuable resource for learning about new advances in health IT.
- **New HRSA Funding Opportunity:** Community Health Centers are the primary source of health care for millions of low-income Americans, delivering care to nearly 20 million patients. HHS is making \$600 million in ACA-related funds available to existing community health centers to undertake longer-term projects to expand facilities hire personnel, and serve more patients. An additional \$100 million is available to help existing community health centers meet immediate facility needs. The funds, authorized by the Affordable Care Act, will support renovation and construction projects, boosting centers' ability to care for additional patients and creating jobs in those communities. Community health centers are an integral source of local employment and economic growth in many underserved and low-income communities. Is there a partnership opportunity? For grant info, go to: www.grants.gov.
- **Community Health Center Awards Made:** HHS's HRSA has awarded \$10 million in awards to 129 organizations across the country, primarily in underserved areas, to help them evolve to become community health centers. The funds, made available by the Affordable Care Act, support that future development. They will enable a number of community-based entities to provide more comprehensive primary health care services and/or expand their services to the larger community. These include 7 organizations traditionally focused on Tribal/Urban Indian health, 5 targeting mental health services, 4 geared toward HIV/AIDS services, 3 focused on faith-based initiatives, and 1 senior center. They will help these organizations plan for the development of a comprehensive primary care health center able to provide care for some of the nation's most vulnerable populations and potentially create more high-quality jobs in the future for their communities. Moreover, these planning funds will help grow thousands of local jobs as well. Have any been funded in your community with which you can collaborate? Go to: <http://www.hrsa.gov/about/news/2011tables/1108healthcenterplanning.html>
- **Demystifying Medicare for Patients/Clients.** Beginning October 1, 2011, the Medicare Plan Finder, available at www.Medicare.gov, can help consumers and families compare different plans' quality summary rating from the previous year; identify which medications may be on, be restricted or not available on a plan's drug formulary; and compare the cost ranges for plans available in the particular community. Information on 2012 plans will be online on October 1; by October 12 it also will include the plans' 5-star quality rating. To help Medicare beneficiaries to choose high quality plans, users will find an icon identifying plans with a low overall quality rating during the past 3 years and, new in 2012, will find a gold star icon for plans achieving a 5-star rating for 2012. Because plans change what they cost and what they cover annually, it is helpful to compare data annually. To do so, go to: <http://www.cms.gov/center/openenrollment.asp>



POSITIONING BEHAVIORAL HEALTHCARE IN THE NEW HEALTHCARE ENVIRONMENT:

WHAT WILL IT TAKE?

The 52nd annual Dialogue on Behavioral Healthcare (formerly SRCMHS) conference, undertaken in partnership with the Western Interstate Commission for Higher Education Mental Health Program will convene at the Renaissance Arts Hotel, New Orleans, LA, October 30 through November 1, 2011. The “dialogue” will explore the role of behavioral health in today’s rapidly changing, economically challenging healthcare environment. Key topics such as patient- centered medical homes, and integrated care and health information exchanges will be covered. For more, go to: <http://www.mhsip.org/> and click on the link to the Dialogue conference.

LEGAL HAPPENINGS

- **ACA Mandate in the Courts:** The 8th U.S. Circuit Court of Appeals will hear arguments challenging ACA’s individual insurance mandate. Meanwhile, the 11th U.S. Circuit Court of Appeals recently rejected the law’s legality; the 3rd and 6th U.S. Circuit Courts of Appeals have upheld it. And the Federal 4th Circuit Court of Appeals held that the Virginia Attorney General doesn’t have the legal right to sue over the ACA’s requirement that people purchase insurance, and ordered the lower court to dismiss the case. . Analysts suggest the Supreme Court will likely hear the case in early 2012 and rule sometime next summer.
- **ACA Mandate on the Ballot:** The Ohio Supreme Court has ruled the November 8 ballot may include a proposed constitutional amendment to prohibit enforcement of the ACA’s individual insurance mandate. Such a challenge even if enacted, the amendment would be largely symbolic, since federal law would supersede state statute.
- **Legal Challenge to Arizona Medicaid Enrollment Changes:** The Arizona Court of Appeals will hear a challenge to a lower court decision permitting the Governor to limit first-time or re-enrollment in Medicaid to help balance the state budget. The state has imposed new limits on enrolling for the first time or re-enrolling in the state program. The limits affect certain enrollment categories, including childless adults.



CALL FOR RWJF HEALTH POLICY FELLOW APPLICANTS

The Robert Wood Johnson Foundation will make as many as 6 grants of up to \$165,000 each in 2012 for 1-year fellowships in Washington, DC, for exceptional midcareer health professionals and behavioral and social scientists with an interest in health and healthcare policy. **Deadline:** November 9, 2011

For more, go to: <http://www.rwjf.org/applications/solicited/cfp.jsp?ID=21374>

AROUND THE STATES: AN UPDATE



- **CALIFORNIA.** Citing insufficient funds, Governor Jerry Brown vetoed a bill that would have encouraged the creation of more veteran’s behavioral health treatment courts and established court guidelines. In the State, such courts allow both violent and non-violent veteran offenders to obtain behavioral health treatment in lieu of jail time.
- **DISTRICT OF COLUMBIA.** With the recent opening of a new St. Elizabeth’s hospital and 37 years of litigation, oversight of service for persons with mental illness in the District of Columbia is about to end. Preliminary approval just been given, after 8 months of negotiation, to end the class action lawsuit, now called Dixon v. Grey, before it extended into a 4th decade.
- **ILLINOIS.** When it comes to benefits for people with mental illnesses, the State seems to be giving with one hand and taking with the other. On the giving side, the Governor has signed measures into law that mandate parity for behavioral health benefits among Illinois insurers; and that establish a task force to develop a strategic plan to improve

the state's services for individuals with mental illnesses and developmental disabilities and Regional Integrated Behavioral Health Networks throughout Illinois to improve and ensure access to behavioral health services, particularly in rural communities. On the other side, the State is taking away by no longer automatically making 17 brand-name psychiatric drugs available to people on Medicaid. Rather it requires doctors to explain why brand medications are preferable to less expensive generic alternatives.

- **MINNESOTA.** Beginning shortly, primary care doctors will be required to contact a psychiatric hotline which will clear their prescriptions for psychoactive medications for children in State-funded health plans. The State says the control as an effort to reduce misdiagnosis and overmedication, since primary care physicians prescribe 80 percent of the State's psychiatric drugs.
- **NEW JERSEY.** The State is redirecting federal substance abuse prevention funding from 21 county-based resource centers to 17 new regional coalitions. Available for open bidding, the regional prevention coalition contracts will focus on strategies to prevent substance abuse by changing social norms and culture. Officials say the change is required if they are to remain eligible for SAMHSA's Substance Abuse Prevention and Treatment Block Grant funds.
- **NEW YORK.** Under the settlement conditions of a 2006 federal court suit brought against New York State, over 1,000 people with mental illnesses who have been confined in nursing homes will be moved to community housing within 3 years. The case was filed after a New York Times expose about the use of nursing facilities as single option "least restrictive settings" offered to hospitalize psychiatric patients. The settlement, made just before the case was due to go to trial, also includes creation of 200 new units of supported housing
- **NORTH CAROLINA.** As many as 2,700 people with mental illnesses living in adult care homes could be out on the street since the State cannot continue to use Medicaid funds in violation of rules that prohibit payment for care in facilities in which more than half the population has a primary diagnosis of a mental illness. The September 1 deadline for submission of a plan to manage the situation has passed with no action, causing considerable concern among advocates.
- **SOUTH CAROLINA.** Citing fears about federal controls, South Carolina has joined several other states and has rejected DHHS funds to help it establish an insurance exchange, a key component of the ACA. While Governor Nikki Haley has proclaimed herself an "equal opportunity opponent of Obama Care," and adamantly opposes the ACA, work toward compliance quietly continues within the health agencies.
- **TEXAS.** In an effort to cut \$31 million, the Department on Aging and Disabilities has been forced to cap services for people with severe disabilities enrolled in the State's four disability programs that are designed to promote community living. As many as 12,000 people, around 20% of whom are under age 21, could lose essential services such as physical and speech therapy, and respite time for caregivers. Specialized therapies may be particularly curtailed.
- **Utah.** Utah is considering joining 6 other states in receiving permission to expand Medicaid to cover physician visits and hospital stays for inmates, a population traditionally been barred from the state-federal health insurance program. Moving inmates onto Medicaid would shift some of the funding burden onto the federal government, and from state and local corrections budgets to the health budgets. Whether CMS approves is only a first hurdle; concern that reimbursement rates for care will drop has led physicians and hospitals to oppose the action.



Recognizing the disparity in life expectancy among persons with mental and substance disorders and that the pursuit of wellness can help extend and improve the quality of lives for people with behavioral disorders, NACBHDD is joining **SAMHSA's National Wellness Week** to encourage individuals across the country to incorporate the "8 dimensions of wellness" (emotional, environmental, financial, intellectual, occupational, physical, social and spiritual) into their everyday lives. These elements are the foundation of SAMHSA's 10 x 10 campaign to improve the life expectancy of persons with mental disorders by 10 years within the next 10 years. Learn more. Go to: <http://bit.ly/nqeU33>

REFLECTING ON SOCIAL JUSTICE

DESPITE TOUGH TIMES AND TIGHT BUDGETS, WE CANNOT FAIL TO VALUE LIFE, HEALTH & EQUALITY FOR ALL

[Reprinted from Behavioral Healthcare]

Ron Manderscheid, PhD

Executive Director, NACBHDD



President Franklin Roosevelt gave his annual State of the Union address from the White House instead of the Capitol in 1944. A few minutes later, he went into the Oval Office and recorded a second address on human rights. He stated clearly that good health is a basic human right. Ever since, we have sought to fulfill the vision he laid out that winter day two generations

ago.

As we think about this important right, we must ask whether it is grounded in the foundational documents of our Republic. Clearly, the answer is yes. The Declaration of Independence identifies inalienable human rights, including life, liberty, and the pursuit of happiness. The right to life encompasses the right to good health.

Similarly, our Constitution seeks to promote the general welfare, which includes the good health of our citizens. Hence, it is very important for us to defend good health as a basic right, and to promote it through the venues available to us.

One does not need to look very far to find poignant examples of poor health. Compared to those with the best health, worse health can be found among those in poverty, among minorities, and among those with disabilities. In each case, an underlying factor is wealth: Those with more wealth have better health. From observation of these differences, we have developed the concept of health disparities. A health disparity exists when a more advantaged group has better health than a less advantaged group.

If we are to address these health disparities, we must value all people equally. We must value a homeless person the same as the CEO of a large corporation. Undoubtedly, this will not always be easy for many of us. Sometimes our own culture regarding dress, cleanliness, and speech will stand in the way. If we recognize these impediments, then we can overcome them. In fact, I suspect that the more we work with persons who are poor or homeless, the more that we will value them.

How can one address these health disparities to promote good health for all? We must be equitable in our distribution of needed resources-skill, time, and treasure. Equity does not mean equal; it means disproportionately applying resources where they are needed most. For

example, if breast cancer is more prevalent among a minority than among white females, then relevant health resources should be devoted disproportionately to minority females.

Collectively, the three principles-good health is a right; people are valued equally; and resources are distributed equitably-constitute an essential paradigm of social justice regarding health. Social justice is not an ethereal notion, but a living goal that we can address all day, every day in our day-to-day lives. It can range from very simple steps, such as volunteering to work in a homeless shelter, to very large steps, such as distributing resources through a large federal program.

In this endeavor, there are a few guides that we should remember:

Do be attentive to social justice, lest it erode away quickly. This can happen through neglect, greed, personal ambition, or political advantage. Social justice is very easy to lose, but much more difficult to maintain.

Don't become distracted by false arguments, such as "we cannot afford it." If we think we cannot afford to promote good health for our population, we must examine what we do think is important to us. Usually, we will find that other agendas have come to the fore-some type of gain for a particular group or some type of personal gain. When one questions these agendas in a very bald way, for example, "Why don't you value young black mothers who have a mental illness?" their self-serving nature quickly becomes transparent. If we can't afford to care for the weakest members of our own population, then what can we afford?

Do speak up for social justice. There are far too few articulate advocates for social justice. Have the courage to give testimony, to speak up at a meeting, to challenge your family members, friends, and neighbors with these goals. Demand that your elected officials follow these principles in their public offices.

Today, we are confronted by determined groups that seek to undo what President Franklin Roosevelt accomplished during his landmark presidency. The contrast could not be starker. Will you stand with President Roosevelt and social justice? Or will you stand for the gain of a particular group? You entered this field because you believed in social justice. I know that you will stand with social justice now. Franklin Roosevelt is smiling!

WINNEBAGO COUNTY, IL, WINS CENTER OF EXCELLENCE IN MENTAL HEALTH AND JUSTICE FUNDS



As many as 75% of female inmates and 63% of male inmates in local jails have a mental health problems. In many jurisdictions, jails and prisons have become *de facto* facilities for individuals with serious behavioral disorders. Yet, many jurisdictions have neither the information nor training to implement effective interventions to meet the needs of these offenders; most jurisdictions need technical assistance to engage in needed system change. That's where the Illinois Center of Excellence in Mental Health and Justice will step in to help communities and counties across Illinois.

Funded by a \$260,000 federal grant to Winnebago County, the Center will promote, coordinate, and provide training to communities in the State looking to implement jail diversion programs and specialty courts for mentally ill and/or substance-abusing offenders, including military veterans. Housed at the University of Illinois School of Medicine in Rockford, with satellites at sites in Chicago, Peoria, Springfield, and Urbana/Champaign, the Center provide evidence-based training, coordination, and implementation assistance to create mental health courts, drug courts, and veterans courts, and offer alternatives to incarceration. The center also will help train treatment providers to serve the unique needs of these offenders.

Center planning and program development was overseen by an advisory planning committee of representatives from the Illinois Criminal Justice Information Authority (ICJIA), Department of Human Services Division of Mental Health; Treatment Alternatives for Safe Communities (TASC); Mental Health Court Association of Illinois; Administrative Office of Illinois Courts, and members of the Special Supreme Court Judicial Advisory Committee for Justice and Mental Health Planning. Visit www.icjia.state.il.us for more information.

MARK YOUR CALENDARS FOR NACBHDD FALL BOARD MEETING



WHEN: October 24-25, 2011

WHERE: Desmond Hotel, Albany, New York

ACT: Register by October 1 to receive a special meeting rate of \$135 (single) or \$145 (double) for a queen, no-smoking room, plus local taxes for the nights of October 23-24. Call [1-800-448-3500](tel:1-800-448-3500) and identify yourself as a NACBHDD member

ON THE BOOKSHELF: RECENT POLICY PUBLICATIONS OF NOTE

- **Urban Institute.** *Will the Patient-Centered Medical Home Transform the Delivery of Health Care?* Explores various definitions of the medical home model, its components, rationale, effect on primary care, issues for implementation such as costs and payment methods, evidence of effectiveness, and healthcare reform provisions promoting it. Go to: <http://www.rwjf.org/files/research/20110805quickstrikepaper.pdf>
- **UCLA Center for Health Policy Research.** *The Link Between Intimate Partner Violence, Substance Abuse and Mental Health in California* reports on the need for behavioral health services among Californians who have been adult victims of intimate partner violence. Go to: <http://www.healthpolicy.ucla.edu/pubs/files/IPV2011PBFINAL.pdf>
- **NASADAD.** *State Substance Abuse Agency Involvement with Driving Under the Influence (DUI)/Driving While Intoxicated (DWI)* summarizes responses from 48 states and 2 territories regarding DUI/DWI offenders. For more go to: here <http://nasadad.org/wp-content/uploads/2011/08/FINAL-DUI-Report-9-1-2011.pdf>
- **SAMHSA.** *Interventions for Disruptive Behavior Disorders Evidence Based Practice Kit* has tools to develop programs to help prevent or reduce severe aggressive behavioral and development problems in children. Go to: <http://store.samhsa.gov/product/SMA11-4634CD-DVD>
- **Urban Institute.** *Savings and Hardship Avoidance among Households Headed by People with Disabilities: Implications for SSI* considers raising income limits on eligibility for SSI, given the hardship experienced by low-income elderly, blind or disabled recipients under current limits and implications for their self-sufficiency. Go to:



[http://www.aecf.org/~media/Pubs/Topics/Economic Security/Family Economic Supports/SavingsandHardshipAvoidanceamongHouseholdsHeadedbyPeoplewithDisabilities/412337savingsandhardship.pdf](http://www.aecf.org/~media/Pubs/Topics/Economic%20Security/Family%20Economic%20Supports/SavingsandHardshipAvoidanceamongHouseholdsHeadedbyPeoplewithDisabilities/412337savingsandhardship.pdf)

- **Commonwealth Fund.** *Increasing EHR Use for Quality Improvement in Community Health Centers: Role of Networks* describes how 5 CHC networks implemented EHRs in an effort to improve chronic and preventive care. Go to: [http://www.commonwealthfund.org/~media/Files/Publications/Issue Brief/2011/Aug/1541_Miller_increasing_EHR_use_CHC_networks_ib.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2011/Aug/1541_Miller_increasing_EHR_use_CHC_networks_ib.pdf)
- **SAMHSA.** *Mental Disorders and Drug Abuse among Adult Men on Probation or Parole* report on both improved rates of treatment for mental and substance disorders among those on probation or parole and on a still-significant unmet need for care. Go to: http://oas.samhsa.gov/2k11/NIJ_Data_Review/MentalDisorders.htm
- **Virginia Health Care Foundation.** *Models that Made It: Lay Health Promoter Program, Cross-Over Health Center, Richmond VA* describes a successful training program for lay community members to reach out to others to discuss individual health concerns and act as a link to health resources. For more, go to: <http://www.vhcf.org>
- **Robert Wood Johnson Foundation.** *HHS Proposed Rules on Exchange Implementation Requirements* provides an overview of the state health insurance exchange regulations and commentary that offer insight into federal guidance on or that clarify or amplify the ACA. For more, go to: <http://www.rwjf.org/files/research/20110812manattanalysis.pdf>

NACDD WANTS YOU

The National Association of Councils on Developmental Disabilities (NACDD) invites NACBDD members to be a part of its 2011 NACDD Annual Conference: ***Building Bridges: Meeting the Expectations of a New Generation***, which will be held on **November 15-17, 2011** at the Gaylord National Harbor. For more information, go to:

BRIEFING TRANSCRIPTS AVAILABLE

Transcripts, webcasts and podcasts of past Alliance for Health Reform briefings are now available on line at. 2011 topics include:

- The CMS Innovation Center: How Much Can It Improve Quality and Reduce Costs—and How Quickly?
- Preventing Chronic Disease: The New Public Health
- Caring for People Covered by Both Medicare and Medicaid: A Primer on Dual Eligible Beneficiaries
- Keeping Coverage Continuous: Smoothing the Path Between Medicaid and the Exchange.

To access these and other transcripts go to: http://www.allhealth.org/briefings_summary_prev.asp



<http://www.apha.org/meetings/registration>.

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