

October 2009 Newsletter

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NACBHDD Hires Dr. Ron Manderscheid as New Executive Director

Dr. Ron Manderscheid has been selected to as the new Executive Director, effective December 1, 2009. Dr. Manderscheid has an extensive career in behavioral health and has served as Director of Mental Health and Substance Use programs at the Global Health Sector of SRA International since 2006. He is also Adjunct Professor at the Department of Mental Health, Bloomberg School of Public Health, Johns Hopkins University. (Dr. Ron Manderscheid Biosketch)

Dr. Manderscheid will attend the November 16 and 17 Board meeting in Seattle, WA. The Board will also have a joint meeting with Washington NACBHDD members and their colleagues at a state association meeting.

Economic Crisis Has Devastating Impact on County Behavioral Health

With the national unemployment rate for September at 9.8% and experts predicting that the current economic recovery could be a “jobless recovery” (“Despite Recovery, Employers Aren’t Hiring, AP, www.msnbc.com, 10/2/09), prospects for counties already facing budget shortfalls continue to look extremely bleak, with the most vulnerable populations hit especially hard. Ohio suffers from an even higher unemployment rate than the national average – 10.8% in August and 11.2% in July. (Ohio and U.S. Employment Situation (Seasonally Adjusted), News Release, September 18, 2009, Ohio Department of Jobs and Family Services, <http://jfs.ohio.gov/releases>)

While Ohio (an automobile and manufacturing-based economy) unemployment figures for September will not be available until mid-October, Karen Scherra, Executive Director, Clermont MH&R Board, in Batavia, Ohio, describes an already dire situation in her Ohio county (where the unemployment rate is 10.1%), with little hope that things will improve significantly over the next few years. At the county level, says Scherra, whose board is responsible for mental health and substance use, there are tremendous cuts in behavioral health, but

all other services are suffering, too. "Every entity, every agency, there is no place to go, things are piling up. We can't escape it. We all know someone out of work or in foreclosure." In addition, state revenue projections continue to be lower and lower. As Scherra describes it, there is "no fluff. No extra left." Scherra's board's funding for last year from the state was \$4.2 million, with \$1.8 million already cut for the fiscal year starting July 1, and a warning that because revenues are below projections, they can expect additional cuts before next July. And, the immediate longer-term forecast is not a strong one fiscally; the county administrator has reported that revenues may not be back to stable levels for four or five years.

A look at the devastating impact of the economic crisis in Clermont County and in Ohio:

- **Suicide rate skyrockets.** Scherra reports that locally the suicide rate has skyrocketed this year, with the largest increase in males in their late 30s. She feels that the loss of jobs and homes, coupled with the fact that there are virtually no services available except for individuals who are severely mental ill, has contributed to the dramatic increase. (If an individual is covered by Medicaid, then their services may be relatively safe. For those without Medicaid, the situation is dire.) There were 24 suicides in 2008, and there have been 24 confirmed suicides in the first six months of 2009, with several possible suicides pending, related to overdoses that are likely to be intentional. Scherra says the environment is so bad that "people are just wearing down." The nearly instant availability of news about the suicides due to the 24-7 news cycle and in desperate postings on Facebook only contributes to the ongoing sense of despair. Scherra's colleagues are concentrating their efforts on keeping the crisis hotline open and on the work of the crisis response team professionals, who are feeling overloaded.
- **Child protective services suffers "massive cuts" as heroin use increases.** Child protective services had a "massive budget cut," and as a result, will have 12 furlough days in order to save money. "I can't even contemplate what it will be like in two years. More people [will be] on the streets, the number of children in custody is going up." The number of children in custody is tied to heroin use, says Scherra, which is rising across Ohio because it has become cheaper and easier to buy heroin, and most of the cases involving court are related to heroin.
- **The criminal justice system is suffering.** Scherra reports that the sheriff has threatened to shut an entire 88 bed unit of the county jail, which would leave those in jail no place to go.
- **An increase in "all the things [that happen] when people can't cope."** There has been an increase in the murder-suicide rate, an increase in domestic violence calls, and increase in child abuse, or as Scherra

describes it, "all the things [that happen] when people can't cope. People feel there is no hope. They are not experiencing the change we have heard about nationally." And, Scherra underscores that because of this, it is difficult for people to think about the future.

- **Concern about those in recovery.** Scherra expects additional problems related to behavioral health. For example, she is concerned that there may likely be an increase in the number of people in recovery who revert back to substance abuse.
- **The impact is both professional and personal.** With all the cuts in the system, colleagues know that they can be laid off. "How much more can everybody take? It's a very negative environment. Getting people to feel hopeful is very difficult."

Advocacy efforts

Scherra's board has stepped up their advocacy efforts in response to the crisis. Currently, Scherra is involved in the following efforts.

- **Postcard campaign.** The state board association has put together a postcard and all members will send this in during the legislative session in September.
- **Letters to the editor.** Advocates have been writing letters to the editor to help communities understand the consequences of the cuts to behavioral health services funding.
- **Getting a behavioral health levy on the ballot.** Much of behavioral funding in Ohio depends on local levies, and citizens have "levy upon levy to consider" every five years, says Scherra, and often during difficult economic times, they will refuse to vote for levies. Her local levy is on the ballot in 2010, and in Ohio, there is almost as much money in local funds for behavioral health as there is in funding from the state. The county commissioner has to put the levy on the ballot first, so that Scherra works very hard every few years campaigning to get the behavioral health levy on the ballot. This often involves 20 hour days for three or four months, including speeches and going door-to-door. And, even if the behavioral health levy is on the ballot, it may not be supported.

The belief that behavioral health is integral to health is not evident in funding. In testimony to the state legislature, Scherra reports that her Board has emphasized the concept that there is no health care without behavioral health, but there seems to still be a lack of understanding of this because it is not evident in the funding. Scherra is very concerned that no one has thought through the ramifications of the cuts in funding, and she notes, if things keep going this way, the critical services "won't exist." The message is one of life and death. "Access to recovery services is not an issue of politics; it is not an issue of finances, it is an issue of life and death."

Budget priorities in Ohio have been puzzling and troubling, including \$8,000 to college graduates to settle in Ohio, with no income requirements, and money set aside to assist seniors in staying in their homes, with no income requirements. In addition, there was a proposal to cut funding to libraries, but the reaction to this was so vocal that in the end, funding remained intact and no library hours were reduced. Scherra remains concerned about these budget priorities, especially with behavioral health needs so starkly increasing during the economic crisis. "No one will die if library hours are cut."

What's next? "Part of my job is to give people optimism. We just have to find a more creative way of delivering services – re-engineering what we do and how we do it to recreate a system that can do what we can for as many people as we can." Scherra and her colleagues have just begun this "rethinking process" and they are working with key staff at each agency they work with to determine the most critical services and other possible funding sources. For example, some services for children may be moved to schools and the schools can provide the space. There may be more peer support with consumers helping consumers, rather than depending on case managers, which would allow individuals to still feel connected to the community and not isolated. In addition, more group therapies may be utilized, rather than individual therapy, especially on the mental health side. This involves extensive collaboration among systems and examining services creatively across systems.

The Campaign for Mental Health Reform Holds Briefings on "How Mental Health Fits," the Medical Home, and Policy Lessons from MINDS ON THE EDGE

NACBHDD recently spoke with Bill Emmet, Director of the Campaign for Mental Health Reform about the Campaign's current activities. (NACBHDD is one 18 national mental health organizations collaborating on the Campaign's mission to "ensure that federal mental health policy is aligned with the field's collective vision." The Campaign is organized around "the belief that mental health is integral to overall health.") (See www.mhreform.org) Most recently, the Campaign has been working with partners in the substance abuse and addictions community and in the broader health community to communicate the message that health reform is critical for those with chronic illnesses. While Emmet expects the Congressional debate on health care reform to continue until the Christmas season, he is fairly confident about the prospects for health care reform and about the inclusion of behavioral health in "the essential package," as none of the problems that have arisen in health care discussions are around mental health. However, he noted that while the overall outcome of health reform may be very positive, many of the reform measures may rely on expanding Medicaid. As a consequence, advocates will need to be careful to consider what that means about services administered through Medicaid and

whether in an attempt to control costs, there be an attempt to trim services. In addition, due to the economic crisis, many states are cutting general fund appropriations for mental health, which further complicates this concern and concerns about local funding.

Briefings focus on critical issues. While the reform discussions move forward, Emmet and the Campaign are focusing attention on serious issues that will remain a concern beyond reform. In order to address these critical areas of concern, the Campaign has hosted a series of Congressional briefings, funded by the Robert Wood Johnson Foundation and including representatives from Congressional staff, the health policy and advocacy community, and from the broader health community – including professionals from primary care, such as the American College of Physicians. Highlights from the briefings follow below.

- **Health Reform and Beyond: How Mental Health Fits, September 16**

As Emmet explained, while health reform will likely remove limits on pre-existing conditions and result in establishing coverage or increasing coverage for people with mental illness, the fact remains that many people with mental illness are much less healthy than other segments of the population. Health reform will not solve all the problems faced by people with mental illness. “Whatever happens with health reform, there is work that needs to be done beyond health reform to improve the array of services – housing, employment, and rehabilitation.”

Panelists for the briefing included: Debbie Curtis, Chief of Staff, Representative Pete Stark (CA-13); Laurel Stine, Director, Federal Relations, Bazelon Center for Mental Health Law; Elizabeth Prewitt, Director of Government Relations, National Association of State Mental Health Program Directors; Alexa Eggleston, Director of Public Policy, National Council for Community Behavioral Healthcare; and Kirsten Beronio, VP for Public Policy and Advocacy, Mental Health America. Debbie Curtis was asked by an audience member why mental health was not discussed more in health reform; and Emmet noted the “how mental health fits” in explaining Curtis’ reply – which was that mental health is a now part of the mainstream. Alexa Eggleston of NCCBH discussed the need to examine programs that have received federal support but need continued federal support, such as housing and criminal justice.

- **The Integration of Mental Health and Health: Evidence from the Medical Home, September 23**

A summit held at the Carter Center Mental Health Center in July served as the “jumping off point” for this “really terrific briefing,” which featured panelists from the broader health community including, John Bartlett, M.D., M.P.H., Senior Project Advisor, Primary Care Initiative, The Carter

Center Mental Health Program, Atlanta, GA; Nico Pronk, Ph.D., Vice President of Health & Disease Management and Executive Director of the Health Behavior Group at HealthPartners, Minneapolis, MN; Joseph Parks, M.D., Chief Clinical Officer for the Department of Mental Health and Director for the Division of Comprehensive Psychiatric Services, State of Missouri Department of Mental Health, Jefferson City, MO); and Ted Epperly, M.D., family physician, Boise, ID, and president of the American Academy of Family Physicians.

John Bartlett provided an executive summary of the Carter Center summit. To read the executive summary, [click here](#)

Joseph Parks provided comprehensive data on the concomitant chronic conditions (heart disease, diabetes, asthma) and mortality of people with mental illness, and he reported that Missouri is at the cutting edge of integrating the medical home philosophy into care. For example, nurses in community mental health centers perform lipid tests, and either treat individuals or refer them out for treatment, depending on capacity. To read Dr. Parks' presentation "Integrating Behavioral Healthcare with Primary Care for Successful Healthcare Reform, [click here](#)

Nico Pronk discussed the need to provide individuals with tools to gauge their health, including information on diet and exercise, and emphasized that prevention can result in significant savings. To view the information Pronk presented in "Integrating Evidence-Based Approaches to Health Promotion and Disease Prevention in the Patient-Centered Medical Home," [click here](#). Ted Epperly discussed the necessity of having behavioral health capacity in family practice, and noted that he would not be serving his patients if he could not address behavioral health needs.

- **Facing Mental Illness: Policy Lessons from MINDS ON THE EDGE, October 7**

Susan Dentzer, Editor-in-Chief, *Health Affairs*, serves as moderator for the briefing based on *MINDS ON THE EDGE: Facing Mental Illness*, a multi-platform media project that explores severe mental illness in America. The goal of the project is to improve the support and treatment for people with mental illness, and the centerpiece of the project is a PBS television due to air in October. See www.mindsontheedge.org for more information. In addition to Dentzer, the briefing will include an introduction by Associate US Supreme Court Justice Stephen Breyer, and panelists Sam Tsemberis, Ph.D., Executive Director, Pathways to Housing; faculty member, Department of Psychiatry, New York University Langone Medical Center; Estelle Richman, Secretary of Public Welfare, Commonwealth of Pennsylvania; Thomas A. Simpatico, M.D., professor of psychiatry and director of the Division of Public

Psychiatry at the University of Vermont's College of Medicine; president of the Vermont Psychiatric Association.

The briefing will focus on identifying problems (such as the "disconnects" in the system), recognizing that there are solutions available, or as Emmet describes them "pockets of innovation," and what needs to be done to translate solutions into policy.

Look for an update on the October 7 briefing in the next newsletter.

NACBHDD News

Board Activity. Board Chair Leon Evans (Executive Director, The Center for Health Care Services in Bexar County, TX) characterized the July Board meeting, held in conjunction with the NACo Annual Conference, as a "really good Board meeting. People are very concerned that they stay involved due to the economy. People are looking to states and counties to serve our most vulnerable." Evans noted the dependence on counties to serve vulnerable populations is occurring at a time when many states are cutting funding for the services that help the most vulnerable.

Vice Chair of the Board and Co-Chair of the Public Policy Committee Dan Ohler (Executive Director Ohio MRDD Board's Association) led a group in the periodic review of the NACBHDD Bylaws.

White House Drug Czar Speaks at NACo Justice Committee Meeting. Several NACBHDD members, including Evans, attended NACo committee meetings at the July NACo Annual Conference. R. Gil Kerlikowske, Director of the Office of National Drug Control Policy, (also referred to as the nation's "drug czar") spoke at the NACo Justice Committee meeting, and Evans said "It was refreshing to hear from him. He really believes in the therapeutic process and understands that addiction drives behavior, and that part of therapeutic justice is helping people recover their lives. He really believes in the partnership between mental health and the criminal justice system."