

**National Association of County Behavioral Health and
Developmental Disability Directors**

Newsletter

January 2009

Special Edition on Healthcare Reform

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3. NACBHDD welcomes our new Corporate Sponsors

Be Part of Making Change Happen! Come to NACBHDD's 2009 Legislative and Policy Conference. Ron Manderscheid To Deliver Keynote Address.

The March 9 – 11, 2009 Legislative and Policy Conference is a not-to-be-missed event! As a new President, new Executive Agency Directors, and a new Congress begin their work, you will have the opportunity to hear from key policy makers and leaders in the fields of behavioral health and developmental disabilities. You will also be able to share your local experience, concerns and policy positions with Members of Congress and Obama Administration officials.

Ron Manderscheid will deliver keynote address on health reform. We are very fortunate to have Ron Manderscheid, Ph.D., as our keynote speaker to provide an overview of what to expect in health reform in the coming months. Manderscheid is currently Director, Mental Health and Substance Use Programs, Global Health Sector, of SRA International, Inc., an information technology and health consulting firm. He is also a consultant to the **Whole Health Campaign** (a large group of organizations, including NACBHDD, working to impact the reform agenda) and is working with the Obama Administration on behavioral healthcare issues. Previously, he was chief of SAMHSA'S Survey and Analysis Branch of the Center for Mental Health Services, and a senior policy advisor in the Clinton Administration.

Nancy Thaler, Executive Director of the National Association of State Directors of Developmental Disabilities Services, will be the luncheon speaker on March 10. Those who have heard Nancy speak know that she is a dynamic presenter with years of experience and a wealth of knowledge to impart. Additional confirmed speakers include SAMSHA’s **Kathryn Power**, Director, Center for Mental Health Services; **Fran Harding**, Director, Center for Substance Abuse Prevention; and **Richard Kopanda**, Deputy Director, Center for Substance Abuse Treatment.

From Capitol Hill we will have **Cathy Wiblemo** of the House Veterans Committee’s Subcommittee on Health; **Andrew Schneider**, House Energy and Committee staff; and **Representative Patrick Kennedy** (D-RI) who will again host our Congressional Reception. Other Members of Congress and staff have been invited. We will update you as they are confirmed.

This year we will go to Capitol Hill so you can take NACBHDD’s message to your elected officials. (Additional information on setting up appointments will be sent to those who register for the conference.) NACBHDD members will be making sure that mental health, substance use disorders and developmental disabilities are receiving the attention they deserve as the Administration and Congress develop health reform plans. And, given the difficult economic circumstances facing many counties, we will be advocating for a strengthened partnership among federal, state, and local governments so that essential services can be maintained.

20th anniversary of NACo affiliation. We will recognize the 20th Anniversary of NACBHDD’s affiliate partnership with the National Association of Counties (NACo) with a special 20th anniversary reception held during the conference to celebrate this milestone. NACo Executive Director Larry Naake will attend the reception.

Location and registration. This year’s conference will be held at the **Churchill Hotel**. A conference registration form and hotel registration information is posted on our website at www.nacbhdd.org. Please check the website and make your reservations.

Healthcare Reform: What to Expect in the Coming Months

There is little doubt that healthcare reform is coming; it is being discussed in many arenas in Washington – in proposals from the Obama administration (http://www.whitehouse.gov/agenda/health_care/), in the Senate Health, Education, Labor, and Pensions (HELP) Committee chaired by Ted Kennedy (<http://help.senate.gov/>), in “Call to Action: Health Reform 2009” (<http://www.finance.senate.gov/healthreform2009/home.html>) a white paper by Max Baucus (D-MT), Chair of the Senate Finance Committee, and in Senator Ron Wyden’s (D-OR) Healthy America’s Act, which would eliminate Medicaid as we know it (http://wyden.senate.gov/issues/Health_Care.cfm).

NACBHDD is already working with the Campaign for Mental Health Reform and the National Association of Counties to make sure the critical interests of the behavioral health and developmental disability communities are communicated in the coming months. NACBHDD is also a partner in the Whole Health Campaign, a large coalition of advocacy organizations, which

highlights the integral nature of mental and physical health. In addition to the NACBHDD staff's work with these groups, we are highlighting reform in our 2009 Legislative and Policy Conference this year (see previous article). And below is an interview with **Jeff Crowley** of the O'Neill Institute for National and Global Health Law, who prepared for the Obama transition team the paper, "Improving Health Coverage for Americans with Disabilities: *Policy Options for the President-elect and the 111th Congress.*"

The Campaign for Mental Health Reform Steps Up Efforts to Communicate: Mental Health is Integral to Health

The Campaign for Mental Health Reform is "the collaborative effort of 18 national mental health organizations [including NACBHDD] to ensure that federal mental health policy is aligned with the field's collective vision." (www.mhreform.org). Campaign partners, including NACBHDD's Washington, DC staff, have stepped up their meetings to focus the Campaign efforts on health reform and the belief that mental health is integral to health.

Bill Emmet, the Campaign's director, says the partners have agreed that, at this critical time, they can prove most valuable to their member organizations by being a collective voice on healthcare reform and the broad philosophy that mental health is a central part of overall health. In addition to ongoing meetings among the Campaign partners, the Campaign is involved in several important activities to bring to the forefront the member organizations' concerns as reform moves forward, including the Campaign's Principles for Healthcare Reform, Emmet's recent testimony in the Senate, and upcoming Congressional staff briefings. Emmet commented on the Campaign's ongoing work.

Principles of Healthcare Reform. The Campaign has developed a paper entitled, "Inclusion of Mental Healthcare in Overall Healthcare Reform," which includes the Campaign's specific principles "to ensure that issues particular to mental health and substance use disorders are not overlooked in a healthcare reform initiative." These principles are the product of a summer's worth of discussion among the Campaign partners. Emmet explains that the discussion took place far in advance of the election and before there was an idea of the outcome of the election, but he notes, "We knew there would be likely support in Congress due to the growing bite into the economy." The Campaign wanted to be in a solid position to communicate the members' collective message no matter the outcome of the election, and the principles, says Emmet, "are a banner under which we could do more detailed work as the need arose. The other purpose is to say that we understand that mental health is an overall part of health, and it is a significant part of the system." The principles can be accessed at:
<http://www.mhreform.org/LinkClick.aspx?fileticket=r2YMiJmltu4%3d&tabid=63&mid=396>.

Emmet's testimony before the Senate Health, Education, Labor, and Pensions (HELP) Committee. On January 22, Emmet testified before the Senate HELP Committee about the connection between mental health and substance use disorders and other chronic conditions. Tom Harkin (D-Iowa) chaired the committee during Senator Ted Kennedy's absence, and said, in his introduction to the testimony, "As Mr. Emmet knows very well, mental health is too often the

neglected step-child in our health reform agenda. It should be obvious that mental health is integral to physical health. In so many cases, you can't have the latter without the former, and legislation drafted by this committee needs to reflect that reality."

Emmet's testimony was prepared with contributions from the Campaign partners, and among other issues, he emphasized that individuals with mental illness in the public mental health system die on average 25 years earlier than those in society in general, and that depression has a negative impact on the outcome of chronic conditions, including diabetes and heart disease.

The written testimony and a video of the hearing can be accessed at:

http://help.senate.gov/Hearings/2009_01_22/2009_01_22.html.

What will Campaign partners focus on as we move forward to healthcare reform?

Representatives from the Campaign met with the Obama transition team in December, and the transition team was given Campaign materials. Emmet says the meetings were well-received by the transition team, and he notes that the work going on around reform, both in the Administration and in Congress, are indicators that, unlike previous attempts at healthcare reform, all involved feel that doing nothing is not an acceptable alternative this time. Many of the players involved in healthcare reform 16 years ago are involved now and "continue the drumbeat" – above all for economic reasons. The costs that have to be borne for health care are a very important concern for consumers, employers, and insurance companies. (Total spending for health costs was \$2.4 trillion in 2007, or \$7900 per person, and represented 17% of the GDP. US healthcare spending is expected to reach 20% of the GDP by 2017. See the National Coalition on Health Care at www.nchc.org.)

Looking at healthcare through the mental health lens. Emmet says that the Campaign, in concentrating their efforts, has acknowledged, "The important thing for us to remember is that health reform is moving forward and we are not the drivers. We need to speak the language of the broader health care community so they can understand us. Our role is to look at the bigger picture through the mental health lens." He cited several examples of the Campaign's efforts to look at healthcare concerns through the mental health lens.

- **The medical home.** Emmet says that advocates need to ask themselves, "What does that mean for mental health and people who get their care through the medical home model?" To address this issue, the Campaign has produced the paper "Designing Medical Homes to Meet Mental Health Needs" (<http://www.mhreform.org/Portals/0/Medical%20Homes%20principles.pdf>).
- **Health information technology.** Emmet says, "We recognize that it is absolutely critical to efficiency and value not only in medical care, but also in mental health care, too. The President's New Freedom Commission wanted technology employed effectively to address the fragmentation of the nation's mental health system, but the issue needs to be examined in terms of who has access and who has control over the information." The Campaign has developed principles for health information technology that they are still discussing. And, this discussion comes at an opportune time. There will be money for the health information technology in the stimulus package, including at the state and county

level (with a goal of Obama's stimulus proposal to have health information technology in place in five years). In addition, there have been bills before Congress for several years on standards for use of health information technology.

- **Financing.** The Campaign's discussions are not at the point at which they are saying what they think the financing vehicles have to be; however, they will say that if Medicaid dollars are used to help move healthcare reform forward, the services the behavioral health community knows are critical for their consumers must remain in place. As Emmet says, "We want to make sure that the reform is not so narrow that rehab and other services that are so important to our consumers and their health and wellness are not kept." Tom Daschle, who President Obama has chosen as Secretary of Health and Human Services, has a good understanding of the issues.

Congressional briefings. The Campaign is setting up meetings with members of Congress and their staffs in order to hold briefings, with the first briefing intended to highlight the fact that individuals with severe mental illness have an array of health conditions that impact their participation in the overall health system. There are myriad risk factors associated with the health and longevity of these consumers that impact the system, including sedentary lifestyles, poor nutrition, smoking, and neglect. As a result, says Emmet, people with serious mental illness need to be integrated back into the overall health system.

SAMHSA and CMS changes. Emmet points out that the heads of CMS and SAMHSA are very likely to change, and he says that the Campaign's hope is "that whoever they are, they are able to help show that CMS understands the particular financing needs and understands mental health, and that many of the programs that came under fire in the Bush administration have shown evidence of contributing to recovery. The SAMHSA administration needs to be able to be influential in the CMS administration, and the CMS administration needs to be receptive to this influence."

And, Emmet adds, the new Administration may see a significant reorganization of CMS and SAMHSA as part of healthcare reform, and the behavioral health community needs to be open to that possibility. This depends on how broad an approach the Administration takes to reform, and the Campaign will work to make sure behavioral health consumers are understood and taken into account.

The timeline.

With the Obama administration and Congress occupied with the stimulus package and with SCHIP reauthorization before Congress at the writing of this newsletter, Emmet believes that significant action around healthcare reform may not begin until March, with hopes that a healthcare reform bill will be before Congress this summer. Emmet says this is preferable for the advocacy community, as it gives the Campaign time to be thoughtful and to react to the various proposals. In addition, the timeframe allows the Campaign time to work with others in the broader health community, including the Trust for American's Health, Families USA, and the Alliance for Health Reform, to insure that mental health is part of the overall message about healthcare reform.

What can NACBHDD members do? Individual NACBHDD members should become familiar with the principles, and says Emmet, “It’s the age-old formula of making your members of Congress aware of this.” Be in touch with members of Congress not just once, but repeatedly, to get the message through, that mental health is integral to overall health.

NACo’s Health System Reform Working Group Holds Hearings Across the Country

The National Association of Counties’ (NACo) Health System Reform Working Group is the Presidential Initiative of NACo President-Elect Valerie Brown, who will begin her term in July 2009. (NACBHDD is an affiliate of NACo.) Brown is leading the Group in their efforts to develop a healthcare reform agenda to discuss with the Administration and with Congress. (Brown, Supervisor, Sonoma County, California, is a licensed marriage, family, and child counselor.) NACBHDD’s voice is represented on the Working Group by: Leon Evans, Chair of NACBHDD’s Board and Executive Director, The Center for Health Care Services, San Antonio, Texas, and Deborah Donaldson, past-NACBHDD Chair and Director, Sedgwick County Division of Human Services, Kansas. The Health System Working Group is involved in two central efforts leading toward the development of the healthcare reform agenda: 1) hearings around the country in which Working Group members and witnesses provide testimony about challenges and successes in providing healthcare in their counties and 2) development of a white paper “Restoring the Partnership for American Health: Counties in a 21st Century Health System.”

Brown says that the Working Group recognizes the importance of behavioral health in overall health, and she says, “When we look at the changing culture of healthcare reform and the emphasis on treatment and prevention, then behavioral health is a vital part.”

Hearings. The Working Group is holding hearings in geographic regions around the country significantly impacted by the policies of the federal government. The first hearing was held December 3 in Maricopa County, Arizona. Robert Smoldt, executive director of the Mayo Clinic Health Policy Center in Scottsdale, spoke about the national proposals around the health system. Leon Evans testified about the needs of individuals with severe mental illness, developmental disabilities, and substance abuse disorders. Read Evans’ testimony here:

<http://nacbhdd.org/content/NACOTestimony-20LEON%20EVANS12%202008%20v7%20Final.pdf> .

The next hearing is scheduled for February 19 in Wake County (Raleigh), North Carolina.

“Restoring the Partnership for American Health: Counties in a 21st Century Health System.” The principles will be adopted at the NACo Legislative Conference in March. To access a draft of the paper and the principles, click here: <http://nacbhdd.org/content/NACo%20Health%20Reform.pdf>. Brown reports that the group hopes to have the principles in place by July so that they can work on making sure the policy and decision-makers in DC hear the concerns and “are schooled on where we stand on these principles.”

Transition Brief Emphasizes Policy Options for Strengthening Medicaid

NACBHDD recently spoke with **Jeffrey S. Crowley**, a Senior Scholar at the Georgetown University O’Neill Institute for National and Global Health Law and a Senior Research Scholar at the University’s Health Policy Institute. Crowley has expertise in Medicaid and Medicare policy issues as they impact people with disabilities and chronic conditions (including people with HIV/AIDS).

Crowley prepared a briefing paper for the Obama transition team entitled, “Improving Health Coverage for Americans with Disabilities: *Policy Options for the President-elect and the 111th Congress*” (December 2008), which presents what Crowley described as “a menu of options to improve healthcare for people with disabilities – both administrative and legislative.” The paper emphasizes that Medicaid works well for millions of individuals with disabilities, and that it needs to be strengthened and improved, not eliminated. The paper outlines legislative and administrative actions that, as the paper states, could “be taken to bolster the capacity of Medicaid and Medicare to meet the needs of people with disabilities and chronic conditions.” The paper addresses policy options in four areas:

1. Eligibility and enrollment;
2. Access to services;
3. Program management and delivery system issues; and,
4. Financing.

Options in each area are described, but not ranked; and no cost estimates are included in the discussion. However, the discussion does note that “an implicit assumption is that states will need increased federal support to take full advantage of the ideas for improving Medicaid.

To access the paper, click here:

http://www.law.georgetown.edu/oneillinstitute/documents/Crowley_Transition_Brief.pdf.

What can the advocacy community do? Crowley says that it is important for the disability advocacy community to emphasize that Medicaid is essential to meeting the needs of individuals with mental illness and developmental disabilities, and that it needs to be strengthened and not eliminated. The paper also emphasizes that private insurance cannot be expected to do what ACT and rehab benefits in the Medicaid program do. The role of the advocacy community, says Crowley, is to continue emphasizing this. Part of CMS’ ideological focus has been to limit Medicaid as much as possible, but the original intent of Medicaid was to help people with disabilities obtain independence and self-care. Crowley can be reached at: jsc26@georgetown.edu.

Welcome to NACBHDD’s new Corporate Partners!

NACBHDD is pleased to welcome its first two Corporate Partners, **Eli Lilly & Company** and **Genoa Healthcare**. We thank them very much for their interest in and support of our work and look forward to partnering with them to achieve our mutual goals of improving public policies and supportive services for those living with mental illness, substance use disorders and developmental disabilities.