

May 2009 Newsletter

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NACBHDD Continues To Contribute to the Health Reform Discussion with the Message: Behavioral Health is Integral to Overall Health

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NACBHDD continues to make the most of opportunities to be involved in national health reform discussions. The newsletter will continue to highlight these discussions as reform moves forward, as well as focus on the innovative programs our members around the country are involved in. Patricia Ryan, Executive Director of the California Mental Health Directors Association (CMHDA) and a longstanding NACBHDD Board member, spoke at the third and final hearing of NACo's Health System Reform Working Group on April 16 and submitted comprehensive testimony for the written record. Ryan also has prepared testimony for the written record for the May 6 for the House Ways and Means Committee meeting; her testimony is largely informed by NACBHDD principles on health reform and by her testimony for the Health System Reform Working Group. Valerie Brown, NACo's President-Elect, chairs the Health System Reform Working Group. Interviews with both Ryan and Brown follow. In addition, the state of Wisconsin has developed a long-term care reform program that is successfully serving over 20,000 individuals, and a report from Gerald Huber, Director, LaCrosse County Human Services Department, Wisconsin, follows the interviews with Ryan and Brown.

California Board Member and CMHDA Executive Director Patricia Ryan Prepares Testimony for House Ways and Means Committee, Testifies at Final NACo Health System Reform Working Group

Ryan reflected that NACBHDD is taking advantage of the many opportunities offered by the Obama administration to take part in national health reform discussions. Dan Ohler, Vice Chair of the NACBHDD Board and Executive Director, Ohio MRDD Board's Association, was a White House invitee to the first regional Health Reform Forum in Dearborn, Michigan on March 12 (see [April newsletter](#)), and NACBHDD Chair Leon Evans, Executive Director, the Center for Health Services, San Antonio, Texas is a member of NACo's Health System Reform Working Group. Ryan pointed out that NACBHDD, NACo, and state associations have a chance to "cross-pollinate" and "to have the maximum amount of input in the health reform discussion." Her position as Executive Director of CMHDA and her long NACBHDD membership inform her both her testimony before NACo's Health System Reform Working Group and the preparation of her written testimony for the House Ways and Means Committee.

Ryan's testimony for the House Ways and Means Committee builds on the written testimony she submitted for the April 16 Health System Reform Working Group hearing. Both emphasize that:

- Health care reform cannot be achieved without behavioral health.
- Community-based programs need to be included and discussed in the final health care reform package because there is a whole system and structure that needs to be built on and worked on; and the system needs to be person-centered, outcomes driven, culturally competent, and accountable.

The document submitted for the May 6 written record of the House Ways and Means Committee emphasizes and is divided into the following broad section headings:

- Behavioral Health Care is Essential to Health Care Reform
- Coverage Does not Guarantee Access
- System Accountability and Outcomes
- Prevention and Wellness Strategies are Essential
- Integration of Behavioral Health and Physical Health Services is Critical
- Recovery Principles Are Essential
- Cultural Competency
- Mental Health Workforce Development
- Health Information Technology (HIT) Must Include Behavioral Health

To view the House Ways and Means written testimony, [click here](#).

While Ryan presented a written document to the Health System Reform Working Group ([click here to read the full written testimony](#)), she also spoke in person at the hearing and emphasized the following points:

- Behavioral healthcare is essential to healthcare reform. There cannot be health care reform without including behavioral health. The time has passed for recognizing the toll that behavioral health takes on overall health; it is a public health problem.
- Ryan emphasized the cost-effectiveness of providing services to the whole person. The integration of behavioral health and overall health should be person-centered and include family involvement, cultural competency, an evidence-based/practice-based approach, and multi-systemic frameworks.
- Each individual should have a medical home and it should be the most appropriate home for them.
- Prevention and wellness strategies are essential. California's Proposition 63, enacted in November 2004, is already demonstrating the benefits of a prevention approach that focuses on treating the whole person. Treating the whole person decreases costs in emergency rooms, the criminal justice system, and state psychiatric hospitals. Individuals on Skid Row had an 83% decrease in homelessness, a 40% decrease in jail time, and a significant decrease in hospitalizations.
- People with mental illness can and do recover; treatment for mental health and substance use disorders is effective. As noted in the written testimony, "Recovery rates from mental illness are comparable to and even surpass the treatment success rates for many physical conditions. Relapse rates for drug/alcohol treatment are less, and compliance is higher, than those for hypertension and asthma; they are equal to diabetes relapse and compliance rates."
- Supportive services are essential to recovery. Proposition 63 in California demonstrates that these services are supporting people's recovery and their participation in and contributions to the community.

Valerie Brown, NACo President-Elect, Comments on the Final Hearing of the Health System Reform Working Group

NACo's Health System Reform Working Group held its third and final regional hearing on April 16 in Sacramento, California. NACBHDD members Leon Evans and Patricia Ryan attended, and Ryan spoke (see previous article.) [The group

is the Presidential Initiative of NACo President-Elect Valerie Brown (Supervisor District I, Board of Supervisors, Sonoma County, California) who leads the Group in their efforts to develop a healthcare reform agenda to discuss with Congress and the Administration that has a positive financial impact on counties and enhances the health of families and counties. NACBHDD's voice is represented in the Working Group by Leon Evans.

The Health System Reform Working Group is involved in two central efforts: hearings around the country in which Working Group members and witnesses provide testimony about challenges and successes in providing healthcare in their counties and development of a white paper "Restoring the Partnership for American Health: Counties in a 21st Century Health System." NACBHDD recently spoke with Valerie Brown, NACo President-Elect, about the hearing and about her participation in the White House Forum on Health Reform.

Brown noted that the Sacramento hearing "spoke volumes about the need for deep changes in the health care system." Access and prevention were central points of discussion, with the point made that no matter what reformed system emerges, access must be assured. Those present noted that the current system is not well-designed in terms of prevention.

Don Knabe, chair of the Los Angeles County Board of Supervisors, testified about the priorities of metropolitan counties and about metropolitan area county health systems challenges in meeting the needs of the underinsured and the uninsured. He urged stabilizing funding for the safety net and cautioned using recent state reform efforts as examples, noting:

"We applaud Massachusetts for many positive aspects of their health reform plan. However, it has been borne out that full coverage did not occur, and safety net institutions and the services they provide were compromised. We cannot let this happen to the patients who will continue to need the safety net and because county governments, in many cases, risk being negatively financially impacted." (*County News*, "Sacramento County Holds Final NACo Health Reform Hearing," www.naco.org.)

Brian Dahle, president, NACo's Western Interstate Region, presented testimony for rural counties. Brown said that Dahle's and Knabe's testimonies "really presented the diversity of needs" in counties. Mitch Katz, Health Director for the city and county of San Francisco, discussed the new Healthy San Francisco program, and Brown said people were very interested in what he had to say.

Healthy San Francisco provides affordable universal care to uninsured adults in San Francisco city and county. (www.healthysanfrancisco.org)

In addition to Patricia Ryan's testimony about the need to integrate behavioral health into overall health reform, other county officials present at the hearing offered specific commentary on the need as well. Susan Adams, a vice chair of NACo's Health Steering Committee, called for "integrating behavioral health into a comprehensive universal affordable system of health care that treats the whole human being." "The intersect between inadequately treated mental illness and the criminal justice system costs the taxpayers significantly for housing and caring for the incarcerated as well as the lost productivity of life," said Adams. (*County News*, "Sacramento County Holds Final NACo Health Reform Hearing," www.naco.org.)

Brown explained that NACo has supported universal health care, but has not proposed specific details. She said that while everyone may be covered under universal health care the questions of how that is done and where the funding responsibilities lie remain questions to be examined in the national discussion. The Health System Reform Working Group soon will hold a conference call soon to complete the few remaining revisions to the white paper, including a proposal to include residency training in county hospitals.

A critical part of NACo's work around health reform is coming soon, said Brown, with proposals on the Hill slated for July. And, the Health System Reform Working Group will "morph into an action group" after July 28 when Brown will be sworn in as NACo President. The working group which was part of Brown's initiative as President-Elect will be "mingled with the green government initiative so that we can look at the big picture of healthy communities."

To read the *County News* article on the Sacramento hearing, [click here](#).

White House Forum on Health Reform

Brown was the only elected official, other than Congressional members, to be invited to the March 5 White House Forum on Health Reform. Brown says that it was clear that "cost, coverage, and quality were the keys issues tossed about, but that the perspectives differ, and the related debates still have to occur."

Wisconsin Family Care Program

Gerald Huber, Director, LaCrosse County Human Services Department, Wisconsin, explains that while Wisconsin is involved in various health reform

efforts, the Wisconsin Family Care Program's Age and Disability Resource Center became a nationwide model under then Governor Tommy Thompson. Wisconsin had reached consensus about the need for reform of the state's long-term care system by the mid-1990s -- due to concerns about the cost and complexity of the long-term care system, combined with the concerns about the aging population's need for long-term care. And, as Huber describes it, Wisconsin's 72 counties were eagerly part of this consensus because Wisconsin counties provide the match to federal funding through local property taxes.

Wisconsin's Family Care Program serves the frail elderly, the physically disabled, and individuals with developmental disabilities through 15 regional centers covering Wisconsin's 72 counties. Six or seven of the regional centers are now private and some are quasi-public, with groups of counties coming together to provide services. Much of the state is very rural, and consumers often need to go to population hubs to get care.

As of March 1, there were 20,894 individuals enrolled in Wisconsin's Family Care Program, and Huber feels the program is both cost-effective and that consumers are very satisfied. "People in [the program] feel very positively about it. The services involved allow people to stay in their own homes. It is an opportunity for the state to look at how Medicaid money is spent and hold down costs, but there is local control and intense case management. (Each individual has a nurse and a case worker.) The goal is to get people back into their homes and communities if possible. The program tries to reduce nursing home stays by offering more options in the community, and there is a focus on improving quality through a focus on health and social outcomes. The following are to central components of the program:

1. **Age and Disability Resource Centers (ADRCs)** serve as a kind of "one stop shop" or single point of entry for Wisconsin citizens regarding questions and information assistance about the resources available in their communities, and about determining eligibility.
2. **Managed care organizations (MCOs)** Huber noted that the state of Wisconsin wanted more control over costs and to allow for more individual control over services, as well as to support individuals in staying their homes and communities. MCOs manage and deliver the Family Care benefit, which consists of services and funding from existing programs – in order to provide a flexible long-term care benefit that meets

each individual's preferences and needs. Each individual member is assigned a RN and a Social Services Coordinator, and the services available include: durable medical equipment, nursing home, assisted living, supportive home care, personal care, therapies, transportation, home modifications, and other long-term care services.

A 2005 study by APS Healthcare Inc. of the Family Care Program found that it is \$400 cheaper for individuals in this program than in a traditional HCBS. To view the report, [click here](#). And Huber emphasizes, the Family Care initiative has helped counties to be more consumer-oriented, businesslike, and data driven, as well as to have reliable IT systems. The initiative also required that they partner with the state of Wisconsin, and while the counties believe strongly in local control, they had to realize that the state was taking a risk too, and develop a strong relationship with the state. Finally, incorporating managed care principles into a public agency was not an easy transition, but Huber says it has worked well.

"In my opinion, managed care as most people know it is different from care management with our frail individuals. The state of Wisconsin discovered that you can bring the principles of care management and managed care together."

More on health reform in Wisconsin

Huber notes that a lot of the discussion in health reform is around primary and acute care, but that many of the Medicaid costs are in elderly and disabled placements; and as a result, reform needs to look at the developmentally disabled, the frail elderly, and behavioral health. The Family Care Program demonstrates that these populations are not mutually exclusive; one-third of the population enrolled had significant behavioral health needs. The state of Wisconsin is looking at overall health care reform and behavioral health in its BadgerCare plan. Look for an article on this in a future newsletter.

For more information See Wisconsin Department of Health Services, Family Care at <http://wisconsin.dhs.gov/ltcare>, or contact Gerald Huber at (608) 785-6050 or at Huber.gerald@co.la-crosse.wi.us.