NACBHDD National Association of County Behavioral Health & Developmental Disability Directors
The voice of local authorities in the nation's capital

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NEWSLETTER

JULY 23, 2013

A BIG WELCOME TO A NEW MEMBER

NACBHDD is delighted to welcome the County of Los Angeles (California) Department of Public Health, Substance Abuse Prevention and Control (otherwise known as the SAPC), to the NACBHDD family of organizations.

Under the direction of John Viernes (picture to the left), SAPC serves as the agency responsible for administering federal, State and local funds allocated for alcohol and drug prevention and treatment services. SAPC's mission, to address alcohol and drug related problems through evidence-based programs and policy advocacy, is supported by funding allocations from the California Department of Health Care Services that include federal Substance Abuse Prevention and Treatment Block Grant dollars, Medi-Cal (the State Medicaid program), and both State and County general funds.

The SAPC predominantly serves indigent County residents seeking assistance for alcohol and drug addiction problems; it also supports prevention services for at-risk youth and adults. Some of the programs managed by SAPC—such as Medi-Cal, CalWORKS, general relief programs, and programs for homeless individuals, nonviolent drug offenders and pregnant/parenting low-income women—have separate, specific criteria for eligibility.

Overall, SAPC operates a comprehensive array of substance use prevention and direct client treatment services primarily through contracts with over 300 community-based programs across the County as a whole. A complete listing can be accessed at www.publichealth.lacounty.gov/sapc. Treatment services include clinical assessment and placement services, residential detoxification, residential services, outpatient counseling, narcotic replacement therapy (e.g., methadone and buprenorphine programs), drinking driver programs, drug diversion programs, and drug court treatment programs. The County-operated Antelope Valley Rehabilitation Centers manage two residential treatment facilities with 500 beds for adult men and women.

SAPC also collaborates with County departments to implement programs with shared clients, such as the Department of Mental Health, the Department of Children and Families, the Department of Public Social Services, the Superior Court (criminal and juvenile), the Probation Department, the Sheriff's Department, and local public health departments.

By providing high quality, community-based prevention, treatment, and recovery services throughout the County of Los Angeles, and by partnering with key partner agencies and organizations, SAPC aims to help safeguard the health and well-being of its more than 10 million residents.

We're delighted that the SAPC is part of NACBHDD and anticipate the opportunity to learn and share extensively with our newest member organization that is working to bring behavioral health and the ACA together to benefit millions across counties, states and the Nation as a whole.

ALSO IN THIS ISSUE

Teddi Fine, MA, Editor

AND FRANK SULLIVAN, A LONG-TIME NACBHDD MEMBER, MUSES AS HE RETIRES….

[Frank Sullivan, LCSW-C, has served as the Executive Director of the Anne Arundel County (Maryland) Mental Health Agency (AACMHA) for nearly two decades, from 1994 to this year. AACMHA is part of a five-county program that provides mental health services in some of the fastest growing counties in Maryland: Anne Arundel, Calvert, Charles, Prince George's, and St. Mary's. In his role, Sullivan has overseen six different provider organizations that service the needs of both adults and children throughout Anne Arundel County. NACBHDD and the behavioral health field as a whole have benefitted from his expertise, experience and insights during his service as a member of our Board of Directors over the past years.]

Q. What got you into the field? What kept you there?

Sullivan*:* I had a professor in college who advocated for me to go into social work. Plus a graduate program delayed my going to Vietnam. Once I began counseling, I seemed to be very good at it and I found it gratifying. Persons with mental illness suffered greatly in institutions in the 1970s, and community treatment was much better, so I got very involved with advocacy and starting housing programs.

Q. ***What do you see as your key achievements during your career in behavioral health? What milestones can you point to over the years?***

Sullivan: Over my career in behavioral health, major accomplishments have included starting a housing program; establishing two NAMI chapters; integrating substance abuse & mental health in St. Mary's County in 1984; starting the second county mental health authority in 1992; initiating a deaf inpatient unit; opening a psychiatric unit in the local hospital in St. Mary's County; helping to close a state mental hospital located in the County after securing a legislative commitment to fund community-based programming; collaborating in the creation of a mental health unit within the local detention center; and creating the first comprehensive crisis response system in the State. In what I consider to be the highlight of my career, I initiated a hospital diversion program that literally halted non-forensic admissions to the nearby State psychiatric facility.

Q. As a parallel, what were your greatest hurdles that needed to be overcome? What challenges remain?

Sullivan: Among the most significant hurdles have been the lack of sufficient funding to implement the full range of needed services, coupled with the lack of flexibility in how those limited funds could be used. Another major hurdle is what I have dubbed "bureaucratic inertia" –the tendency to continue to do things in the same old way, notwithstanding a dearth of evidence that the practice is effective.

Q. What role will be played by county behavioral health as the Affordable Care Act moves forward? Where will the ACA be in 5 years when it comes to the needs of people with behavioral disorders?

Sullivan*:* The Affordable Care Act is very complex and untested. Persons with serious behavioral health problems have special needs that go beyond medically based treatments. County authorities and local health departments likely will emerge as the focal points to identify problems and to do what we do best: creating "work arounds" to overcome obstacles and advocating for local solutions. Integrated care—melding mind and body—must and will occur. In 5 years, consumerism should be a focal point for ACA. Our field of behavioral health will be shifting from a medical model emphasizing treatment to one that encourages local wellness, prevention and adaptive environments that allow people with disabilities to be physically healthy and independent. Much of the manpower will be persons in recovery.

Q. Where do you believe the future of county behavioral health is headed? Do you feel positive about the field's future?

Sullivan: As a social worker, it is obvious to me that disabled persons need supports and opportunities that enable them to live independently. I am concerned about stigma and see fighting this as a major function of what our field needs to keep doing. Our agency sees three major areas of focus:

- Manpower development and training;
- Preventing and managing responses to behavioral health crises by integrating social and community responses to people in need;
- Promoting system accountability for outcomes in behavioral health as part of the greater system of wellness for our counties. Local leaders want to do the right thing, but generally hear only from those

of power and influence. County health departments, when integrated, are the best points of accountability for all levels and sub groups because we reflect health needs, and are the "visible honest broker" for the community's health and well being.

Q. What are your plans for the future ?

Sullivan: In the coming years, I plan to do advocacy and consulting, once I adjust to having spare time. I believe I may well remain involved with NACBHDD as Anne Arundel County attempts to improve its services in its criminal justice system and its crisis response system.

ACA Already is Lowering Health Insurance Premiums for Consumers

In New York, 2014 health insurance premiums will be 50% lower under the ACA, compared with the cost of similar policies available today. California, too, has reported comparable benefits for consumers under the ACA. In fact, according to the White House, premiums under the ACA are an average of 18% lower than expected by the Congressional Budget Office in the 11 states that have reported 2014 health insurance rates to date. Further, among the 6 states reporting rate filings for plans available to small businesses through a separate exchange, health policies were again an average of 18% lower than existing options. And consumers are benefitting even more since the ACA requires health insurers in every state to publicly justify any premium rate increases of 10% or more. Health insurance companies now generally have to spend at least 80 cents of every premium dollar on health care or improvements to care, or provide a rebate to their policy holders. So far, this 80/20 rule, has saved 77.8 million consumers $3.4 billion up front on their premiums.

Bits from DC

Dear NACBHDD Colleagues:

We have just concluded a very successful meeting in Fort Worth, TX, where we were able to participate effectively in the Annual NACo Summer Meeting, and to hold our own NACBHDD Board Meeting. Several highlights stand out:

- **Insurance Enrollment:** Major initiatives are now being launched by HHS and Enroll America to gear up for the October 1 launch of health insurance enrollment under the optional State Medicaid Expansions and the mandatory State Health Insurance Marketplaces. We will be devoting considerable attention to this issue in coming months.
- **Inmate Exception:** Both NACo and NACBHDD continue to work to extend Medicaid benefits to pre-adjudication detainees in the criminal justice system. Some new avenues were opened up in our weekend meetings, and we will now be pursuing these leads. This is a top policy concern for all of us.
- **Strategic Planning:** We devoted considerable time in our Board meeting to a discussion of strategic planning. As our Executive Committee organizes the output from this discussion, we will solicit broader input from you on these plans.
- **Municipal Bonds:** The tax-free status of municipal bonds is currently under attack in the US Congress. These bonds are a critical part of all county operations. I urge you to contact your Senators and Representatives in the Congress to oppose a change in the tax-free status of these bonds.

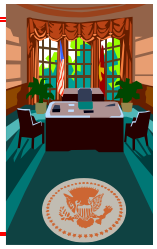
Finally, I want to extend a very warm welcome to the County of Los Angeles (California) Department of Public Health, Substance Abuse Prevention and Control, the newest member of the NACBHDD family. Welcome!

Ron Manderscheid, PhD
Executive Director

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

- **JUDGING THE HOUSE**. According to Speaker John Boehner (R-OH), the House of Representatives will be judged not by the number of laws they enact, but by the number they repeal. And he wants to begin with the ACA, noting on a recent Sunday talk show that "Obamacare" is bad for America. We're going to do everything we can to make sure it never happens."
- **ACA INDIVIDUAL MANDATE VOTE.** In a twist on the "corporations are people" philosophy, on July 17, the House voted 251-174, to delay the ACA's requirement that individuals purchase insurance. A handful of vulnerable Democrats supported the delay. The measure is DOA on arrival in the Senate. Nonetheless, Speaker Boehner promises repeated votes to delay or repeal key ACA provisions, including the navigator program, key to implementing the state health insurance marketplaces. Others are threatening to shut down the government unless the ACA is halted altogether. And House hearings on the delay of the ACA employer mandate continue.
- **MEDICARE 'DOC FIX' MOVING FORWARD.** The House Energy and Commerce Health Subcommittee is marking up a bill to change the Medicare SGR formula. Instead of paying for service volume, the proposal would focus payment on patient outcomes. Because the measure doesn't altogether eliminate the current fee-for-service model, it has bipartisan support in the Committee…Stay tuned for House floor action!
- **SENATE ACA DEFUNDING EFFORT.** Senator Ted Cruz (R-TX) and Representative Tom Graves (R-GA) have introduced parallel bills to prohibit all funding for the Affordable Care Act in FY 2014 appropriations or other funding mechanisms. At the same time, Senator Mike Lee (R-UT) says he and a dozen other Republican Senators are willing to shut the government down by stalling enactment of a continuing resolution to keep the government funded after September 30 if it includes ACA funding. He hopes to have enough support to sustain a filibuster on any funding measure. And, in the House, over 5 dozen Republicans have written to Speaker Boehner asking him not to bring any legislation to the floor that includes any ACA-related funding.
- **EYE ON MENTAL HEALTH AND GUN VIOLENCE.** On July 15, Representative Henry Waxman (D-CA) convened a forum titled *Gun Violence, Mental Health, and Community Recovery: Responses to the June 7, 2013, Santa Monica Shootings.* Among the witnesses were SAMHSA Administrator Pamela Hyde; the Santa Monica chief of police; and a representative of the Brady Campaign to Prevent Gun Violence.
- **DELAYING INDIVIDUAL MANDATE WILL COST MORE.** According to the Congressional Budget Office, while Republican efforts to delay the ACA's individual mandate would reduce the deficit, insurance premiums would rise. An earlier CBO analysis found that repealing the mandate would save the federal government roughly $282 billion, in reduced Medicaid spending and subsidies to buy private insurance through newly created exchanges. However, premiums would likely be 15-20% higher without the mandate, because healthier people would be less likely to buy insurance.

PASS IT ON: THE WORD FROM THE WHITE HOUSE



The White House has described the Affordable Care Act in three simple words:

SAVING PEOPLE MONEY

THE SKINNY ON FY 2014 LABOR/HHS APPROPRIATIONS BILL

In a 30-minute, July 9 mark-up session, the Senate Labor/HHS/Education Appropriations Subcommittee passed by voice vote a funding measure for FY 2014 for health, welfare, education and labor-related programs. According to Subcommittee Chair Tom Harkin (D-IA), the bill meets the Subcommittee's allocation under the Senate budget resolution, a figure approximately 26% more than the House Committee-approved $121.8 billion allocation. The bill does not take into account sequestration, and dollar increases to the programs are based on FY 2013 pre-sequester appropriated levels.

And, last week the full Senate Appropriations Committee approved the same measure by a party-line vote of 16-14. The measure, which would provide $165.6 billion in discretionary budget authority, next goes to the full Senate. The bill more than doubles the amount of discretionary spending that will support the transitional period of implementation of the ACA, fully funding the President's request for implementation, including $5.2 billion for CMS program management services. If adopted in that body, the measure would then head to the House where it would be subjected to significant amendments to strip or reduce funding to bring it into alignment with the House's own appropriation efforts.

Total program funding for SAMHSA's CMHS is $1.086 billion; for CSAT, $2.05 billion; and for CSAP, $175.63 million. Among the specific behavioral health-related allocations are:

- $119 million in new funding to increase access to mental health services, including $95 million for the Administration's "Now is the Time" initiative following the Newtown tragedy ($15 million for Mental Health First Aid programs; $40 million for Project AWARE State grants, to help make schools safer and connect young people with mental health services; and $8 million for the Minority Fellowship Program (up from $4.8 million)).
- $30 million for joint HRSA-SAMHSA training of mental health and substance use professionals
- An allocation of $483 million for the Mental Health Block Grant (a 5% increase over FY 2013), and an allocation of $1.8 billion for the SAPT Block Grant (up $23 million over FY 2013).
- $117,315,000 for the Children's Mental Health Services program.
- $64,794,000 for PATH to address the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness.
- A new 5% set-aside in the CMHS Block Grant that will allocate $24 million to evidence-based programs addressing the needs of individuals with the early signs of serious mental illness.

Further, Senate report language directs SAMHSA to—

- Promote programs that work to integrate behavioral health and primary care.
- Collaborate with CMS, treatment centers and foster care programs to address more safe, effective, and appropriate treatments for children with behavioral disorders, primarily those in the foster care system who are now prescribed psychotropic medications at rates over 4 times that of privately insured children.
- Use a 5% set-aside of the mental health block grant to focus not generally on creating more effective mental health promotion and treatment programs, but rather more specifically on the "needs of individuals with early serious mental illness, including psychotic disorders."

Moreover, the measure also fully funds the implementation of the Affordable Care Act, including $5.2 billion for program management at the Centers for Medicare and Medicaid Services, an increase from the $3.9 billion enacted in 2013 before sequestration. Senate Democrats successfully turned back a series of amendments designed to foil the implementation of the ACA, among them, delaying the employer and individual mandates, rescinding funds for the insurance exchanges and the Independent Payment Advisory Board (IPAB), and halting the insurance marketplaces if problems come up before Oct. 1.

The measure now moves to the Senate floor for consideration.

COMINGS AND GOINGS

- **NEW JUNIOR SENATOR FROM MASSACHUSETTS.** Following a late June special election, the US Senate has its newest member—the former senior member of the Massachusetts House delegation, Edward Markey (D).
- **NEW DD EXEC IN OHIO**. In late May, 2013, the Board of Trustees of the Ohio Association oF County Boards of Developmental Disabilities has selected Bridget Gargan as its new Executive Director. She officially joined OACB on July 8, leaving her previous position of 11 years as Vice Preident of Government Affairs of the Ohio Hospital Association. Her expertise in working with both the legislative and executive branches will serve the OACB well. We welcome her on behalf of NACBHDD.
- **TRANSITION IN TEXAS**. With the planned retirement of James McDermott as CEO of the Mental Health Mental Retardation of Tarrant County (TX), Susan Garnett was selected by the Board of Trustees as his replacement. At the time of her appointment, she had been with the organization since 1996, the last 10 of which were as Deputy CEO. Garnett has guided MHMR's contracting activities, initiated its Aging and Disability Resource Center, and developed innovations to better serve people with intellectual and developmental disabilities. She has chaired the Mental Health Connection of Tarrant County and provided extensive community leadership to

improve services for those with behavioral health needs and intellectual and developmental disabilities.

CONTINUING THE NATIONAL DIALOGUE ON MENTAL HEALTH

It has been one year since the tragic shootings in Aurora, Colorado, in which 12 people were killed and 70 wounded, and over 6 months since the massacre at Sandy Hook Elementary School that left young children and their teachers dead. The national dialogue on guns began early this year and a national dialogue on mental health on June 3 with the White House Conference on Mental Health.

On July 20, forums were convened in Albuquerque (NM) and Sacramento (CA) as part of the National Dialogue on Mental Health. A third forum was held on July 23 in New York City. The dialogue will continue throughout the country in large and small communities in months ahead. Get your community even more involved; get the dialogue going, if you haven't already done so.

HHS AND OTHER AGENCY NEWS AND NOTES

- **EMPLOYER MANDATE DELAYED.** The Administration has announced it will delay the employer mandate provision of the ACA until 2015. Thus, employers with over 50 employees that don't now offer health coverage will not be penalized at a rate of $3,000 per day per employee. The additional year is intended to better hone and simplify reporting requirements for large employers, giving them time to adapt coverage and reporting systems.
- **EDUCATING CONSUMERS ABOUT THE ACA**. The HHS Health Resources and Services Administration has made $150 million in grant awards to 1,159 health centers across every state in the Nation to enroll uninsured Americans in new health coverage options made available by the ACA. With these funds, health centers will be able to hire an additional 2,900 outreach and eligibility assistance workers to help millions enroll in affordable health coverage. These individuals will help consumers understand their coverage options through the new Health Insurance Marketplace, Medicaid and the Children's Health Insurance Program; determine their eligibility and what financial help they can get; and enroll in new affordable health coverage options. The awards both complement and align with other federal efforts, such as the Centers for Medicare & Medicaid Services-funded Navigator program. A list of funded health centers is at: http://www.hrsa.gov/about/news/2013tables/outreachandenrollment/.
- **PHYSICIAN SEARCH SIMPLIFIED.** The CMS has announced redesign of its website—Physician Compare—that allows consumers to search and compare information about hundreds of thousands of physicians and other health care professionals. The update includes both an improved search function and more frequently updated information. New information on doctors includes: specialties offered by doctors and group practices; whether a physician is using electronic health records; board certification; and affiliation with hospitals and other health care professionals. In 2014, quality data will be added, and this will help users choose a medical professional based on performance ratings. Visit the website at http://www.medicare.gov/physiciancompare.
- **PRESCRIPTION DRUG MISUSE AND WOMEN.** The Centers for Disease Control and Prevention (CDC) recently released *Vital Signs* publication highlights the impact of prescription drug misuse and overdose on women. It documents that prescription painkiller overdose deaths increased five-fold among women between 1999 and 2010, an increase of 400%, which outpaces the increase in men. Read the full report at: http://www.cdc.gov/vitalsigns/PrescriptionPainkillerOverdoses/index.html
- **VA CONVENES MENTAL HEALTH SUMMIT.** A July 11 White House conference on Veterans and Military Family Mental Health was the opening salvo in a series of summits at each of the 152 VA medical centers around the country beginning this fall. The aim is to bring together community mental health specialists, government officials and veterans groups to facilitate cooperation and improve mental health outreach and treatment for veterans beginning at the local level, in communities around the country.

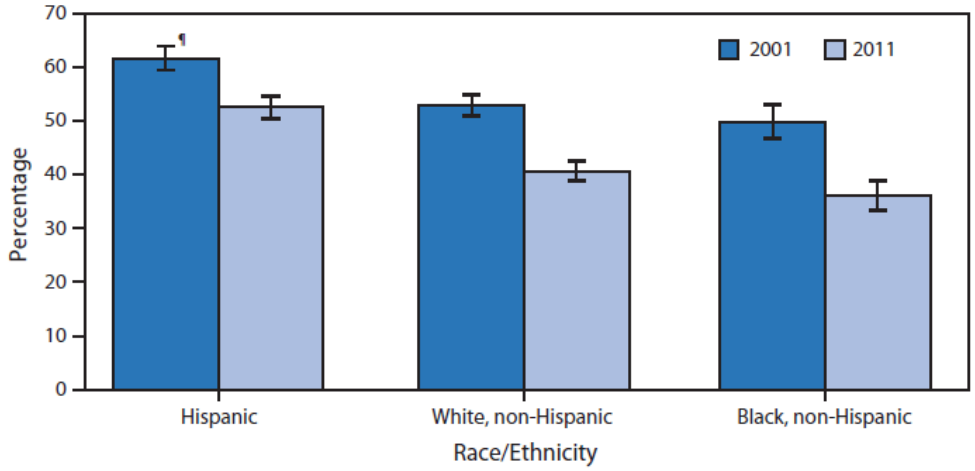
JUSTICE DEPARTMENT/NEW YORK REACH ACCORD ON COMMUNITY-BASED LIVING FOR ADULTS WITH MENTAL ILLNESSES

The Department of Justice and the U.S. Attorney's Office for the Eastern District of New York announced a comprehensive settlement agreement with the state of New York under the Americans with Disabilities Act (ADA) to provide relief to thousands of people with mental illness unnecessarily segregated in 23 adult homes in New York City. Under the settlement, New York will offer supported housing to people with mental illness who now live in adult homes. As supported housing residents, these individuals will have access to community-based services and supports that promote their inclusion, independence, and full participation in community life. The settlement agreement has been filed with the U.S. District Court for the Eastern District of New York for the court's approval.

Over the next 5 years, New York will provide scattered-site supported housing and community-based services and supports to at least 2,000, and, potentially, to more than 4,000, adult home residents. The agreement also will assure that adult home residents have the information they need to make an informed choice about where to live. If they choose to move to supported housing, they will participate in a person-centered, transition planning process. An independent reviewer with extensive experience in mental health systems will monitor the state's compliance with the agreement.

DATA POINT: A DECADE OF HEALTH COVERAGE, OR NOT

PERCENTAGE OF UNINSURED PERSONS AGED <65 YEARS WITH NO HEALTH INSURANCE COVERAGE BECAUSE OF COST,* BY RACE/ETHNICITY† — NATIONAL HEALTH INTERVIEW SURVEY, UNITED STATES, 2001 AND 2011 (CDC, MMWR 6/28/13)



* Based on response to a survey question that asked "Which of these are reasons [person] stopped being covered or does not have health insurance?" Reasons included lost job or change in employment, change in marital status or death of a parent, ineligible because of age or left school, employer didn't offer or insurance company refused, cost, Medicaid stopped, and other reason. More than one reason could be provided.
† Persons of Hispanic ethnicity might be of any race or combination of races.
§ Estimates are based on household interviews of a sample of the civilian noninstitutionalized U.S. population and derived from the National Health Interview Survey Family Core component.
¶ 95% confidence interval.

STATE CHALLENGES TO ACA NAVIGATOR PROGRAM

The ACA's health insurance navigators were envisioned as community-based groups to help people unfamiliar with health coverage through the process of selecting it. The Administration's aim in establishing the navigators as part of the ACA is to ensure that consumers get unbiased information about their health insurance choices through

the marketplaces. The navigators are not allowed to enroll consumers in the marketplaces or select plans on their behalf. They simply provide information. Churches, senior organizations and healthcare advocates are expected to participate as underserved patients join the health insurance market for the first time.

Final rules released on Friday require the navigators to undergo training, meet regular certification standards and receive ongoing education about benefits under the Affordable Care Act. The regulations allow states to impose their own requirements on navigators as long as the rules do not interfere with federal statute. Many states have already taken this opportunity, passing or considering bills that require navigators to obtain state licenses or pass criminal background checks.

Yet, 18 states—predominantly those with Republican legislatures or governors—have enacted or are considering legislation to apply tougher requirements to the navigator program. The program also is opposed by Congressional Republicans who argue that the program could admit felons and doesn't safeguard consumer's personal information. Traditional insurance brokers, too, object, on the grounds that the navigator program would interfere with—perhaps cut into profits associated with—their business. Stay tuned.

NATIONAL ASSOCIATION OF BROADCASTERS LAUNCHES MENTAL HEALTH CAMPAIGN

In June, Gordon Smith, former US Senator and current President and CEO of the National Association of Broadcasters, participated in the White House's National Conference on Mental Health, the opening event that marked the administration's efforts to launch a national conversation about mental illness. Smith, as you may recall, lost his son to suicide and has been a strong advocate for mental health.

During this meeting, he announced that America's broadcasters would join with the White House to raise awareness and combat misperceptions surrounding mental illness. Since then, working with the White House, mental health groups, the Entertainment Industries Council and other partners, the NAB has created a host of TV and radio spots, Web video, banner ads and a large social media platform. The primary audience: 13-to-24-years-olds living with a mental health problem and not currently seeking help. The secondary target audience includes parents, caregivers and friends who know someone struggling with mental health issues.

Television and radio spots are now available in English and Spanish in varying lengths and ready for stations to download. NAB has encouraged all stations to join together to debut the spots on July 25 during hours that best reach both the primary and secondary target audiences.

THE DEBILITATING DILEMMA OF PERVASIVE POVERTY IN OUR MIDST

We Must Foster New Solutions That Build Both Personal Skills and Opportunity Structures.

Ron Manderscheid, PhD

Reprinted from Behavioral Healthcare, Access at http://www.behavioral.net/blogs/ron-manderscheid/debilitating-dilemma-pervasive-poverty-our-midst

Poverty ravages entire communities and their inhabitants. Frequently, we see its external manifestations: frayed living conditions, blighted neighborhoods, heaps of rubbish, undernourished children, rampant unemployment and demeaning work conditions, a potent alcohol and drug culture, and physical abuse. We do not see its internal manifestations: anxiety, desperation born of painful need, trauma, and, yes, frequent experiences of fear and danger. Poverty is likely to repel us, and we may even wish to withdraw from such communities and people. But, what if we ourselves lived in a poverty-ravaged community? What if we ourselves were forced to experience poverty day-in and day-out?

Here are some very disconcerting background facts: Today, more than 16% of our fellow Americans live in poverty (almost 49 million persons). By contrast, in 2008, the figure was just more than 13% (about 40 million persons). *A majority of us (more than 58%) will spend at least one year below the poverty line between ages 25 and 75.* Today, the poverty cut-off is an annual income of $11,490 for a single person and $23,550 for a family of four.

Women, children, and minorities are affected

disproportionately. More than 16% of women live in poverty, compared with slightly more than 13% of men. Almost one in five American children grows up in poverty. More than 25% of Hispanics and Blacks live in poverty. The most vulnerable are women, minority women and minority women with children.

Poverty takes a very heavy toll on the body and on the mind. This occurs through the effects of social exclusion and loss of control, stress and trauma, risky behavior, low self-esteem, lack of proper nutrition, and lack of access to needed medical care. Negative health outcomes include early mortality, frequent illnesses and higher rates of chronic diseases, as well as much higher rates of mental illness and substance use disorders.

From this simple summary, one can draw several conclusions that have very far-reaching policy implications:

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- Poverty disproportionately affects women, especially minorit
- Poverty fosters community and personal isolation that makes

  -
- Poverty'

Taken together, these features of poverty constitute a debilitating dilemma for both American society and for those who are trapped by poverty. The American economy is not currently strong enough to produce a sufficient number of well paying jobs to serve as vehicles out of poverty for all who need them. And, at the same time, even if such jobs were available, the characteristics of poverty serve to entrap those who are caught in it.

Because poverty is so pervasive in America, the future of our youth, our energy, and our society largely will depend upon how we confront this dilemma. It is not an exaggeration to suggest that our future competitiveness in the emerging global economy rests upon the outcome. Thus, one of our most urgent agendas as a society is to begin to develop pathways out of poverty. If we can do this, associated problems of diminished health status, deteriorating communities, and crime can be mitigated.

Below are a few initial strategies that might be employed to begin confronting the dilemma of poverty. They are intended as initial thoughts for further consideration, not as "the solution."

- Progress can be made through changes that interrupt the effects of poverty. Clearly, history documents that poverty cannot be eliminated simply through strategies such as income subsidization; interrupting the effects of poverty, such as poor health, for
- Progress can be made by exposure to role models who help to change one's personal views about opportunity, who encourage one to improve personal skills, and who impart personal self-confidence. Each is
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Almost 50 years ago, our national policy actually espoused the belief that we could eliminate poverty in America. Although they correctly diagnosed the problems of poverty, it is crystal clear from today's vantage point that President Lyndon Johnson and Senator Daniel Patrick Moynahan did not arrive at a viable solution. We must try again with different approaches. From today's point of view, poverty must be addressed one person at a time and one community at a time. Obviously, we must start this effort immediately.

AROUND THE STATES: AN UPDATE

- **MULTIPLE STATES:** A number of states have begun the process of educating their populations about the ACA and the availability of health insurance through State marketplaces. Kentucky, Oregon, Colorado and Connecticut have already produced and launched a host of TV ads. Hawaii, Vermont and others will be starting a TV blitz in the coming weeks. The aim is to prepare consumers for open enrollment for health coverage which begins on October 1.
- **ALABAMA.** While the State has left implementation of a state health insurance marketplace to the federal government, three insurers in the State have stepped forward to ensure that no counties will be left out of the exchange. Two of the three—Blue Cross-Blue Shield of Alabama and United HealthCare -- want to cover the entire state. Humana offers to cover 50 of

the state's 67 counties. HHS is now reviewing those proposals.

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- **CALIFORNIA.** The State Department of Health Care Services apparently has suspended Medicaid payments to 16 alcohol and drug treatment centers statewide after red flags emerged during investigations of provider claims for potential billing fraud. The suspensions are the result of an ongoing statewide investigation of the roughly 1,000 drug and alcohol treatment facilities in the State. A similar statewide review is ongoing in New Mexico (see below).
- **ILLINOIS.** With the governor's signature, Medicaid expansion is now official in the State. By all estimates as many as 342,000 Illinois residents will be able to enroll by 2017.
- **MONTANA.** There will be no sticker shock as the ACA moves forward in the state. Montana's insurance commissioner has indicated that policies sold through the State's insurance marketplace will cost less than they might have without the ACA. The average cost of a plan sold through the marketplace will be $273 per month, around 20% lower than current costs.
- **NEW MEXICO.** Fifteen behavioral health providers have been defunded by the State Department of Human Services based on what were called "credible allegations of mismanagement or fraud" identified in the first 8 months of last year. The case has been accepted for review by the State Attorney General. As much as $36 million in overpayments were made to the agencies, according to a broad-based audit of the organizations. Eleven of the organizations that allegedly mismanaged Medicaid behavioral health funds are among the 24 New Mexico agency members of the National Council for Behavioral Health, which has questioned the decision to de-fund the 15 agencies.
- **NEW YORK.** Over the next 4 years, New York plans to overhaul its psychiatric services by moving toward more community-based care. Under the plan, it will establish more than two dozen outpatient service hubs and consolidate 24 inpatient hospitals across the state into 15 regional centers. By moving to regional and community-based services, the State estimates it may save as much as $20 million in the first year alone. And, in other New York news, Governor Cuomo has appointed Courtney Burke to serve as the new Deputy Secretary for Health and Laurie Kelley to serve as Acting Commissioner of the Office of People with Developmental Disabilities. He also appointed Dr. Ann Sullivan to serve as Acting Commissioner of the Office of Mental Health. Their appointments are subject to approval by the New York State Senate during its next session.
- **OREGON.** Oregon has the go-ahead from CMS to expand its home- and community-based services for older adults and people with physical and developmental disabilities, the K-Plan. Only the second state to receive this approval, Oregon will now expand its person-centered, community-based services to enable more seniors to age-in-place, and to better provide people with intellectual or developmental disabilities individualized services that promote integrated living and working.
- **TEXAS.** Lawmakers have appropriated $1.77 billion for mental health care, including $57 million in new funds to eliminate mental health service waiting periods for children and adults and $25 million for grants to local mental health authorities and crisis programs. But legislators did fail to establish an ACA-related health insurance marketplace. The good news is that, in response, private organizations are working to educate Texans about coverage options through the federal health insurance exchange, which opens on Oct. 1.

ON THE BOOKSHELF: RECENT PUBLICATIONS OF NOTE

- **PEW RESEARCH CENTER.** *Family Caregivers are Wired for Health* explores how, among the 4 in 10 adults in the US caring for an adult or child with significant health issues (up from 30% in 2010), many are increasingly engaged in getting health information, support, care and advice from both online and offline sources. Caregivers also undertake many health-related activities at more sophisticated levels than non-caregivers. For more or to download it, go to: http://www.issuelab.org/resource/family_caregivers_are_wired_for_health
- **SAMHSA.** *Counseling on Access to Lethal Means (CALM): An Online Suicide Prevention Course* is designed for individuals who counsel people at risk for suicide, primarily mental health and medical providers as well as for clergy and social service providers. The program explains why reducing access to lethal methods of self-harm saves lives; it teaches practical skills on when and how to ask suicidal clients about their

access to lethal means, and how to work with them and their families to reduce that access. Providers who successfully complete the course are eligible to receive 2 clock hours of continuing education credit from the National Board for Certified Counselors and 2 contact hours of social work continuing education from the National Association of Social Workers. For more information, go to: http://training.sprc.org/course/description.php#course3

- **CALIFORNIA HEALTHCARE FOUNDATION.** *Mental Health Care in California: Painting a Picture* provides an overview of mental health in California, including information on disease prevalence, suicide rates, the state's care delivery system, supply and use of treatment providers, and access to care. The report also highlights available quality data and the most recent data on national mental health care spending. To read the full report, go to: http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/M/PDF%20MentalHealthPaintingPicture.pdf
- **NATIONAL PREVENTION COUNCIL.** *The 2013 Annual Status Report* details how each of the federal departments and agencies that are part of the National Prevention Council are making the federal government a leader in health promotion and disease prevention. Highlights show positive trends in some leading health indicators. For more information, or to download the report, go to: http://www.surgeongeneral.gov/initiatives/prevention/2013-npc-status-report.pdf
- **OPEN MINDS.** *34 States Integrating Medicare and Medicaid Services for Dual Eligibles* details how half of states planning a pilot program for Medicare/Medicaid dual-eligible individuals are having second thoughts at this point. For more go to: www.openminds.com/market-intelligence/premium/omol/2013/041513ds4.htm.

MARK YOUR CALENDAR

- **NATIONAL ASSOCIATION OF RURAL MENTAL HEALTH.** The NARMH annual conference, *Lassoing Rural Solutions for Rural Challenges*, is slated for July 31-August 3, 2013, in San Antonio, Texas. A preconference will focus on veterans; a special peer track is being featured as part of the conference proper. To register and for more information, go to: www.narmh.org.
- **KENNEDY FORUM ON COMMUNITY MENTAL HEALTH.** An October 23-24 forum will be convened in Boston to celebrate 50 years of progress in meeting the mental health goals articulated by President Kennedy and to chart a future course for the field. Participate by organizing an event in YOUR community. To get materials for your use and to get more information, contact Bill Emmet at thekennedyforum@gmail.com or 508-549-5799.
- **HOSPICE FOUNDATION OF AMERICA.** *Supporting Individuals with Intellectual and Developmental Disabilities through Serious Illness, Grief and Loss*. An Interactive Webcast, October 24, 2013, 2-4 pm ET. For more, go to: http://register.hospicefoundation.org/programs/supporting-individuals-with-intellectual-and-developmental-disabilities .
- **AMERICAN PUBLIC HEALTH ASSOCIATION.** *141 Annual Meeting*, November 2-6, Boston, MA. Go to: http://www.apha.org/meetings/AnnualMeeting .
- **AMERICAN ASSOCIATION FOR THE TREATMENT OF OPIOID DEPENDENCE.** *2013 National Conference*, November 9-13, Philadelphia, PA. Go to: http://www.aatod.org/national-conference/2013-aatod-conference-philadelphia/conference-at-a-glance/ .
- **NACBHDD/WICHE.** *The Evolving World of Behavioral Health on the Eve of ACA Implementation* (54th annual National Dialogues on Behavioral Health) November 10-13, 2013, Renaissance Arts Hotel, New Orleans, LA. For more, contact NACBHDD Office.

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