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

AUGUST 23, 2013

Kathleen Sebelius, Secretary of the US Department of Health and Human Services, has begun a whirlwind tour across the country to meet with state and community leaders, with stakeholders and health care consumers and providers, all with an eye toward promoting enrollment and engagement in the Affordable Care Act. Her first stop on August 8 was Austin, Texas. She met with health care leaders, including David Evans, Executive Director for Austin Travis County Integral Care, to discuss the Affordable Care Act (ACA). And she later took a personal tour of the Restoration Center at the Center for Hope (CHCS) by its executive director, Leon Evans. We share two articles by NACBHDD members about her visits. Both meetings were a first for our members who participated and for NACBHDD, too.

A COMMUNITY HEALTH ROUNDTABLE DEEP IN THE HEART OF TEXAS

Austin Travis County Integral Care's Chief Executive Officer, David Evans, was among more than 20 healthcare stakeholders and Austin city leaders who met with U.S. Health and Human Services Secretary Kathleen Sebelius on August 8. The roundtable discussion promoted dialogue around implementing next steps in the Affordable Care Act (ACA) in Texas. Evans says, "This was a great opportunity for a candid discussion on health care reform and how to stay the course for the next phase of Affordable Care Act implementation. It is important for local community centers across the country to place emphasis on the integration of behavioral health care within health care reform."

Throughout the discussion, Secretary Sebelius maintained the ACA will move forward in Texas when open enrollment starts October 1. She recognized behavioral health treatment as an important part of health care reform and made a number of references that community centers will play a paramount role to meet the needs of individuals and families enrolling in the ACA marketplace.

This important meeting highlighted strategies to progressively move forward with aiding disadvantaged and uninsured children and adults. Two of those strategies include: the federal government's commitment to fund $90 billion to extend health benefits to adults below the federal poverty line through Texas' Medicaid program and provide online toolkits for organizations to become Health Navigators which will further assist with open enrollment.

Already, Integral Care has committed to recruiting a team of certified application counselors to enroll eligible individuals who are receiving our services. They are also hosting a *Creating Community Solutions* event with local community advocacy, youth and social service groups in response to President Obama's call for community-based dialogue on mental health.

Austin Travis County Integral Care
Behavioral Health & Developmental Disabilities Services

ALSO IN THIS ISSUE

Teddi Fine, MA, Editor

SEBELIUS TOURS INNOVATIVE PROGRAMS IN BEXAR COUNTY, TEXAS

KARLA RAMIREZ, VICE PRESIDENT OF RESTORATION SERVICES,
THE CENTER FOR HOPE (CENTER FOR HEALTH SERVICES)

"It's not every day you get to spend time with and tour the Secretary of Health and Human Services" says Leon Evans, President and CEO of the Center for Health Care Services. On August 8th Secretary Kathleen Sebelius and SAMHSA Regional Director Michael Duffy toured the various innovative mental health and substance abuse programs at the Restoration Center of the Center for Health Care Services, soon to be renamed the Center for Hope.

With an action-packed itinerary, Mr. Evans was able to guide Secretary Sebelius through the various primary and behavioral health care programs located at the Restoration Center.

Because all of the services are located within a single location, Secretary Sebelius was able to observe the Center's highly successful sobering center, detox facility and police medical clearance programs. Walking around the corner, Secretary Sebelius was also able to see the Insured Prisoner and Police drop-off areas. A few more steps and the Crisis Care mental health emergency and telemedicine center was in operation as the tour moved past ongoing assessments. A few steps later the Secretary was shown the Methadone Moms programs as well the intensive and very busy methadone programs located at the Restoration Center.

THE CENTER FOR HOPE
Partners in Mental Health & Substance Abuse Solutions

At the Restoration Center, over 1,100 people per month are screened and provided critical, cost-effective services, many of whom, in the absence of access to treatment, would have gone to jail or crowded emergency rooms. These programs have saved the community over $50 million since 2006 in costs that have been directly measured.

During the walk-through, Mr. Evans found the opportunity to discuss with the Secretary critical issues in behavioral health care, such as "Inmate Exception" and the need to address changes to the Medicaid Institutions for Mental Disease (IMD) exclusion.

Concluding the visit, Mr. Evans thanked Secretary Sebelius for her vision, her passion and her willingness to change the health and quality of life for generations to come, especially for persons who are experiencing severe mental health and addiction disorders.

In a thank you note to the Secretary, Mr. Evans expressed the hope that the visit was able to provide "examples of ways to provide healthcare intervention for more effective, efficient and cost conscious outcomes." He closed by commending the Secretary's and the President's "leadership, vision and determination to implement the Affordable Health Care Act that will change the health and quality of life for generations to come, especially for persons who are experiencing severe mental health and addiction disorders."

AND BEHAVIORAL HEALTH LEADERSHIP CHANGE IN THE LONE STAR STATE

SUSAN GARNETT NOW CEO OF MHMR OF TARRANT COUNTY, TX

With the retirement of James McDermott, Susan Garnett was tapped to as the new Chief Executive Officer of MHMR of Tarrant County, where she leads multi-faceted services for persons with intellectual disabilities, early childhood interventions and behavioral disabilities. At MHMR, she oversees 1,500 employees providing services to more than 35,000 individuals in Tarrant and surrounding counties within a $120M organization. Susan holds a master's and bachelors in social work from Barry University. She is both a licensed social worker and a licensed professional counselor in Texas and has more than 30 years of experience working in the field of mental health and disabilities. One of her most valuable experiences is as a parent of an adult with intellectual disabilities. Susan and her husband, Dr. Richard Garnett, have been long-time residents of Fort Worth with three sons.

Susan came to the center in 1996 and quickly moved through the ranks of MHMR of Tarrant County as chief operating office, deputy CEO and her current role as CEO. Susan has spearheaded new and innovative systems of care to meet the diverse needs of the Tarrant County community.

Under her leadership, Tarrant County has:

- Initiated county-wide mobile crisis mental health services
- Implemented innovative transformation projects funded through CMS
- Developed the first Aging and Disability Resource Center in Texas
- Developed new targeted resources for homeless persons
- Implemented an innovative program for youth at risk of institutionalization
- Developed new transit initiatives for Tarrant County residents with disabilities
- Worked closely with community stakeholders to find solutions that meet the needs of residents

In addition to her work with MHMR, Susan has served on boards and committees for local organizations. Since 2006, she has served as the chair of the Mental Health Connection and currently serves on the board of Guardianship Services, Inc. Susan has also been instrumental in shaping the structure and system of community health services in Texas through her selection and participation on numerous statewide initiatives and committees and many other local endeavors to support the development of community-based services to individuals. She has been the recipient of a number of awards and honors for her contributions. Her professional and personal life has been devoted to improving the lives of people with disabilities through innovative, collaborative, efficient, person centered treatment.

BITS FROM DC

Dear NACBHDD Colleagues:

We have a first for NACBHDD to report this month. Secretary Sebelius visited one of our stellar programs and, on the same day, also met with the director of another of our stellar programs. The Secretary visited Leon Evans, CEO at the Bexar County TX Center for Hope in San Antonio to see the Restoration Center and the Haven for Hope, both nationally acclaimed programs. On the same day, she was in Austin TX and met with David Evans, CEO of Austin Travis County Integral Care. Congratulations to Leon and David. Complete details are in this Newsletter.

We have begun our due diligence to help the states of Washington and Pennsylvania respond to letters received from CMS questioning their contracting practices with counties for mental health care. If you have encountered this issue and have worked through it, we would like to talk with you. Once we have completed our entire review, we will report details in an upcoming Newsletter.

We now are less than 90 days from initial insurance enrollments for the state Medicaid Expansions and the state Affordable Insurance Marketplaces, which will begin on October 1. Are you ready to help uninsured people enroll?

Please do enjoy the few remaining weeks of the summer, which is coming to a close all too quickly.

Ron Manderscheid, PhD
Executive Director

HEADS UP; HOLD THE DATES

Start planning now. The NACBHDD Fall Board Meeting will convene on November 14-15, 2013, at the Renaissance Arts Hotel, New Orleans, LA. That is immediately following the NACBHDD-sponsored annual National Dialogues on Behavioral Health at the same site.
And get your 2014 calendars out and pencil in March 3-5 for the NACBHDD annual Legislative and Policy Conference here in Washington, DC. As this year, we'll convene over those three days at the Cosmos Club, with our usual visits to Capitol Hill, too. And the Spring Board Meeting will occur at the same venue on the afternoon of March 2.

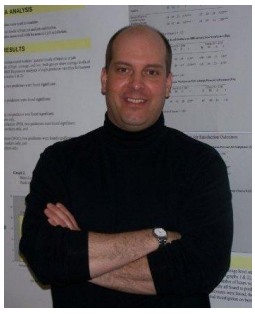
HILL HAPPENINGS: THE GOOD, THE BAD, AND THE UGLY

- **HOME IS WHERE THE HOUSE—AND SENATE – ARE.** Congress is in recess until after Labor Day. Then, they're back in session for 9 days before FY 2013 ends! During the recess, much time will be spent with constituents. Get involved. Advocate for full implementation of the ACA on behalf of the people we serve.
- **ONE GOOD THING BEFORE THEY WENT**. Before leaving town, Reps. Tim Murphy [R-PA] and Ron Barber [D-AZ] introduced the *Behavioral Health Information Technology Act*, enabling behavioral health providers to qualify for incentive payments under the HITECH Act's "Meaningful Use" program. By expanding eligibility for incentive payments to organizations like mental health clinics and inpatient psychiatric facilities, the bill can both reduce costs and save lives, given the high rates of co-occurring chronic illnesses among those with behavioral disorders. HIT is key to better care coordination for people with behavioral disorders. The Murphy/Barber bill corrects a serious policy error in the original bill that left mental health and addiction providers out of the Act.
- **AND SOME NOT SO GOOD THINGS**. Before leaving, the House took its 40th vote to defund the ACA and another to keep the IRS from implementing the ACA. The House also voted (232-183) to require Congress to sign off on high-cost regulations – including those for the ACA. And some in the House and Senate are threatening to shut the government and hold the debt limit ceiling hostage unless the ACA is repealed. It could be a bumpy September! Stay tuned.
- **AND WHEN THEY COME BACK.** The Health Care Work Group of the conservative House Republican Study Committee is drafting legislation that both repeals the ACA and replaces it with a measure that they say will eliminate problems in the Nation's health care system without mandates or taxes. Most likely it will protect care for people with pre-existing conditions, but beyond that, little is known. Look for the measure to be introduced after the August recess.
- **EMPLOYER MANDATE DELAY COSTS.** The Congressional Budget Office estimates that the delay to 2015 of the ACA's requirement that employers with 50+ workers offer health coverage to full-time employees will cost the federal government about $12 billion, around $10 billion of which results from lost revenues.

WHILE YOUR REPRESENTATIVES AND SENATORS ARE BACK HOME, TAKE TIME TO EXPRESS YOUR VIEWS ABOUT KEY ISSUES IN COUNTY BEHAVIORAL HEALTH.

RESPONDING TO RURAL BEHAVIORAL HEALTH WORKFORCE CHALLENGES

PAUL FORCE-EMERY MACKIE, PH.D.
PROFESSOR, MINNESOTA STATE UNIVERSITY, MANKATO, MN
PRESIDENT-ELECT, NATIONAL ASSOCIATION OF RURAL MENTAL HEALTH



Workforce shortage challenges among rural social service and behavioral health professionals have long been identified as a serious concern. In fact, public health, behavioral health, and social service organizations, along with local, state, and federal agencies, regularly cite lack of staffing as one of the most serious challenges facing rural health care services today, and appear perplexed regarding how to proceed.

Strategies have been employed to respond to this concern ranging from providing increased hire salaries, additional benefits, student loan repayments, and even housing. Perhaps the best known program available currently is through the National Health Service Corp (NHSC) at the US Department of Health and Human Services. The NHSC seeks to place health and behavioral health care professionals in rural and isolated areas in exchange for student loan repayment and other related benefits, and in return, students commit to a certain number of years of service. While this can be an effective strategy for placing health and behavioral health professionals in underserved areas short-term and has been replicated by states and even counties across the United States, it also represents a problem that too often becomes a revolving door process that rarely converts into a long term

relationship between the practitioner and the employer. This approach contributes to the regular staff turnover and affects continuity of care between practitioners and consumers.

While programs such as those administered by the NHSC show certain effectiveness, they fail to fully address salient elements critical to understanding those more or less likely to work as rural behavioral health practitioners. Therefore, it seems prudent to consider approaching the rural workforce problems from a different perspective and consider alternatives to current models and methods used.

The empirical literature on rural social service workforce issues also provides insight into the problem, which, in turn, may influence policy and hiring processes. It is clear that, to both hire and retain rural social service providers, there is a need to be more proactive in recruiting individuals into these fields. For example, one piece of research shows that social work students as a group who were raised in a rural area view returning to a rural area to practice as a positive opportunity, whereas those who were raised in more urbanized areas view this prospect as negative (Mackie & Simpson, 2007). In a study that included practicing rural and urban social workers, those who were working in rural areas were more likely to have been raised in a rural region of the United States, completed a rural-based internship, and were exposed to rural-specific content during their college education (Mackie, 2007).

Yet another study focused on identifying what rural social workers identified as positives and negatives of practicing in rural areas. The findings show that one of the strongest predictors is whether or not they were raised in a rural area (not necessarily *the* rural area they currently practice in, but that was a finding as well), an appreciation to work more independently and individually (which they felt they were more afforded in rural areas), and a desire to live within a more nature-based environment (Mackie, 2012). Finally, another study focused on measuring the difficulty in hiring social service workers in rural areas, and found that, for every 10 miles one moves away from a population center, there is a 3% increase in difficulty in hiring (Mackie & Lips, 2010). While a 3% increase in the difficulty in hiring in a community only 10 miles from a metro center would be barely noticeable, one can see that across broader distances the challenge of hiring grows more notable (for example, at 150 miles from a metro area, the difficulty increases to 45%). To summarize, people from rural areas who receive an education in the social services are more likely to want to work in a rural environment and the further one goes from a metro area, the harder it is to hire staff.

This information should come as no surprise to anyone working to hire and retain social service staff in rural areas, and essentially quantifies what is already known. However, this information is critical in the understanding of where students' working toward becoming social service providers prefer to work, the background influences of those already working in rural areas, and why they prefer to work in rural areas. Finally, we also now know that there is a measureable metric associated with the difficulty of hiring across geographic space.

From all of this previous work, the direction becomes clearer regarding future approaches to recruiting and later retaining rural behavioral health providers. Careers in these fields need to be encouraged. Junior high and high school students should be actively supported in considering careers in behavioral health fields through mentoring, education, and presentations. Current practitioners in these areas would be ideal spokespeople and conduits for this activity. State and federal agencies should re-craft recruiting plans, redirect resources, and place greater focus on seeking to hire individuals from rural areas interested in living in these locations. Closely related, resources should be provided to support rural-based behavioral health educational internships, as we now know that those who complete rural practicums are more likely to remain working in rural areas. This could be accomplished through the use of scholarships, financial support to rural agencies, or both. This, in turn, could essentially select for individuals more likely to express genuine interest in rural practice, provided that appropriate screening processes are employed. Finally, there is a need to recognize the importance of rural lifestyles and culture, and integrate that information into college curricula when and where appropriate to foster the learning of skills necessary to best prepare rural professionals for rural practice. While it is acknowledged that changing college curricula can be difficult, grants from government entities could encourage this activity and further foster educational growth and, at the same time, better prepare students for rural practice.

The goal of rural behavioral health educators, practitioners, and all other stakeholders is to improve the lives of those in need of these services in unique delivery areas. To that end, our community is currently attempting to facilitate future change using old and outdated processes – which, as we know, is typically a recipe for failure. Instead of focusing only on high-cost processes, such as currently used by the

NHSC, we could also begin to re-craft our approach to the problem by focusing on cultivating rural practitioners who are genuinely interested in being a part of the rural landscape and culture, and invested in the future of rural America.

COMINGS AND GOINGS

- **MOVING.** President Obama has nominated R. Gil Kerlikowske, now director of the White House Office of National Drug Control Policy, to be Commissioner of U.S. Customs and Border Protection, part of the Department of Homeland Security. Kerlikowske has served as ONDCP head since 2009.
- **GOING**. Dr. Farzad Mostashari, chief of the HHS Office of the National Coordinator (ONC) for Health Information Technology for the past 4 years and a former New York City public health official, announced that he plans to leave his position, creating an important vacancy as the healthcare system embraces digital record keeping.

COMING. The California Mental Health Directors Association is pleased to announce the selection of Robert E. Oakes of Sacramento as its new Executive Director. Oakes will replace current Executive Director Patricia Ryan, who is retiring September 30 after over 12 years of outstanding leadership of the Association. Oakes currently is Vice President and General Counsel for the Association of Independent California Colleges (AICCU), which represents over 75 non-profit private colleges and universities in the State. Before joining AICCU, he worked for Governor Gray Davis as Regional Director of the Governor's San Francisco Bay Area Office (representing the Governor in 13 counties from Santa Barbara to the Oregon border). Oakes, who holds both a law degree and an MBA, will officially join CMHDA on September 10.

- **CHANGING LEADERS.** With the retirement of Paul Ippel after 10 years, Network180—Kent County Michigan's Medicaid authorized agency—has welcomed Scott Gilman MSA, CBHE, LBSW, as its next executive director. He heads an agency that connects behavioral health services to more than 25,000 individuals annually through its provider network. He joins Network180 after a stint as CEO of the Shiawassee County (MI) Community Mental Health Authority, a $15 million publicly managed healthcare organization.
- **COMBINING FOR A NAME CHANGE.** Maryland's Baltimore Substance Abuse Systems (BSAS) and Baltimore Mental Health Systems (BMHS) are merging to form Behavioral Health System Baltimore that will focus on advancing behavioral health for individuals, families and communities, the two entities announced today. The new organization will work to foster a more efficient, responsive, holistic behavioral health system in Baltimore to help ensure individuals and families get the help they need to address mental illness and substance abuse issues. Bernard J. McBride, director of Bucks County (Pa.) Behavioral Health System, will lead Behavioral Health System Baltimore as its chief executive officer.

NEW HOPE IN TEXAS FOR THE FUTURE OF BEHAVIORAL HEALTH

DON POLZIN, EXECUTIVE DIRECTOR
GULF BEND CENTER – VICTORIA, TEXAS

There is a spirit of new hope in Texas for the future of behavioral healthcare. This was spurred by the Texas Legislature in the 83rd Legislative Session and approval of a two-year budget that included approximately $300 million in new state dollars for mental health services. (*See related note in State News section of this newsletter*.)

Included in the funding package for Fiscal Years 2014-15 was a directive for the Texas Department of State Health Services to move forward rapidly on projects to enhance the mental health crisis system. To facilitate a smooth, quick implementation, the Department conducted a statewide needs assessment calling upon the State's 39 local mental health authorities to analyze the need for funds to support the establishment, expansion or enhancement of community-based psychiatric emergency services projects. The needs assessment included the North Texas Behavioral Health Authority in collaboration with ValueOptions.

Key components of the psychiatric emergency services projects initiative include the establishment, expansion or enhancement of community-based psychiatric emergency services projects that provide the following services to anyone across the State: (a) extended observation services; (b) crisis stabilization services; (c) crisis residential services; (d) crisis respite services, and (e) local inpatient psychiatric beds and associated services.

The expectation is these services will be designed in ways that improve access to care and allow individuals in behavioral health crisis to receive treatment in less restrictive settings. As a result, local hospital emergency departments would see a reduction of unplanned visits, law enforcement would benefit from the reduction of wait times in the disposition of such cases; diversion from the criminal justice system to treatment would be enhanced. All of this provides value-added services that benefit other programs.

Don Polzin, Executive Director of Gulf Bend Center in Victoria, TX, is pleased to announce that his agency recently received word from the Texas Department of State Health Services of a funding award in the amount of $1.85 million for the biennium 2014 and 2015. Gulf Bend Center is working with local healthcare providers including Citizens Medical Center, the local county hospital, to develop an Extended Observation Unit. "We are pleased to be able to receive this award as it will allow us to develop an effective alternative in behavioral health crisis. We know that many cases are situational in nature and can be stabilized effectively and efficiently in a less restrictive setting such as an Extended Observation Unit. This is both beneficial to individuals and families experiencing behavioral health crisis, and the many stakeholders involved, including first responders and healthcare providers. We are grateful to our legislative leaders, the Texas Hospital Association, and the Texas Sheriffs' Association for their support during the Session."

HHS and Other Agency News and Notes

- **ACA Heads Toward October 1.** HHS has made $67 million in grant awards to 105 Navigator grant applicants in federally-facilitated and State Partnership Marketplaces. Navigator grantee organizations and their staff will serve as an in-person resource for Americans who want additional assistance in shopping for and enrolling in plans in the Health Insurance Marketplace beginning this fall. Navigators are only part of the outreach. HHS already has launched a 24-hour-a-day consumer call center ready to answer questions in 150 languages. More than 1,200 community health centers across the country are preparing to help enroll uninsured Americans in coverage. Further, HHS has begun training other individuals who will be providing in-person assistance, such as agents and brokers and certified application counselors.
- **'Mental Retardation' No Longer PC at SSA.** The Social Security Administration is the latest federal agency to drop the term "mental retardation" in favor of the phrase "intellectual disability." Social Security officials approved the change in terminology citing "widespread adoption" of the term "intellectual disability."
- **HHS Inspector General and Antipsychotics**. The HHS Inspector General has launched an inquiry into the apparently too common practice of prescribing antipsychotic drugs to children and youth under age 18 in the Medicaid system. The probe focuses on the five largest Medicaid states: California, Florida, Illinois, New York and Texas, and will include medical record reviews by pediatric psychiatrists. At the same time, states have been required by HHS to tighten oversight of prescriptions for antipsychotics to Medicaid-eligible children and youth. According to a study conducted for HHS, the number of people under age 20 receiving Medicaid-funded prescriptions for antipsychotic drugs tripled between 1999 and 2008. As NACBHDD has been reporting, many of these prescriptions appear to be for Medicaid eligible children within the foster system.
- **ACF Creates Medical Office Listserv**. The Administration for Children and Families' Chief Medical Officer, George L. Askew, MD, has the job of promoting the relevance of the social determinants that affect health functioning and quality of life outcomes for the Nation's human service programs. His office also is leading coordination and communication of information about the ACA throughout the ACF's network of programs. To that end, his office is establishing a listserv specifically to help share up-to-date health information and ACA-related news ACF partners and stakeholders. To be included on the OCMO listserv, please contact Kevin Powell at kevin.powell@acf.hhs.gov
- **CMS Seeks Partners.** The Centers for Medicare & Medicaid Services (CMS) has two new opportunities for organizations to help make sure uninsured Americans take advantage of the new Health Insurance Marketplace under the ACA. Check out the "Partner with Us" tab at http://marketplace.cms.gov/. You will find information about becoming a "Champion for Coverage" – nationally or in your state – and the myriad of ways to get involved in helping to implement the ACA. Further, at http://marketplace.cms.gov/ you will find information about how an organization qualifies and how to apply to become a "Certified Application Counselor (CAC)." Resources and educational materials that you can use are also available on this site.

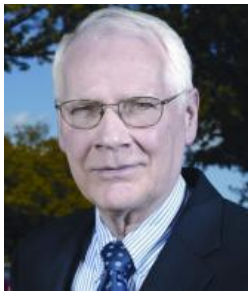
- **ACA SMALL BUSINESS SITE UP AND RUNNING.** Starting October 1, 2013, small businesses with fewer than 50 workers will be able to apply for health insurance for employees through the Small Business Health Options Program (SHOP). Using the SHOP Marketplace, employers will be able to find health insurance that meets employees' needs and makes sense for their business. According to HHS, SHOP enables employers to decide, up front, exactly how much they want to contribute towards insurance costs, giving them more control over the company's health insurance spending. To learn more about SHOP, or to share it with local community businesses, go to: https://www.healthcare.gov/marketplace/shop/?utm_medium=email&utm_source=govdelivery&utm_campaign=hcgov_Insureyouremployees&utm_content=08_13_13
- **SAMHSA'S NEW ACA-FOCUSED WEBSITE.** A new health reform website has been established as part of SAMHSA's effort to consolidate and modernize its SAMHSA.gov website. Visitors to http://www.samhsa.gov/healthReform/ will find information about health reform basics, parity, prevention under health reform, SAMHSA's health reform efforts, financing research and data, SAMHSA's Financing Focus newsletter, health care integration, and B Business for providers.
- **SAMHSA.** The just-released *The Medicaid Handbook: Interface with Behavioral Health Services* reviews Medicaid and its role in financing services and treatment for mental health disorders and substance use disorders, discussing services included in state Medicaid plans, the role of provider reimbursement, and a wide range of other important factors related to Medicaid. The Handbook is available electronically as both a complete compendium or in a modular format for ready updating. To download, go to: http://beta.samhsa.gov/health-reform/samhsa-health-reform-efforts/medicaid-handbook.

CENTER FOR HOPE: A HAVEN IN SAN ANTONIO

BEXAR COUNTY PROGRAMS ARE ANTICIPATING CURRENT NATIONAL TRENDS IN SERVICES INTEGRATION AND RECOVERY

RON MANDERSCHEID, PHD

Reprinted from Behavioral Healthcare, Access at http://www.behavioral.net/blogs/ron-manderscheid/center-hope-haven-san-antonio



Today (July 31), after an absence of three years, I had the privilege to become reacquainted with the outstanding Center for Hope programs in Bexar County, Texas. The brand new name for the Bexar County programs adopted just a day before my arrival—***Center for Hope***—seems highly appropriate for the wonderful work being undertaken in San Antonio.

Bexar County and the city of San Antonio have very important, large-scale goals: to create opportunities so that homeless persons can have a full life in the community; to help persons with mental health and substance use conditions avoid inappropriate criminal justice incarcerations; and to provide essential health services to adults with serious mental illness. The Haven for Hope for homeless persons, the behavioral health program for local law enforcement agencies, and the new, integrated, behavioral health-primary care program are models of excellence. Each has developed considerably since my last visit.

The Bexar County programs have anticipated several current national trends: the integration of mental health and substance use services; the integration of behavioral health and primary care; and the integration of behavioral health and primary care into police operations and into programs for homeless persons. We can learn a great deal from these Bexar County programs as we implement these same changes elsewhere.

All of these programs are preparing Bexar County for the upcoming implementation of the Affordable Care Act (ACA). Although the state of Texas has not yet made the decision to implement the optional ACA Medicaid Expansion, all Texas citizens between 100 and 133% of the Federal Poverty Level (FPL) will be eligible for health insurance under the Texas Affordable Insurance Marketplace beginning on January 1, with federal tax subsidies and reduced co-pays and deductibles. Importantly, many persons served by the Center for Hope will be eligible for this health insurance. The programs these newly insured persons will need already are in place and are available to serve them.

The Haven for Hope is a nationally-acclaimed, innovative program intended to return homeless persons to a full life in the community. The program has a very large capacity to support overnight accommodations either out-of-doors in a protected area or indoors. Meals are provided, including box lunches for those homeless persons who go out and work.

Mental health and substance use services have been integrated into the program, and a primary care service facility is currently being added. Uniquely, job training is available on site, and longer-term residential arrangements are available nearby. Special programs also are available for homeless military veterans.

The County also operates a very successful jail diversion program for persons with mental health and substance use conditions. All twelve police authorities in Bexar County participate in the program. A hallmark of the program is Crisis Intervention Training (CIT) provided to all local police; this training has become nationally acclaimed, and is now offered to police personnel throughout the United States. Like the Haven for Hope, a major purpose of the program is to engage participants in appropriate behavioral health care so that they can regain their lives in the community and not recidivate.

In 2012, the Center won the very first Healthcare Innovation Challenge Grant ever awarded by the federal Centers for Medicare and Medicaid Services (CMS). The purpose of the grant is to make primary care available to adults with serious mental illness, and to track the outcomes being achieved through this effort. Almost needless to say, the entire behavioral healthcare field is very proud of this achievement by the Center for Hope in a very difficult field of competition.

If you have the opportunity, please do visit the Center for Hope. I know that you will be as impressed as I was by all the amazing things being developed by Bexar County. The Riverwalk definitely is not the only thing to see in San Antonio!

Our hats are off to Leon Evans, the Director of the Center for Hope, and to his wonderful staff. They are a precious national resource for behavioral healthcare.

OFFICERS 2014-15 SLATE OFFERED

Elections for the 2014-15 period will be held at the November 14-15 NACBHDD Fall Board Meeting. The Board and Nominating Committee present the following slate of officer candidates for 2014-15.

- **President**: **Jeff Brown** – Executive Director, Oakland County Community Mental Health Authority, Michigan
- **Vice President**: **Cherryl Ramirez**, Executive Director, Association of Oregon Counties Community Mental Health Programs
- **Secretary**: **Kristen Rotz**, Executive Director, Pennsylvania Association of County Administrators of Mental Health and Developmental Services
- **Treasurer: Michael Deal**, Director, Southwest Behavioral Health, St. George, Utah

The Board also announces the following 2014-15 Committee Chairs:

- **State Association Directors**: **Cherryl Ramirez,** Association of Oregon Counties Community Mental Health Programs, Salem, OR
- **ID/DD**: **Peter Moore**, Ohio Association of County Boards of Developmental Disabilities, Columbus, OH
- **Behavioral Healthcare**: **Sandra Naylor Goodwin**, California Institute of Mental Health, Sacramento, CA
- **Justice: Gilbert Gonzalez**, Center for Health Care Services, San Antonio, TX

If you would like to self-nominate or nominate another NACBHDD member for one of the Board positions, please let Ron Manderscheid know no later than September 30. If you would like to serve on one of the committees, please let him know of that interest as well.

CMS RAISES ISSUES ABOUT WASHINGTON STATE, PENNSYLVANIA MEDICAID CONTRACTING

As noted in Dr. Manderscheid's "Bits" this month, the Centers for Medicare and Medicaid Services (CMS) has raised concerns about current state-county behavioral health contracting practices in both Washington State and Pennsylvania. NACBHDD is joining to help the states respond to these potentially difficult issues. However, we wanted to provide a brief overview of the situation in each of the states.

- **PENNSYLVANIA.** In July, the State Department of Public Welfare received a letter from CMS positing that the behavioral healthcare agreements between the State and 44 Pennsylvania counties under HealthChoices, the State Medicaid program, may constitute intergovernmental agreements or subgrants that must comply with cost principles in OMB Circular A-87. As a result CMS is seeking additional information from the State. This is not the first time the question has been raised, but the State's approach to covering behavioral health care has been approved regularly since its inception, despite earlier questions.

The Department of Pubic Welfare is preparing for a follow-up conversation with CMS to discuss the issue more fully. Efforts are underway to arrange the conversation but no date has been set. Additional information will be distributed as soon as details are available.

- **WASHINGTON STATE.** In a July letter, CMS informed the Washington State Health Care Authority (HCA) that the way the State is paying for mental health care violates federal procurement laws, even though CMS has approved the very same method for the past 20 or more years. The net effect potentially could mean radical changes in the role of the county in the administration of behavioral health services. The decision was made based on an audit of another state that maintained a similar payment system for behavioral health care.

  Historically, Washington State contracts with Regional Support Networks (RSNs) that manage Medicaid dollars and deliver services locally. RSNs receive a fixed, or capitated, payment for each patient needing services, rather than being reimbursed for each individual service provided. This method provides incentives to keep costs low and Medicaid billing to a minimum.

  The CMS audit found that RSNs are a governmental entity, and as such, under CMS guidelines, they may be reimbursed only for each specific service provided, plus administration costs—a 'fee-for-service' model, rather than a per capita model. If Washington opts for this option, the state would be required to assume the risk that RSNs currently shoulder. However, if the state chooses to maintain capitated payments, RSNs no longer would be afforded the first right of refusal for local contracts. Rather, they would be required to bid competitively against for-profit health insurance companies.

  Both options would require legislative change. The HCA is awaiting legal opinions from the Attorney General's Office and outside counsel before deciding whether or not to challenge the CMS complaint. The State must submit a corrective action plan within 90 days. Stay tuned.

AROUND THE STATES: AN UPDATE

- **MULTIPLE STATES.** Among the 32 other states defaulting to a federal marketplace for purchasing health insurance, a major component of the ACA, 6 also have decided not to enforce new health insurance reforms prescribed by the law. Texas, Arizona, Alabama, Missouri, Oklahoma and Wyoming have notified DHHS that they will not police the law when it is set in place in January, a decision some say could lead to confusion over who's responsible for protecting these states' consumers.
- **CALIFORNIA.** First the good news: the director of Covered California—the state's insurance marketplace—announced that insurance companies have signed contracts to participate in the newly created health benefit exchange/marketplace. Twelve health insurance companies will offer coverage in the individual exchange, of which 6 will also offer plans through the exchange's Small Business Health Options Program (SHOP) market. A 13th company, Ventura County Health Care Plan, opted out of the exchange in the first year. Now the not-so-good news: The State auditor has found that over the last 6 years, the State has provided little or no oversight over how counties have spent Proposition 63 funds designed to serve people with serious mental illness. [The decade-old proposition enables the State to collect an additional 1% tax on those with incomes over $1 million to fund programs and services for these individuals.] The good news is that most counties have been using the funds to good effect and within the scope of the law.

- **CONNECTICUT.** Notwithstanding fears to the contrary, at least one insurer has actually cut its proposed rates for coverage through the State's health insurance marketplace
- **MARYLAND. I**n an unusual move, Maryland's State university has directed funds from athletics to support expanded mental health counseling for its students instead. In part, the decision was in response to a shooting in February in which one student shot two others, killing one, before turning the gun on himself.
- **NEW YORK.** To help curb soaring Medicaid costs, the State hopes to move thousands of low-income individuals into supportive-housing apartments and out of Medicaid-supported residential care provided by hospitals, homeless shelters, group homes and nursing facilities. Unfortunately, to date, HHS has not agreed to provide federal matching funds for the project, since associated costs are not for health care, but for associated living costs. Nonetheless, even without the 50% federal match, the State plans to proceed, as planned, to build supportive housing for as many as 5,000 residents, particularly since living costs are cut markedly when compared with the more restrictive settings. It is likely that at least some of these units will be used to house individuals with mental illnesses who will be able to leave adult and group homes as the result of a recent legal settlement.
- **TEXAS.** The latest legislative session saw restoration of funds for critical health and human service programs. The

Department of State Health Services received a sorely needed investment of nearly $350 million above last biennium's budget for a variety of new and expanded mental health services. Many of DSHS's exceptional item requests were incorporated into SB 1, including funds for infrastructure repairs, services targeting people on the waiting list for community-based mental health treatment and a supportive housing program for people with serious mental illness.

KENNEDY FORUM ESTABLISHED, WILL LAUNCH IN OCTOBER

President John F. Kennedy signed the Community Mental Health Act 50 years ago in October. While significant progress has been made since then, many more improvements are needed, particularly relating to implementation of parity legislation. To celebrate the achievements and rally the Nation to improve mental health care policy, services and access, former Congressman Patrick Kennedy is launching a new initiative, *The Kennedy Forum*, in Boston on October 23 and 24, 2013. Plans are underway to enable computer-based participation at the October event and to link to other concurrent events together around the country.

The Kennedy Forum is designed to build on the ACA to implement good mental health policy. Kennedy says the forum "allows us to finally remove the stigma surrounding mental illness and to once-and-for-all achieve parity by treating the brain the same way we treat the rest of the body. I look forward to bringing together the brightest minds and boldest voices in the mental health, substance use, and intellectual disability community for this annual event."

Following the kick-off event, a variety of materials will be made available to help communities undertake their own events, including edited videos of speakers and panelists at the Kennedy Forum Conference; materials on President Kennedy's 1963 vision for community care; the gains that have been made in pursuit of it over the past 50 years; today's opportunities to expand that vision based on cultural, scientific, and legislative advances; and a future-looking consensus paper on community services being developed by a panel of respected mental health, substance use, and developmental disability leaders.

For more information, go to: http://thekennedyforum.org, call 508-549-5799, or write to thekennedyforum@gmail.com.

ON THE BOOKSHELF: RECENT PUBLICATIONS OF NOTE

- **COALITION FOR WHOLE HEALTH**. The CWH has developed a three-part toolkit designed to provide state-level stakeholders in health care with materials to advocate for strong implementation and oversight of the ACA's essential health benefits, parity and network adequacy protections. The toolkit includes an overview of the CWH's key issues and recommendations as well as short guides for working with state legislatures and insurance commissioners. Contact NACBHDD for a copy of the toolkit.
- **AHRQ**. The *Atlas of Integrated Behavioral Health Care Measures* presents a framework for understanding the measurement of integrated care, identifies and organizes existing measures relevant to integrated behavioral health care by framework and user goals to facilitate selection of appropriate measures. To download the document, go to: http://integrationacademy.ahrq.gov/atlas
- **COMMONWEALTH FUND.** *Implementing the ACA: Key Design Decisions for State-based Exchanges* By examining design decisions made by states that chose to establish a state-based exchange, implementing the ACA: Key Design Decisions for State-based Exchanges, reports significant progress in structuring their exchanges, with states varying in their design decisions. Many states expect to exceed some federal requirements--to collect and display quality data, for example--and have capitalized on the ACA's flexibility to tailor their exchanges to unique needs and make decisions with an eye towards outcomes, such as enrollment, consumer experience, and sustainability. For more, go to: http://www.commonwealthfund.org/~/media/Files/Publications/Fund Report/2013/Jul/1696_Dash_key_design_decisions_state_based_exchanges.pdf
- **INSTITUTE OF MEDICINE.** *Variation in Health Care Spending: Target Decision Making, Not Geography* investigates real, persistent geographic variation in health care quality and spending for Medicare beneficiaries as well as other populations, finding differences are driven largely by charges to insurers and to post-hospital care (e.g., nursing homes and home health care). The report also analyzes Medicare payment policies that could encourage high-value care. For more, go to: http://www.nap.edu/catalog.php?record_id=18393

- **INSTITUTE OF MEDICINE** *Crisis Standards of Care: A Toolkit for Indicators and Triggers* examines indicators and triggers that guide implementation of standards of care during response to a catastrophic disaster. It provides a toolkit to help stakeholders establish such a system for their communities. To download the report, go to: http://iom.edu/Reports/2013/Crisis-Standards-of-Care-A-Toolkit-for-Indicators-and-Triggers.aspx
- **GEORGE WASHINGTON HEALTH LAW AND POLICY PROGRAM/ROBERT WOOD JOHNSON FOUNDATION**. *Federal Policy Implementation under the ACA: Six Issues whose Final Resolution Awaits as Implementation Moves Forward* explores 6 ACA issues that will not be resolved until after the law goes into effect, including those related to nondiscrimination in government subsidized plans and in essential health benefits, to enforcement of insurance market reforms, and other issues. To read the issue brief, go to: http://healthreformgps.org/resources/federal-policy-implementation-under-the-affordable-care-act-six-issues-whose-final-resolution-awaits-as-implementation-moves-forward/**SAMHSA**. *One Voice, One Community: Building Strong and Effective Partnerships among Community and Faith Organizations* provides strategies for collaborations to the service needs of people with mental illness and substance use disorders. It highlights examples and presents challenges and benefits of such partnerships. Order the document at: http://store.samhsa.gov//product/SMA13-4739
- **CENTER FOR ECONOMIC AND POLICY RESEARCH**. *The Affordable Care Act: A Hidden Job Killer* provides statistics that refute arguments that the ACA's employer penalties would have an adverse effect on full-time employment by driving employers of 50 or more people to shift workers to part time (under 30-hour-a-week status) status to avoid paying for health coverage. For example, fully 94% of employers already voluntarily cover health care for their workers. To download the report, go to:http://www.cepr.net/documents/publications/aca-job-killer-2013-07.pdf
- **SAMHSA.** The *Toolkit for Community Conversations About Mental Health,* developed following the June 3, 2013, National Conference on Mental Health, was designed to help communities and individuals start a conversation about mental health, identify innovative, creative steps to address the mental health needs of the Nation. It includes an information brief, a discussion guide, and a planning guide. To download the toolkit, go to: http://content.govdelivery.com/accounts/USSAMHSA/bulletins/84b053

MARK YOUR CALENDAR

- **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.
- **NACBHDD.** *Fall Board Meeting,* November 14-15, 2013, New Orleans, LA. Stay tuned.
- **NACBHDD.** *Spring Board Meeting,* March 2, 2014, Cosmos Club, Washington, DC; *Legislative/Policy Conference,* March 3-5, 2014, Cosmos Club Washington, DC. Stay tuned.

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