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

APRIL 23, 2013

COMMUNITY-BASED MENTAL HEALTH: ITS TIME IS NOW

NEWTOWN AS AN UNDENIABLE CALL FOR LEGISLATIVE ACTION

You probably don't know Peter Courtney unless you live in Oregon, and even then, you might not, unless you pay attention to State politics. The most senior member of the Oregon State legislature, he is serving in his unprecedented fifth term as President of the Senate. That's quite a record, but it doesn't compare to what he's been doing over the past decade to champion change in the lives of people in Oregon with behavioral disorders or intellectual/developmental disabilities.

For the past decade, Courtney has been a legislative advocate for community-based care for people with serious mental illnesses and for active treatment for those in inpatient settings. As he explains it, he is "an accidental advocate for mental health issues." It began in 2004, when, during a tour of the Oregon State Hospital, the group he was with discovered the unclaimed cremated remains of more than 3,500 Oregonians who had died while patients at the facility. The story of the "Room of Forgotten Souls" was the catalyst for his stewardship to replace that 1883 facility with a new inpatient hospital emphasizing recovery and rehabilitation. His experience in 2004 also compelled him the following year to lead a legislative victory for mental health parity—3 years before the US Congress did the same. And, in December 2012, across the continent from Newtown Connecticut, Senator Courtney again saw that an important opportunity to better the lives of people with serious mental illnesses could arise from a great national tragedy. He became convinced that, at last, the time had come for bipartisan omnibus action on mental health. The critical mass, at last, had been reached. That's why, in February 2013, he called on members of the Oregon Legislature to make a "game changing investment" in community mental health services in Oregon a top revenue and budget priority.

He set out an agenda for action, complete with an assessment of the dollars needed to support the effort: $331 M to fully fund community mental health services that includes $285 M for crisis services, case management, outpatient programs and housing for mentally ill adults, and another $46 million, targeted toward children and youth. He has made clear his aims in bringing this issue before the Oregon legislature and the people of his home state. "This is more than a budget issue. Treatment can change people's lives. Treatment reduces drug and alcohol abuse. Treatment can improve relationships and save families. It can make people better employees. It can make them better parents. It can make them better citizens."

On March 25, he introduced SB 823, a bill designed to move the agenda from words to practice. The bulk of the legislation works to build a better mental health system for young people and children, including school-based services and peer support to identify and help manage emotional problems early. The bill also asks primary care

ALSO IN THIS ISSUE

Teddi Fine, MA, Editor

physicians to collaborate with mental health professionals to develop intervention teams for adults. And, recognizing that mental illnesses don't stop at age 65, the bill asks community mental health programs to have a geriatric mental health specialist.

To Courtney, Newtown signaled a sea change that meant the time to act had come. And act he has, testifying with great power before the Senate Health care and Human Services Committee on April 9. We share just some of what he said here.

During the aftermath of Sandy Hook and Clackamas, I was watching a lot of different news channels with my wife. … As the nation argued over gun control measures, every talking head said, "We should do something about mental health." I grew very angry, but decided to see if they were bluffing. You want to do something about mental health? Then, by God, we're going to do something about mental health.

We should do something about mental health. We should've done something about mental health 20 years ago. But this issue always gets pushed aside, locked in a room, forgotten like the lost souls of the cremains. Not if I can help it… It's time to make a commitment. According to the Oregon Health Authority…our current system is only reaching 35% of the young people who need help and 45% of adults. This is unacceptable. SB 823 seeks to dramatically expand our State's mental health services.

[Let me] highlight one of my favorites: the Early Assessment and Support Alliance (EASA). This program provides a team of on-call professionals to assist young people during a crisis. For example, Josh, a 14-year-old boy, sees his primary care doctor and confides that he's hearing voices and is scared. The doctor can make one phone call and, within 24 hours, each team member will connect with Josh and his family to get Josh counseling, medication and peer support. The family will also be assisted with how to best interact with Josh to help him cope and get back to health.

EASA isn't currently available in… [many Oregon counties]. To get services of this kind, parents have to drive their kid for hours to a metropolitan area. … That's why it's so important we finally make this a priority. If we could fully fund our mental health system—expand programs statewide—we could not only prevent tragedies like Sandy Hook and Clackamas, we could improve lives, have a higher functioning workforce and better communities, reduce emergency room visits, and keep people out of the criminal justice system. …

All this translates to a healthier society and cost savings down the road. The costs of mental illness and addiction to society can't really be quantified. We're talking about real people who need help so they can be a good mother, finish college, maintain a job, quit self-medicating with alcohol and illegal drugs, volunteer to help others and thrive.

I know that every single one of you, whether you know it or not, have someone in your life that is mentally ill or suffers from addiction. I know this because 1 in 5 Americans have a mental illness: the neighbor kid, the veteran down the street, perhaps your brother or elderly mother, Uncle Bob, the reporter who will interview you later, or your favorite waitress. Mental illness is everywhere—but it is kept behind closed doors—stigmatized. It's time to educate and eradicate the stigma and the barriers to help. This initiative, if implemented, will be a game-changer for our society. I hope you agree that it's time. It's time. Thank you."

Courtney's legislation is wholeheartedly supported by the Association of Oregon Community Mental Health Programs (AOCMHP). And, more important, it has won unanimous support by the Senate Healthcare and Human Committee, with the addition of an amendment that provides legislative oversight over implementation. The bill now heads to the Ways and Means Committee to work out funding. Chances look good for enactment. if funding can be secured.

AOCMHP Director Cherryl Ramirez says, "When this bill becomes law, it will be easier to identify mental health problems earlier and prevent tragedies, like suicides and homicides. We can better help youth and young adults stay in school, and help people remain in the communities with jobs and housing, rather than being incarcerated in a jail or a state hospital. If Oregon can be the model for other states to enact comprehensive community mental health legislation, we'd be thrilled."

Please hold May 16, 2-4 PM EDT, for an HHS/SAMHSA webinar on Parity. This webinar will be the first of three HHS webinars on reform over the next several months.

HOT NEWS FLASH

A day after rejecting major gun reform amendments to the *Safe Communities, Safe Schools Act of 2013*, an amendment to establish early-intervention services for people with mental illnesses, the *Mental Health Awareness and Improvement Act* proposed by Senator Harkin (D-IA), was adopted by a 95-2 vote. Clearly, unlike the Manchin/Toomey background check proposal that failed to gain the 60-vote threshold, the mental health-focused amendment garnered broad bipartisan support. Only Rand Paul (R-KY) and Mike Lee (R-UT) voted against the measure. The legislation would establish federal education and health programs focused on awareness, prevention and early identification of mental health conditions, particularly in school settings. It promotes school-wide prevention through the development of positive behavioral interventions and supports; and emphasizes suicide prevention, help for children recovering from traumatic events, and mental health awareness for teachers.

What will happen to the Senate-approved amendment remains in doubt, since it is part of the larger gun control measure that has now been pulled from further consideration. Senate Majority Leader Harry Reid (D-NV) now has to decide if Democrats want to bring the measure back to the floor after a new round of behind-the-scenes negotiations.

TA-LK WEBINAR ON ACA IMPLEMENTATION

While State Health Insurance Marketplaces and the Medicaid Expansion are being set in place, join us for an important TA-lk Webinar to get an update on the latest activities on ACA implementation. New initiatives include a new approach to the Medicaid Expansion, Health Insurance Navigators, and an HHS Enrollment Initiative. This webinar will provide an update on each of these issues. It's a must if you are preparing for the ACA.

Title: *TA-lk Webinar: Important Updates on Affordable Care Act Implementation*
Date: Monday, April 29, 2013 **Time:** 3:30 PM - 4:30 PM EDT
Reserve your seat. Log on to: https://www1.gotomeeting.com/register/500752473

BITS FROM DC

Dear NACBHDD Colleagues:

Behavioral healthcare seems to be at the juncture of several major transformative activities:

- Response to the Newtown Tragedy (see my commentary in this edition)
- Ramp-up of enrollment activities for the ACA by HHS (enrollment will begin on October 1, 2013)
- Federal financial downsizing (see the 2014 budget analysis in our May 1 Under the Microscope)

Right now, we don't fully understand how these three transformative activities will interact with each other. In fact, I suspect that the federal government has not thought that question through yet.

This is all to say that quick communication of accurate information to you over the next 6-9 months will be critical for your future operations. We will try to do that as best as we can.

I also hope to see many of you at your spring meetings this year. Right now, I have plans to travel to IL-NJ-NY-VA-CA-PA over the next month, where I will be speaking about the issues described above.

Finally, I have a request: If you have interest in our Behavioral Health Committee, please e-mail me. Sandra Goodwin and I will be discussing the future activities of that committee and would like to include your interests.

Ron Manderscheid, PhD
Executive Director

GET INVOLVED

National Children's Mental Health Awareness Day
Thursday, May 9, 2013
For more, go to: HTTP://WWW.SAMHSA.GOV/CHILDREN/

FY 2014 BUDGET FROM THE WHITE HOUSE

While its future in the House and Senate is an open question, the White House, nonetheless, released its FY 2014 budget to generally mixed reviews overall. We will drill down into the budget in depth in our next installment of *Under the Microscope*. In the meantime, we provide an overview of the Administration's behavioral health budget.

Overall, the FY 2014 budget proposes $967.3 billion in outlays and proposes $80.1 billion in discretionary budget authority. Within those totals, the Department says the budget proposal includes investments needed to support the health and well-being of the nation, and legislative proposals that would save an estimated net $361.1 billion over 10 years. Medicare and Medicaid outlays account for 85% of the entire HHS budget for FY 2014. Discretionary programs are 8% of the anticipated outlays.

The budget includes $235 million for *new* mental health programs to help schools detect early warning signs and to train thousands of new mental health professionals. These programs were first outlined in January, elements of the Administration's *Now Is the Time* initiative to reduce gun violence undertaken just after the Newtown tragedy. Under the budget proposal, HHS would receive around $160 million of those funds to support—

- Workforce expansion
  - ✓Collaboration between SAMHSA and HRSA to increase the behavioral health workforce by an additional 5,000 mental health professionals. *($35 million*)
  - ✓SAMHSA-specific workforce expansions for peer professionals (*$10 million*)
  - ✓Minority fellowships ($5 million).
- SAMHSA grant programs
  - ✓Project AWARE (Advancing Wellness and Resilience in Education), designed to reach 750,000 young people through programs to train teachers and other adults who work with youth to detect and respond to mental illness. *($55 million total: $40 million in state grants; $15 million in mental health first aid program funding*)
  - ✓Healthy Transitions grant program, enabling young people (ages 16-25) and their families to access and navigate the behavioral health treatment systems to ensure that the young people don't fall through the cracks of the health system when they leave home. (*$25 million*)
- CDC efforts to track gun violence and to research strategies to prevent it *($30 million*)

Notwithstanding the infusion of $130 million in *Now Is the* Time funding, SAMHSA's net gain for FY 2014 is only $4 million over FY 2012 actual expenditures. While the mental health block grant is level-funded, the substance abuse block grant receives a $20 million hike. Cuts are proposed for other elements of the SAMHSA portfolio. Thus, for example, substance abuse prevention and treatment discretionary grants take a significant hit, down from FY 2012 levels by $94 and $10 million, respectively.

Of all the HHS agencies, the National Institutes of Health is a big winner, up $471 million over FY 2012. Surprisingly, though, the NIMH lost $12 million in funding, despite the new "brain initiative" announced in March.

What will happen with this budget—given Senate and House approval of their own versions of the FY 2014 budget remains to be seen. In the meantime, the sequestration continues despite enactment of an FY 2013 continuing resolution through the end of the fiscal year. In its sequestration report to Congress, the Office of Management and Budget (OMB) estimates that SAMHSA will face a 5% reduction for certain budget accounts, resulting in a $168 million cut for FY 2013.

MEDICAID EXPANSION: THE ARKANSAS MODEL

As reported in our last issue, Arkansas Governor Beebe (D) has proposed, and his legislature has agreed to, ACA Medicaid Expansion, well, sort-of. Under their plan, the State actually would not expand its Medicaid program. Rather, federal funds for those eligible under Medicaid Expansion would provide "premium support" to enable these individuals to purchase private health coverage through the State's Insurance Marketplace. It's an unorthodox approach that has raised interest in Florida, Louisiana, Ohio, Pennsylvania, and Tennessee, where conservative governors or legislatures are developing their own premium assistance proposals.

But the HHS has weighed in. The Arkansas proposal is not yet a done deal. If a state wants to privatize the healthcare law's Medicaid expansion, it will need a waiver from the federal government, and only a limited number of such waivers will be approved. A March 29 document to State Medicaid authorities and Governors spells out the nature of the waiver and specific criteria that must be met for approval. For example, coverage must be made

available to the entire expansion population. It must provide individuals a choice of at least 2 qualified health plans, with benefits that are "closely aligned" with those available through the Marketplace's benchmark plans.

Given the new HHS requirements, it remains to be seen whether this "voucherized" approach to expanding health care to a larger population of low-income individuals will continue to gather momentum.

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

- **DUELING BUDGET BILLS.** The Senate has approved a resolution setting out the budget for FY 2014. The proposal would replace the sequester cuts with an equal mix of tax increases and spending cuts, yielding around an $800 billion reduction in deficits. The House already approved a competing budget that would eliminate the deficit in 10 years by cutting projected spending by some $4.6 trillion and calling for contentious changes, such as axing the ACA, turning Medicaid into a block grant and Medicaid into a voucher program. And just 2 weeks ago, the President sent *his* FY 2014 budget to the House and Senate. (See related story). Let the battle of dueling budgets continue!
- **ALMOST THERE**: This week, the Senate Finance Committee is expected to approve Marilyn Tavenner, President Obama's nominee to head the Centers for Medicare and Medicaid Services (CMS). She has already served as Acting Administrator for the past 3 years. Senate Finance approval puts her one step away from full Senate confirmation.
- **HEARINGS, HEARINGS AND MORE HEARINGS**. In the coming weeks, House and Senate committees will focus on a variety of health topics, among them the FY 2014 HHS appropriations request (with Secretary Sebelius appearing before House and Senate); issues involving mental health, HIPAA and privacy; ACA implementation; the growing physician shortage; and the impact of defense appropriations on the health of active service members and families.
- **WHO'S ADDING MONEY TO THE ACA**? The House Energy and Commerce Committee has adopted a measure to put funds from ACA's Prevention and Public Health Fund into the now-sidelined high-risk pool program for uninsured people for the balance of the year. The ACA created the Pre-existing Conditions Insurance Plan as a short-term program to cover uninsured vulnerable individuals until 2014. Earlier this year, cost concerns led HHS to tell the ACA's high-risk pools to stop accepting new patients. The question is whether this Republican proposal, on a fast track for a full House vote, is intended to help people with pre-existing conditions or to empty the Prevention and Public Health Fund.

IN MENTAL HEALTH CARE, TRANSFORMATIONAL CHANGE BEGINS WITH US

Michael Yang
President, Janssen Pharmaceuticals, Inc.

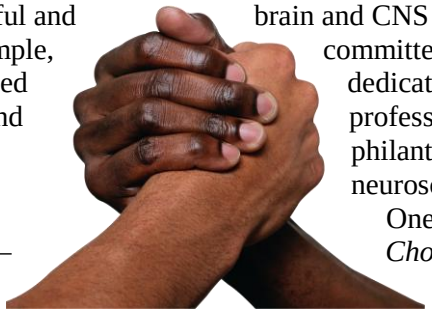
The mental health care issues we face today have remained unchanged, for the most part, for decades and are issues that impact all of us. As David Wiebe, the retiring Executive Director of the Johnson County Mental Health Center in Mission, KS, said in the January issue of this publication, the "Why" comes down to a lack of knowledge and understanding about mental illness by the public and policymakers, accompanied by the underlying stigma that still continues. This gap in education, in turn, has resulted in our ongoing, collective challenge to secure adequate funding for treatment services, increasingly difficult as local and state budgets tighten and demand for services intensifies. Overcoming these challenges demands continued vigilance on the part of industry, advocacy organizations and the healthcare community to work in partnership to raise awareness, spread the word and make a positive, life-changing difference for patients, families and caregivers.

We're talking about demystifying mental illness, educating the world-at-large about the true economic and emotional costs of untreated mental illness in our communities and, as such, the need for effective care and treatment through therapeutic solutions and choices in recovery.

Moving Beyond the Pill. The first step is to change the conversation and to prompt new dialogue that is not only thought-provoking, but also action-inspiring. Just recently, Janssen neuroscientists and colleagues challenged the healthcare industry to think differently about creating integrated approaches to healthcare innovation. In an article published in the February 2013 issue of *Nature Reviews Drug Discovery,* the team asserted that the pharma industry must evolve from product-focused 'magic bullet' drug development toward integrated patient care approaches.

In the case of central nervous system (CNS) disorders, disease biology is extremely complex, arising from genes affected by both random variables and environmental factors. Because neurodegenerative disorders manifest as a constellation of symptoms (e.g., changes in cognition, mood and perception, among others), it is unlikely that any single-target drug will adequately treat all facets of the condition. Therefore, R&D organizations need to broaden their definition of innovation to develop comprehensive solutions that move beyond the molecule to cover drugs, devices, diagnostics and services, and includes, where appropriate, monitoring, adherence assistance, access support, and disease interception.

Also, as power shifts toward payers and patients/caregivers, the definition of innovation will broaden further, to encompass meaningful and measurable clinical outcomes. For example, in major depression, value may be defined by the ability to rapidly resume social and work responsibilities. For Alzheimer's disease, it may be defined in terms of benefits that allow patients to remain independent longer. For schizophrenia – where lack of adherence to prescribed medications can put patients at risk of serious symptomatic episodes and increase the incidence of relapse-related hospitalizations – a 'blockbuster' solution might not just be medication, but also 'wrap-around support' that helps patients follow their physician's orders. This is especially important in today's fragmented healthcare system that often disrupts coordination and continuity of care.



Adding more complexity to the issue, CNS disorders have been identified as one of the biggest challenges to our healthcare and economic environment. The predicted cost of these disorders to society worldwide is higher than that of cancer, diabetes and chronic respiratory diseases combined, and many serious mental illnesses can affect a patient's ability to take medicines on a regular basis and become engaged in a treatment plan. A 'beyond the pill' integrated care model—that could, for example, include ongoing remote analysis of physiological and activity-based parameters using on-body sensors, or even mobile technology such as smart phones—has the potential to advance disease management and treatment efficacy. However, such technologies and advances must be developed and introduced in collaboration among R&D organizations, health authority stakeholders, payers, patient advocacy groups and with appropriate education for and consent of patients and caregivers.

Raising Awareness, Advocacy in Action. So what does that mean for us? At Janssen, our interest in integrated care for brain diseases has a direct connection to our *Healthy Minds* program—a global initiative launched in 2011 to encourage collaboration among biotechnology, pharmaceutical and public-sector organizations to accelerate the discovery of new therapeutic solutions for neurologic and brain diseases. *Healthy Minds* builds on the long-standing Janssen legacy of achievement in advancing neuroscience research. The company's work in this area dates back to the 1950s, when the discovery and development work of Dr. Paul Janssen led to one of the first breakthrough treatments for schizophrenia. Janssen is named for "Dr. Paul," who is known as one of the 20th century's most gifted and passionate physicians and pharmaceutical researchers.

Over the last half century, Janssen has discovered, developed and launched many innovative treatments for brain and CNS conditions—and we remain firmly committed to neuroscience. Each year, we dedicate more than $12 million to public and professional education, sponsorships and philanthropy focused on the field of neuroscience and mental health.

One example of that educational effort is *Choices in Recovery*®. Created to provide support and information for schizophrenia, schizoaffective and bipolar I disorder, the *Choices in Recovery* web site is a comprehensive, 'non-branded' resource for patients and caregivers. The intent is to empower people with a mental health condition with the tools they need to create an effective mental health recovery plan and encourage them to become more engaged with their recovery team. What's more, we at Janssen understand that mental health recovery is an ongoing process that is unique for everyone. It's not a single outcome. Therefore, *Choices in Recovery* provides information that is useful *and* inspires people through empowerment, hope and respect, to take ownership of their personal recovery experiences.

At the local level—to promote disease awareness—Janssen CNS recently launched *Vital Relationships*, a new, unique, peer-to-peer educational platform to focus on the power of relationships in the treatment of schizophrenia. Throughout 2012, our CNS organization hosted several VITAL events that reached more than 1,500 treatment team members nationwide.

Partnering For Progress. But there is more we can do—and we continue to look for opportunities to be 'in the moment' and where it counts: at the table in public policy discussions where real, relevant issues emerge; at major medical meetings that showcase scientific innovation and ambition; at key symposia where patient advocacy is encouraged and advanced; and in communities like yours, where people live, are listening and getting involved.

To that end, and in the coming weeks, the Cleveland Clinic will host its *4th Annual Patient Experience: Empathy & Innovation Summit* where Janssen will sponsor a panel and I will deliver the keynote address. The patient experience has emerged as one of today's most dynamic issues for healthcare CEOs, physicians and industry leaders and, according to the Cleveland Clinic, as the "essential key differentiator" to the future of healthcare delivery. Also, at the local level, in May—during Mental Health Awareness Month—'Team Janssen' will be side-by-side with members of the community *"Changing Minds … One Step at a Time"* at the 6th National Alliance on Mental Illness (NAMI) 5K Walk in New Jersey's Mercer County on May 18.

Every Step Counts. While it will take dedication, drive, passion and partnership to make meaningful change in mental health care, we must remain united in our mission to ensure all patients in communities throughout America have the opportunity they deserve: to lead a meaningful life.

Integrated approaches to healthcare delivery have the potential to radically change patient care as we know it, while being sensitive to the needs of caregivers. As we advance at the molecular and disease biology level, we also must evolve preconceived notions of a pharmaceutical company's role so that our healthcare ecosystem can improve outcomes for patients who have some of the most devastating diseases.

But we have to keep talking and continue striving to raise awareness about the importance of mental health care, the long-term value of affordable and effective access to therapy and medication, and the patients – the people – who need hope and help. Understanding mental illness is step one.

ON PARITY

At a recent hearing on a state-level parity law in Massachusetts, Former Representative Patrick Kennedy stated—

"We want to be treated the same.
We don't want any more than physical health care, but we demand no less."

HHS AND OTHER AGENCY NEWS AND NOTES

- **MARKETPLACE NAVIGATORS FUNDING OPPORTUNITY.** The Centers for Medicare and Medicaid Services (CMS) announced a $54 million grant program for 1-year awards to support Marketplace Navigators— official resources for consumer information and assistance about public and private coverage options under the ACA. Navigators, of which one must be a "community and consumer-focused nonprofit," will help consumers compare their options. Exchanges themselves will undertake customer enrollment. Grants are available in states with state-federal partnership marketplaces or state-facilitated marketplaces (exchanges). Grantees will receive online training from CMS. States creating their own marketplaces are expected to create their own Navigator programs. Letters of Intent (encouraged, not mandatory) are due May 1. *Grant proposals are due June 7*; awards will be announced in mid-August. For more information, visit www.grants.gov and search for CFDA # 93.750.
- **OFFENDERS WITH CO-OCCURRING DISORDERS GRANT OPPORTUNITY**. The Department of Justice's Bureau of Justice Assistance will award grants under its *Second Chance Act Reentry Programs for Adult Offenders with Co-occurring Substance and Mental Health Disorders*. The program supports state, local, and tribal government efforts to establish/enhance treatment to adult offenders reentering the community, including recovery support services, reentry planning and programming, and post-release treatment and aftercare programming in the community through the completion of parole or court supervision. The deadline to apply is May 16, 2013. For more, go to grants.gov at: http://www.grants.gov/search/search.do?mode=VIEW&oppId=228295
- **DOING THE DEED.** Final HHS rules governing federal funding for Medicaid Expansion have been filed, guaranteeing that the federal government will fund 100% of the cost of newly eligible Medicaid enrollees through 2016, and at 95% in 2017, 94% in 2018, 93% in 2019, and 90% in 2020 and beyond. To claim the funds, states *must* expand their Medicaid programs to include all adults with incomes up to an effective maximum of 138% of the federal poverty level (FPL).
- **ACA SMALL BUSINESS HEALTH OPTION DELAY**. HHS has delayed the optional employee choice component of the Small Business Health Options Program (SHOP) of the ACA until January 1, 2015. Under this option, employees at participating small businesses can choose from among employer-sponsored health insurance plans

through their local Marketplace. As the result of the delay, small businesses participating in SHOP will offer employees a single qualified health plan in 2014. The delay affects 33 federally-facilitated and state partnership Health Insurance Marketplaces and enables state-based marketplaces to delay the employee choice option.

- **ACA MARKETPLACE NAVIGATOR REGULATIONS**. HHS has issued a proposed rule establishing conflict-of-interest, training, certification and meaningful-access standards for Navigators who will help individuals compare and apply for health plans through state Marketplaces. The proposed rule requires Navigators to have expertise in the needs of underserved and vulnerable populations and to be free from any insurance company consideration or compensation. The prohibition on insurer consideration applies to all Marketplaces, whether established by a state, in partnership, or by the HHS.
- **GRANTS TO VETS FOR COMMUTING TO DOCS.** A draft rule by the Department of Veterans' Affairs proposes grants of up to $50,000 a year to state agencies and veterans organizations to provide free rides to veterans in need of medical care who living in "highly rural" areas. The rationale: young people in rural areas are 22% more likely to join the military and, as veterans, have greater health care needs than their urban counterparts. Stay tuned. A final regulation is expected shortly

SEEN ON THE WHITE HOUSE BLOG: END THE STIGMA

[The following is abstracted from the White House Blog entry from HHS Secretary Sebelius.]

"The President's budget builds on the historic advances we have made to close the gaps that left too many Americans with *behavioral health problems* uninsured and underinsured. …People will only benefit from the progress we've made if services are available and if those who need help aren't afraid to seek it. …All of us– community leaders, advocates, teachers, faith leaders, health providers, parents, neighbors, and friends – have a role to play in spreading the message that it's okay to talk about mental health. We can encourage people to seek help if they are struggling, and we can reach out and assist a struggling friend or loved one in finding help when needed. We can let them know that prevention works, treatment is effective, and people do recover."

AROUND THE STATES: AN UPDATE

- **ARIZONA.** The future of "Gabby's Law"—a measure to train people to better identify and respond to people in behavioral crisis—was halted by a procedural tactic and never brought to a vote. Other post-Newtown mental health measures appear stalled in the State legislature as well.
- **CALIFORNIA**. After 2 years of allegations that health insurers were ignoring the State's 2011 autism treatment law and its Mental Health Parity Act, the Department of Insurance issued emergency regulations clarifying that insurers may not deny or delay medically necessary autism treatment services, or impose visit or cost limitations on those services.
- **COLORADO.** The State's new Insurance Marketplace Board already has approved a 1.4% fee on all policies sold in the exchange to help sustain the Marketplace's operation. In addition, it asked the legislature for permission to charge health plans up to $1.80 per member per month for up to 3 years to fund Marketplace start-up costs.

- **CONNECTICUT.** The State has enacted a major gun control measure with behavioral health provisions requiring health insurers to expedite coverage determinations for urgent mental health services and to educate consumers on criteria for such determinations. It also requires mental health first aid training for public school teachers and pediatrician education to better address youth mental health needs.
- **NEW JERSEY.** Over 2 million in unspent FY 2013 mental health funding will be transferred to expand the State's involuntary outpatient commitment program launched in 2012 in 5 counties.
- **NEW MEXICO.** In a first-of-its-kind program, the State veterans' services agency created the New Mexico Returning Veterans Counseling and Therapists Project to provide up to 1 year of free outpatient behavioral health services to recent veterans unwilling or unable to access US Department of Veterans Affairs services. The project is collaboration among multiple State agencies and over 500 behavioral health providers.

- **TEXAS.** While Governor Perry continues to deny health coverage to millions of people with mental illnesses by opposing Medicaid Expansion, his health department has undertaken a $10 million project to prevent people with behavioral disorders from developing co-morbid chronic illnesses. So, something good may be happening.
- **VERMONT.** As the state gets ready to move toward a single-payer health care system, an effort also is afoot to move toward integrated care. The Brattleboro Retreat, a psychiatric hospital, is partnering with Blue Cross-Blue Shield to create an integrated approach to physical and behavioral healthcare. Is this a model for other states as integrated care becomes a reality as part of the ACA's mandate?

ON THE LEGAL FRONT

- **SUING FOR PARITY.** In the absence of federal regulations to enforce the Mental Health Parity and Addiction Equity Act of 2008, the legal system is enforcing the parity statute. In California, a class action suit was brought against several insurers for imposing concurrent and prospective reviews of mental health services that are not required for other services. In New York, a class action suit charged that mental health services were being arbitrarily limited, including to groups of individuals with serious mental problems at risk for suicide. Right now, the jury is out on what will happen first: Final parity regulations or legal remedies.
- **OREGON, ADA AND THE JUSTICE DEPARTMENT.** Sheltered workshops may become a thing of the past for people with developmental disabilities in the wake of a class action suit that was recently joined by the US Department of Justice. The suit charges the State with ADA violations for not providing supported employment services. Since then, the Governor issued an executive order prohibiting Oregon from funding new sheltered workshop placements, effective July 2015. Further, the State will ramp up competitive employment opportunities and advance policies promoting community-based, supported employment for people with intellectual and developmental disabilities.

AWAKE! TO THE RAMPARTS! VERY IMPORTANT WORK AWAITS US TOMORROW!

WE MUST MOTIVATE THE CONGRESS TO ACT NOW TO PREVENT A FUTURE NEWTOWN TRAGEDY.

Ron Manderscheid, PhD.

Reprinted from Behavioral Healthcare

Access at: http://www.behavioral.net/blogs/ron-manderscheid/awake-ramparts-very-important-work-awaits-us-tomorrow

Today, Sunday, April 14, marks the four month anniversary of the horrendous Newtown Tragedy. Essential changes regarding guns and behavioral health services are now at stake before the Congress. Tomorrow morning, we can help to effect these changes. We must not fail.

Shortly after December 14, our mental health and substance use care and prevention community united urgently in response to the Newtown Tragedy, where 20 Innocents and their 6 sainted teachers were murdered horrifically and senselessly. Our effort produced a Call to National Action with very pointed recommendations to improve prevention, early intervention, and recognition of mental and substance use conditions in our schools. Our National Call also recommended doubling the capacity of our mental health and substance use care and prevention system.

Two weeks later, our community again came together urgently to provide recommendations on screening for gun purchases and duty to protect. Both were designed to focus attention on the need to assess violence and the propensity to violence, and the need to protect innocent persons from being labeled inappropriately.

Our proposals received a very fair reading from the Vice President, HHS Secretary Sebelius, and Attorney General Holder. Some were included in President Obama's Executive Orders issued on January 16; others were included in the legislative recommendations the President submitted to the Congress.

The emotional debate that ensued in our national media, in our offices, and even in our communities has linked gun control and mental illness in a most destructive way: The National Rifle Association (NRA) relentlessly has promoted the view that persons with mental illness are violent. Hence, in the NRA view, no need exists for gun control, just for control of

those with mental illness. This frame has become a dominant motif. Clearly, it embodies the very worst features of stigma. Probably at no time in our national history has stigma against persons with mental illness been as prevalent or as destructive.

Further, the NRA has successfully clouded and obfuscated several key issues that we now must unravel and address head on.

First, we must be crystal clear: assault rifles and large magazine clips must be banned—period. These weapons do not belong in our homes, and they are not appropriate for sport hunting. They were never envisioned by the crafters of the Second Amendment. If we fail to be clear about this, we diminish ourselves, and we diminish our country.

Second, we must sever the linkage that has been fostered by the NRA between gun control and mental illness. Screening for gun purchases must include an assessment of current violence and propensity for future violence. Screening must not become a litmus test for mental illness. We all know that the vast majority of persons with mental illness are not violent. In fact, they are much more likely to become the targets of violent activity.

Third, we must advocate with all of our energy for the changes to our care system that we proposed in our Call to National Action. These changes are absolutely essential to prevent a recurrence of the Newtown Tragedy. It is both our personal task and our moral obligation to convince Congressional leaders of this stark fact.

Fourth, we must take leadership in implementing the Affordable Care Act in every corner of our country. Through the Affordable Insurance Marketplaces and through the Medicaid Expansion, the ACA will provide resources essential for both care and prevention that will decrease the likelihood of a future Newtown Tragedy.

We wish to commend President Obama and Vice President Biden for providing national leadership in response to the Newtown Tragedy. In addition to recommending specific gun control legislation, the President issued 23 Executive Orders on January 16, several of which focused specifically on mental health. That same day, he proposed $155 million in new funds to begin the expansion of mental health and substance use programs in our schools and communities. Earlier this past week, he proposed $235 million in new Fiscal Year 2014 funding for this same purpose.

We also wish to commend Senator Harry Reid, the Majority Leader; Senator Tom Harkin, the HELP Committee Chair; Senator Max Baucus, the Finance Committee Chair; Senators Al Franken and Debbie Stabenow, and the entire U.S. Senate for taking up these fundamental questions. We sincerely hope and believe that a package of necessary legislation in response to Newtown will be considered and adopted over the next week.

Yet, the President, the Vice President, and these key Senators must have our help right now. Tomorrow, before you become enmeshed in paying your taxes and your other day-to-day activities, please remember the 20 Innocents, their 6 sainted teachers, and their parents and other family members. Then, contact your two Senators and your Representative, and express your views on the importance of this Newtown legislation. The lives of other Innocents are at stake. We must spark the same compassion and purpose we ourselves experienced on December 14.

No rampart is too high and no distance is too far in the face of determined purpose. The Innocents and their teachers deserve no less from us.

To the Ramparts! To the Ramparts!

REMINDER: **HOPKINS SUMMER OPPORTUNITY**

Dr. Manderscheid will be teaching the county leadership course again this year at Johns Hopkins University, June 17-18, 2013 (8:30 am -12:30 pm). The course reviews the key features of successful management of county and local authorities that oversee and conduct mental health, substance use, and developmental disability services. The course emphasizes practical knowledge so managers can apply the information immediately upon returning to their programs. For more information, go to:

http://www.jhsph.edu/dept/mh/summer_institute/courses.html

ON THE BOOKSHELF: RECENT PUBLICATIONS OF NOTE

- **HIRSH HEALTH LAW AND POLICY PROGRAM/ROBERT WOOD JOHNSON FOUNDATION.** *Health Reform GPS: Using Medicaid Funds to Buy Qualified Health Plan Coverage for Medicaid Beneficiaries* explains the legal basis for the Arkansas Governor's decision to use the ACA's federal Medicaid Expansion dollars to buy private health coverage for low-income residents through the state's insurance exchange, and documents the issues in using this approach to provide insurance coverage. To read the legal discussion, go to: http://www.healthreformgps.org/resources/using-medicaid-funds-to-buy-qualified-health-plan-coverage-for-medicaid-beneficiaries/
- **FAMILIES USA.** According to *Help Is at Hand: New Health Insurance Tax Credits for Americans*, as many as 26 million now uninsured Americans will be newly eligible to purchase health insurance directly from insurance marketplaces using tax credits available under the ACA. Read all the findings at: http://familiesusa2.org/assets/pdfs/premium-tax-credits/National-Report.pdf
- **ROBERT WOOD JOHNSON FOUNDATION/URBAN INSTITUTE.** Medicaid expansion can benefit millions of veterans, according to *Uninsured Veterans and Family Members: State and National Estimates of Expanded Medicaid Eligibility under the ACA.* Two in five uninsured vets would be eligible under Medicaid Expansion. Read the report at: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf405143
- **ROBERT WOOD JOHNSON FOUNDATION/BIPARTISAN POLICY CENTER.** *A Bipartisan Rx for Patient-Centered Care and System-Wide Cost Containment* recommends how to move from a health system driven by volume of care to one that focuses on the quality and value of that care. Developed by a bipartisan group of health leaders, strategies center on (1) advancing quality and care coordination in Medicare; (2) encouraging efficiency and competition through tax incentives and simplified regulations; (3) focusing on quality, prevention and wellness; and (4) giving states incentives to improve care and curb costs through payment, workforce and liability reform. To read more, go to: http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf405681
- **ROBERT WOOD JOHNSON FOUNDATION.** *Per Capita Caps in Medicaid* explores whether limits on Medicaid spending for each enrollee are good, bad, or even feasible. For more, go to: http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/04/per-capita-caps-in-medicaid.html?cid=XEM_A7086
- **INSTITUTE OF MEDICINE.** *Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and their Families* urges the VA and DoD to (a) speed combined electronic medical records systems to simplify service members access to services; (b) reduce the stigma associated with seeking behavioral health care; (c) eliminate service-related sexual harassment and assault; (d) address the needs of diverse families (e.g., unmarried partners, same-sex couples, single parents, stepfamilies); and (e) predict resources needed to meet vets and family needs in the next 30 years or more. Read the report at: http://www.iom.edu/Reports/2013/Returning-Home-from-Iraq-and-Afghanistan.aspx
- **EMPLOYEE BENEFIT RESEARCH INSTITUTE.** According to a new report, *Mental Health, Substance Abuse, and Pregnancy: Health Spending Following the PPACA Adult-Dependent Mandate*, young adults insured through a parent's plan because of ObamaCare are likely to use that coverage for mental illness, substance abuse and pregnancy. To read the report, go to: http://www.ebri.org/publications/ib/index.cfm?fa=ibDisp&content_id=5189

MARK YOUR CALENDAR

- **GLOBAL ADDICTION. AMERICAN ASSOCIATION FOR THE TREATMENT OF OPIOID DEPENDENCE.** *Global Addiction and Europad Joint 2013 Conference*, May 7-10, 2013, Pisa Italy, provides an opportunity to gain knowledge from around the globe on opioid addiction treatments. For more, go to: http://www.globaladdiction.org.
- **NATIONAL RURAL INSTITUTE ON ALCOHOL AND DRUG ABUSE.** The 29th annual *National Rural Institute on Alcohol and Drug Abuse* is slated for June 9-13, 2013, in Menomonie, WI. For more information, go to: http://www.uwstout.edu/profed/nri/index.cfm
- **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.
- **AMERICAN PUBLIC HEALTH ASSOCIATION.** 141st Annual Meeting, *Think Global, Act Local*, is scheduled for November 2-6, 2013, in Boston, MA. For more information about the meeting, go to: http://www.apha.org/meetings/AnnualMeeting