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

JANUARY 2013

MENTAL HEALTH POLICY AND PROGRAMS: NEW ATTENTION AFTER NEWTOWN

Just days after the Newtown tragedy, the latest in a series of mass shootings around the country, the Administration took action to reduce gun violence. At the President's direction, Vice President Joe Biden and Cabinet members including HHS Secretary Sebelius began a series of intense meetings with over 299 key stakeholder groups, from the NRA to law enforcement professionals, from state and local officials to health and behavioral health professionals, and from gun violence survivors to the families of those who did not survive gun violence.

On January 16—less than a month after the Sandy Hook Elementary School shootings that took the lives of 26 young students and their teachers—the President took the first step of what is planned as comprehensive effort to reduce the "epidemic" of gun violence, signing signed a set of 23 specific Executive Actions. And in doing so he also put mental health services front and center as a core element of that effort. He recognized not only that the vast majority of Americans with mental illnesses are not violent but also that while 75% of mental disorders arise in teens and young adults, fewer than half of all youth with diagnosable mental problems get help. And he reaffirmed that "We are going to need to work on making access to mental health care as easy as access to a gun."

The Executive Actions (behavioral health-related actions in italics) are to—

1. Issue a Presidential Memorandum requiring federal agencies to make relevant data available to the federal background check system.
2. Address unnecessary legal barriers, particularly relating to HIPAA that may prevent states from making information available to the background check system.
3. Improve incentives for states to share information with the background check system.
4. Direct the Attorney General to review categories of individuals prohibited from having a gun to ensure dangerous people are not slipping through the cracks.
5. Propose rulemaking enabling law enforcement to run a full background check on an individual before returning a seized gun.
6. Publish a guidance letter from ATF to federally licensed gun dealers on how to run background checks for private sellers.
7. Launch a national safe and responsible gun ownership campaign.
8. Review safety standards for gun locks and gun safes
9. Issue a Presidential Memorandum to require federal law enforcement to trace guns recovered in criminal investigations.
10. Release and disseminate widely to law enforcement a DOJ analysis of information on lost and stolen guns.
11. Nominate an ATF director.
12. Provide law enforcement, first responders and school officials with proper training for active shooter situations.
13. Maximize enforcement efforts to prevent gun violence and prosecute gun crime.

ALSO IN THIS ISSUE

Teddi Fine, MA, Editor

14. *Issue a Presidential Memorandum directing the CDC to research the causes and prevention of gun violence.*
15. Direct the Attorney General to issue a report on the availability and most effective use of new gun safety technologies and challenge the private sector to develop innovative technologies.
16. *Clarify that the ACA does not prohibit doctors asking their patients about guns in their homes.*
17. *Release a letter to health care providers clarifying that no federal law prohibits them from reporting threats of violence to law enforcement authorities.*
18. Provide incentives for schools to hire school resource officers.
19. Develop model emergency response plans for schools, houses of worship and institutions of higher education.
20. *Release a letter to state health officials clarifying the scope of mental health services Medicaid plans must cover.*
21. *Finalize regulations clarifying essential health benefits and parity requirements within ACA exchanges.*
22. *Commit to finalizing mental health parity regulations.*
23. *Launch a national dialogue led by Secretaries Sebelius and Duncan on mental health.*

Key among these Executive Actions is number 23—finalizing regulations under the 2008 Mental Health Parity and Addiction Equity Act. The need for these final regulations has been brought to the attention of the White House and the Department of Health and Human Services repeatedly, most recently at a gun violence-reduction meeting between Secretary Sebelius and mental health stakeholders, in a 17-page letter from the Coalition for Whole Health and in communications from members of the House and Senate. We now know that the President and Secretary Sebelius have heard and that the regulations, indeed, will be forthcoming, and soon.

The President said his Executive Actions are a beginning; curbing gun violence also requires Congressional action. To that end, he specified four key areas for legislative action:

(1) Closing background check loopholes to keep guns out of dangerous hands (e.g., criminal background checks for all gun sales);
(2) Banning military-style assault weapons and high-capacity magazines (e.g., reinstating the assault weapon ban and the 10-round limit on magazines);
(3) Making schools safer (e.g., facilitating hire of school-based mental health professionals and resource officers); and
(4) Increasing access to mental health services (e.g., ensuring coverage of mental health treatment like that for treatment of medical or surgical ailments under public and private health plans, including Medicaid; enabling states to develop innovative ways to reach youth at highest risk of not seeking help; providing mental health first aid training for teachers and staff).

Congress is beginning to respond. The new House Democratic Gun Violence Prevention Task Force and the Senate Health, Education, Labor and Pensions (HELP) Committee already have held sessions to examine the U.S. mental health system's most pressing needs in funding, research, prevention and intervention. They heard from SAMHSA Administrator Pamela Hyde, and NIMH Director Dr. Thomas Insel. Even the House Energy and Commerce Committee may begin to take a look at mental health issues in the context of gun violence reduction.

On both January 16, the President affirmed his commitment to do the Administration's part. Recognizing that "no law or set of laws will end gun violence, "he vowed to "use whatever weight this office holds to make [the needed changes and laws] a reality,"

HOLD THE DATE: 2013 ANNUAL LEGISLATIVE AND POLICY CONFERENCE

Hold March 4-6, 2013, for NACBHDD's annual Legislative and Policy Conference in Washington, DC. The event likely will extend from noon on Monday to noon on Wednesday. Attached is a Registration Form for your use. You can register by returning this form. You also can choose to make payment by check or by going to www.nacbhdd.org and paying by PayPal (PayPal system is now operational).We have reserved blocks of rooms for March 3, 4, and 5 at the conference site, the Cosmos Club, 2121 Massachusetts Avenue, N.W., Washington, D.C. 20008, and at the nearby Embassy Row Hotel, 2015 Massachusetts Avenue, N.W., Washington, DC 20036. Both are accessible from the DuPont Circle Metro stop.

Make reservations at the Cosmos Club by calling 202-387-7783 and identifying yourself as part of the "NACBHDD Group." (Rates range from $169 to $245 per night.) Make Embassy Row reservations (at a $239/night rate) by linking to https://reservations.ihotelier.com/crs/g_reservation.cfm?groupID=945888&hotelID=75776. Our code is "NAC". All room reservations should be completed by Friday, February 1. More information will follow.

BITS FROM DC

Dear NACBHDD Colleagues:

The past month has been exceptionally eventful, as we have crafted our field response to the Newtown Tragedy. You have received several commentaries from me about this, as well as a major National Call to Action; I have also circulated the entire response by the President and Vice President, which was released last Wednesday at noon.

Now, we are taking the next step to enter the discussion on Screening for Gun Purchases and Requirements to Report Violence. Just this evening, I sent each of you a draft letter to the President, together with paragraphs on Screening and Reporting. Thus far, the response by the Administration has been exceptionally good. I encourage you to enter this discussion. This issue of our Newsletter includes details on these developments.

I also want to remind you about our upcoming Annual Legislative and Policy Conference, which will be held on March 4-6, in Washington, DC. We will be in a new venue—the Cosmos Club—that I know you will enjoy, and we will be addressing our key policy issues of the day, including extension of Medicaid into jails, behavioral health and primary care integration, behavioral health problems of returning vets, developments related to the Affordable Care Act, and much, much more. Please plan to join us. I look forward to seeing you.

Finally, the new NACo Executive Director, Matt Chase, has infused a new and expanded agenda into our senior affiliate. This will create new opportunities for us to partner going forward. Please watch for these new developments as they unfold.

Again, very best wishes for a very good 2013!

Ron Manderscheid, PhD
Executive Director

TRANSITIONS

- **NEW I/DD COMMITTEE CHAIR.** NACBHDD member Pete Moore (Ohio Association of Community Boards for Developmental Disabilities) has graciously agreed to assume the helm of the NACBHDD I/DD Committee. The group will meet via teleconference on the 4th Tuesday of every month (3:00-4:00 p.m., EST.). The first two meetings have already been planned. To participate, please let Pete know.
- **CHANGES IN MCHENRY COUNTY, IL**. Dr. Sandy Lewis has left the helm of the McHenry County Mental Health Board (MHB) to become assistant professor of psychiatry and director of the Virginia Treatment Center for Children at the Virginia Commonwealth University. Since joining the MHB in 2005, Lewis expanded partnerships with other mental health authorities and providers, and supported development of consumer-run organizations. She also advocated for improved funding and positive policy change, and worked with the McHenry County government to improve affordable housing, crisis services and integrated mental health care and primary health care. Todd Schroll will serve as interim executive director during the national search for a new Executive Director.
- **HHS DISABILITY HEAD DEPARTS.** Henry Claypool has stepped down from his dual roles as an advisor to the HHS Secretary and head of the new Administration for Community Living (ACL). Under his stewardship, the ACL built broad-based partnerships within the Department and across Departments to benefit older Americans and people with disabilities. Claypool has joined the American Association of People with Disabilities where he will continue to advocate for community-based lives for persons with disabilities.
- **NEW SAMHSA POLICY EXPERT.** Christopher Campbell has joined SAMHSA as a Special Expert in the Office of Policy, Planning and Innovation (OPPI) working with SAMHSA's legislative director, Brian Altman JD, on legislative and regulatory affairs. He joins SAMHSA after over a decade of work in government affairs, most recently with NAADAC, the Association for Addiction Professionals. You may be hearing from him in the coming weeks as he reaches out on various strategic initiatives and cross-cutting issues.

WHAT'S IN A NAME? AN EXCHANGE BY ANY OTHER NAME…..

The "Health Insurance Exchange" has been supplanted – at least in name. The word is that the term "exchange" doesn't isn't a particularly good descriptor for the ACA's one-stop marketplaces for people who don't receive health coverage through an employer. The new moniker for these entities is "Health Insurance Marketplace." It better describes the nature of the entity and its purposes: (a) to enable customers to compare and buy plans online, usually with help from a federal subsidy; and (b) to undertake regulatory functions such as imposing additional benefit requirements on top of those spelled out in the healthcare law.

The name change is just that, a name change. In fact, states can give their own Marketplaces whatever name they choose. For example, in Massachusetts, the marketplace/exchange, which predates the ACA, is called the "Connector." California calls its marketplace "Cover California." Moreover, the name change has no bearing on the law itself. It doesn't alter the fact that the federal government will step in to create a marketplace in each state that doesn't set one up—ironic since most governors choosing to opt out are strong proponents of state rights.

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

- **STILL ON THE CLIFF'S EDGE.** On Jan. 2, President Barack Obama signed the American Taxpayer Relief Act of 2012, averting the so-called fiscal cliff, extending Bush-era tax cuts for those earning up to $400,000 annually and making a number of other tax changes. The legislation did not resolve either the pending sequester – across-the-board 8-10% cuts for most discretionary and some mandatory spending, or the extension of the debt limit to keep the government in business. With the hew Congress, House Republicans have agreed on a plan that conditions an increase in the debt limit through May 19 on agreement by the Senate to pass a budget by the April 15 statutory deadline. Absent a budget, House Republicans want to prevent members of Congress from being paid.
- **TALKING MENTAL HEALTH POST-NEWTOWN.** As detailed in other articles in this Newsletter, mental health is now front and center as a topic of discussion and legislation following the Newtown tragedy. Within weeks of the shootings, individuals and groups of Representatives and Senators had written to the President, Vice President and the Office of Management and Budget urging increased funding for mental health service and research, and promulgation of final parity law regulations. And, with the new Congress underway, a host of mental health-related hearings are taking place, including by the Senate Health, Education, Labor and Pensions (HELP) Committee, the new House Democratic Gun Violence Prevention Task Force, the House Mental Health Caucus, and the House Energy and Commerce Committee's Oversight and Investigations Subcommittee. SAMHSA Administrator Hyde and NIMH Director Insel have been testifying, as has Sonoma County Mental Health Director and NACBHDD member, Mike Kennedy.
- **CHANGING THE FILIBUSTER RULE**. The Senate is poised to change the current filibuster rule requiring the majority party to gather 60 votes to end debate. This provision that has been used to stall, if not entirely halt, key legislation. Unless a deal is struck between the two parties, Democrats are likely to press for a return to the "talking" filibuster (the so-called "nuclear option") or to require the minority party to garner 41 votes to sustain a filibuster. Stay tuned.
- **NEW MENTAL HEALTH MEASURES.** At the recent panel discussion convened by the House Democratic Gun Violence Prevention Task Force, Senator Al Franken (D-MN) said he would introduce both a Senate version of the Mental Health in Schools Act providing funds for on-site, school-based mental health professionals and the Justice and Mental Health Collaboration Act. At the same hearing, Rep Ron Barber (D-AZ) addressed the need to adopt his Mental Health First Aid Act to better educate first responders about recognizing and managing individuals with mental health issues.
- **FOCUS ON PREVENTION.** For the sixth Congress, HELP Committee Chairman Tom Harkin (D-IA) has reintroduced the Healthier Lifestyles and Prevention America Act to help improve public health, saving lives and dollars. The measure not only encourages better nutrition, physical activity and wellness but also both expands study of mental and substance abuse disorders and broadens preventive services covered at no cost to beneficiaries under both Medicaid and the FEHBP program. He begins the press for prevention with a hearing slated for January 29.
- **MUSICAL CHAIR(MEN).** Following the retirements of two senior Republicans, chairs of House Ways and Means Subcommittees chairs have shifted. Rep. Kevin Brady (R-TX) will head the Health Subcommittee, after previously serving as chairman of the Trade subcommittee. Rep. Devin Nunes (R-CA) will chair the Trade panel; Reps. Charles Boustany Jr. (R-LA), and Sam Johnson (R-TX) remain as chairmen of the Oversight and Social Subcommittees, respectively. On the minority side, Rep. Jim McDermott (D-WA), a physician and ACA advocate, landed the top Democratic spot on the Health Subcommitee

JOIN IN NEXT TA-LK WEBINAR

Our next TA-lk webinar on January 31, 2013 (3:30-4:30 p.m., EST) will focus on integrating care for mental and substance abuse disorders with primary care. We will T will explore both opportunities and challenges from the perspective of primary care. Space is limited, so register now at https://www1.gotomeeting.com/register757721824. After registering, you will receive a confirmation e-mail that explains how to join the call. BE THERE!

NEW REPORT ON MEDICATIONS AND MENTAL HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

A recent report by the Government Accountability Office (GAO) requested by Senator Tom Harkin and Representatives Rosa DeLauro and Lucille Roybal-Allard yielded some disturbing findings regarding psychotropic drug prescribing rates for children in the foster care system. Foremost, the report fund that "Most children whose emotions or behavior, as reported by their parent or guardian, indicated a potential need for a mental health service did not receive any services within the same year." Moreover, many of the children placed on psychotropic medications never got appropriate counseling or therapy to complete the care. In fact, 30 percent of foster children who might have required mental health care didn't receive them over the last year. To read the full report, go to: http://www.gao.gov/products/GAO-13-15

HHS AND OTHER AGENCY NEWS AND NOTES

- **MINIMUM ESSENTIAL BENEFIT REGS NEARLY THERE.** The Office of Management and Budget is reviewing final regulations on "minimum essential coverage" (also known as essential health benefits) — the benefits health plans must offer for policy-holders to comply with the law's individual mandate. The OMB notice specifically refers to exemptions (based on religious factors or on insufficient taxable income) as well as the process for determining household income and eligibility for tax subsidies. OMB notes that the regulations also will deal with the process for verifying whether taxpayers are able to buy employer-based healthcare and whether they are eligible for federal subsidies to help buy private insurance. OM review is one of the very last steps before final regulatory promulgation. Given the speed with which these regulations are being moved, the impact of the wide-ranging December 26 comments on the regulations by the Coalition for Health Funding remains to be seen. So, stay tuned.
- **HEALTHCARE.GOV SITE RELAUNCHING.** HHS will relaunch the HealthCare.gov website with the "Health Insurance Marketplace" – a new name for the Health Insurance Exchange – in an effort to draw in the millions of uninsured people needed to make the new health care reform law work when open enrollment in state and Federal health care exchanges begins in October 2013.Every health insurance plan in the new Marketplace will offer comprehensive coverage, from doctors to medications to hospital visits. People can compare all of their insurance options based on price, benefits, quality, and other features that may be important, in plain language that makes sense.
- **NEW HIPAA FINAL RULES.** Health and Human Services released new final rules to implement parts of the Health Insurance Portability and Accountability Act (HIPAA), which passed in 1996. The new regulations apply to doctors, health plans and other entities that process patients' healthcare information and have access to patients' records. They also ensure that patients can access their own records. To read the rules, go to: https://s3.amazonaws.com/public-inspection.federalregister.gov/2013-01073.pdf
- **NEW CMS OFFICE ON DUAL ELIGIBLES.** To help improve quality and access to care for so-called "dual eligibles" – people eligible for both Medicaid and Medicare – CMS has created the Medicare-Medicaid Coordination Office. Its aim is to help simplify processes and eliminate regulatory conflicts and cost-shifting between the programs and between the states and federal government.
- **CMS MAKES NEW COMMUNITY-BASED CARE TRANSITION AWARDS.** The Centers for Medicare and Medicaid Services announced that 35 new organizations will participate in its Community-based Care Transitions Program (CCTP). The program, now in round 4 of funding, uses community groups to help provide home and community-based care to seniors at risk for

readmission after a hospital stay. Roughly 500,000 seniors are now supported by CCTP. To see the full complement of grant recipients, go to: http://innovation.cms.gov/initiatives/CCTP/index.html - collapse-tableDetails

- **HEALTH INSURANCE MARKETPLACE (EXCHANGE) TOOLKIT PROFFERED.** Enrollment in the Health Insurance Marketplace (also known as the Health Insurance Exchange) begins October 1st; coverage starts in January 2014. To help, CMS has created developed a toolkit with resources to help spread the word about the Marketplace. The toolkit includes information, tools, and resources to help consumers find health insurance to fit their budget with less hassle. As new items are developed for outreach, we'll continue to add them to this toolkit. Go to: http://www.cms.gov/outreach-and-education/outreach/HIMarketplace/index.HTML. Click on "Resources Toolkit."
- **PRESCRIPTION DRUG MISUSE TOP PUBLIC HEALTH CONCERN.** A new SAMHSA report has found that as many as 22 million individuals nationwide initiate the nonmedical use of opioids and other pain relievers since 2002. The report also shows variations in use by state, with combined 2010 and 2011 data indicating that rates of past year misuse among those aged 12 or older ranged from 3.6 percent in Iowa to 6.4 percent in Oregon. Seven of the 10 states with the highest rates of nonmedical use of prescription pain relievers were in the West (AZ, CO, ID, NV, NM, OR, and WA). Four of the 10 states with the lowest rates were in the Midwest (IL, IA, ND, and SD), and four were in the South (FL, GA, MD, and NC). A comparison of combined 2009 and 2010 data with combined 2010 and 2011 data revealed a decrease in prescription drug misuse among those aged 12 or older in 10 states (KY, LA, MA, MI, NH, NY, OH, OK, RI, and WV). None of the states saw an increase. To read the full report, go to: http://www.samhsa.gov/data/2k12/NSDUH115/sr115-nonmedical-use-pain-relievers.htm .

- **CENTERS FOR DISEASE CONTROL AND PREVENTION.** A new CDC Vital Signs report, *Binge Drinking Among Women and High School Girls, United States, 2011*, reports that nearly 14 million U.S. women binge drink about three times a month, and consume an average of six drinks per binge. The report finds that about 1 in 8 women and 1 in 5 high school girls report binge drinking. Binge drinking is most common among women aged 18-34 and high school girls, whites and Hispanics, and women with household incomes of $75,000 or more. The report highlights how binge drinking puts women at increased risk for many health problems. To read the report, go to: http://www.cdc.gov/mmwr/pdf/wk/mm62e0108.pdf. To read more about binge drinking prevention, visit: www.cdc.gov/vitalsigns/bingedrinkingfemale.

HEALTH HOMES POISED TO LEAD INTEGRATED, COORDINATED CARE FOR THE CHRONICALLY ILL

Karen L. Chrestay
Principal/Senior Consultant, TURN

Health homes provide "one-stop shopping" for the full range of medical, behavioral, and social services and hold the promise of well-coordinated, high-quality care for individuals who suffer from the most complex and chronic illnesses. Health comes are expected to improve healthcare quality and outcomes, enhance the patient experience, and reduce costs. In the health home model of care, customized care coordination promotes treatment plan compliance, improves quality of care, enriches consumer relationships, and helps patients maintain independence in their home and community.

The **InfoMC® Health Home Solution** component of the **Incedo™ Healthcare Management System** offers next-generation technology to meet the medical, behavioral, and social needs and challenges of chronically ill patients and the healthcare professionals and caregivers who support them. InfoMC's solution is an enterprise software platform with robust care coordination and financial management tools, ensuring superior clinical, quality, and financial outcomes for health homes.

The InfoMC Health Home Solution features *450° Dynamic*, a comprehensive patient dashboard, in conjunction with a patient-centered, fully-integrated interdisciplinary care plan. This powerful collaboration tool interactively manages an individualized care process for the chronically ill patient. Interdisciplinary Care Teams can easily share real-time treatment decisions, services and data within and across health systems.

InfoMC 450° Dynamic provides an interactive calendar of the patient's daily, weekly, and monthly scheduled and fulfilled services including appointments, assessments, prescriptions, transportation, and other care-related activities – as well as alerts and reminders to ensure adherence to the treatment plan.

The InfoMC Health Home Solution and 450° Dynamic provides summary views of a patient with one-touch drill-down to detailed records, putting

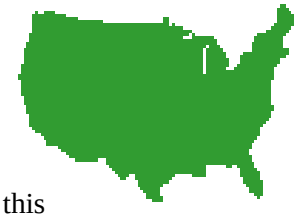
needed information at the care coordinator's fingertips. Decisions can be made instantly; actions can be taken with the touch of a button or pad device. It provides care coordinators, social workers, case managers, nurses, physicians, psychiatrists and other healthcare professionals with immediate access to the patient's past, current, and future medical, behavioral, social, and pharmacy services, promoting optimal information exchange and coordination among the entire care team, both internal and external.

Health information technology plays a central role in meeting the care coordination requirements of health homes. The ability to collect, analyze, and share critical information about individual patients and populations is at the core of the InfoMC clinical analytics model. It integrates previously disparate and disconnected organizations and computer systems for seamless integration of clinical and demographic information, referral tracking, and monitoring of appointments, services, care transitions and aftercare programs. The InfoMC solution allows health homes to connect with patient registries, providing access to the best evidence-based guidelines to inform treatment decisions, identify gaps in care and provide optimal care delivery.

InfoMC's Health Home Solution provides health homes with maximum efficiency and effectiveness for managing chronically ill patients by proactively engaging all constituents in optimal care coordination and care transitions, robust data sharing, supporting regulatory compliance, and producing cost savings.

Learn more about InfoMC's strategy for health home success at info@infomc.com, or visit us at www.infomc.com.

AROUND THE STATES: AN UPDATE



- **ARIZONA.** In an unexpected move, Governor Jan Brewer apparently has had a change of heart, saying she plans to push state Medicaid expansion consistent with the ACA. In her State-of-the-State address, she admitted that with the November election, it was clear to her that the ACA is here to stay and that it would be foolish not to reap the benefits of the 100% federal share available by adopting the ACA's Medicaid expansion provision.
- **CALIFORNIA.** One of the witnesses at the January 24 hearing of the U.S. Senate Health, Education Labor and Pension Committee (HELP) in Washington, DC (see related story in this newsletter) is California State Senator (and majority leader) Darrell Steinberg. He authored the successful 2004 Proposition 63 that funded California's mental health system through a tax increase on millionaires, reaping around $1 billion annually for mental health programs in the State. Might it be a way to improve behavioral health nationwide? Stay tuned.
- **COLORADO**. The Governor has proposed to strengthen Colorado's mental health services and support system through prevention. Suggested changes to the State mental health system would establish a statewide mental health crisis hotline, improve access to walk-in centers for urgent mental health care, and make mental health records available in real time for firearm purchase background checks. His $18.5 million budget increase also would support mental health care to jailed inmates in the Denver area and support for people leaving mental hospitals.
- **DISTRICT OF COLUMBIA.** Mayor Vincent Gray will combine the mental health and substance abuse agencies in the District of Columbia to create a new Department of Behavioral Health. He specifically recognized the consolidation would provide an opportunity to care comprehensively for conditions that often co-occur and benefit from integrated care. The current mental health director will manage the new department
- **INDIANA.** Democratic lawmakers have called on the State to move forward to expand Medicaid consistent with the ACA as well as to create an insurance exchange and establish a group to evaluate options for insurance benefits. This marks the first open expression of support for such action by the Indiana General Assembly. Stay tuned.
- **KANSAS.** Gov. Sam Brownback has proposed a $10 million initiative to boost mental health services to people the Governor called the most at-risk and challenging mental health patients. The program, however, will not target those receiving services through Medicaid, the source of the bulk of funding for behavioral health care in the State. Some of the funding would be made available to community mental health centers that demonstrate they are focusing on evidence-based programs that target the populations identified by the initiative. Brownback also announced creation of a task force of experts from the mental health, medical and criminal justice fields to evaluate the state's

mental health system and recommend improvements.

- **NEW JERSEY.** At a press conference announcing a new anti-gun violence task force, Governor Christie vowed his intent to fully implement the State's 2009 involuntary outpatient commitment law that gives judge's discretion to require people to take medication and attend therapy if they pose a danger to themselves or others in the "foreseeable future." Failure to comply could result in involuntary commitment. The measure was to have been functioning fully statewide by now.
- **TEXAS**. New mental health-focused legislation (HB 205) is being proposed in the State House in response to the national discussion about preventing mass violence. The measure would create separate inpatient bed funding streams, one for individuals detained for evaluation following a crime and another for those involuntarily hospitalized. While possibly reducing the number of people with mental illness housed in the criminal justice system, the measure does little to advance community-based care in lieu of hospitalization.
- **UTAH.** Despite conditional approval of its state insurance exchange by the US Department of Health and Human Services, Utah is battling over reconfiguration of its insurance exchange to more fully conform to ACA requirements. Utah's 3-year old insurance exchange is one of only two currently operating; the other is Massachusetts. It remains unclear whether the State will make the range of changes necessary to win final approval. Those changes include allowing individuals, not just small businesses, to purchase insurance through an exchange, hiring insurance "navigators" to assist in the process, and assisting people to enroll in Medicaid, if they qualify. Further, the State wants consumers to choose between Medicaid and subsidized insurance through the exchange, in contradiction of federal rules. HHS has given Utah until Feb. 1 to develop a revised timeline and a work plan.
- **VIRGINIA**: Virginia legislators are considering legislation designed to train school officials and human service workers in mental health first aid. In part, the measure responds to the Newtown CT tragedy; in part, it acknowledges the need for first responders to be better trained to recognize behavioral health "red flags." The measure would create a new full-time position at every Community Services Board in Virginia to conduct mental health first aid training in a variety of settings. A grant program would pay for training programs in schools, so people who greet the public would be able to spot red flags.

A TIME TO ACT FOR THE INNOCENTS

WE MUST UNDERTAKE NECESSARY INTERNAL TRANSFORMATIONS AND ENGAGE DEMANDING EXTERNAL CHALLENGES

Ron Manderscheid, PhD.

Reprinted from Behavioral Healthcare,
accessible at http://www.behavioral.net/blogs/ronmanderscheid/time-act-innocents-0

The Newtown tragedy has generated an exceptionally important dialogue between the mental health and substance use care community and the Obama Administration. The field has had a unique opportunity to help identify broad-based solutions for the Vice-Presidential Taskforce created by President Obama. At a meeting earlier this week chaired by Secretary Kathleen Sebelius of HHS and Attorney Eric Holder of the Justice Department, widespread agreement existed around the recommendations our community provided three weeks ago in a National Call to Action:

- Immediately implement school, family, and community-based programs to promote mental health, to prevent mental illness and substance abuse, and to provide early interventions for those exhibiting these conditions.
- Immediately begin teaching students at all levels to recognize the signs of mental illness and addiction, and to seek help when needed.
- Immediately double the capacity of mental health and substance abuse programs.
- We commend President Obama for creating a Workgroup led by Vice President Biden, in part to examine the issue of banning assault rifles and large capacity clips.

Today, we are anticipating further dialogue with representatives of the Administration and the Congress regarding actions that they will propose in response to the Newtown tragedy. We hope that these recommendations will include clear efforts to make our mental health and substance use care and prevention system much more responsive to the pressing needs that are apparent in communities throughout America.

As we prepare for the release of these initial recommendations, it is very important to consider several things. If we are to make significant progress in addressing the mental health and substance use

issues in our schools and communities, we must be able to move beyond our traditional comfort zone. This will involve accepting many new changes and helping to lead the necessary transformation of our field.

Both the Affordable Care Act and the National Prevention Strategy can help us transition into a new world. We currently have very little experience with this new world: near universal insurance coverage that includes mental health and substance use benefits; a new focus on disease prevention and health promotion; integrated care systems dominated by primary care entities; performance-based case-rate systems, and a range of new IT tools, among other changes. We must not simply yearn for a past which no longer exists, but rather help our field, our colleagues, and our consumers make these essential transitions.

But, clearly, in the wake of Newtown, our work does not and should not end here. Guided by our hard-won gains of recovery/community integration and resiliency/wellness, we also must engage head-on several concerns that are currently being debated in the broader milieu. Specifically:

- We need to have a position on gun control. A good place to start would be to support a ban on assault rifles and large magazine clips. Assault rifles have been identified for decades as a major public health problem in the United States. Others do and will have positions about this, both pro and con. We need to do so as well.
- We need to have a position about controls around the sale of guns, including questions around screening. What screening should be done? By whom? How? With what criteria?

Without positions of our own, we simply will be reactive, and we likely will become a target for those who have very vocal positions and who promote stigma around mental illness.

As citizens, we have a right to be concerned about the proliferation of assault rifles. Today, there are 3 million assault rifles in the hands of Americans--one for every 100 of us. Do you want an assault rifle in your home? In your neighbor's? In your community?

As citizens, we also have a right to be concerned about any gun controls that are proposed, and about the appropriateness and equity of any screening procedures. We need to balance community concerns about public- and gun-safety against personal concerns about privacy and individual rights.

As a field, we must exercise these rights, rather than engage in self-censoring. Courage will be required. There are likely to be negative consequences. But we must act.

If we self-censor around these issues, I suspect that, inadvertently and unfortunately, we too will contribute to mental illness stigma. We will do much better by confronting these questions head-on than by simply being reactive.

What are some of the primary considerations? We probably can all agree that persons who are violent should not have access to firearms. But we also know that persons with behavioral health conditions are no more violent that are people from the general public. Hence, screening criteria for gun purchases should focus on propensity to violence rather than on mental illness. As a field, we need to make and support these types of arguments, and we need to help develop the necessary tools.

As a field, we also will need to address the culture of violence and death that surrounds us, our consumers, and our communities. This culture is fed by our decade of military involvement in Iraq and Afghanistan, our entertainment media, and violent video games. As the field of behavior change, we can and must make meaningful contributions to changing this culture.

Similarly, we need to acknowledge that, today, lack of appropriate access to good community-based mental health and substance use care is a fundamental and major issue for both children and adults in most of our American communities. We must improve essential access through transformative strategies facilitated by the Affordable Care Act, rather than permit the view to prevail that commitment strategies are the solitary choice for our communities.

Finally, we need to "give voice" to our consumers who work side-by-side with us every day as peer supporters, coalition organizers, state leaders, and advocates. Giving voice to consumers will demonstrate the critical reality of recovery and community life. It will also remove much of the mythology being promoted today.

There is great urgency for us to undertake all of these steps. The Vice President is due to submit his recommendations to the President next week. In turn, the President is expected to announce his proposed actions in the annual State of the Union Address in mid-February. Indeed, we have very little time within which we must act.

ON THE LEGAL FRONT

- **SUBSTANCE ABUSE AS A DISABILITY.** In what appears to be the first time in circuit court history, the First District Federal Court of Appeals has found that a risk of relapse into substance abuse can constitute a disability. Splitting with another appeals court's holding, this new ruling holds that insurance companies can be required to pay long-term disability benefits to a recovering drug addict if the person would face a significant risk of relapse by returning to work.

- **VETS MENTAL HEALTH.** By a vote of 10-1, the US Supreme Court has decided not to consider a challenge by veterans who said delays by the federal Department of Veterans Affairs (VA) in processing combat-related mental health claims contributed to suicides by veterans. In doing so, the Court reversed a 2011 ruling by a panel of the 9th US Circuit Court of Appeals (San Francisco) that ordered the VA to ensure that suicidal veterans are seen immediately, citing the agency's "unchecked incompetence" in handling post-traumatic stress disorder and other mental health claims.

ON THE BOOKSHELF: RECENT PUBLICATIONS OF NOTE

- **KAISER COMMISSION ON MEDICAID AND THE UNINSURED.** *Getting into Gear for 2014: Findings From a 50-State Survey of Eligibility, Enrollment, Renewal and Cost-Sharing Policies in Medicaid and CHIP, 2012-2013*, a comprehensive annual survey, found that nearly all states are advancing information technology and process improvements to develop faster, streamlined Medicaid enrollment systems as required under the ACA, whether or not the state elects to expand Medicaid coverage under the law. As of Jan. 1, 2013, 47 states had applied for or received increased federal funds to make major Medicaid enrollment system upgrades; 42 states had already begun system work. To read the report, go to: http://www.kff.org/medicaid/8401.cfm

- **COMMONWEALTH FUND.** *Stabilizing U.S. Health Spending While Moving Toward a High Performance Health Care System* recommends a set of provider payment reforms, consumer incentives and system-wide reforms to confront costs while improving health system performance. This approach could slow spending by a cumulative $2 trillion by 2023. For more, go to: http://www.commonwealthfund.org/Publications/Fund-Reports/2013/Jan/Confronting-Costs.aspx
- **NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS.** *The Waterfall Effect: Transformative Impacts of Medicaid Expansion on States* is a meta-analysis of 20 studies that aim to quantify the impact of the ACA's Medicaid expansion on policy and program. It shows the simultaneous *positive* impact Medicaid expansion has on state budgets, state-wide economies, as well as significantly reducing the number of uninsured people if all states choose to participate in the expansion. Several factors based on our study show that states could see significant budget gains through the Medicaid expansion process. Remember, one-third of the uninsured population has a behavioral health condition, and one-half of this group has a serious mental illness. To read the report, go to: http://www.nasmhpd.org/docs/publications/NASMHPDMedicaidExpansionReportFinal.pdf
- **COMMONWEALTH FUND.** *Barriers to Evaluation for Early Intervention Services* examines why many children referred to early intervention services are never evaluated and explores how to improve the referral process. For more, go to: http://www.commonwealthfund.org/Publications/In-Brief/2013/Jan/Barriers-to-Evaluation-for-Early-Intervention-Services.aspx
- **GEORGE WASHINGTON UNIVERSITY SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES.** *Essential Health Benefits Update: Proposed Regulations implementing the ACA and Application of the Proposed EHB Regulations to Medicaid Benchmark Plans* updates a previous brief, examining new rules implementing the EHB provisions and summarizing the HHS letter on EHBs sent to state Medicaid directors. For more, go to: http://www.healthreformgps.org/resources/essential-health-benefits-update-proposed-regulations-implementing-the-aca-and-application-of-the-proposed-ehb-regulations-to-medicaid-benchmark-plans/
- **COMMONWEALTH FUND**. *Improving Care for Patients Treated by Multiple Providers* examines how care coordination agreements can increase efficiency and improve the quality of care, particularly for individuals with chronic disorders. For more, go to: http://www.commonwealthfund.org/Publications/In-Brief/2013/Jan/Care-Coordination-Agreements.aspx

- **UCLA CENTER FOR HEALTH POLICY RESEARCH.** *Medi-Cal Expansion under the ACA: Significant Increase in Coverage with Minimal Cost to the State* estimates Medi-Cal enrollment growth among both newly and currently eligible individuals. It explores the impact of Medi-Cal expansion on health outcomes, providers and the economy, including revenues generated and potential savings in other budget areas. To read the report, go to: http://laborcenter.berkeley.edu/healthcare/medi-cal_expansion13.pdf
- **CALIFORNIA HEALTHCARE FOUNDATION**. *Value Judgment: Helping Health Care Consumers Use Quality and Cost Information* presents findings from focus groups that examined how to engage consumers in thinking about quality and cost in health care, and how well consumers understand data on health care value and use and put that knowledge to use in making care choices. For more, go to: http://www.chcf.org/~/media/MEDIA LIBRARY Files/PDF/V/PDF ValueJudgmentQualityCostInformation.pdf

MARK YOUR CALENDAR

- **NATIONAL DRUG FACTS WEEK.** January 28-February 3, 2013 is a week-long health observance for teens designed to help shatter the myths about drugs and drug abuse. For more information about this NIDA-sponsored event, go to: http://drugfactsweek.drugabuse.gov
- **CADCA NATIONAL LEADERSHIP FORUM.** February 4-7, 2013, National Harbor, MD. The 23rd annual forum is the Nation's largest meeting for community prevention leaders, clinicians and researchers. With the theme "Coalitions: Science, Strategies and Solutions," the conference emphasizes developing alliances, implementing evidence-based strategies, and creating strategic alliances, all to achieve population-level change. Register at: http://forum.cadca.org/?q=node/51
- **PREVENTION DAY.** SAMHSA's 9th annual Prevention Day, February 4, 2013 (National Harbor, MD), provides training, TA and networking focused on substance abuse prevention. Share experience and information, engage in workshops. Register to participate at this no-cost event. Go to: https://web.cadca.org/EWEB/DynamicPage.aspx?Site=CADCA_2009&WebKey=abccb0c2-a1b3-4a48-8d9a-b63594d5332e
- **INTERNATIONAL SOCIETY FOR CNS CLINICAL TRIALS AND METHODOLOGY.** *2013 National Mental Health Research-to-Policy Forum*, February 19, 2013, Fairmont Hotel, Washington, DC. For more information about this event, or to register, go to: http://www.cvent.com/events/9th-annual-scientific-meeting-plus-forum/custom-18-9c2223a65e454653984cfbe32f4b64ac.aspx
- **26TH ANNUAL CHILDRENS MENTAL HEALTH RESEARCH AND POLICY CONFERENCE.** March 3-6, 2013, Tampa, Florida. The conference brings together over 500 stakeholders to share behavioral health inforamtion and policy direction in such areas as the impact of the ACA on behavioral care for children and youth, integrated care, community-based services, and early recognition and intervention, a particular concern following the events in Newtown, CT. For more, go to: http://cmhtampaconference.com/index.php
- **Hold the Date! NACBHDD LEGISLATIVE AND POLICY CONFERENCE.** March 4-6, 2012, Cosmos Club, Washington DC.
- **ACMHA SUMMIT**. *Leadership for the Triple Aim: Better Care, Better Health, Lower Cost*, April 3-5, 2013, Marriott Waterside Hotel and Marina, Tampa, FL. More information, including registration materials, will be available on the ACMHA website February 1.
- **WORLD PSYCHIATRIC ASSOCIATION REGIONAL CONGRESS, 2013.** *Facilitating Mental Health, Primary Care & Public Health Integration for Southeast Europe & Eurasia*, April 10-13, 2013, Bucharest, Romania. Go to: http://www.wpa2013bucharest.org.

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