

## Reaching an Essential Plateau on Parity and Gazing Much Higher

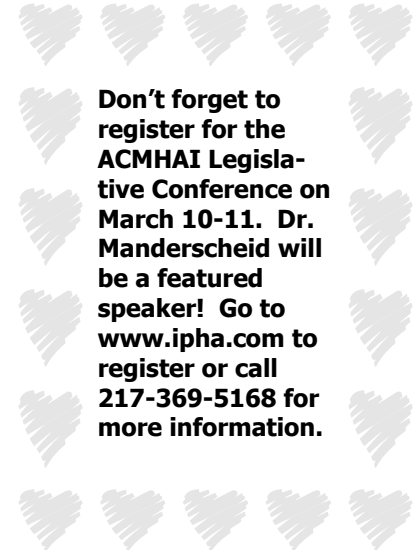
Ron Manderscheid, PhD  
Executive Director, NACBHDD

On Tuesday, February 2, the U.S. Departments of HHS, Labor, and Treasury published the long-awaited "Interim Final Regulations" for parity of mental health and substance use insurance and care benefits. These regulations were triggered by the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. The regulations become effective on April 5 for annual health plans that commence on July 1, 2010, and later. Comments on the interim regulations are due no later than May 3.

These regulations represent an essential plateau for the mental health and substance use care fields. Together, the Wellstone-Domenici Act and the associated regulations are intended to make it precisely clear that these fields are to be treated no differently than medical/surgical care. For both quantitative factors, e.g., number of visits, and qualitative factors, e.g., management of benefits, health plans are required to offer benefits for these fields that are no different than those offered for medical/surgical care. Clearly, this represents a monumental step forward, for which we all are grateful.

We owe a tremendous debt to Representative Patrick Kennedy of Rhode Island and former Representative Jim Ramstad of Minnesota, who authored the legislation, and 274 of their House colleagues who cosponsored this legislation. The quest toward parity legislation has extended more than a decade and has involved many legislators and field advocates. The rapid growth of State parity laws also heralded the federal effort.

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**Don't forget to register for the ACMHAI Legislative Conference on March 10-11. Dr. Manderscheid will be a featured speaker! Go to [www.ipha.com](http://www.ipha.com) to register or call 217-369-5168 for more information.**

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### The Only "Constant" is Change

As we enter the second decade of the new millennium, it's hard not to be skeptical and a bit cynical, remembering the excitement we shared with the advent of the year 2000. Since that time, we survived the Y2-K crisis; the 9-11 terrorist tragedy; the political landscape change; and the booming economy burst. Focusing on mental health and human services, we have gone from threats of a managed care environment, to a fee for service change that is taking at least a decade to unfold, to a renewed commitment to recovery principles. Despite these series of environmental factors, certain aspects remain the same – not enough resources; too many needs; and silos of human service systems. And

now, as we begin 2010, we can see on the horizon, again the threat of managed care; a changing political landscape and diminishing resources. Makes you wonder, what we are really accomplishing.

In the Fall newsletter, Jerry Murphy focused our concerns on the advances made available by local mental health authorities to stabilize the providers and offer new education and services in their communities. This message was reinforced as I listened to our Executive Director, Cheryl Ramirez's eloquent message at the McHenry County Mental Health Court Graduation. Cheryl discussed the movement of the Mental Health Court across the country and the effective models in the State of Illinois,

*(continued on p. 2)*

**(President's Letter continued)** that are impacting the lives of so many individuals who, because of their mental illness, find themselves in the correctional and court systems of so many of our cities and counties. She reminded us of the importance of a collaborative model bringing the strengths of the court system, the mental health community, the local authorities and the consumer and their families to transform these lives.

I hope all of us will recommit to this challenge for collaboration in the midst of chaos and uncertainty. These are times that we can use to bring new opportunities to the table; to increase the voices of consumers in their recovery; and through technology and collaboration make the best use of scarce resources. It is also time to discover new ways of sharing leadership and eliminating silos that divide us. Through a more inclusionary approach, I believe we can model the strength of our communities and be in

a position to influence local, state and national platforms and policies. If the only constant is change, let's do our best to use it to our advantage!

Beginning in February, we will be hosting monthly conference calls for the Executive Committee and all Committee chairs to identify strategies to work together to make the most of our communication and effort. It's our first step in an internal "change" toward more inclusion and faster response. Please let me know your thoughts for improvement and change that you would like to see in the coming year.

Finally, I would like to express my gratitude and appreciation for the 2008-09 ACMHAI Officers who have completed their service: Jerry Murphy, President, and Lisa DeVivo, Secretary. Thank you for your commitment to ACMHAI and for a job well done!  
—Sandy Lewis  
ACMHAI President

### **BOOK REVIEW ~ Healing the Broken Mind: Transforming America's Failed Mental Health System**

In this book, former commissioner for the State of Virginia's Department of Mental Health, Mental Retardation, and Substance Abuse Services, lays out his thoughts on transforming the system. He outlines 5 components for a truly effective mental health system of care:

1. " Use results oriented clinical outcome measures and "evidence-based practices"...
2. Open the monopolistic state mental health care system to competition and innovation...
3. Implement "parity" coverage for mental health treatment...
4. Empower persons with mental illness and their families to have a voice in mental health policy and service delivery
5. Win over (or work around) the keepers of the status quo who resist change..."

We're not alone out there. In his introduction, Kelly identifies a number of collaborators on this book and among them is our own new Executive Director of NACBHDD, Ron Manderscheid. This is a must read! — *Sandy Lewis*



## **BEVERLY THOMAS**

### **Beverly Thomas retires from Mental Health Board after 25 years**

After 25 years of leadership and service on the McHenry County Mental Health Board, Beverly Thomas is moving on to work in other areas of need in the community. She maintains that change is necessary for personal growth, and that it is the right time to encourage others to take on the work of guiding the Mental Health Board (MHB) in working for the delivery of the best behavioral healthcare services for county residents.

Thomas has been a leader in the field of disability services since 1977 when she served as the first director of the Northern Illinois Special Recreation Association. Since then, as president and member of the board of directors of the MHB, she has guided the implementation of an integrated Behavioral Health network of McHenry county providers to deliver exceptional services to those with mental health, substance abuse, traumatic brain injury and developmental disabilities.

"Her leadership in McHenry County, like a high tide raising all the boats, has raised the level of service throughout the state," said Gilbert Zych, a past president of ACMHAI and the executive director of Lyons Township Mental Health Commission in southwest suburban Cook County, after she received the 2008 Advocacy Award from the Association of Community Mental Health Authorities of Illinois.

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*(continued from p. 1)* The new law and regulations apply to private employment-based group health plans that offer mental health and substance use care benefits and that cover 50 or more persons. By extension, they also apply to State Medicaid Programs that are managed by private sector organizations (Regulations governing the latter will be released later.). The regulations specify that, when requested, health plans are required to disclose their medical necessity criteria, and they are required to disclose the reasons for care denial. The law and the regulations do not require that plans offer mental health and substance use care benefits, nor do they apply to public insurance plans, such as Medicare, or self-insurance plans operated by State, County, and Local Government. Neither do they apply to individual or small-group plans that cover fewer than 50 persons. Covered entities can opt out for one year if added costs in the first plan year are at least 2 percent higher than those in the year preceding implementation.

Beyond this essential plateau, I want to assert that we still have many miles to climb up the parity mountain. To help understand this, I have conceptualized parity in terms of a series of doors (or plateaus) one must reach to receive care that is effective. These doors are:

*Door 1, Insurance Benefits:* The parity legislation and regulations do address equality of insurance benefits for private sector group health plans that cover 50 or more persons. However, they do not address public health insurance plans, private individual or small group health plans that cover less than 50 persons, or health insurance coverage for the 46 million Americans who are uninsured. These remain gaping holes in the social safety net.

*Door 2, Care Access:* Because they address qualitative factors such as management of benefits, the law and

regulations are designed to improve equality of access between medical/surgical care and mental health or substance use care. However, since they do not specify common standards of medical necessity, the degree of access is very likely to continue to vary dramatically across health insurance plans. This means that two people in two different health plans with the same problem and same severity will very likely not have the same degree of access to care.

*Door 3, Care Quality:* The regulations do not address scope or quality of services. Clearly, scope of services is important, since failure to receive a needed service can result in a less desirable outcome. Similarly, receiving a needed service in a low quality manner can also lead to a less desirable outcome. As we continue to move ahead, it will be extremely important to address both of these factors. It is not unreasonable to ask that scope and quality of care be at parity with medical/surgical services.

*Door 4, Care Outcome:* The penultimate goal is to receive effective care that makes a difference in one's life. Hence, why should we be willing to accept any lesser outcomes for behavioral healthcare than for primary care? Future work on parity must address this very important issue. Good, effective care requires that we successfully negotiate all four of these doors. You and I both know that this frequently does not happen in behavioral healthcare.

The Wellstone-Domenici legislation and regulations have allowed us to climb to a very important plateau on the parity mountain. This new vantage point allows us to see that there are still essential, higher plateaus to be scaled in the quest for equity and quality of mental health and substance use care. 1-31-10

*(Beverly Thomas, continued from p. 2)* Zych has known Thomas in her role as president of the McHenry County MHB for more than two decades and notes that under her leadership the MHB has identified and fostered key amendments to the Illinois Community Mental Health Act, a law that creates and governs all mental health boards in the state.

"She is a strong advocate for those affected by mental illness," said Sandy Lewis, MHB executive director. "Her strong belief in collaboration and keeping up with the best available treatment has brought service providers to work together to provide the residents of McHenry County with the best and most innovation programs. She is an amazing lady. No doubt about it."

— Barbara Iehl, McHenry County MHB



From left, Don Larson, President of the McHenry County MHB, Beverly Thomas, and Sandy Lewis, Executive Director.

## **NAMI honors McHenry County MHB Recovery and Engagement Specialists**

The McHenry County Mental Health Board's (MHB) three Recovery Engagement Specialists recently received the Excellence in Education award from the National Alliance on Mental Illness McHenry County Chapter. This award recognizes an individual or team that provides mental health education for individuals, families, or the community. It is presented only for significant contributions, and it is not awarded on an annual basis.

The MHB's Recovery Specialists team—Londa Mattick, Donna Buss, and Tammy Stroud—teach the Wellness Recovery Action Plan (WRAP), bringing it to consumers in the community. Additionally, one day a week at Centegra Specialty Hospital in Woodstock, they work with outpatient groups, offering an introduction to the principles of WRAP. This year, they also introduced a WRAP Refresher class to allow participants the opportunity for further growth.

The state has acknowledged the work of the McHenry County Recovery Specialists, noting that at a recent Department of Mental Health WRAP facilitators training six individuals had participated in this team's WRAP classes. Now these six new leaders are facilitating other classes in agencies and in the community.

Their success lies in their commitment to the belief that education is power. "It is the key to recovery," says Londa Mattick. "Possessing knowledge and understanding of an illness is the best tool in controlling or defeating it." Recovery and self-management skills and strategies for dealing with psychiatric symptoms promote higher levels of wellness, stability and quality of life. These skills increase the sense of personal responsibility and empowerment.

Mattick and Buss have been taking their message of recovery into the community for the past four and a half years, and Stroud joined the team just over a year ago. They offer WRAP classes at no charge to community residents through outreach to individuals on a one to one basis, and have been offering "Fast Break," a support group that meets once a week at the Mental Health Board.

"Fast Break" offers an opportunity for individuals to drop in for a cup of coffee, a snack, and camaraderie. "We try to make them feel welcome and accepted," said Stroud. "It's open to anyone who needs support regardless of whether or not they are receiving services elsewhere."

All three agree that the road to recovery is not a science; it is an art. "Everyone's path to recovery is different," said Buss. "We set the stage and let people figure out their own journey through education and self help tools."



From left:, Tammy Stroud, Cathy Garrey, Donna Buss, Londa Mattick, Sandy Lewis, and Bob Lesser at the NAMI McHenry County Awards ceremony.

## **Reclaiming Futures**

Judge Walter C. Brandon Jr. knows addiction well; he sees it five days a week in his courtroom. Presiding over the St. Clair County Juvenile Court gives him a bird's eye view of the cycle that begins when drugs and/or alcohol enter a young person's life. He's had a first row seat as youth have come in and out of his courtroom and has sadly watched the progression of addiction and the ultimate cost to the youth, the family and the community. He is very aware of the outcomes and he is determined to do something about it. Judge Brandon joins four other Fellows through a Robert Wood Johnson Foundation grant to help educate the community about the seriousness and the magnitude of the problem of youth abusing alcohol and drugs and how we can partner to reclaim their futures.

Judge Brandon's genuine concern about juveniles exceeds alcohol and drug prevention activities and looks deeper at intervention and prevention approaches for juveniles. So much so, that one of Judge Brandon's first activities as Juvenile Court Judge was to call upon the community to assist him in responding to youth presenting in court with drug and alcohol abuse issues. St. Clair County has a unique collaborative organization, the St. Clair County Youth Coalition, that has brought together 75 youth serving organizations and is known statewide for their work in addressing the significant issues effecting our youth. The St. Clair County Youth Coalition responded to Judge Brandon's request by seeking technical assistance by submitting a grant to the Robert Wood Johnson Foundation to become a "Reclaiming Futures" site, which was awarded in 2008.

Reclaiming Futures is providing "a blueprint and breakthrough approaches to organize, provide more treatment, better treatment, and beyond treatment." A Change Team is responsible for planning and developing a local system that is more coordinated between the courts, service providers, community, and youth and family, and identifies, and is responsive in providing treatments and supports for youth abusing alcohol and drugs. The ultimate goal is to become a Juvenile Drug Court that would implement a juvenile drug program through the court system.

National studies show that four out of five youth involved in the juvenile justice system have substance abuse issues and local data supports this. For example, sixteen-year old Stephen's charges were theft and disorderly conduct. Though his charges were relatively

minor, Stephen was facing a sentence to the Department of Corrections because of his inability to follow through with probation recommendations as well as his continued use of marijuana and alcohol. Stephen also had a volatile relationship with both his mother and father. The family was initially very difficult to engage in services and often cancelled or failed to show for appointments. Stephen's father, though he lived within just a few miles of Stephen, was uninvolved because of their difficulties in getting along with one another. Very little progress was made in the first six months, largely due to Stephen's continued use as well as tensions within the home. Eventually, Stephen began to recognize his problems with addiction and how his family history of substance abuse and mental health issues played into his use. Though it took two attempts, Stephen successfully addressed his addictions by completing residential substance abuse treatment, passed random drug screens and was clean and sober. In addition to this success, Stephen was also able to successfully complete all other goals including obtaining his GED and secure employment, with future plans to join the Army. This is the success story Judge Brandon wants to see for all youth in our community who have problems with alcohol and drugs.

Judge Brandon and the Change Team have developed procedures for universal screening and identification of youth who have substance abuse issues when they first present for court, and case coordination that provides referrals and linkages to services. They have also been successful in developing community supports working with the faith based community to develop a Metro East, National Cares Mentoring Circle to recruit and connect mentors. Through Judge Brandon's leadership they have engaged Scott Air Force Base-Tuskegee Airman Chapter to assist as mentors in the "We Care" mentoring support program and as instructors for job skills training classes. With the dedication of the Change Team, the guidance of the Robert Wood Johnson Foundation and the support of the community, alcohol and drug addiction can be greatly curtailed, leaving our children to go forward toward success and our communities to emerge as safe, caring places where families flourish.

***-Debbie Humphrey RN BSN, Program Director,  
St. Clair County Mental Health Board,  
Community Fellow-Reclaiming Futures***

## LEGISLATIVE UPDATE

*By Terry Steczo*

The spring session of the General Assembly began with major uncertainties and no answers in sight to the question of resolving the state's \$12.5 billion fiscal hole. Legislative leaders have targeted May 7 for adjournment ... three full weeks early and a sign that not much else but the budget will be considered. Expect any proposals to spend new dollars or create new programs to be non-starters. But, with a perceived jittery electorate at home, will the legislature provide any new revenues or will they try once again to put together a budget using gimmicks and one-time fixes? Yes, but the number of creative fixes beyond sweeps and borrowing have greatly diminished ... and the stimulus funds that helped last year will no longer be available.

Is it possible that they will continue last year's scheme of passing a lump sum budget, washing their hands and telling the Governor to manage as best he can? Yes, but as in the last scenario it would mean that no steps would be taken to close the revenue shortfall.

Could they adopt a six-month budget and then wait until after the November election and determine the next steps based on who the winner of the gubernatorial contest is? Yes, especially if the winner in November is a candidate that has pledged cuts and no tax increases. It's entirely conceivable that the legislature could approve a budget that gets the state through January and then forces that individual to face a harsh reality from the get-go.

Or, will the legislature use the shortened session to seriously address the ever worsening budget hole? Yes, but expect that it will not be easy, no matter how bad the picture looks. It will take a herculean effort from the "bottom up" to get the revenue stalemate broken. And remember, even if a tax increase is approved a few billion in cuts will be necessary. That's not a pretty picture. In a system that likes to reward winners, they will be few and far between this year.

### **Local Government Consolidation Proposed (Again)**

Once again, local government consolidation legislation is on the table. House Bill 4852 (Rep. Franks) creates the Local Government Consolidation Commission Act of 2010. It establishes a commission of legislative members and local government representatives appointed by the Governor to report to the Governor and General Assembly on consolidating local governments.

While such efforts in the past have never come close to achieving anything significant, with the state of the economy and with a clamor for efficiencies, real or perceived, this bill should be watched closely.

### **Managed Care Pilot Program Proposed**

The House Medicaid Reform, Family and Children held its first hearing on January 12 to discuss the proposed RFP that would establish a managed care pilot for AABD Medicaid recipients in suburban Cook and the collar counties, including Kankakee County. The goal is to have a July 1 implementation.

Administration witnesses indicated that Governor Quinn has insisted on better performance with the Medicaid program and the pilot project is an attempt to do so in two ways: (1) Assure better health care outcomes for huge Medicaid expenditures; and (2) Measure the best health outcomes possible.

Testimony suggested that the integration of care proposed by the Department can't be done in fee for service. The intention of the pilot is to create a delivery system where all aspects of the health care system work together. Fee for

service doesn't always work in an integrated fashion because all factors work independently..

The pilot project goal is to create "systems of care" that in the opinion of the Department would be less wasteful and more efficient. The pilot takes that "systems of care" concept and applies it to those who use the most amount of care. It was estimated that in out-years a 7% - 15% saving could be achieved by eliminating unnecessary hospital visits, emergency rooms, and unnecessary surgeries if conditions are caught early. Savings initially would be lower due to incentives.

Opponents at the hearing cited the many unanswered questions, inadequate time for implementation, inadequate funds and encouraged carving out of aspects related to developmental disabilities.



# ACMHAI ANNOUNCEMENTS



## MARK YOUR CALENDAR/ SAVE THE DATE!

<b>March 8-9</b>	NACBHDD Legislative Conference	Washington DC
<b>March 9-11</b>	IPHA/ACMHAI Policy & Legislative Conference Quarterly Meeting and Behavioral Health Summit	Springfield
<b>April 21-25</b>	Champaign County Anti-Stigma Alliance Movie Event at Ebertfest	Champaign
<b>June 8-9</b>	Illinois Association of Mental Health Courts Conference and ACMHAI Quarterly Meeting	DuPage College

### ACMHAI NEWS BRIEF

#### **NACBHDD takes leadership in tracking county-level behavioral health outcome and performance measures**

NACBHDD Secretary Lisa DeVivo (Executive Director, Community Mental Health Board of Oak Park Township, IL), Board member Cheryl Ramirez (Executive Director, Association of Community Mental Health Authorities of IL), and Executive Director Ron Manderscheid recently discussed preliminary steps to track county level behavioral health outcome and performance measures nationwide.

Both DeVivo and Ramirez have used outcome data to justify funding for programs such as treatment courts and to show the cost effectiveness of treating substance use disorders early and as chronic conditions. Ramirez and DeVivo also noted that Illinois local mental health authorities use outcomes data in their decisions to fund programs.

Manderscheid has many years of experience working on outcome measures, and noted consumers have been behind the issue since the 1990s. The behavioral health field – both the public and private sector, however, has not come together on outcome measures. The group agreed that it is important for NACBHDD to collect this “hard data” as health care reform moves forward. According to Manderscheid, “We soon will arrive at the day of living in a pay for performance environment.”

NACBHDD will be involved in several activities in the next few months related to moving the issue forward on the national agenda, including participating in the National Quality Forum, the recognized federal entity that will develop quality measures across all of healthcare, and communicating with SAMHSA about this initiative. For more information on this topic, see “Integration of Mental Health in Quality Assurance Policies,” (<http://www.nacbhdd.org/content/Quality.pdf>) and a Power Point presentation, “Mental Health Performance Measures” by Solano County Mental Health.

<http://www.nacbhdd.org/content/PHC%20Slide%20Presentation%20Final%20Rev.ppt>  
— Cheryl Ramirez

\*\*If you would like additional information about any of the articles, please call 217-369-5168 or email [acmhai@shout.net](mailto:acmhai@shout.net).\*\*  
Also check out the ACMHAI website, [www.acmhai.org](http://www.acmhai.org).

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