

Spring Conference 2007 Highlights: Innovations in Community Mental Health Systems

Jail Diversion

The growing mental health reform movement was certainly evident in the presentations at ACMHAI's 18th Annual Spring Conference in April. Starting with the wide spectrum of jail diversion initiatives in our own state, communities are developing creative funding and programmatic strategies to reform the mental health system, not only as a separate entity but in collaboration with criminal justice and social services.

Winnebago and Madison Counties, the Division of Mental Health and Proviso Township shared their experiences in planning and implementing a continuum of jail diversion programs, from total deflection in the form of crisis intervention training (CIT) for police officers, to Mental Health and Drug Courts, to re-entry programs for individuals with mental illness who have served time in jails or prisons. Results for these relatively new programs are impressive. Here are just some of the outputs and outcomes Winnebago County reported: 67% reduction in arrests of people with mental illness due to CIT deflections; 257 out of 384 mental health calls deflected from jail; 67% increase in mental health treatment referrals; 4,387 reduced jail bed days through pre-arrest deflection; 1,242 reduced jail bed days through post-booking acceptance to the TIP Court Program; 80% reduction in jail days during TIP involvement compared to 5 years prior.

At the end of the jail diversion spectrum is the Re-entry Data Link program, which "relinks detainees that had previous documented mental health services back to the agency of record, or links to a new agency based on discharge demographic information." This linkage is critical because many individuals with severe mental illness who are discharged from state hospitals never make it to their community agency appointments. So far, project personnel have learned that many detainees have dual diagnoses and need other services, and have a history of hospitalization, but not necessarily community services. Preliminary results show that successful links have greater than 64% 30-day follow-up success rates and have fewer re-arrests than non-successful links.

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 ★ Mental health is ★
 ★ integral to overall ★
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 ★ Therefore, it needs ★
 ★ to be a national ★
 ★ priority... ★
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 ★ Because it is an ★
 ★ issue of fairness and ★
 ★ equity. ★
 ★ Campaign for Mental Health ★
 ★ Reform ★
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- **Legislative Update**

Mental Health Restructuring Initiative in Illinois

Chris Power, Associate Director of DMH, presented the latest information on conversion to fee-for-service and other changes in FY 2008. Recognizing that these are complicated issues and we can not do justice to the intricacies of the changes in a newsletter format, we merely provide here a list of some of the main points:

- It is clear that the transition from grants to fee-for-service is a fundamental change for consumers, providers, and payors. The intended effect on consumers is to provide more uniform services and for the money to follow them. Providers may need to change their business practices, seek out clients more, and focus on higher productivity in this new system. Documentation will become increasingly important with the Medicaid audits.

- The Medicaid Rule was revised and approved as of April 18, 2007 and a Memorandum of Understanding is in the works with ACMHAI members for local funds certification.
- The announcement of a successful vendor for the administrative services organization RFP is expected in mid-June.
- Other DMH priorities include an emphasis on evidence-based practices with a conference in July, and through grants and pilot projects; permanent supportive housing; a review of residential programs, and a review of capacity grants.

Dr. Power stressed that ongoing changes in FFS and the ASO are expected, and that responsiveness to consumer and family needs will be a priority, based on the findings from consumer focus groups conducted last year. ***(continued on page 2)***

(Spring Conference Highlights, cont'd from p. 1)

National Mental Health Reform

Bill Emmet, Director of the Campaign for Mental Health Reform, took us through the mental health transformation movement, from its genesis with the Surgeon General Report on Mental Health to the President's New Freedom Commission on Mental Health, with responses in the form of action agendas from SAMHSA—*Achieving the Promise: Transforming Mental Health Care in America* and from the Institute of Medicine—*Crossing the Quality Chasm: Improving the Quality of Health Care for Mental and Substance-Use Conditions*.

Mr. Emmet made the point that mental health is everybody's business—no longer its own niche. Mental health is increasingly understood to be a component of a comprehensive approach to public health. Proof of the need to incorporate mental health into overall health are the higher prevalence of smoking among people with schizophrenia (56-88% vs. overall U.S. rate of 25%) and the high rates of metabolic disorders, cardiovascular disease, and diabetes among people with mental illness.

Mr. Emmet suggested that because money is in Medicaid, the Center for Medicare and Medicaid Services is powerful. This administrative agency, which oversees Medicaid has increased audits and pressure to unbundle reimbursements for proven services, while the Federal Government is considering decreasing SAMHSA's budget during its reauthorization currently taking place.

Bill Emmet stressed that we, as individuals and as an organization, have the power to change federal policy by contacting our Illinois Congressional delegation. For example, Senator Barack Obama is on the HELP Committee and Veterans Affairs; Senator Durbin is on Appropriations, Judiciary, and the Senate Caucus on Mental Health Reform.

The Campaign for Mental Health Reform's major initiatives are outlined on page 3.

McLean County Health Department (553 Board) Funds Drug Court Treatment

Effective January 1st, The McLean County Health Department's mental health, developmental disabilities, and substance abuse program (553 Board) took over responsibility for financing treatment related services as part of McLean County's drug court. Under a contract with Chestnut Health Systems, the court system will mandate treatment for patients through the contract. The contract is set up to serve a capacity 20 participants at any one given time. Outpatient group counseling, intensive outpatient counseling and residential services are among the services offered. During the January-March quarter, 13 participants received services. In addition to mental health levy funding, the overall program is funded in large measure through a federal grant. It is a collaborative effort among the McLean County Court Services Department, the McLean County State's Attorney's Office, the McLean County Health Department and the newly formed McLean County Drug Court. — *Bob Keller, Director, McLean County Health Department*

KANE COUNTY

Kane County establishes Mental Health Council

Mental health providers, funders, the county health department, advocacy groups and other interested parties, as an extension of the Kane County Health Department's I-PLAN process, have formed the Kane County Mental Health Council. Participants identified the need to reduce fragmentation of services and increase public awareness of available services within the county. Council members in January, 2007, signed a Memorandum of Understanding, pledging to work together to address these needs in the county. Mental Health and Mental Retardation Services, Inc. participated from the start and has been asked to chair the Council for its inaugural term.

On May 1, 2007, the Council held a press conference announcing the formation of the Council and its purpose. It also kicked off, at the beginning of Mental Health Month, an anti-stigma campaign which piggy-backs on the national SAMHSA campaign "What a Difference a Friend Makes." The Council members self-assessed themselves over \$7,000 to launch the local campaign, while seeking other funds to continue this community awareness effort. Included in the materials was information on where services are available in the county, as well as the message that a friend can make a big difference in the decision to seek out mental health services. The Community Awareness Committee of the Mental Health Council is working on a year-long campaign which includes the message that most mental illness is treatable.

A second committee, the Data Committee, is working to gather data on services available and gaps in services, in order to help the Council address resource issues. Such data collection and planning will hopefully lead to better coordinated services countywide. The Council itself is meeting in facilitated "think tank" sessions in order to discuss increasing efficiencies and revenues for the county mental health system as a whole.

— *Jerry Murphy*
Executive Director, MH/MR Services, Inc.

Campaign for Mental Health Reform Update

Excerpts from NACBHDD May DC Update

Mental Health is Integral to Health Act

The Campaign for Mental Health Reform is still working on legislation around the broader issue of the crucial relationship between mental health and physical health. Some of the provisions of SAMHSA reauthorization (*see article below*) fit into this proposed legislation well.

The Campaign is hoping for a way or ways to embed mental health measures in the surveillance done by the Centers for Disease Control and Prevention (CDC). The CDC has a few programs that do touch on mental health, but Emmet says, there is not the coordination that there should be.

The Act would aim to expand the mission of the CDC to integrate mental health into the mission, and to develop more tools for ongoing surveillance in mental health. A unit in the CDC would be responsible for mental health programs.

Emmet notes that the issue of mortality and morbidity for individuals in the public mental health system has been looked at closely, most recently in the National Association of State Mental Health Program Directors' October 2006 *Morbidity and Mortality in People with Serious Mental Illness* report. It was revealed that individuals in the public mental health system die 25 years earlier than other individuals. The Campaign wants the Department of Health and Human Services, through SAMHSA, to identify why and make sure that there are funds for people in the system to access the appropriate medical care, and in addition, give individuals in the public mental health system programmatic priority.

SAMHSA Reauthorization

The Campaign's primary focus at this time is SAMHSA reauthorization, and it worked very hard on the areas on which it would like the Senate Health, Education, Labor, and Pensions (HELP) Committee to concentrate at its May 8 hearing for SAMHSA reauthorization. Overall, the Campaign is hoping the reauthorization reflects the priorities of the New Freedom Commission and the transformation priorities outlined there, which have taken root in the field. Emmet highlighted the following areas of emphasis for SAMHSA reauthorization:

- **Interdepartmental and interagency collaboration** to reduce institutional fragmentation among all the departments and agencies SAMHSA works with, such as the Department of Justice.
- **More consumer and family involvement in the public mental health system** so that consumers, families, providers, and local government entities are involved in evaluation of programs. There is concern that SAMHSA has no mechanism for understanding how end users feel the services that they use are working. The Campaign partners feel very strongly about this area of emphasis, and that giving consumers and families a real mechanism for evaluating services is integral to a consumer and family-driven system. This area is also important for providers, who need a mechanism to let SAMHSA know how the system is operating.
- **Strengthen the outcome measurement process**, not just to do "business as usual," but to look at how the whole transformation process is going and whether people are benefiting from transformation. Specifically, are lives improving?
- **Sustain children's mental health services and the system of care**, which needs addressing if it is going to continue after the original funding expires.
- **Propose that the Transformation State Incentive Grants (TSIGs) be reconstituted to emphasize services instead of planning.**
- **Emphasize positive behavioral supports in schools.** The Campaign hopes SAMHSA and the Department of Education will collaborate on technical assistance in this area.
- **Reorient funds toward prevention and intervention**, rather than crisis management. There are funds that would help create some demonstration projects that show that prevention and early intervention reduce costs far more than costly intervention later on.
- **Specify that SAMHSA include mental health in the broader implementation of electronic medical records** to encourage organizations to integrate mental health records into health records with the goal of helping people with mental health needs get overall better health care.

— Bill Emmet,
Director of the Campaign for Mental Health Reform

LEGISLATIVE UPDATE

Community Mental Health Act Revisions

House Bill 909 and Senate Bill 1253, ACMHAI supported changes to the Community Mental Health Act, are faring well and should be expected to head to the Governor before the end of the legislative session. We've been fortunate to have produced unanimous votes in House and Senate Committees as well as in Floor votes. Currently, both bills are at final passage stage and, if approved, will be sent to the Governor. The latest time for action by the Governor would be the latter part of August. Once final legislative approval is given, all ACMHAI members and community mental health advocacy groups will be asked to send messages of support to the Governor's Office.

Olmstead Implementation

As of this writing, the Senate has approved and the House is considering Senate Bill 765 that seeks to implement the Olmstead Act that would be effective July 1, 2008. The legislation, sponsored by Senator Maggie Crotty (D-Oak Forest) is currently before the House Disability Services Committee.

Budget Battles

As the General Assembly session winds down the state budget is very much up in the air. Governor Blagojevich, earlier in the year, proposed a "gross receipts tax" to fund his "Illinois Covered" initiative, more funding for elementary and secondary schools, and possible residential property tax relief. Thus far his proposal has landed with a thud and has little hope of passage.

There has been a groundswell of support from across the spectrum for possibly increasing the state income and sales taxes to provide the school funding and property tax components of the Governor's plan, however Governor Blagojevich has declared his opposition to that effort. In light of that, others have pushed for a "no growth, maintenance budget" which would divvy up the additional billion dollars in revenue that is expected to be available but without new initiatives. It's anyone's guess as to what will eventually happen or how the standoff will be resolved but the two scenarios that seem to be emerging as the most plausible are: 1) a small increase in the sales tax and income tax that receives bipartisan support and enough votes to override an expected veto; or 2) the "no growth, maintenance budget".

The final guess is when any budget deal might be struck. Any legislation not approved by the time of the scheduled legislative adjournment, May 31, needs an extraordinary, three-fifths, majority to become effective immediately. Should the budget not be approved by May 31 then it is expected that it may be a long summer in Springfield.

— Terry Steczo
Government Strategy Associates

At the Federal Level... Excerpts from NACBHDD DC Update

Mental Health Parity: Paul Wellstone Mental Health and Addiction Equity Act (H.R. 1424)

NACBHDD staff participated in a May 2 rally where Representative Patrick Kennedy (D-RI) and Representative Jim Ramstad (R-MN) called on Congress to pass The Paul Wellstone Mental Health and Addiction Equity Act (H.R. 1424). The two co-sponsors of the bill presented a report entitled, *"Ending Insurance Discrimination: Fairness and Equality for Americans with Mental Health and Addictive Disorders"*, to Speaker Pelosi who thanked the Congressman for their bipartisan effort.

Majority Leader Hoyer (MD), Majority Whip Clyburn (SC), Democratic Caucus Chair Emanuel (D-IL), Rep. Sullivan (R-OK), Rep. Murphy (R-PA), Rep. Perlmutter (D-CO), Rep. Courtney (D-CT), Rep. Murphy (D-CT), Rep. Ellison (D-MN), and Rep. Van Hollen (D-MD) joined Speaker Pelosi to support the effort. The bill is currently in three committees with no mark up schedules yet.

SAMHSA Reauthorization Hearing

On Tuesday May 8, 2007 the Senate Health, Education, Labor and Pensions (HELP) Committee held a hearing on the forthcoming Substance Abuse and Mental Health Services Administration (SAMHSA) Reauthorization legislation. NACBHDD staff attended the hearing. Representative Kennedy talked about the need for more use of evidence based practices, better coordination of mental health and substance abuse services with primary care and prevention activities for high risk populations.

SAMHSA Administrator Cline's testimony focused on accountability, capacity and effectiveness. He indicated that a public health approach for comprehensive care was needed to address mental health and substance abuse disorders. Concerning NOMS, Dr. Cline indicated some states may not be equipped to report, however technical assistance from SAMHSA is designed to help implement this process.

Children's Mental Health Parity Act (S 1337)

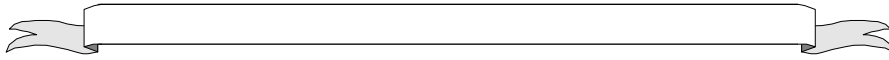
On May 8, 2007, Senator Kerry (D-MA) along with Senators Smith (R-OR), Kennedy (D-MA) and Domenici (R-NM) introduced legislation that would provide parity for mental health and substance abuse services in the State Children's Health Insurance Program (SCHIP) program.

The bill would require financial requirements or treatment limitations on mental health or substance abuse services are no more restrictive than those requirements for other medical services.

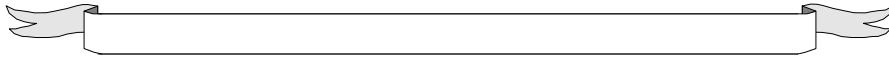
The proposed legislation would also eliminate a provision in current statute which authorizes states to lower the amount of mental health coverage to 75 percent of the coverage in the model benchmark plan identified for States to use when developing SCHIP plans.

MARK YOUR CALENDAR

June 7	ACMHAI Quarterly Meeting	Springfield
June 20-24	NAMI National Convention	San Diego, CA
July 11-12	Evidence-based Practices DMH Conference	Chicago
July 12-13	19th Annual State Forensic Conference	Northwestern University
July 13	NACBHD Summer Meeting	Richmond, VA
August 28-30	Crisis Intervention Team National Conference	Memphis, TN



CONGRATULATIONS to Don Miskowiec
on his recent election to the Board of Directors
of the National Council for Community
Behavioral Healthcare!



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