

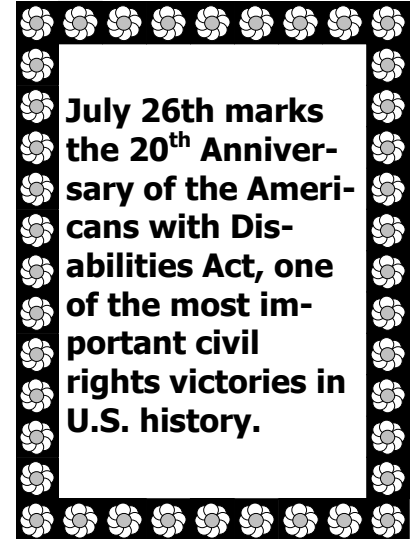
Behavioral healthcare finally has a seat at the table, calling for both celebration and action

by Ronald W. Manderscheid, PhD, Exec. Dir., NACBHDD

Let's celebrate the final passage of legislation that will inaugurate national health reform. A new day has broken that holds great promise and hope for untold numbers of Americans who have lacked quality health-care. We must consider:

- More than 10 million uninsured Americans who have a mental or a substance use condition.
- More than 20 million uninsured Americans who have not been able to afford health insurance.
- Thousands of small business owners who have been unable to provide health insurance, even for their families and themselves.
- More than 8 million children and adolescents who lack any health insurance.
- More than 155 million Americans with a pre-existing condition.
- Millions of young adults under age 26 just entering the workforce for the first time.
- Millions of elderly Americans who cannot afford needed medications.
- Millions of Americans who have become unemployed during the past year.

For each of these citizens, life became much, much brighter as the U.S. House and U.S. Senate passed historic and unprecedented national health reform legislation. To find earlier legislation of comparable effect



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Integrated Care springs up from the ashes of community behavioral health ruins in Illinois

The Association of Community Mental Health Authorities of Illinois (ACMHAI) held its annual conference on March 10-11 in Springfield, in conjunction with the Illinois Public Health Association. George Hovanec, former State Medicaid Director, broke the news about the dismal state budget, particularly for human services, with a decrease in mental health and addiction services by \$90.7 million from FY10 levels, accounting for a 23.6% reduction. This translates to about 74,000 consumers losing services and ending up in inappropriate settings (e.g., jail, homeless shelters, nursing homes, emergency rooms) and an estimated 50 providers closing their doors. Kent Redfield, Professor of Political Science

at UIS, followed the bad news with the political landscape, which affects and is affected by the budget crisis. Because of the November elections, no one with political aspirations will openly support a tax increase and a six-month budget will most likely be the temporary course of action. Given the state of the State, attendees were advised on communications with their legislators and on advocacy for public health and behavioral health initiatives.

Ron Manderscheid's key note address on health reform was a welcome break from the doom and gloom of the morning. Dr. Manderscheid reviewed highlights of the House and Senate bills and made the point that economic recovery of the

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(Manderscheid, cont'd) one would need to look to the Social Security Act of 1935 and the Medicare Act of 1965. We from the behavioral health field owe profound gratitude to President Obama, Speaker Pelosi, and Senate Majority Leader Reid, each of whom exhibited outstanding vision, courage, and leadership to bring us to this historic day.

This new legislation will also encourage all of us to take great strides toward fulfilling the oft stated wish of President Franklin Roosevelt that pursuit of good health should become a basic human right of all Americans, just like life, liberty, and the pursuit of happiness. Imagine a day when one would be able to pursue the best health possible in an equitable way, unfettered by major social and physical disparities. Clearly, this vision can serve as a major motivator for each of us.

As a society, we have been pursuing national health reform for a very long time—at least a century. Highlights would include President Roosevelt's efforts in 1933 to 1935, President Johnson's efforts in 1964 and 1965, and President Clinton's efforts in 1993 and 1994. In each of these previous efforts, the mental health and addictions communities were not fully "at the table." Now, we are. This is cause for great celebration, but it is also cause to mobilize ourselves. We must be fully on top of our effort going forward.

We must also be prepared to assert ourselves in key ways. For example, we must be able to work effectively with large healthcare entities in an environment where integration will be the norm; we must be able

to enter and participate in Accountable Care Organizations, where success will depend upon quality of care and good outcomes; we must be able to assert the centrality of consumer direction, peer support, and recovery. As full equals, we will not be able to rely any longer on our own inferior status to protect us. All of this changed radically in March. We became full equals.

What should we do about this new status? In the short-run, we should celebrate. However, we must also engage reform immediately. An urgent need exists that we participate in conversations already underway at the integration table and at tables where Accountable Care Organizations are being formed.

In fact, we need to become proactive and lead in these conversations. We offer quality behavioral healthcare, and we achieve recovery. This is an excellent starting point for a conversation with our primary care colleagues.

I hope that you feel refreshed and re-energized, like I, by these historic developments. All of us—consumers, family members, providers, system managers—have worked ever so hard in so very many venues to arrive at this new horizon. I am sure that for many of us, at many points, it seemed as if this day would never arrive. Now that it has, many new opportunities will present themselves, and many new challenges will become apparent. Our success in achieving **National Behavioral Health Reform** will help us to define our path and move forward quickly in the new landscape. Nothing could be more exciting!



ST. CLAIR COUNTY

BRING CHANGE 2 MIND

The Karla Smith Foundation (KSF) is working hard to bring mental health awareness to the Metro East area. KSF has developed a close relationship with actress Glenn Close and the "*Bring Change 2 Mind Campaign*." The Campaign was established by actress Glenn Close, who is seeking to "combat stigma." The mission of the Campaign is twofold:

1. Provide people who have misconceptions about mental illness quick and easy access to information that combats stigma.
2. Provide people who have mental illness and those who know them, quick and easy access to information and support.

On April 16-17, 2010, KSF and Glenn Close hosted two events, a Gala Event and Cardinals Baseball Game. Both events focused on sharing the campaign and message. The events were a major success. The Gala was held at the Four Seasons and was successful in reaching 130 individuals representing the corporate sector. There were 250 tickets sold to individuals who proudly wore the "*Bring Change 2 Mind*" shirt during the game.

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(Integrated Care, continued)

United States and Federal fiscal solvency in the future require national health [insurance] reform.

Dr. Manderscheid also advised the group on how we can mobilize at the county level, where the rubber meets the road, so to speak. As the role of the community is expanding to promote health and prevent disease, we are being asked to develop population interventions to address behavior change and to address social and physical determinants of health and wellbeing. Therefore, we must advocate strongly for the Congress and Administration to move forward on reform.

ACMHAI and IPHA cohosted a Legislative reception in the evening, presenting awards to four legislators who have sponsored numerous bills promoting community-based options and system improvement for public health and mental health. The record participation by association members, legislators, and the executive branch was at an all time high and the event served as a great opportunity to discuss our associations' top legislative and policy initiatives.

The next day ACMHAI held a Behavioral Health Summit to address mental health and primary care integration. Ron Manderscheid gave an excellent overview establishing the reasons why we need integrated programs, affirming that approximately 1/3 of adults and 2/3 of children with SMI/SED receive no services at all and that public mental health clients die about 25 years younger than other Americans. About 60-80% of these deaths are due to treatable chronic diseases, components of which include the lack of basic primary health care, metabolic effects of psychotropic meds, lifestyle factors, and loss of hope. These assertions lead to the necessity of reforming Medicaid to permit mental health and primary care encounters on the same day. The integration of mental health and primary care also calls for the evolution of the medical home: behavioral health medical home, primary care medical home or coordinated care at different sites.

Thresholds, a community behavioral health center that offers primary care services, presented a multi-level integrated care program, from the basics – assessing weight, body mass, blood pressure, and blood sugar – to exercising care in prescribing 2nd generation antipsychotic medications – to linking consumers to a wellness regimen, and promoting prevention and positive health. Thresholds has some great examples of group exercise programs and community cooking classes that not only promote healthy lifestyles but also build community and create peer counseling opportunities among consumers.

The Rush University BRIGHTEN program was built on the premise that most older adults receive mental health services in primary care or religious settings and that 50-75% of all health care visits focus on mental health concerns. The BRIGHTEN Program includes wraparound services, EBP treatments, virtual staffing, and electronic assessments, and has shown improvements in depression and anxiety symptoms and increased social connectedness and daily functioning.

Lastly, we heard from a therapist who works with pediatricians at the Southern Illinois Healthcare Foundation, an FQHC, in order to reach children and adolescents with behavioral health needs. Practical applications to integrating mental health and primary care were shared. For example, by simply accompanying the pediatrician to meet the child/adolescent, follow-up to the therapist by the family improved from 20% to 95%. Hearing all these positive developments in integrated care in Illinois certainly ended our conference on a high note!

Cherryl Ramirez, ACMHAI

EPSDT, with an emphasis on the "T"

ACMHAI hosted a forum to initiate dialog among a diverse group of children's mental health stakeholders on June 7 in Glen Ellyn. Forty-five representatives of state agencies, human service associations, child and family advocacy groups, and parents attended with the purpose of improving the implementation of EPSDT in Illinois.

Early and Periodic Screening, Diagnosis and Treatment is "an entitlement (Title XIX) under the Federal Medicaid program, which requires states to provide "necessary health care, diagnostic services, treatment, and other measures...to correct or ameliorate defects and physical and mental illnesses and conditions..." for children under 21 years of age.

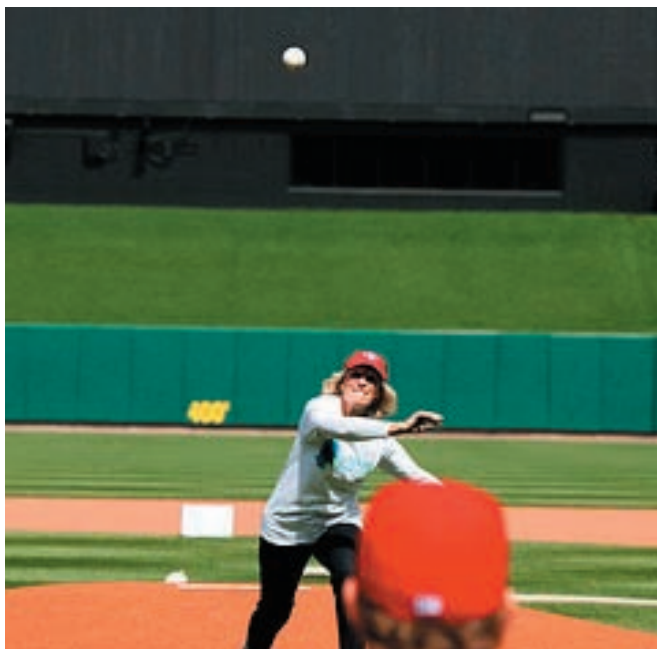
Mental health services covered under EPSDT include:

- Diagnostic evaluation and assessment
- Medication management
- Therapy—Individual, Group, Family
- Targeted case management
- Therapeutic behavioral services
- Psychiatric rehabilitation services
- Therapeutic nursery services
- Substance abuse services
- Inpatient hospitalization

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(Bring Change 2 Mind, cont'd) The Campaign's Public Service Announcement (PSA) was shown during the pregame ceremony to an audience of over a million, followed by Glenn Close throwing out the first pitch. Fox 2 Television provided broad coverage of the event and numerous interviews were conducted by other media during and following the game. ACMHAI and the Madison and St. Clair County Mental Health Board's were advertised as major contributors to the event. The event proceeds were \$50,000. Funds raised at the events were divided between the national and local campaign. KSF has used the local funds to develop a new website dedicated to the campaign, www.changeamind.org. KSF is now developing strategies for further mental health awareness and education events to address stigma. The organization is working on a local PSA for the campaign that will also be supported by the proceeds. KSF is planning to develop a local PSA promoting mental health awareness that will include marketing local major mental health providers and services.

*Debbie Humphrey R.N. BSN
St. Clair County Mental Health Board*



Glenn Close throwing out the first pitch.

(EPSDT continued)

- Residential treatment
- Psychiatric day treatment/ Partial hospitalization
- Home health care
- Mobile treatment
- Psychological testing
- Transportation assistance to any necessary service

Two key concepts in treatment funding are:

1. EPSDT services must be provided to children enrolled in Medicaid **whether or not the services are** provided for in any State Plan.

2. EPSDT requires states to do more than merely offer to cover services. **States are obligated to actively arrange for treatment**, either by providing the service itself or through referral to appropriate agencies, organizations or individuals.

If you are interested in joining future EPSDT stakeholder meetings, please contact ACMHAI.

Intergovernmental and Cross-system Partnerships: Working together improves outcomes and saves money

(ACMHAI's break out session at the Mental Health Court Conference on June 8)

Representatives from McHenry and Cook Counties, and Proviso and Oak Park Townships discussed how their mental health boards, courts and mental health agencies worked together to create mental health courts in their communities. Presenters shared experiences and offered strategies on funding, implementing, and sustaining successful mental health courts through collaborations across systems and governmental entities.

An overview of the essential services was given and led into the staffing of the mental court, which commonly includes a coordinator, case manager, and treatment providers. Mental health board staff, Sandy Lewis, Lisa DeVivo, Bob Lesser and Lisa Loster stressed the boards' role in funding and prioritizing the services needed from the provider community. Housing is of particular importance and ensuring that MH Court participants are receiving Medicaid benefits is another top priority.

Scott Block and Mark Kammerer, treatment court coordinators for McHenry and Cook Counties, respectively, highlighted the importance of collecting and reporting outcomes data, focusing on cost savings and the decrease in re-arrests, as the strongest case for supporting a mental health court. The human outcome, arguably the best and most important, was embodied in two recent graduates of mental health court, who provided testimonies to the audience. They shared how mental health court had turned their lives around—one has become a peer mentor to other participants and they both inspire individuals with mental illness who have become involved with the criminal justice system.

- Cheryl Ramirez

LEGISLATIVE UPDATE

By Terry Steczo

“To Borrow ... Or Not To Borrow”

When the legislature left Springfield at the end of May the door was left open to having the Senate come back and approve the \$3.7 billion pension payment borrowing plan that had already been approved by the House. While the Senate has enough Democratic members (37) to pass the bill with enough votes (36) to meet the borrowing requirement provisions of the Illinois Constitution, two or three Democratic holdouts will make it necessary to convince a few Republicans to cross over or convince the Democratic dissidents “get religion.” The former, with so much at stake in the November elections would be a tough sell. Now, having seen that in the aftermath of the House action that the two GOP House members who voted with Democrats to approve the plan were demoted from leadership chores, any Republican cross-over has gone from implausible to practically impossible.

Both alternatives for making the pension payment are less than desirable. The question is which is the lesser of two evils. Plan #1, borrowing, allows the payment to be made with *millions* of dollars in interest to be paid back over the years the loan is in effect. Plan #2 would require the pension systems to sell off assets which would cost them *billions* over the long term. It is obvious that borrowing would be the most prudent road to take at this juncture, since new revenue is out of the question for the time being.

If the borrowing plan is not approved, what we are left with is a lesser “pension payment alternate” that was approved. It calls upon the governor to make the January pension payment if the state has the money. There is little doubt that the result of this “alternate” will be a missed payment, unless new revenues appear before January ... so, in effect, this becomes Plan #2, Jr.

Whether the Senate comes back into session or not, the focus now shifts to the gubernatorial and legislative election contests to be decided in November. Because those elected on November 2 will be directly involved in the 2011 remap process, the legislative actions or inactions in May and their impact on November’s elections will shape Illinois public policy for at least the next decade.

Worse and Worse

It was reported last week that the Center for Tax and Budget Accountability has estimated that they estimate the state deficit will be approximately \$7 billion at the end of FY 2011. They also conclude that to maintain that level into FY 2012 the state will need an additional \$3.1 billion ... not including the required pension payment.

Veto Session Dates Set

The dates for the post-election veto session have been announced: November 16, 17, 18 and November 30, December 1, 2.

Emergency Budget Act Approved By General Assembly

One of the final acts of the legislature before adjournment was passage of the Emergency Budget Act. The bill provides the governor extraordinary powers to initiate emergency rules, extends the state lapse period to December 31, allows the governor to modify or terminate state contracts, and provides for interfund borrowing with interest and will generate over \$1 billion.

Here’s the kicker ... the emergency powers are repealed on January 9, 2011. What’s significant about that date? It happens to be the day before the newly elected governor takes office.

During the past few months there has been rhetoric galore about how to resolve the state’s fiscal dilemma. Governor Quinn has advocated raising taxes to provide new revenues. His opponent, state Sen. Bill Brady (R-Bloomington) has been strident in his belief that no new revenues are necessary and that judicious spending cuts can provide the solution. During the recent legislative budget discussions Brady stayed mum and offered no specifics. There is no doubt he will be pressed for something definitive as the campaign heats up. Regardless, he may get a chance to test his budget theory on January 10, should he emerge victorious on November 2.



ACMHAI ANNOUNCEMENTS



MARK YOUR CALENDAR/ SAVE THE DATE!

| | | |
|----------------------|----------------------------------------------------------------------------------------|--------------|
| July 19-20 | NACBHDD Summer Board Meeting | Reno, NV |
| October 13 | Family Care Children's MH Conference Quarterly Meeting and Behavioral Health Summit | Crystal Lake |
| October 14 | ACMHAI Quarterly Meeting | Crystal Lake |
| October 14-15 | PBIS Conference | Rosemont |
| November 9-10 | Children's Mental Health Partnership Conference | Springfield |

ACMHAI NEWS BRIEF

Richard Lockhart, of Social Engineering Consultants, received a lifetime achievement award for his 47 years of advocacy for people with mental illness, substance use disorders, and developmental disabilities. Mr. Lockhart helped author the Community Mental Health Act and worked on its passage as well as many referenda to establish mental health boards in Illinois counties. Gil Zych, ACMHAI Legislative Committee Chair and Executive Director, Lyons Township MHC, presented Mr. Lockhart with the award on June 9 at ACMHAI's quarterly meeting in Glen Ellyn.

CDC Report on Stigma Available—Attitudes Toward Mental Illness—35 States, District of Columbia, and Puerto Rico, 2007, states that "Negative attitudes about mental illness often underlie stigma, which can cause affected persons to deny symptoms; delay treatment; be excluded from employment, housing, or relationships; and interfere with recovery"

This report provides the first state-specific estimates of attitudes toward persons with mental illness and treatment of mental illness. Most adults agreed (89%) with the effectiveness of mental illness treatment but fewer agreed (57%) that other people are caring and sympathetic toward those with mental illness.

Initiatives that can educate the public about how to support persons with mental illness and local programs and media support to decrease negative stereotypes of mental illness can reduce barriers for those seeking or receiving treatment for mental illness.

As we enthusiastically go forward with National Health Reform, it will be very important for county and local authorities to work with the HHS Substance Abuse and Mental Health Services Administration and the CDC in developing and implementing public health initiatives that address negative attitudes about mental illness that continue to promote stigma.

- Ron Manderscheid, NACBHDD ED

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