

Charting the Field's Future Together: The 2010 Summit

We are in an era of seismic change in behavioral health care. Health care reform, parity regulations, and other changes with powerful implications for the field are taking place in the context of dramatic reductions in state budgets.

These changes are unfolding along a timeline that will culminate soon. By 2015, many behavioral health leaders expect:

- We may be approaching universal health insurance coverage, including dramatic expansion of the Medicaid program;
- Behavioral health parity and Medicare copayment parity will be fully implemented;
- Use of electronic health records will be the norm;
- We'll see greater integration of physical and behavioral healthcare

delivery, and a major expansion of the federally qualified health center program; and

- As baby boomers retire and our population grows more diverse, cultural competence, health disparities, and workforce issues will become even more pressing.

What are the implications of this sea change for consumers; families; public and private providers; insurers; and county, state, and federal governments?

In addition to expert speakers, the 2010 Summit features significant time in facilitated group discussions and moderated plenary sessions to raise questions and share perspectives on issues like:

- Reducing health disparities and ensuring cultural competence,

- Retaining a focus on recovery and resiliency in a context increasingly driven by a medical model,
- Scaling up to meet the demands of near-universal coverage,
- Attracting and retaining well-trained employees,
- Surviving in a radically changed reimbursement environment, and
- Reconceptualizing the public behavioral health system in the context of health reform.

These are just some of the issues we'll tackle together at the 2010 Summit in Santa Fe, March 24-26. We will help each other develop strategies to prepare for a future that looks very different than our past. Come to Santa Fe this March, and let's work together to map the answers.

Register Now for the 2010 ACMHA Summit!

ACMHA members should have recently received the Summit registration brochure in the mail.

Information is also available on the ACMHA web site, along with secure online registration for those making

payment by MasterCard or Visa.

For information on fees and access to both print and online registration forms, go to http://www.acmha.org/submit_registration_2010.cfm.

While there, explore the other Summit 2010 links for information about the program, speakers, and the hotel.

We look forward to seeing you in Santa Fe!

Register Now!

**A NEW ERA IN
BEHAVIORAL
HEALTH:**

**CHARTING THE
COURSE**

SUMMIT 2010
MARCH 24-26
SANTA FE, NM

REGISTRATION
ONLINE AT

www.acmha.org

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Reflections on the 2001 Summit: Behavioral Health Financing

Steve Day, John O'Brien, Marti Knisley, and John Morris of the Technical Assistance Collaborative, Inc., and Colette Croze of Croze Consulting

In 2001 the topic of the ACMHA Summit in Santa Fe was financing – the money and incentives involved in the purchase of mental health and substance abuse services.

In keeping with the “financing” theme, a “marketplace of ideas” was created in which Summit participants traveled from table to table where thought leaders were “selling” their ideas about issues of financing behavioral health services. Roving reporters observed this exchange and reported on their observations.

After the Summit concluded, a group of participants produced a white paper entitled “Financing Results and Value in Behavioral Health Services” in which ACMHA called for the following:

- Conducting a “fearless inventory” of what is bought, how it is bought, and how value for those dollars is measured;
- Tying reimbursement schedules to the use of evidence-based practices;
- Implementing different purchasing methods, specifically network purchasing in which all providers and payers are held accountable for person-centered outcomes; and
- Funding demonstration projects that use new financial strategies to produce better outcomes, results, and value.

The Summit also resulted in a call for at least five percent of community behavioral health money being spent for consumer and family-operated services by 2005 (dubbed 5 by 5), a goal that has yet to be achieved and that has fallen by the wayside in terms of pressure to achieve it and tracking what gains have been made.

Now, nine years later, it is clear that money, systems, and leadership still matter in producing results and value in behavioral health services. Gains have been made in viewing and using financ-

ing differently, but much remains to be accomplished and, in some cases, financing changes have made producing results and value even more difficult.

High level reflections about the current state of behavioral health financing are presented below, along with recommendations about financing going forward.

Money Still Matters

Over the years, many have made the point that money matters in seeking behavioral health results and value. The amount, type, and use of available money still drive what is achieved in behavioral health delivery systems.

Amount of Money

While spending more money on a problem does not necessarily solve it and while more could be done with existing money, clearly behavioral health care in America is still inadequately funded. This reality is getting worse.

Despite increased Medicaid spending on behavioral health and despite parity requirements at the federal level and in many states, the amount and proportion of public funding for behavioral health has not increased substantially as a proportion of either total health care expenditures or gross domestic product (GDP).

Public funding increases are often targeted for new services or facilities rather than for existing infrastructure or essential community-based services, leaving safety net services scrambling to deal with rising costs of salaries and benefits and uncovered costs such as transportation and professional development.

Limited new dollars are often spent for behavioral health care for growing adult prison and juvenile justice populations while basic community-based provider rates in many states

have been frozen for 10 years or more.

The CMHS Mental Health Block Grant receives four percent less in constant dollars than it did in 2003, and most state and local government fund increases have been allocated to support growing match requirements in Medicaid or growing needs of populations for which those jurisdictions are directly responsible – in jails, juvenile detention or juvenile justice centers, adult prisons, or state hospital facilities.

Without infrastructure investment, community mental health and substance abuse services programs are struggling just to stay afloat and to address increasingly complex billing and compliance requirements.

Despite the current emphasis on healthcare reform, there is no expectation that provisions of a final bill will dramatically alter the overall behavioral health financing status, certainly in the short term.

The expectation is that there will be increased pressure toward formal integration of behavioral health with general health, which could induce competition for limited dollars rather than synergy that yields improved outcomes.

Type of Money

Medicaid continues to be the primary source of funding increases with the proportion of total behavioral health spending that is Medicaid growing nationally and in individual states and localities.

To read the full text of this paper visit:

[http://www.acmha.org/
current_events_arm_chair_reflections.shtml](http://www.acmha.org/current_events_arm_chair_reflections.shtml)

Welcome to the Mainstream

Bill Emmet, Director 2006 – 2009, Campaign for Mental Health Reform

As the great health reform convulsion of 2009/10 has played out, everyone with an interest in it has experienced far too many surprises.

As of this writing, it is impossible to say with any certainty what may happen to the legislation in Congress or to know how the energy of reform will be directed in the states.

We in the mental health and addictions communities do know, however, that the reform effort has been both an affirmation of what we stand for and a broad policy victory.

We've found we have friends many of us never before knew existed – at least for the time being. We have seen that our narrow interests in the debate have largely been addressed, even though most of us never deluded ourselves into believing that what mattered to us was going to influence the course of events one way or the other.

Despite the nail-biting and ample unpleasantness that has marked the health reform effort in general, we in the mental health community can take a moment to pinch ourselves and reflect on this as the time when we have finally been accepted into the mainstream of

American health care.

Our success in health reform has been achieved for several reasons, chief among them that the time was simply right! It's a measure of the changes that have occurred in our field and in society since the Clinton health reform push of 1993/94.

Mental health is talked about more openly, especially in recent years, as awareness of mental health needs in the military has grown. And perhaps the biggest change since the Clinton years came with passage of the Wellstone/Domenici Parity legislation late in 2008; the timing of which was a major contributor to our later health reform success.

Truth be told, the annual parity push had begun to wear on many advocates. Despite polls showing public support and tallies showing sufficient Congressional support, the legislation each year was a victim of political horse-trading and effective lobbying by the bill's opponents.

We all know that the combination of sentiment for retiring Senator Pete Domenici and ill Senator Ted Kennedy and the tireless effort of Representa-

tives Patrick Kennedy and Jim Ramstad might not have carried the day if the need for rapid passage of the stimulus package had not come into play mere weeks before the 2008 election.

Regardless, passage of the parity bill provided needed insurance for the inclusion of mental health and substance abuse treatment in the health reform legislation then under development and may yet be the key guarantor of comprehensive behavioral healthcare in a world that will only grow in complexity, regardless of what finally comes of health reform.

It can be argued, however, that inclusion of mental health and substance abuse in health reform had been guaranteed not by any earlier legislative victory but by the process itself.

To read the full text of this paper visit:

http://www.acmha.org/current_events_arm_chair_reflections.shtml

ACMHA Members to Receive National Council Awards

Several ACMHA members will be presented with National Council Awards of Excellence on March 16, 2010, during the 40th Annual Conference of the National Council for Community Behavioral Healthcare in Orlando, FL.

The National Council Awards of Excellence honors those who have significantly shaped the mental health and addictions industry and improved the lives of those in need of treatment and support.

ACMHA members to be recognized include:

- **Sharon Raggio**, LPC, LMFT, MBA,

CEO, Colorado West, Inc. *For Excellence in Grassroots Advocacy (Local)*;

- **Richard S. Van Horn**, MDiv, President Emeritus, Mental Health America of Los Angeles, *For Visionary Leadership*; and
- **Pamela Greenberg**, MPP, President/CEO, Association for Behavioral Health and Wellness, *For Excellence in Public Service Award (for her work on parity)*.

The National Council will also recognize several outstanding "Programs of Significance," including two headed

by ACMHA members:

- **Neal Cash**, President/Chief Executive Officer, Community Partnership of Southern Arizona, *For Excellence in Service Innovation (For their criminal justice team)*; and
- **Gregg D. Graham**, MBA President/Sr Partner, Behavioral Health Link, *For Excellence in Health IT (For their work tacking delays and improved coordination associated with crisis lines)*.

Congratulations, everyone!

ACMHA Set to Launch Critical Issues Series, with SAMHSA CMHS Support

The Substance Abuse and Mental Health Services Administration Center for Mental Health Services is sponsoring ACMHA's production of a conference call series focused on issues critical to behavioral health in the current economic and policy environment.

Between now and the March Summit, ACMHA plans to host one or two conference calls on the theme of "Beyond Parity: Unfinished Business." Additional conference calls will be scheduled post-Summit.

Each teleconference will feature an interview with an invited expert and an open question-and-answer period for free-flowing discussion between the presenter and participants.

The calls will be open to ACMHA

members and non-members. A summary of each program will be posted on the ACMHA web site.

ACMHA members will receive listserv messages with more information about the series in the coming days.

ACMHA is honored to have the support of SAMHSA CMHS for this important series.

The concept for the calls was developed through conversations and discussion at the 2009 ACMHA Summit in Santa Fe.

The series is a response to numerous 2009 Summit presentations detailing the challenges of maintaining quality, coverage, and sustainable mental health and substance use services in the

current economic climate and period of reform.

The discussions repeatedly surfaced a desire to receive practical, time-focused advice and information to help managers and practitioners act prudently and effectively during these times.

Drawing upon the expertise of relevant authorities and senior leaders in the field, the audio programs will each address a single concern related to the changing scene.

ACMHA board members Johnny Allem and Garrett Moran are coordinating the series.

Sign Up for an ACMHA Committee Now to Take Full Advantage of Summit

Looking for ways to grow your connection with ACMHA? Join a group! ACMHA committees and interest groups are entirely run by members and are open to all.

And if you sign up before you at-

tend Summit, you can use your Santa Fe trip to connect in person with committee members and start building relationships.

Committees and interests groups are described at [http://](http://www.acmha.org/members/index.cfm)

www.acmha.org/members/index.cfm.

Simply email the committee or interest group chair or the [ACMHA Executive Director](mailto:executive.director@acmha.org) for more information or to sign up.

ACMHA Web Site Has Improved Look and Better Navigability

If you haven't recently visited www.acmha.org, take a moment and explore our redesigned site! In addition to the fresh and updated look, efforts have been made to make the navigation easier than the prior version.

While we hope that members can easily find most information, here are a few tips on where things are located:

- [About ACMHA](#) – roster of members, board leaders, past issues of newsletters, and general information about the College.
- [Summit 2010](#) – everything you need to know for the March event including a link to online registration.
- [Summit Reports](#) – final reports and

papers dating back to 1997.

- [Current Events](#) – ACMHA *Arm Chair Reflections*, an overview of College initiatives, and documents related to national behavioral health activities.
- [Member News](#) – information about current College activities or member "names in the news."
- [Join Now](#) – information for persons interesting in becoming a member of the College.
- [GoodSearch](#) – your ability to make contributions to ACMHA simply by searching or shopping on the Internet!
- [Members Only](#) – your secure link to information regarding the work of ACMHA committees, a membership

database with contact information, listserv information, a message board, how to invite a colleague to join, and more.

Since the completion of the redesign we are working to continue to add new information to the web site and are also looking for input from members about what else they would like to see captured in the site.

If you have ideas, are having difficulty locating something on the site, or need a reminder of your user name and password, please contact Kris Ericson in the office (executive.director@acmha.org or 505-822-5038).

Joint Commission PTAC Update from the ACMHA Representative

Frank Ghinassi, PhD, Vice President, Quality and Performance Improvement
Western Psychiatric Institute and Clinic, University of Pittsburgh School of Medicine

For the last few years, I have had the privilege of representing ACMHA on the Joint Commission's Behavioral Health Professional and Technical Advisory Committee (PTAC). I was recently elected vice-chair of the committee.

For those of you who are not familiar with the Behavioral Health PTAC, let's start with a brief overview of the group and its purpose.

The Joint Commission relies on a variety of advisory groups in its effort

to improve the safety and quality of care provided to the public.

The Behavioral Health PTAC advises the Joint Commission's behavioral health accreditation program on proposed changes to its behavioral health standards.

PTAC members include professionals from the behavioral health field who represent national associations, as well as advocates.

As vice-chair of the PTAC, I will serve on and represent the views of the PTAC at meetings of the Joint Commission's Standards and Survey Procedures Committee (the Board of Commissioners' standards approval body).

I look forward to continuing to represent ACMHA on the PTAC and to keeping the ACMHA membership abreast of the committee's important work.

Support the College By Searching the Internet with GoodSearch

What if ACMHA earned a donation every time you searched the Internet? Or how about if a percentage of every purchase you made online went to support our cause? Well, now it can!

You can donate to ACMHA simply by doing things you already do. With 250 of us working together, the pennies will add up!

GoodSearch.com is a Yahoo-powered search engine that donates half its advertising revenue, about a penny per search, to the charities its users designate. Use it just as you would

any search engine, get quality search results from Yahoo, and watch the donations add up!

GoodShop.com is a new online shopping mall which donates up to 30 percent of each purchase to our favorite cause - ACMHA!

Hundreds of stores including Amazon, Target, Gap, Best Buy, eBay, Macy's, and Barnes & Noble participate, and every time you place an order, you'll be supporting ACMHA.

And if you download the Good-

Search - ACMHA toolbar, our cause will earn money every time you shop or search online - even if you forget to go to GoodShop or GoodSearch first! Add the toolbar to your browser at <http://www.goodsearch.com/toolbar/acmha-college-for-behavioral-health-leadership>.

More information about GoodSearch and GoodShop is also on the ACMHA web site at http://www.acmha.org/good_search.shtml.

New Members Elected to College

The Board of Directors and Membership Committee extend a warm welcome to ACMHA's newest members:

- **Tamara L. DeHay**, PhD, Research and Technical Assistance Associate, WICHE Mental Health;
- **Melissa DiSanto**, BSW, Owner/Consultant, Figlia Consulting, LLC;
- **Sam Donaldson**, PhD, President & CEO, Cenpatco Behavioral Health, LLC, Austin, TX;
- **Johanna Ferman**, MD, Director of Behavioral Health, Ambulatory Care, Contra Costa County Department of Health;
- **Lesley Levin**, MSSA, ACSW, LCSW, President/CEO, Behavioral Health Response, St. Louis, MO;
- **Harriet D. Markell**, MA, Associate Director, California Council of Community Mental Health Agencies;
- **Kathleen Reynolds**, LMSW, ACSW, Vice President - Health Integration and Wellness, NCCBH, Washington, DC;
- **Ian Shaffer**, MD, MMM, Chief Medical Officer, MHN, A Health Net Company, Arlington, VA;
- **Bruce D. Steele**, CEAP, Strategic Account Executive, OptumHealth Behavioral Solutions; and
- **Melanie Whitter**, Principal Associate, Abt Associates, Bethesda, MD.

ACMHA NEWS

www.acmha.org

7804 Loma del Norte Rd NE
Albuquerque, NM 87109-5419

Executive Director
Kris Ericson, PhD

executive.director@acmha.org
505-822-5038

Post Your News on the ACMHA Listserv

Are you changing jobs? Do you have an article or book about to come out? Any other big news you can share with ACMHA members?

Keep your ACMHA colleagues up to date by emailing a quick announcement to acmhamembership@acmha.org.

Posting a message to the listserv is as simple as sending an email. Just send your email to the listserv address and you're done!

The College listserv is a tool for members to communicate with each other about news and items of importance to the field.

Wanted: Volunteers to Help Take Summit Photos

Are you a shutterbug? Do you salivate at the sight of a digital camera? Have you ever crashed your computer, downloading too many photos?

If you answered "yes" to any of the above, do we have an opportunity for

you!

We are looking for ACMHA members to take photos of speakers and attendees during the 2010 Santa Fe Summit. If you are interested, please contact ACMHA Executive Director Kris Ericson.

Ericson. We gratefully welcome any and all help! With your keen eye and photo skills, you will be helping to make the 2010 Summit a memorable experience for everyone.

Thank you!

Getting to Know the ACMHA Membership

Andrew Cleek, PsyD, Director

The Urban Institute for Behavioral Health, New York, NY

Tell us a little about yourself.

As the director of the Urban Institute for Behavioral Health (UIBH), I support a consortium of 20 New York City-based behavioral health providers to implement evidence based/best practices and other systems interventions that improve the mental and physical health of individuals served.

Working closely with government and academic partners, the bulk of my work focuses on the development and administration of multi-agency demonstration and best practice implementation projects.

What are some of the issues you've been working on at UIBH?

Working together with the New York State Office of Mental Health and Columbia University, UIBH supported the implementation of Wellness Self-Management (the NYS adaptation of the SAMHSA Illness Management

and Recovery Toolkit) in over 100 agencies around the state.

Presently, with the Institute for Community Living (an ACMHA and UIBH member), we are facilitating implementation and ongoing outcome evaluation of diabetes self-management materials in 8 providers.

We have also worked to implement consumer-focused smoking cessation materials and several children's interventions.

Going forward, our projects include the development of interventions to address complex care management, collaboration with an academic partner to support a bi-directional model for development and implementation of evidence-based children's interventions, and the development/implementation of interventions to address integrated health for adults with serious mental illness.

We are also looking at the issue of health information technology and its impact on and the opportunities for behavioral health.

Why are you an ACMHA member?

I initially got involved in ACMHA at the 2005 Summit when I presented a poster. At that time, I was impressed with the diversity among the membership and stakeholders, as well as members' ideas and leadership in the field.

After Summit, I applied for membership and, at each summit since, I have come away with a better understanding of the direction of the field, and new relationships with members of the ACMHA community.

As an ACMHA member, I have gained a deeper understanding of the issues affecting New York City and evolving national trends.