



ACMHA News

Save the Date:

Summit

March 24-26, 2010

ACMHA to Launch Critical Issues Series with Support of SAMHSA CMHS

Conference Calls to Focus on Concrete Strategies for Behavioral Health's Survival in Perilous Economic Times

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

"Assuring Quality, Sustainable Behavioral Health in an Era of Transformation and Economic Fragility," the series theme, 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, cov-

erage, 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 one-hour audio programs will each address a single concern related to the changing scene.

Examples of topics to be covered include mergers and acquisitions, addressing increased demand with diminishing resources, and

strategically positioning one's organization for the future.

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

A summary of each program will be posted on the ACMHA web site.

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

The series will begin this fall.

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

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ACMHA Welcomes Four New Board Members

Earlier this year, the ACMHA membership elected four new members to the board. They are:

- **Garrett Moran**, Summit Chair 2010;
 - **Stephanie Oprendeck**, Summit Chair 2011;
 - **Harvey Rosenthal**, Member At Large; and
 - **Kathy Sternbach**, Membership Committee Chair.
- Garrett Moran is Asso-

ciate Director for Mental Health Services Research at Westat.

Stephanie Oprendeck is a Senior Associate with the California Institute for Mental Health.

Harvey Rosenthal is the Executive Director of the New York Association of Psychiatric Rehabilitation Services, Inc.

Kathy Sternbach is a Principal and Senior

Consultant with Mercer Government Human Services Consulting.

The College expresses its deep gratitude to those completing their service to the board — Deborah Fickling, Sandy Forquer, and Arthur Evans.

ACMHA board members serve two-year terms.

2009 marked the first

year that ACMHA elections were conducted electronically so that more members could participate. This process will be maintained going forward. New board members will be elected by the general membership early in the year, with the new board members' terms beginning in March.

Reflections on the 1998 Santa Fe Summit: Integrating Mental Health and Other Services

Introduction

Sheila Baler, PhD, MPH, APS Healthcare, 1998 Summit Chair

Achieving “integration” between mental health and other services, especially physical health care, remains simultaneously a prominent discussion topic and an ill-defined goal twelve years after ACMHA selected it as the theme for the 1998 Santa Fe Summit. The Summit program included issues of integration of mental health and substance abuse and also considered integration between adult and child mental health. The major emphasis, however, was whether and how to combine and/or “integrate” mental health with physical health.

Especially in the last few years, local examples of coordination, consolidation and corporate integration of mental and physical health have become available and are frequently presented at national and regional meetings, including at least one recent Summit.

It is tempting to imagine that in the eleven years since the 1998 Summit, progress has been made in defining key priorities for coordination, overlap, or even consolidation of services. The 1998 program included a scholarly paper by H.G. Whittington that delineated several possible models of “integration.” Colette Croze contributed a “practical” and also useful view of the important variables to consider in developing objectives.

It is surprising to read the 1998 presentation given by Saul Feldman. It appears as relevant, provocative and compelling today as it was then. A founder of the College, Saul has remained a member and an occasional “angel” for the College throughout the 30 years of its existence. While he is most known today as the former CEO of United Behavioral Health (now OptumHealth), Saul has

a history of not-for-profit work as well as a stint with the National Institute of Mental Health. Recently he finished a three year term as one of the first Commissioners of the California Oversight and Accountability Commission, the group charged with oversight and direction for the major Mental Health Services Act passed by the voters in 2004.

At my request, Saul wrote a few of his current reflections on the paper he originally presented at the 1998 Summit and the topic. While perhaps not the usual offering of this “Reflections” series, I hope it may stimulate interest and thought.

To read S. Baler’s full text, visit:

[http://www.acmha.org/
library/current_events.cfm](http://www.acmha.org/library/current_events.cfm)

Today’s Reflections on the 1998 Summit Paper

Saul Feldman, DPA, Retired, Chairman Emeritus , United Behavioral Health

While it is not generally a good idea to look back at what one has written in the past, particularly so long ago, I have been asked to do so. To my surprise, there is actually very little in the talk that I would change. I say this not as a tribute to my omniscience (although the paper was not intended to be predictive) but rather as a reflection on how the issues are much the same as they were more than a decade ago and remain essentially unresolved.

My thoughts are as follows:

I believe even more strongly than before that integration should be viewed functionally and is most effective when mental and medical care organizations work together in a ‘virtual’ rather than ‘vertical’ organization in which each maintains its autonomy but work closely to-

gether in the best interest of the people they serve. Mental health does not generally fare well in a medical organization.

I would emphasize even more than I did that it is at least as important and perhaps even more so for mental health to coordinate with the other human services – schools, housing, criminal justice, etc. – as with medical care. This is particularly true because I believe that prevention and early intervention programs are much more likely to come about and be effective when mental health organizations are freestanding.

I would point out that the emphasis if not preoccupation with this topic is much more pronounced in behavioral health than it is in medical care. It is we for

whom this subject appears to have much higher priority than they.

In my experience, what medical practitioners most want is not organizational integration but to work with mental health so that they can be assured of quick and easy ways to refer patients with mental disorders to mental health specialists. After all, mental health services grew up outside of medical care organizations for many reasons as indicated in my original paper, not the least of which is the discomfort with which people with mental disorders are viewed by medical practitioners.

To read S. Feldman’s full text, visit:

[http://www.acmha.org/
library/current_events.cfm](http://www.acmha.org/library/current_events.cfm)

Reflections on the 2000 Summit: Training & Education

Leighton Y. Huey, MD, Birnbaum/Blum Professor, Chairman and Training Director
Department of Psychiatry, University of Connecticut School of Medicine

Well, okay. So, Training and Education don't quite sit at the right hand of God. But maybe they're close, just beyond Altruism, Honesty, and Finance.

In the nine years since ACHMA considered this topic, as with most things, there have been some changes but mostly there remain various levels of inertia, intransigence, unawareness, and a dogged (some would say stupid) maintenance of the status quo. And now with tough economic times upon us, maybe the first instinct is to hold on to what we have which, of course, runs counter to a reform process.

We in behavioral health gushingly cite sources such as the IOM, New Freedom, and the Surgeon General reports that serve to legitimize the concerns and efforts we have had for decades. Parity has come as a boon, but how things get worked out, the details of change, have yet to have been fully determined. The place of Health Care Reform in the new administration's philosophy and budget offers promise but until realized, will remain rhetorical.

So what, in this somewhat pontifical armchair reflection, does all this have to do with Training and Education?

Well, Training and Education are at the ground zero of reform. Until substantive and successful efforts to train and educate the pre-professional, interdisciplinary workforce in transformational models that

reflect what we should BE, we will continue to nibble at the edges of reform. How people are trained pre-professionally and in what context will determine their professional behaviors and values.

Retraining the existing workforce is similar in difficulty to making someone who is left-handed write with their right hand...we must not minimize the degree of difficulty involved in pulling it off. People tend to work in learned patterns, and if there are no incentives or disincentives to change those patterns, the likelihood of change is reduced. So if we start early, (pre-professionally) we have a better chance of pulling it off.

Standards for training tend to lag behind societal need and the politics of change. Individual disciplines have a self-concept of being separate from others, focusing on those elements that make them unique.

Where are the pre-professional training programs that model and reward coherent interdisciplinary team function, cooperation, and communication; where there has been sufficient forethought and attention to desired outcomes; where values, goals and funding are aligned to ensure societal relevance and to fulfill need?

The Annapolis Coalition, spawned initially by ACHMA and the Academic Behavioral Health Consortium (ABHC) has called for sweeping reform in both pre-professional training and in the retraining of the established workforce across disciplines, advocating a

national action plan for change.

The Annapolis Coalition has been active in working with states and has been focusing on the existing workforce: Alaska, Iowa, New Mexico, Louisiana, New York, Ohio, New Jersey, North Carolina, and California.

And since I am on record as a strong advocate to revamp pre-professional training, I would add the following. For societal relevance, pre-professional training programs should:

- Train in an interdisciplinary team model in which trainees from the relevant behavioral health disciplines learn to work together, coordinate care, and focus on outcomes and the application of evidence based approaches; training in Pay for Performance, Public Reporting of Performance and other incentivizing behavioral and fiscal shaping should be incorporated into training programs.
- Train in the full integration of behavioral health services into physical health care systems.

Reforming the system and how its workforce functions clearly involves complex challenges that will take decades to achieve.

To read L. Huey's full text, visit:

http://www.acmha.org/library/current_events.cfm

Whole Health Campaign Issues Workforce Policy Brief

The Whole Health Campaign (WHC) has issued a series of policy briefs, addressing key behavioral health issues in health care reform. One policy brief focuses on behavioral health workforce issues like training and education, the focus of the 2000 Santa Fe Summit. The

policy brief is available on the [ACMHA web site](#).

The WHC is a collaboration of over 106 prominent national, state, and local mental health and addiction prevention, treatment, and recovery organizations working to make sure that the current health-

care debate includes both mind and body. The WHC was initially organized at the 2007 ACMHA Santa Fe Summit and ACMHA members continue to be key participants in the group.

Visit the [WHC web site](#) to learn more.

2009 ACMHA Board Retreat Tackles Range of Issues

June 6-7, the ACMHA Board of Directors met in Baltimore, MD, for its annual retreat. Led by President Pamela Greenberg, the board addressed several key issues during the meeting, including:

- A new “tagline” for the College,
- Increased emphasis on diversity and disparities in the organization’s strategic plan,
- The 2010 and 2011 Summits, and
- The September annual member meeting.

The board developed a new tagline for the College to reflect the change in name to ACMHA: The College for Behavioral Health Leadership. **“Cultivating Leaders, Fostering Innovation”** provides a succinct description for the primary work and initiatives of the College.

The new tagline will be added to

the ACMHA web site and publications.

The board also developed language to recommend to the membership that would change the College’s strategic plan to reflect the critical importance of diversity and disparities.

Members will receive a listserv announcement regarding this change and asking for your vote in support of it in July.

In addition to a focus on business activities, the board spent a great deal of time discussing the 2010 Summit. The Summit is moving to a Wednesday – Friday format and will be March 24 – 26, 2010 at the Eldorado Hotel in Santa Fe, NM.

In 2011, the ACMHA Summit will move to New Orleans, LA.

Watch for late summer announcements from Summit Chair Garrett Moran regarding the theme



From left: ACMHA Board Members Ron Manderscheid, Ellen Grant, Johnny Allem, President Pamela Greenberg, Colette Croze, Garrett Moran, and Kathy Sternbach

and Summit structure.

The board will host the annual member meeting of the College via conference call on September 16 at 3:30 p.m. EDT. Mark your calendar now and plan to “attend!”

Information on ACMHA initiatives, updates on national activities affecting the field, and opportunities for member questions will all be on the agenda.

Taking Advantage of Your ACMHA Membership

As summer begins, don’t forget the ACMHA member benefits that help you stay connected to colleagues and the issues that are shaping the future of behavioral healthcare. Here are 11 ways to make the most of your membership:

1. Members-only access to the ACMHA listserv and member directory at www.acmha.org keeps you connected to ACMHA friends and colleagues.
2. Watch listserv announcements for upcoming BYOCC (Bring Your Own Credit Card) lunches and dinners across the country at major meetings, including the NAMI conference (July 5-9) and the American Psychological Association meeting (August 6-9).
3. ACMHA committees continue throughout the summer. The Development and Membership Committees have openings and
4. Participate in the ACMHA mentor program as a mentor or learner. To learn how, contact [Kris Ericson](#).
5. Teleconferences on public policy and issues critical to the field are in the planning stages and will be announced soon.
6. ACMHA’s annual member meeting by teleconference is September 16 at 3:30 p.m. EDT. Save the date and stay tuned for more information!
7. Armchair Reflections by members on pressing topics are included in the newsletter and
8. The ACMHA quarterly electronic newsletter. Let us know what else you’d like to see in it.
9. Free access to webinars hosted by the National Council for Community Behavioral Healthcare keeps you connected with hot issues in the field.
10. Membership also comes with a free subscription to *Behavioral Healthcare* and discounted rates for *Mental Health Weekly* and *Alcohol & Drug Abuse Weekly*.
11. And, of course, saving the best for last, membership gets you a reduced registration rate for the ACMHA Summit, March 24-26, 2010.

ACMHA to Participate in Combined Federal Campaign

Attention ACMHA members who are federal employees!

Just a few short weeks ago, ACMHA was approved by the Board overseeing the Combined Federal Campaign (CFC) to participate in the fall 2009 fund drive.

The CFC is a federal effort comparable to the United Way, in which vir-

tually all federal employees contribute to their favorite charities.

ACMHA was assigned the number 68376. Federal employees will need to use this number to direct their contributions to ACMHA.

Later in the year ACMHA will organize an outreach effort to all federal employees in SAMHSA and NIH to

solicit contributions.

All funds received through the CFC will be used to enhance ACMHA program activities.

ACMHA appreciates the recognition by CFC as a charity that does important work.

ARRA Directs Funds to Behavioral Health Interests

The recently enacted American Recovery and Reinvestment Act of 2009 (ARRA) directs significant funding to topics of great interest to ACMHA members.

Areas covered include:

Comparative Effectiveness Research (\$1.1 billion: \$400 million to NIH; \$400 million to the Office of the HHS Secretary; and \$300 million to AHRQ).

By June 30, a Federal Advisory Panel must submit to the Congress a plan for expending these funds.

Testimony provided to the Panel calls for funds to be expended on population and system interventions, as well as clinical trials.

Significant interest was also expressed regarding consumer and family input on priorities and projects.

Prevention and Wellness Fund (\$1 billion: \$400 million to the Office of the HHS Secretary and \$600 million to CDC).

These funds are intended to stimulate work on community and population disease prevention and health promotion interventions.

National health reform is expected to place major emphasis on both of these areas.

Training of Health Providers (\$500 million to HRSA).

These funds are to be used to expand the National Health Service Corps, including training of persons who specialize in mental health and substance use care.

Federally Qualified Health Centers (\$2.5 billion to HRSA).

Of this total, \$2 billion is to be spent on facility reconstruction, and \$500 million is to be spent on new programs, including mental health and substance use care.

Information Technology (\$2 billion to the ONC and \$19 billion in tax incentives).

ONC funds will be used to stimulate development of electronic health records (EHRs) and health information exchanges (HIEs), principally through technical assistance.

The \$19 billion is targeted toward provider tax incentives to adopt EHRs.

If you have interest in any of these areas, contact the federal agencies designated to provide funding to learn more.

New Members Elected to the College

The Board of Directors and Membership Committee would like to extend a warm welcome to ACMHA's newest members, each of whom brings talent and commitment to the College!

Delisa Culpepper is the Chief Operating Officer/Deputy Director of the Alaska Mental Health Trust Authority.

Kathleen Delaney is a Professor of Nursing at Rush University

Medical Center, College of Nursing in Chicago.

Quadir (JJ) Farook is President & CEO of InfoMC, Inc.

Leigh K. Fischer is the Program Manager at SBIRT Colorado for Peer Assistance Services, Inc.

Richard L Hough, PhD is a Research Professor of Psychiatry at the University of New Mexico in Albuquerque.

Michael D. Morris is President and CEO of Anasazi Software, Inc.

Robin Peyson is Executive Director of the National Alliance on Mental Illness Texas.

Christopher R. Wilkins, Sr., MHA is President and CEO of Loyola Recovery Foundation in Pittsford, NY.

Brie A. Reimann, BA, is Program Director for Peer Assistance Services in Denver, CO.

ACMHA: The College for Behavioral Health Leadership



Cultivating Leaders, Fostering Innovation

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About ACMHA

Founded in 1979, ACMHA: The College for Behavioral Health Leadership has 30 years of experience serving as the "brain trust" of the behavioral health field.

For more information,
please visit the ACMHA web site at
www.acmha.org.

MI Watch Looking for Contributors

MIWatch (www.miwatch.org) describes itself as "a news site of interest to everybody affected by a mental illness or an ongoing psychiatric disorder."

Good description! MIWatch offers some of the most diverse views and information on mental health anywhere on the Internet and you will recognize the names of ACMHA members and other colleagues throughout the site.

Phyllis Vine, the site's executive editor, reached out to ACMHA recently in search of members who might be interested in contributing a column to MI Watch.

The contributions do not have to be related to ACMHA (although any media mention of ACMHA is always helpful and appreciated).

As Phyllis noted in a conversation with ACMHA Executive Director Kris Ericson, "the opinion pieces on MIWatch are actually written by the person so named. It gives the piece a unique quality, more personal, less 'bureaucratic,' and brings diverse voices to the site."

If you are interested in writing a column for MIWatch or would like to find out more about the web site, you can contact Phyllis at [edi-tor@miwatch.org](mailto:editor@miwatch.org).

Getting to Know the ACMHA Membership

Deborah Fickling, Behavioral Health Ombudsperson

Medical Assistance Division/ New Mexico Human Services Department

Tell us a little bit about yourself.

I have been working in behavioral health for 15 years, primarily in advocacy for people with mental health and addiction issues. For the last four years I have been the Behavioral Health Ombudsman for the New Mexico Human Services Department. Before that, I worked with Leslie Tremaine on the early years of the NM Behavioral Health Collaborative initiative. I was involved in various other initiatives leading up to the Collaborative. I have 22 years of long-term addiction recovery. I live in rural northern New Mexico with my three canine children.

How did you come to be a member of ACMHA?

In the late 1990s, I was invited to attend Summit as the guest of a former member. I was pretty new to consumer advocacy, so walking into this group of people who had been

working in the field for years was intimidating. By the end of that weekend I was hooked. I had never worked (and played) so hard in my life. I had also never felt so welcomed by people who a few days earlier had been strangers but now treated me as a peer and a friend. I've attended all but one or two Summits since then and become involved in other activities as well.

I've been an official member since 2000 or 2001, thanks initially to Ron Manderscheid's generous sponsorship. I am active in ACMHA activities because for me it is a refuge from the day-to-day challenges of my work, a forum where my voice is valued, and the best venue for exercising my mind I know.

What do you find to be the field's greatest challenge at present?

Getting its voice heard in the healthcare reform debate is a big one. Much of what is discussed fails

to take into account mental health and addiction recovery. Then again, as someone who works on the front lines and navigates the cracks in the system daily, the whole debate is occurring at such a high level that the proposed changes seem more like rearranging deck chairs on the Titanic than transformation.

I also think that the field as a whole still struggles with meaningful inclusion of those of us who bring our unique personal, "lived" experiences to our work and our own care. Our field is great at throwing around terms like "consumer-driven" and "person-centered," but realistically there is little evidence to show that these concepts are widely accepted. While ACMHA has, in my experience, always embraced us as peers, in the real world much change still needs to occur in education, clinical practice, and policymaking to instill the idea of person-centeredness as the norm.