ACMHA The College for Behavioral Health Leadership
CULTIVATING LEADERS
FOSTERING INNOVATION

ACMHA NEWS

Summer 2010 Volume 9, Issue 4

ACMHA Begins Series on Key Issues in Health Reform

Beginning September 8 at 3:00 p.m. EDT, ACMHA will launch a new 12-month critical issue webinar series.

Hosted by President-Elect Dr. Ron Manderscheid, the series will focus on the new health reform legislation and what it means for behavioral health.

The series will focus on five broad areas covered in the legislation — insurance, coverage, quality, payments, and health information technology.

Each webinar will attempt to provide basic information that is urgently needed by a variety of affected groups including peers, providers/practitioners, health care plans, and policy makers.

Registration information will be shared shortly through the ACMHA web site and listserv.

(Continued on page 2)

Save the Date

SUMMIT 2011

NEW ORLEANS

MARCH 16-18

Summit 2011: Leadership and Disruptive Innovation

The complex set of changes occurring as a result of health reform demands attention to the changing leadership needs for the behavioral health community.

ACMHA's 2011 Summit in New Orleans will bring focused attention to engaging a wide range of thought leaders to gain new insights from disruptive innovations in private and non-profit sectors, and identify new strategies in bringing effective behavioral health leadership to the broader health community.

Building on an understanding of health reform's changes to our field, we will look at disruptive innovations occurring in behavioral health and other fields and how they will shape our post-health reform era.

We will then focus on effective leadership that supports (and survives) disruptive innovations.

Events leading up to the 2011 Summit will lay the groundwork for a rich, high-level discussion in New Orleans. More to follow shortly!

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Plan to Participate in Annual All-Member Call

Mark your calendar to join the ACMHA Board of Directors on September 15th at 3:30 p.m. EDT for the annual member call.

Join your colleagues for updates on topics such as the 2011 Summit in New Orleans, the new Critical Issues Series, webinar offerings, leadership activities, committee and interest group activities, the ACMHA budget, and an update on health care reform and parity.

To join the call, dial 877-369-0367; access code 862-002-4307#.

Questions about the meeting may be directed to Kris Ericson, ACMHA executive director (executive.director@acmha.org or 505-822-5038).

We look forward to having you with us!

Please Support the College!

Clare I. Miller, ACMHA Development Committee Chair

When you stack up the College's programming against its lean budget, it is no exaggeration to say that ACMHA makes a big footprint despite its small size. There's the Summit, consumer and emerging leader scholarships, interest groups, award programs, leadership programs, and educational opportunities. But perhaps the most valuable aspect of the College is one more difficult to quantify – the knowledge we gain from a member's listserv post, the relationships we build, and opportunities for sharing and learning from experience.

You may be surprised to learn that membership dues and conference registration fees cover only about 50 percent of our operational budget. We need your help to fill the gap and to help grow ACMHA.

Please consider supporting the College with a donation. No gift is too small. Donating is tax deductible and easy, and you decide where your money goes. You can choose to give directly to the fund that interests you most (e.g., Leadership Initiative Fund, Consumer Scholarship Fund), or you can give toward whatever is most needed (i.e., General Fund).

You can make a donation online, which literally takes less than five minutes: http://www.acmha.org/make_a_donation.cfm. Please note that contributions made online cost the College 2.5 percent of your gift (which means your donation does not go as far, *see article on p. 5*). You can avoid the fee all together and provide even stronger support to ACMHA by mailing a check the "old-fashioned way" to:

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

Here are a couple more ways you can help support ACMHA:

- Join ACMHA's Development Committee! The committee is comprised of members who volunteer to help secure gifts from corporations, foundations, and individuals. Contact me at 703-907-8673 or cmiller@psych.org to learn more.
- Sign up for GoodSearch: GoodSearch is a Yahoo-based search engine that directs a portion of its ad dollars to causes like ACMHA. Every time you search the Internet via GoodSearch.com, we earn a penny. Those pennies add up! Learn more here: http://www.acmha.org/good_search.shtml.

Please consider making a donation today.

You can rest assured the College will stretch your dollar in ways that will amaze you!

SAMHSA-Sponsored Series to Focus on Health Reform's Implications

(Continued from page 1)

Through sponsorship by the Substance Abuse and Mental Health Services Administration, the series will be open to all interested individuals.

Planned sessions are listed below. Each webinar will begin at 3:00 p.m. Eastern/12:00 p.m. Pacific. Mark your calendars now for the entire series.

Questions may be directed to Kris Ericson in the ACMHA office (executive.director@acmha.org).

2010-2011 Webinar Schedule

September 8, 2010 — **Overview of National Health Reform**, Ron Manderscheid, NACBHDDD

October 13, 2010 — **Medicaid Reform**, Barbara Edwards, Center for Medicare and Medicaid Services

November 10, 2010 — **Health Insurance Exchanges**, Karen Pollitz, DHHS Office of Health Care Reform

December 8, 2010 — **Major Changes Related to Mental Health and Substance Use Services**, Richard Popper, DHHS Office of Health Care Reform

January 12, 2011 — **Behavioral Health Medical Homes and Primary Care Medical Homes**, Mary Jane England, Regis College

February 9, 2011 — **Wellness, Prevention, and Promotion**, Ben Druss, Emory University

March 9, 2011 — **Accountable Care Organizations**, Dale Jarvis, BA, CPA, MCPP Consulting

April 13, 2011 — **Comparative Effectiveness Research**, Ken Wells, UCLA

May 11, 2011 — **Performance Based Case Rates**, Richard Frank, HHS Office of Disability, Aging, and Long-Term Care Policy

June 8, 2011 — **Federally Qualified Health Centers (FQHC) and FQHC Look-alikes**, Tonya Bowers, HHS Health Resources and Services Administration

July 13, 2011 — **Mental Health and Substance Use Parity**, John O'Brien, SAMHSA

August 10, 2011 — **HIT Provisions in National Health Reform**, Trish MacTaggert, George Washington University

ACMHA Emerging Leaders Interest Group Is "Emerging"!

Jennifer L. Magnabosco, PhD, and Andrew Cleek, PsyD, ACMHA Emerging Leader Interest Group Co-Chairs

Summit 2010 marked a turning point in the Emerging Leaders Interest Group's (ELG) development. Almost 30 interested ACMHA members attended a two-hour breakout session, an initial interest survey was completed and reported, and activities were set in motion that were based on survey results and Summit discussion.

In this article we share with you highlights from our initial survey, describe our main activities, and invite you to join us!

2010 ACMHA ELG Survey: Initial Result Highlights

Earlier this year, a survey was sent to the ACMHA membership to solicit input on the ELG's future activities. The 21 respondents expressed greatest interest in participating in conference calls focused on leadership development, networking and leadership development events during Summit, and leadership skills training.

The survey also asked respondents to describe the key characteristics of emerging leaders. Respondents endorsed the following leadership domains as common to ACMHA emerging leaders and emerging leaders in the field in general: initiative, vision, specific leadership responsibilities and qualities, planning and implementation skills, ability to build knowledge and networks, and demonstrated mid-career success.

We have been using the survey results to develop some exciting activities for the ELG. Our recent and upcoming activities include the following:

Leadership Series

This quarterly conference call series is designed to bring senior and emerging leaders together in dialogue about leadership development, workforce issues, and other matters of concern in behavioral health. Each presentation is made by an established leader who is invited to participate and dialogue in a moderated Q&A with ELG members and invited guests. Intended benefits include exposure to senior leaders in the field, opportunity to exchange ideas with senior and emerging leaders, and the immediate transfer of knowledge into action.

Since Summit 2010 we have held a successful call with ACMHA President Pamela Greenberg and President-Elect Ron Manderscheid who shared their thoughts on leadership development in ACMHA, leadership issues in the field, and ways in which the ELG can target its leadership interests. A summary of this call is forthcoming on the ELG web page.

We are also very excited about having just begun a co-planning process for the Leadership Series with ACMHA's Leadership Committee. This will help to maximize interests in leadership across groups in the College and increase our synergy for discussion, learning, and camaraderie.

Peer Dialogue Series

This conference call series is designed to provide ELG members with an opportunity to share with each other and receive peer support around specific leadership development and management issues that they are facing. The format will follow a modified grand rounds structured in which an ELG member will present an issue and a list of questions for discussion with the group. Intended benefits include immediate feedback on leadership development and workplace issues, opportunity to share insights and ideas with peers, skill and knowledge building, and the opportunity to foster stronger, supportive connections between ELG members. The first call will take place this fall.

Bridges to Emerging Leaders Work Group

This work group's goals are to develop a list of groups or entities within other organizations that are similar to ACMHA's ELG and then make contact to discuss common leadership interests and goals. Intended impacts include facilitation of leadership skills and knowledge within behavioral health and across disciplines/industries that interface with behavioral health, as well as the opportunity to build more integrated approaches to workforce development.

During our October ELG call, the work group will share an interim progress report.

ELG Full Group/Open Discussion Conference Calls

General ELG meetings will be held in October and January or February. Please email us with your interest, suggestions, or comments: jlmagnabosco@mindspring.com or acleek@uibh.org.

We look forward to your participation, sharing updates on our current activities and plans for the future, and continuing to get to know you so we can meet your emerging leadership needs within ACMHA!

Help Make Our Website More Inclusive of SU Members

More and more leaders from the substance use (SU) field are joining ACMHA and we are looking for new SU resources to add to our web site.

We are compiling links to key web sites and reports on topics such as:

- Health reform's impact on the SU field,
- Financing SU services, and
- Performance measurement in SU.

Do you have ideas for topics or items to include? Please email them to Communications Committee Chair Laurie Alexander at laurie.alexander09@gmail.com.

Health Information Technology, Meaningful Use, and You: HIT Planning is Run by Those Who Show Up

Jennifer Meigs, MPAff, THI Policy Analyst Consultant, and Camille Miller, MSSW, ACSW, President & CEO
Texas Health Institute, Austin, TX

Health information technology (HIT) and the meaningful use of electronic health records (EHRs) represent opportunities for the health care field to break down silos and for researchers to study a diverse, longitudinal health data set.

A fragmented environment for physical and behavioral health services inhibits collaborative diagnosis and treatment of co-morbid physical, mental, and substance use issues.

Inclusion of behavioral health records in health information exchanges will revolutionize the treatment and research of co-morbid behavioral and physical health conditions.

Health Information Technology for Economic and Clinical Health (HITECH) provisions of the American Recovery and Reinvestment Act of 2009 provide HIT funding incentives and grants for defined "eligible practitioners," but these provisions exclude behavioral health providers.

Despite these issues, the inclusion of behavioral health services at federally qualified health centers (FQHCs) represents the advancement for integrated health care.

Certain FQHCs qualify as eligible practitioners under the HITECH funding incentives, and most FQHCs are required to provide mental health and substance use services. Consequently, behavioral health providers associated with FQHCs may qualify for HIT incentives.

Behavioral health agency leaders have been identified as key stakeholders in planning and implementing HIT. For the sake of successful long-term planning and HIT implementation, even private specialty behavioral health providers must take an active interest in HIT implementation.

The HHS Office of the National Coordinator for Health Information Technology (ONCHIT), and the Centers for Medicaid & Medicare Services (CMS) have released rules defining the meaningful use of EHRs. Criteria for demonstrating meaningful use will be implemented in stages beginning in 2011.

Initial criteria focus on: capturing coded health information electronically, using the data to track key clinical conditions, coordinating care through data comparisons, and establishing reporting mechanisms for certain clinical quality measures and public health information.

The meaningful use rules require eligible practitioners to meet 25 reporting objectives which are divided into a required "core group" and a suggested "menu" of data collection procedures, with qualifying practitioners eligible for federal incentives.

The ONCHIT has acknowledged the importance of security and privacy in an HIT system. The main objective is to establish a system that delivers on all the potential benefits of information sharing among health care providers without compromising patient privacy.

As research into best practices for security and privacy continues, behavioral health practitioners must involve themselves in state planning efforts to ensure that information-sharing guidelines mesh with behavioral health privacy requirements.

Full text and additional armchair reflections are online at:

http://acmha.org/current_events_arm_chair_reflections.shtml

Meet the College's Newest Members

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

- **Patrick J. Gauthier**, Director, AHP Healthcare Solutions, Palm Desert, CA;
- **Cynthia Moreno Tuohy**, BSW, NCAC II, SAP, Executive Director, NAADAC, the Association for Addiction Professionals, Alexandria, VA;
- **Elana Winfrey**, MEd, LPC, Chief Executive Officer, The Bridges Center, Inc., Atlanta, GA;
- **Michael G. Allen**, LCSW, CACIII, Vice President, Connect Care/ProCare, Colorado Springs, CO;
- **Marcia Carruthers**, MBA, ARM, CPDM, CEO/President, Disability Management Employer Coalition, The Sea Ranch, CA;
- **David C. Lewis**, MD, Professor Emeritus of Community Health & Medicine, Brown Medical School, Center for Alcohol and Addiction Studies, Providence, RI; and
- **Richard A Sheola**, President, Public Sector Division, ValueOptions, Boston, MA.

ADHD: A Behavioral Health Issue Not Well Tolerated at Work

Gregory Baird, CEO, Wholepoint Communications, Morristown, NJ

In the 30 years I have worked in corporate America, I have been impressed by the significant progress made by ACMHA members in addressing the ignorance, stigma, and inertia surrounding conditions such as depression, bipolar disorder, and substance abuse. You have brought greater clarity, informed purpose, and keener insights where they were needed.

Now as a new member of ACMHA, I turn to you with another area that would benefit tremendously from your skills and leadership – adult attention deficit hyperactivity disorder (ADHD).

I know what it is like to have ADHD in corporate America. I have ADHD, and I have worked with it in the health care industry for many years. Thanks to the enlightened perspective and support from several mentors in my career, I was able to advance to the top level of this industry, sitting on the executive committees of global health care corporations.

But even at this level of success I was keenly aware that discrimination against ADHD was always present in my environment and capable of taking away any success I had achieved unless very carefully managed.

Like most of the general public, corporate America erroneously views adult ADHD as a behavioral problem limited to childhood and adolescence. It is not surprising.

Even in the most recent edition of the American Psychiatric Association's Diagnostic and Statistical Manual, adult ADHD is treated as one of the "Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence." Also, APA task force members who worked on the DSM-V were primarily comprised of people from the field of child psychiatry.

The fact is that competent services and proper understanding of ADHD end with adolescence. Those who develop workforce training and policies do a much poorer job than our primary and secondary educational systems regarding ADHD. This is because the prevailing opinion is that – like orthodontic issues – ADHD is a childhood condition that should be "fixed" by the time someone enters the adult work environment. Therefore the condition meets little tolerance in the adult work environment.

The prevailing view of adult ADHD in the workplace is that it is a defect. This view not only compromises the career advancement opportunities of someone with ADHD, but it also can be a barrier to employment or result in unemployment. This latter point is born out by the high number of members of Children and Adults with Attention Deficit / Hyperactivity Disorder (CHADD) who have either dropped out of the workplace or are underemployed.

Full text and additional armchair reflections are online at:

http://acmha.org/current_events_arm_chair_reflections.shtml

ACMHA to Start Including Credit Card Transaction Fee

The ACMHA Board of Directors has taken action regarding fees incurred through the use of credit cards for payment of membership dues, Summit registration, and subscriptions.

Members often ask why we do not accept certain credit cards. Credit card fees to a vendor (in this case, ACMHA) are based on volume and the amount of the transaction. ACMHA is viewed as a low-volume user by credit card companies, which increases the fee percentage that must be paid.

As members are aware, the ACMHA budget is very lean and is based on income from dues, Summit registrations, and the generosity of donors that support our work and activities together. Credit card fees of several thousands of dollars every year present difficulty in maintaining a healthy budget.

As a result, effective September 1, ACMHA will collect a service charge of approximately 2.5 percent of the transaction amount for all credit card purchases.

For dues, which are $275 a year, that additional fee will be $6. Member registration for the 2011 Summit of $450 will have an $11 surcharge. Those fees will be collected for both online credit card transactions and those submitted on printed forms.

A reminder about these charges will be included on invoices and registration materials.

You can avoid these fees by paying dues and registering for Summit by check. As we move forward, please consider paying fees in this manner.

Please note that ACMHA pays a surcharge on donations made via credit card as well. While we will never discourage your donation in any fashion and will not pass a surcharge along on a donation, please know that your entire gift is available only if you make it via check.

Questions regarding this decision may be directed to Executive Director Kris Ericson (executive.director@acmha.org) or President Pamela Greenberg (greenbergp@erols.com).

ACMHA Member News

In July, **Rebecca Palpant**, MS, announced the 2010/11 winners of the Carter Center's Rosalynn Carter Fellowships for Mental Health Journalism.

The program is one of the only journalism fellowships exclusively focused on mental health. The full list of fellows and their project topics is online at: http://www.cartercenter.org/news/pr/mhj-fellows-2010-2011.html.

Armed with intensive training from leading mental health experts and a $10,000 stipend, US Carter Center fellows remain in their work environments to produce high-quality journalism on issues that may not otherwise be brought to light. Fellowships with a comparable stipend are also provided to journalists in South Africa and Romania.

Since 1997, the program has awarded more than 100 fellowships to journalists who set the standard in their field for sensitive reporting on mental health issues.

Previous fellows have produced more than 300 stories, documentaries, books, and other works. Their projects have garnered an Emmy award, nominations for the Pulitzer Prize, and awards from Mental Health America, the American Psychological Association, Amnesty International, and the Association of Health Care Journalists.

Palpant is the senior program associate for the Rosalynn Carter Fellowships for Mental Health Journalism of the Carter Center's Mental Health Program in Atlanta, Ga.

She is a member of ACMHA's 2011 Summit Planning Committee and the Emerging Leader Interest Group.

Mary Jane England, MD, president of Regis College in Weston, MA, led a team from the college to Haiti during the first week of June to lay the groundwork for a program to train nursing school faculty.

Nurses in Haiti, including officials at the Ministry of Health, have asked Regis College's School of Nursing to help upgrade Haitian nurses' education and bring them to a point where they can, in turn, educate other faculty.

The curriculum that the Regis team has developed for Haitian nursing faculty and nurses integrates behavioral health and primary care., building on England's extensive work in the area.

It's Good to Share

Do you have some news that you would like to share with the ACMHA membership?

The Member News section of the ACMHA newsletter features short pieces on members' current or recent projects, awards, appointments, and more.

Too modest to report your own accomplishments, why not submit a colleague's?

Please email all members news items to Communications Committee Chair Laurie Alexander at laurie.alexander09@gmail.com

While in Haiti, the Regis team met with representatives of the Haitian Ministry of Health and the Ministry of Education, as well as USAID, Catholic Relief Services, the Agence Française de Développement, and others. The Regis team is working closely with Partners in Health and travelled to Cange, the site of the Partners in Health hospital developed by Dr. Paul Farmer.

Regis College is intimately connected to Haiti through staff and students from Boston's Haitian community as well as official affiliations with the Haitian Ministry of Health and the main nursing school in Port-au-Prince.

For more than two years before the earthquake, England and her faculty have implemented a special Regis program for Haitian nurses based on the Regis Upward Mobility program.

This summer the Regis team has taken steps toward a collaborative partnership with the still-operating Notre Dame d'Haiti, the Catholic university of Haiti, and the state university in Port-au-Prince to award a master's of science degree and to help re-build the human infrastructure of Haiti by providing higher education to its nursing workforce.

Since the beginning of the year, **Dale Jarvis**, BA, CPA, has had the opportunity to travel to beautiful locations, meet exciting new people, and learn firsthand how *all healthcare is local*. This is an important lesson for healthcare reformers that should not to be overlooked. Here are a few gems ACMHA members might find informative.

In California, some of the county-operated Medi-Cal health plans are considering adding substance use services to their benefit packages in order to better address the high cost of healthcare for persons with substance use disorders -- lessons they have learned through research at Kaiser Northern California.

Jarvis has been working to model potential cost offsets to assess the financial feasibility of this change.

In Central Oregon, stakeholders in three counties are developing a regional health authority with the goal of integrating and managing Medicaid healthcare, mental health, and substance use treatment dollars, along with county social service and public health dollars in order to improve quality and bend the cost curve.

Recently Jarvis spent a fascinating day with these stakeholders, contemplating the roles of the Medicaid health plan, the Medicaid mental health carve-out, and Account-

ACMHA Member News (continued)

able Care Organizations in this new healthcare ecosystem.

In Colorado, the Colorado Behavioral Healthcare Council has been working closely with the Colorado Community Health Network to promote primary care/behavioral health integration throughout the state. To date they have mapped over 100 sites where collaboration is occurring.

Colorado is truly a hot bed of innovation and their success reflects how it is possible for community mental health centers and federally qualified health centers to thrive when visionary leaders come together.

Jarvis is a managing consultant with MCPP Healthcare Consulting, Inc., in Seattle, WA.

He is also a member of ACMHA's 2011 Summit Planning Committee.

NEWS BRIEFS

One of ACMHA's newest members is something of a NAMI "Star" – Center, that is. **Gitane Williams**, vocational wellness educator for Crestwood Behavioral Health, Inc. in Sacramento, was featured in a recent issue of the Star Center newsletter *Recovering Together*. Williams, who is also a Star Center consultant, talked about her views on diversity, wellness, and community. You can read more about her at http://www.consumerstar.org/resources/pdf/recoveringtogether/StarCenterNewsVol1-2010.pdf.

If you read the June 2010 Behavioral Healthcare, you saw an enlightening Q&A with ACMHA board member **Harvey Rosenthal.** NYAPRS Executive Director Rosenthal was interviewed by Lori Ashcraft and William Anthony for their monthly column "Tools for Transformation." If you missed, it you can find it at: http://bit.ly/b177Gh.

Interview with Sheila Baler: On Retirement

At the end of 2009, Sheila Baler retired from her position as executive director of APS Healthcare's California External Quality Review Organization. After 40 years of distinguished contributions to the behavioral health field, Baler is relishing her new status as a retiree. At least for now…

How did you prepare for retirement?

It took me a while to even say the word "retirement" because of the old stereotypes about it. Instead, I started telling people I had stopped being a full-time worker or employee. That felt better to me.

One thing I did in retiring that I would highly recommend to others is that I had a transition job. For the last five and a half years, I headed up the California External Quality Review Organization, which is a small consulting company focused on helping community systems review their own processes, especially around data, technology, outcomes, cultural competence, and consumer and family involvement. This small start-up allowed me to use many skills and experience gained over my career.

It was a nice transition in part because it was free of many of the burdens one has in running a service agency. At the outset, I decreed there would be no emergencies and we stuck to that.

Anything you wish you'd done differently?

If you start your retirement by moving to a small condo, learn from my example and do not remodel while you are living in it. What a terrible experience. I was so grateful to escape to the 2010 Summit during that mess.

Tell us about a career highlight.

My greatest professional fear has always been that I would become self-satisfied and lose sight of my goals. To that end, I did not want to stay a long period of time in any one position or sector. This certainly had its ups and downs, but I was able to flourish in lots of different kinds of environments.

I worked in the public and private sectors and in the for-profit and managed care worlds. They each have such different cultures, and there are a lot of prejudices across them. By moving around in these worlds, I was able to provide the voice of the system that was not there. Sometimes people liked that, others did not. But I was able to represent realities and perspectives they needed to hear and have present. All of it was really useful.

How does retirement suit you?

I am enjoying being back in Denver. It is fun to see how grand the city has become and it is a great place to play. I still have friends in the city from when I lived here years ago and I have three sons and stepsons that I can easily travel to from here.

A friend told me that I will get bored of playing after the summer's end and I am open to that possibility. I am interested in using my skills and experience on a volunteer or time-limited basis. Not right now, but I will see what the fall brings.

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

ACMHA NEWS

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Summary of Summit Brainstorming Call Now Online

Minutes from the May 27th all-member call to brainstorm ideas for the 2011 Summit in New Orleans are now online at http://www.acmha.org/content/committees/summit/Summit_Brainstorming.pdf. The lively discussion focused on attendees' content and process suggestions for next year's event.

Brainstorming around content revolved around leadership across sectors during times of change, disruptive innovations, and health reform's implementation.

The discussion around process raised numerous useful points, such as including private sector speakers and attendees, clarifying expected outcomes from the event, and developing concrete products that attendees can take home.

Getting to Know the ACMHA Membership

Melanie Whitter, Principal Associate, Abt Associates Inc.

Tell us a little about yourself.

Shortly after joining Abt Associates Inc. in 2003, I became project director of a SAMHSA-sponsored initiative, Partners for Recovery (PFR). My work with PFR has been a continuation of my career in the field of substance use (SU), where I have focused on developing and sustaining partnerships, enhancing the workforce, creating systems of care, and improving the quality of services.

Prior to my tenure at Abt, I spent more than 10 years working for Illinois' Office of Alcoholism and Substance Abuse, where I held the position of the Single State Agency Authority for alcohol and drug services. Earlier in my career, I worked as a legislative aide to a Missouri congressman and Illinois senator. I also worked for the governor of Illinois in his Washington, DC, office on health and human service issues. It was in my position with the governor's office that I began working on SU issues 25 years ago.

Why Did You Join ACMHA?

I was introduced to ACMHA through my colleagues at Abt Associates and in the field. ACMHA provides the perfect opportunity to broaden my knowledge base and forge collaboration with colleagues around the US.

While my work has been primarily focused on SU, there are other aspects of behavioral health that I'd like to explore. ACMHA membership provides an excellent vehicle for networking with mental health professionals and others leaders in the field. The materials that are made available through ACMHA are also a great resource as the behavioral health landscape changes around us. As I've begun to take advantage of my membership, I've started urging some of my colleagues to consider ACMHA membership as well.

What are the SU field's challenges in the context of health care reform?

I think the SU field has long held itself apart as being "too unique" or "too different." Certainly, there are differences. However, that thinking has isolated us to some degree. Unfortunately, some in the field are not seeing or fully accepting the move toward a more fully integrated health care environment.

The time is long overdue to ensure SU services are a part of mainstream health care. I am hopeful that policy makers and providers alike can move away from traditional beliefs and roles to promote fundamental change. I believe that the challenges for the broader behavioral field are somewhat different than they are for the SU field, but that we share many common issues and must work together.

Health care reform and integration with general health care does not have to mean the elimination of the SU and mental health (MH) specialty fields. The public still must have access to specialty care for the treatment of SU and MH conditions, as they do for many other medical conditions. However, the fields as they exist today will have to change.

The work ahead is complex and difficult and includes establishing new partnerships, recruiting and licensing additional staff, creating service definitions, performance standards, benefit packages and financing strategies. If we are not a part of defining the new system, it will define us. It is up to us to turn the challenges ahead into opportunities. I am confident that with the right strategy we can accomplish this critical goal.