NACBH NEWS

National Association *for* Children's Behavioral Health

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TABLE OF CONTENTS

Executive Director Notes 2
Upcoming Conferences 2
Public Policy Committee Report..... 4
Standards Committee Report..... 5
NACBH Member Spotlight 7

National Association for Children's Behavioral Health
1025 Connecticut Ave, NW, Suite 1012 | Washington, DC 20036

EXECUTIVE DIRECTOR NOTES

Pat Johnston, Executive Director

Dear NACBH Colleagues,

It was wonderful seeing so many of you in Baltimore for NACBH's annual public policy meeting. The energy was good, the discussion was great, and we walked away from some frankly bleak news with a renewed commitment to getting the work done – knowing we're not doing it alone.

The immediate focus must be on preventing the harmful House and Senate health bills from becoming law in order to preserve children's health coverage under both Medicaid and the Affordable Care Act (ACA). We heard a lot at the annual meeting about the scope of proposed cuts, and it came with a warning. The ACA repeal and replace effort will not be the last chance Congress has – even this year – to end Medicaid as an entitlement program. If that is done, Medicaid funding will become a dial that Congress can turn up or down as other priorities compete for resources that Republicans hope to reduce through tax cuts. ACA rhetoric aside, it is clear that Medicaid is the priority target of both the House and Senate bills.

For the longer term, we need to make better use of opportunities to integrate behavioral health in every child-serving system, and that includes NACBH members working locally on collaborative strategies. With Medicaid covering more than a third of children and adolescents, the new flexibility under 1115 waivers and an uptick in value-based purchasing are two prime openings that NACBH will be developing information about in the coming months. We're continuing the conversation begun in Baltimore with Kirsten Beronio, Senior Policy Advisor for Behavioral Health at the Center for Medicaid and CHIP Services, CMS, exploring ideas about how 1115 waivers can be used to increase access to the full range of children's mental health services. And our program committee will begin working soon on the upcoming technical meeting which will focus on value-based purchasing. All input is welcome as we pursue both of these potential avenues for your program development.

And now for some really good news: The long-delayed TRICARE policy updates were finally released in mid-June. Shortly after this NACBH News goes out, we'll send a summary of the mental health and substance use disorder services now covered by TRICARE, eligible providers, application process, and participation agreements. NACBH began in the early 1980s as a small coalition focused on (then) CHAMPUS issues – and it's been almost that long since the behavioral health services and standards have been updated. Stay tuned for more information on how you can help ensure that military families' access to services improves under the regulations issued last year.

Executive Director Notes continued on page 3

UPCOMING CONFERENCE

Technical Meeting:
Value-Based Purchasing
November 30-December 1, 2017
St. Pete Beach, Florida

Executive Director Notes continued from page 2

WELCOME NEW NACBH BOARD:

Congratulations to those elected to serve during the recent annual business meeting, and many thanks to both old and new board members for their commitment and leadership. Special thanks to Fred Hines, Clarity Child Guidance Center in San Antonio, who leaves the Board after completing a second term as Director – four years of dedicated service in a time of significant transition for the association – and to Steve Girelli, who led the transition as President for the past two years, and to new President David Napier.

President 2017 – 2019	David Napier Youth Home, Inc. Little Rock, Arkansas
Vice President/ President-Elect 2017 – 2019	Dick Wolleat Northwood Children's Services Duluth, Minnesota
Treasurer 2017 – 2019	Denis McCarville Alaska Child & Family Anchorage, Alaska
Secretary 2016 – 2018	Tricia Delano Jackson-Feild Behavioral Health Services Jarratt, Virginia
Immediate Past President 2017 – 2019	Steve Girelli Klingberg Family Centers New Britain, Connecticut
Directors 2017 – 2019	John Damon Canopy Children's Solutions Jackson, Mississippi John Regitano Family Centered Services of Alaska Fairbanks, Alaska Mary Stone-Smith Family Behavioral Health System Catholic Community Services of Western Washington Tacoma, Washington

Directors 2016 – 2018	Gail Atkinson Devereux Advanced Behavioral Health – National Network League City, Texas Paul Kelleher Youth Opportunities Upheld (YOU), Inc. Worcester, Massachusetts Randy Rider Crossroad Child & Family Services, Inc. Fort Wayne, Indiana
Directors At-Large 2017 – 2018	Charlene Hoobler The Barry Robinson Center Norfolk, Virginia Kevin Keegan Family Services Division Catholic Charities Timonium, Maryland Michele Madley Gibault Children's Services Terre Haute, Indiana

PUBLIC POLICY COMMITTEE REPORT

Denis McCarville, Alaska Child & Family, Anchorage, Alaska, Chair

Standing Monthly Conference Call: Fourth Friday of each month, 2:00 – 3:00 p.m. (Eastern)

While the vote on the Senate health care bill was postponed before the Fourth of July recess, Majority Leader Mitch McConnell (R-KY) made it clear that he plans to bring a revised Better Care Reconciliation Act to the floor later this month. The delay allows time for changes aimed at picking up at least 50 "yes" votes.

Additional vote counting and horse trading continued behind the scenes during the recess, and we have not seen the final version of the bill yet. The Senate Parliamentarian will have to rule on whether all of its provisions comply with budget reconciliation rules and the Congressional Budget Office will have to produce a new score. What we do know is the starting point – the Senate bill that was released on June 22 – and that minor tweaking cannot produce legislation that the American people can live with. Literally.

Between now and 2026, the bill cuts federal Medicaid spending by $772 billion, reducing access and coverage for 74 million people, including more than 37 million children. It would make mental health and addiction treatment optional in the private insurance market, erasing the gains made under the Affordable Care Act's expansion of parity. It would eliminate the individual and employer mandates, driving up premiums for those who want to purchase coverage. It would leave 15 million more people uninsured than would be under current law, and millions more underinsured as states receive waivers from essential health benefits requirements.

Whatever minor revisions are made in the short term, this bill must be defeated. Please continue to call and email your senators to emphasize the devastation that massive Medicaid cuts would inflict, not just on beneficiaries and families but also on the country's health care infrastructure.

Looking ahead, one can hope (I was born an optimist) that once this bill is defeated or withdrawn, the Republicans and Democrats will come together in a bipartisan way to address our nation's health care troubles. If that happens, our work will have just begun as the "red meat" of Medicaid cost containment is on the lips of fiscal conservatives and we will have to work even harder to keep per capita caps or block grants out of a new bipartisan bill. Please remember, while protecting Medicaid from caps has to be our number one goal, protecting EPSDT and behavioral health parity must continue high on our list to defend. ☐

YOUR INPUT NEEDED:

TRAINING NEEDS SURVEY

Youth MOVE National is working with researchers at the Pathways Research and Training Center, University of Portland School of Social Work to improve services for transition-age youth with mental health needs.

NACBH members are encouraged to participate in a 10-15 minute online survey to guide the development of training programs for providers. The survey, Supporting You in Supporting Youth, will be open until midnight (Pacific) Monday, July 17.

Survey open until July 17.

TAKE SURVEY HERE

STANDARDS COMMITTEE REPORT

Jan Carson, Catholic Charities, Timonium, Maryland, Co-Chair
Laurie Beaulieu, Wingspan Care Group, Shaker Heights, Ohio, Co-Chair

Standing Monthly Conference Call: Third Tuesday of each month, 1:00 – 2:00 p.m. (Eastern)

All members are welcome to participate in the Standards Committee discussions of accreditation standards and surveys, compliance issues, peer consultation on timely hot topics, and presentations by NACBH members on program and performance improvement initiatives. Please email the co-chairs or Pat Johnston to volunteer a presentation, add an agenda item or join the committee. The roster is posted on the members page of the NACBH website.

Log into the members page for materials from the June 20 call: NACBH Member Presentation: Lisa Pompa, Assistant Clinical Director, Devereux Advanced Behavioral Health – Florida: Devereux's program model and outcomes for youth survivors of sexual exploitation.

Agenda for July 18:

- Reports from accreditation bodies during last month's annual meeting
- Revision of Joint Commission standard CTS 03.01.09, to require the use of a standardized tool or instrument to monitor individuals' progress in achieving care, treatment or service goals, and to use aggregated resulting data to inform program changes
- Renaming the Standards Committee
- Chemical restraints: How is the definition evolving and how are providers evaluating their practices?

All three national accrediting organizations participated in NACBH's annual public policy meeting in Baltimore. During the July 18 conference call, Jan Carson will review the Joint Commission's report from Julia Finken, Executive Director of Business Development, Behavioral Health Care and Psychiatric Hospitals. Kimberly Houston will report on the update from Leslie Ellis-Lang, Managing Director of Child and Youth Services, CARF.

Richard Klarberg, President and CEO of COA, offered his thoughts on one of the most critical challenges facing child and family services providers: effectively responding to the pervasive trauma in our communities. It was a compelling message, recapped in part here:

Random murderous street violence, natural disasters, threats and acts of terrorism, and tectonic shifts in political values are creating a perfect storm of fear and apprehension throughout our country.

It is no longer "if" but "when" the emotional wellbeing of children will be compromised by all that they see, hear and read. The bogeyman is no longer under the bed or in the closet. He is everywhere. Inevitably, this will significantly tax the capacity of behavioral health providers to meet the needs of young people who find it increasingly difficult to face this new normal.

Staff of these agencies will have to be trained and prepared to take on a different and expanded role. In essence, they will have to become first responders along with police, firefighters, and EMTs. Social service agencies will become emotional first aid stations. Their communities will look to them as safe havens providing shelter from the storm.

The critical question is, will they be ready? With budget cuts of some dimension apparently inevitable, the answer currently is "no."

While we must continue to do everything we can to limit those cuts, we must also actively consider how we can still fulfill our mission, how we can do more with less.

Standards continued on page 6

Standards continued from page 5

One idea would be to train, supervise and certify youth care workers, especially those who have lived the trauma of violence on their streets and in their neighborhoods. Another is to better coordinate services with schools, law enforcement and community organizations. There many others.

In short, we know that there is a problem and the likelihood is that the problem won't go away. Given that, my question to you is: What are we doing to respond to it?

Richard Klarberg ☐

NIMH FUNDING OPPORTUNITY ANNOUNCEMENTS (FOAs):

MENTAL HEALTH FAMILY NAVIGATOR MODEL TO PROMOTE EARLY ACCESS, ENGAGEMENT AND COORDINATION OF NEEDED MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS

The National Institute for Mental Health (NIMH) intends to commit $2.16 million in fiscal year 2018 to fund 5 – 6 grants submitted under two companion funding announcements: one to support pilot studies in preparation for larger-scale studies, and the second, for those larger-scale studies. The purpose is to develop and test the effectiveness of family navigator models that respond as soon as a child's or adolescent's mental health symptoms are detected, identify needed services and providers, and work closely with the family and providers to optimize care and monitor symptoms and outcomes over time.

The FOAs are posted online. Applications for each may be submitted between September 5, 2017 and January 7, 2018.

Pilot study budgets are limited to $225,000 direct costs per year, and $450,000 over the three-year project period.

Empirical testing budgets are limited to $500,000 direct costs per year for a maximum project period of five years (four years preferred).

Please also see the NIH Grants Policy Statement. ☐

SAMHSA RECRUITING PEER REVIEWERS FOR GRANT APPLICATIONS

The Substance Abuse and Mental Health Services Administration (SAMHSA) is recruiting peer reviewers to conduct expert, equitable and objective assessment of grant applications and provide feedback on their suitability for federal funding. SAMHSA selects reviewers based on their knowledge, skills and expertise related to the grant program under review, and assembles peer reviewer groups that reflect diversity based on geography, gender, racial/ethnic and sexual and gender minority status.

Applications to participate in peer reviews are accepted year-round. Grant review season typically begins in November and goes through July.

APPLY HERE

Specifically encouraged to apply are licensed and experienced professionals in the prevention, diagnosis, or treatment of mental and/or substance use disorders, or recovery from them. Eligible professionals include those with a medical degree, doctoral degree in psychology, or an advanced degree in nursing or social work from an accredited program.

NACBH MEMBER SPOTLIGHT:

LIFE AFTER DOWNSIZING: A LOOK AT CATHOLIC CHARITIES OF BALTIMORE

A decade ago, if you had told the people who run Catholic Charities of Baltimore that their 170-bed facility would be operating with fewer than half its capacity, it may have sounded like a nightmare. Today, the work being done by the downsized version of that facility, with 75 beds currently, is instead a model for how to successfully downsize while maintaining the core services and key employees that make your organization great.

Kevin Keegan, the director of Catholic Charities' Family Services Division, has been there for nearly five years, but a decade ago he was on the other side of the table, working with the state of Maryland's Department of Human Resources and dealing directly with programs like Catholic Charities of Baltimore as they worked to efficiently serve those in need.

The organization started more than 150 years ago as a conglomeration of orphanages, and over the years has evolved to deal with issues like poverty, homelessness, foster care and other societal challenges. Highly evolved today into a creative treatment facility, Catholic Charities does what Keegan likes to call creative work. But that comes after a serious reduction in their scope, which has happened to many facilities throughout the nation.

"Certainly we're not unique in the fact that we've had to adjust our sails and change what we do," Keegan said, in a recent phone conversation.

"There are many providers who aren't in business anymore, and a lot of providers who are stubbornly trying to do things in the old ways, even though that's getting harder and harder.

CATHOLIC CHARITIES BALTIMORE

CHERISHING THE DIVINE WITHIN ALL

"And there are a lot of providers, like us, who have responded to the challenges in a way that has put us in a very stable place financially and set us on some footing to provide much-needed services well into the future."

Some advice from Keegan, having been through a large-scale reduction in size, is constant communications. Among the things that Catholic Charities of Baltimore got right, from the beginning, was to be open and transparent with their staff. The last thing you want to infect your facility is a constant rumor mill, or to have trusted staff hear of changes second-hand.

> "We determined that being completely transparent was the least-risky way to go."

"Even when we didn't have all of the answers, we let all of our staff know a full 18 months in advance what the plans were, so people knew it was coming. It ended up that we had very, very few layoffs, which is one of the things we're most pleased about," Keegan said.

He also stresses the importance of minimizing the disruptions to services for children and their families when receiving treatment, although in the end some kids will likely have to physically move.

Spotlight continued on page 8

Spotlight continued from page 7

If that happens, try to do it in as sensitive a way as possible. And again, focus on communications, allowing opportunities for people to ask questions and express their concerns. Ensure that everyone involved knows that their voice is being heard.

At the same time as the reductions in size have taken place, Catholic Charities has had notable growth in its community-based behavioral health work, more than doubling revenue over the same decade of declining residential revenues.

Looking back over the past 18 months since the downsizing, Keegan reflected on a recent staff meeting where they talked about other treatment centers that have closed. By contrast, post-downsizing, he sees an optimistic financial picture and a facility that has been transformed without a sacrifice of quality. With fewer beds, they tend to be at or near capacity, and they have earned a positive reputation for transparency as well as for constantly keeping their eyes open to see what's happening and how it is working.

In downsizing successfully, Catholic Charities of Baltimore has shown that even though changes and reductions are common, they can be managed successfully. □

NEW NACBH WEBSITE

Have you checked out the new www.nacbh.org yet? The video testimonials are terrific! Please email Pat Johnston with any corrections to the membership directory, suggestions for future website updates, or instructions on how to change your member log-in.

ATA RELEASES NEW PRACTICE GUIDELINES

The American Telemedicine Association (ATA) has released new practice guidelines for child and adolescent telemental health. Based on clinical and empirical research, the guidelines address three aspects of service delivery: administration/management, clinical practice, and technical design and architecture. They are focused on interactive videoconferencing between two or more sites, with an emphasis on providing the same level of service that is delivered in-person, whether consultation, collaboration or direct service delivery.

The Health Resources and Services Administration has identified more than 2,000 mental health professional shortage areas, affecting over 66 million residents.

NACBH members are encouraged to review the new guidelines for their usefulness in expanding both services and partnerships.