

Milieu

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AMBULATORY BEHAVIORAL HEALTHCARE
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Promoting the evolution of flexible models of cost-effective, responsive behavioral healthcare.

Aggressive Grassroots Campaign Builds on Mental Health Parity

With strong grassroots support from AABH members, the advocacy campaign for full mental health parity moved into a vigorous and contentious phase during November, following Senate approval Oct. 30 of S 543, the Mental Health Equitable Treatment Act. The measure was added as an amendment to the FY 2002 Labor-HHS-Education Appropriations bill (HR 3061).

The conference committee of House and Senate appropriators charged with resolving the differences in the two bodies' Labor-HHS-Education funding bills became the forum for deliberations. The success of Senators Domenici and Wellstone in attaching parity to an appropriations bill has brought many additional players into deciding the ultimate fate of the measure.

A final vote is expected in December, and opponents of the measure are lob-

bying strongly for House opposition to expanding parity beyond the partial protections in the Mental Health Parity Act of 1996. Grassroots efforts from the mental health community have become even more critical for success with the tremendous opposition generated by some in the business community.

At press time mental health advocates were being strongly encouraged to target House members using a toll-free parity "legislative hotline" at 1-866-PARITY4 (1-866-727-4894) to reach the Capitol switchboard. Callers were instructed to ask for their Representative's office by name or caller's home ZIP code. Callers are instructed to then ask for the health legislative assistant and deliver a supportive message.

The Labor-HHS Appropriations Subcommittee members are the official conferees, but other House members

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AABH Seeks Improved Behavioral Health Workforce Education

How to make education and training programs more relevant in the rapidly changing behavioral health care environment was the subject of a recent conference in Annapolis, Maryland. AABH Executive Director James K. Finley and 65 other mental health professionals and educators participated in discussions on September 10-11, 2001, sponsored by the American College of Mental Health Adminis-

tration (ACMHA) and the Academic Behavioral Health Consortium (ABHC). The conference was supported by the Agency for Healthcare Research and Quality, the Center for Mental Health Services, and the SAMHSA Office of Managed Care.

This interdisciplinary meeting focused on the education and training of several segments of the workforce:

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The Director's Desk

Association Advocacy Displays Renewed Vigor and Success

By James K. Finley
Executive Director

AABH is rapidly expanding our advocacy capacity on behalf of our membership's concerns. Elsewhere in this issue we provide an update on AABH participation with the mental health advocacy community to enact full mental health parity legislation this year. In addition to parity legislation, AABH has been aggressively making our views heard on Capitol Hill concerning administrative reforms in the Medicare program.

The last issue of Milieu reported on emerging congressional support for Medicare administrative reform. Since that time, AABH has been aggressively lobbying for major Medicare administrative reforms for behavioral health providers, and there has been substantial progress made. Two committees of the House just passed similar bills to significantly reduce the regulatory burdens on ambulatory behavioral health-care providers. In October, AABH delivered testimony to the House Ways and Means Committee that detailed our Medicare objectives (members may view the testimony on our website in the members-only section, www.aabh.org.) AABH has selectively activated its grassroots membership to meet with congressional staff of key members of the House Committees on Energy and Commerce and Ways and Means and the Senate Finance Committee. The

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An ACTV Approach to Dual Diagnosis

By Scott Migdole, MSW

A Model Program Described

Finding efficient and effective ways to treat dually diagnosed clients is a salient issue in the field of psychiatry (Watkins K, Burnam A, Kung F, and Paddock S, 2001). Nationally, as many as 40% of all patients in general hospitals are there because of complications related to alcohol, while roughly 37% of people who abuse alcohol and 53% of people who abuse other drugs are believed to have at least one mental illness. More specifically, 50% of individuals with schizophrenia are estimated to have a lifetime history of substance abuse or dependence, with the corresponding figure for bipolar disorder at 56% (Department of Mental Health and Addiction Services, 1999). Comorbidity in the population has also been associated with high rates of violence and criminality (Carey, et al., 2000), while 68% of all AIDS cases are believed to have a link to substance abuse (Department of Mental Health and Addiction Services, 1999).

Magnifying this problem are the low reimbursement rates of managed care companies, leaving thinly staffed agencies in the position of being the only viable treatment alternative. In response, one community mental health center developed a program to target stabilization, strike a balance between efficiency

and efficacy of service, and encourage dependency on oneself as opposed to a mental health setting. This article describes the philosophy behind that program, compares it to a Prochaskian stage model, and provides basic tenets to its daily operations.

Named ACTV for its four stages—Abuse, Consideration, Transformation, and Vitality—the program utilizes a cognitive-behavioral approach that includes a Prochaskian type of stage progression (1992). However, it differs from the latter in that its stages are more behaviorally than cognitively defined, as the program developers believed that clients would identify with a more action-oriented program that clearly expressed its goals in the behavior expected.

For example, Prochaska's first stage of Precontemplation is replaced by Abuse, since it denotes the behavior in a concrete, specific manner. The same is true of the second stage of the ACTV program, Consideration, which is more action oriented in terms of deliberation than Prochaska's Contemplation. This contrast can also be seen with Prochaska's stages three and four, called Preparation and Action, which the ACTV program titles Transformation. ACTV is again looking for specific changes in behavior, a turn around, not consideration accompanied by an ambiguous action. A final difference is that ACTV is a dual diagnosis program and the stages reflect a health-oriented approach to symptoms and treatment, with the final goal signified by Vitality, "the capacity for the continuation of a meaningful or purposeful existence...[The] power to live or grow" (Webster's, p. 1597). It is felt this is a more proactive statement than Prochaska's final stage of Maintenance.

Ideally, the ACTV program should allow patients to manage their psychiatric symptoms more effectively, learn specific cognitive-behaviorally based skills to curb the counter-productive aspects of their personality style, and stay clean and sober. While abstinence is not

a prerequisite to enter the program, it is a basic goal to the work. Clients are tested randomly for substance abuse.

While this is just a brief overview, written programs that outline a specific foundation are extremely important in the pursuit of intensive quality assurance mechanisms and outcome studies. Such programming may foster better communication with managed care organizations and greater confidence in reimbursement for services.

Promoting and Publicizing Model Programs

AABH is interested in hearing how your program treats dually diagnosed individuals and would like to print it in upcoming editions of *Milieu*. Individuals can contact the author via email at Scott.migdole@yale.edu.

AABH will also publish our first copy of *Standards and Guidelines for Dually Diagnosed Patients in a Partial Hospital Program* in December. This will provide:

- 1) State-of-the-art standards for the dually diagnosed client.
- 2) Guidelines for developing progressive partial hospital programs.
- 3) Methods for determining admission and discharge criteria, staff-to-client ratio, and crystallizing treatment-planning objectives.
- 4) Contemporary conceptualizations and synthesis of clinical, administrative, and third-party payor needs.

The guidelines are \$25.00 for members per copy and \$35.00 for non-members. ■

The bibliography for this article is available at www.aabh.org.

Join the AABH Electronic Network

1. Log on to the AABH website www.aabh.org
2. Send us your e-mail address and receive notices of training and advocacy opportunities.
3. When your e-mail address changes, remember to use the site to update AABH's list.

Job Bank Ads

Advertise your job opportunities in *Milieu*.

Contact AABH and ask about our rates

Renew Your AABH Membership

As we end one year and begin another, it's time again for members of AABH to renew their membership. As a small organization, AABH listens carefully to each member's comments and works hard to deliver the value sought by its customers. Now more than ever, we need to strengthen our membership base to provide the kinds of assistance members are requesting.

We hear regularly from our members that one of the key strengths of AABH is the information and networking opportunities provided through membership. Your support and participation in AABH during 2001 helped to make it an enormously productive year for the association. AABH members contributed in countless ways during the year: serving on committees, attending the

annual meeting in Nashville, gathering for state and regional meetings, participating in audio-conferences, responding to surveys of IOP/PHP services, and accessing association resources. Participation is what makes AABH a living association that benefits all its members.

Make the commitment now to renew your membership and get the most out of your AABH experience during the coming year. Consider all the ways you benefit:

- Obtain the most relevant, practical training in our field.
- Advocate with colleagues for regulatory and legislative policy improvements.
- Obtain one-on-one assistance with your technical questions.

- Network with colleagues whenever you participate in an event sponsored by AABH.

Remember that in order to find answers to your questions in AABH research or publications, we need members willing to share their best practices and standards and who will actively advance our field by volunteering for committees or projects. We also strongly encourage our members to expand their network and get more involved in state or regional associations affiliated with AABH. With AABH membership, your professional development and advocacy goals become much more attainable.

Join now for 2002 and plan to attend next summer's training conference (August 26-29) at Seven Springs Resort. ■

Advocacy, cont'd. on p. 3

final legislative agreement will require support from all three of these committees.

In October the House Ways and Means Health Subcommittee approved HR 2768, the Medicare Regulatory and Contracting Reform Act, sponsored by Representatives Nancy Johnson (R-CT) and Pete Stark (D-CA). Highlights include:

- establishment of a defense against overpayment if providers rely on written guidance issued by Medicare Fiscal Intermediaries (FIs).
- enhancement of provider education; requirement for prompt FI responses to inquiries.
- creation of provider and beneficiary ombudsmen programs.
- transfer of Medicare Administrative Law Judge (ALJs) from SSA to HHS.
- expedited judicial review; repayment schedule of up to three years (five years in cases of extreme hardship) for recovery of overpayments.
- a bar on recovery of overpayments until an ALJ issues an opinion (when appeals are made).

AABH generally supported the Ways and Means measure but has concerns about some of the legislative language, which is still evolving. The House Ener-

gy and Commerce Committee approved a similar bill (HR 3046) in November. This bill is known as the Medicare Regulatory, Appeals, Contracting, and Education Reform Act (Medicare RACER Act). Both bills seek to end the often-adversarial approach taken by the Centers for Medicare and Medicaid Services (CMS, formerly HCFA) and the nation's Medicare carriers and fiscal intermediaries in their dealings with providers. Notable provisions in the Medicare RACER Act as approved by Committee include:

- requirement that final regulations be issued no later than 12 months after an interim final regulation has been released.
- provision for the designation and specific training of Medicare-only ALJs.
- creation of an expedited process for providers to obtain judicial review of appeals for denied claims.
- requirement that HHS expedite proceedings when termination of participation or other immediate sanctions have been imposed.
- increase in funding for provider education and training by \$35 million.
- requirement that Medicare contractors provide general written responses to beneficiary and provider written inquiries within 45 business days.
- limit on random prepayment review

to cases that fit a standard protocol developed by the Secretary.

- requirement that the Secretary develop standards for repayment plans, taking into account a provider's reliance on guidance and financial hardship.

Differences between the Energy and Commerce and Ways and Means bills will be narrowed before heading to the House floor, we hope in December, followed by expected Senate consideration. AABH expects to continue close involvement on this matter for the foreseeable future and membership support will be essential. ■

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also have important behind-the-scenes roles in the contentious deliberations. Three committees of the House beyond Appropriations have jurisdiction over elements of the legislation, including the Committees on Education and the Workforce, Energy and Commerce, and Ways and Means. At press time the outcome of the battle was far from certain. Key House leaders are opposed, and business groups were pulling out all the stops to kill the measure. With the outcome clearly in doubt, AABH members are asked to continue their personal involvement and keep up the heat. ■

AABH Announces Training Conference Plans

AABH's Board of Directors is pleased to announce the selection of Seven Springs Resort and Conference Center in Pennsylvania's Appalachian Mountains as the site of our 2002 Annual Training Conference. Meeting dates are August 26–29.

The training site was selected based upon a number of important criteria, including its reduced cost for attendees and its beautiful, relaxed atmosphere. Seven Springs is located approximately one hour's drive southwest of Pittsburgh, PA, on the western edge of Pennsylvania's Appalachian Mountains. Pittsburgh International Airport is the nearest metropolitan terminal and hotel van service is available from the airport.

Seven Springs features a 400-room hotel and conference facility, situated near a beautiful 20,000 acre state park, with abundant opportunities for relaxation and recreation after a day of training accomplishments. Attendees will enjoy leisure activities that include playing an 18-hole mountaintop golf course, exploring the beautiful Laurel Highlands mountain range on horseback or bike, and racing down the mountain on an Alpine slide. The list goes on: bowling, indoor miniature golf, racquetball, chairlift rides, indoor and outdoor swimming, slopeside hayrides, and more. Art and architecture enthusiasts will be thrilled to visit Frank Lloyd Wright's close-by masterpiece, "Falling-

water." AABH members are urged to visit the Seven Springs website for detailed information about the facility: <http://www.7springs.com/Summer/summerhome.htm>

With all of its attractions, the most outstanding feature of Seven Springs is great rates. AABH was able to negotiate sleeping room rates of \$95.00 a night (tax included) for a single room (\$30.00/day below last year's facility), and breakfast is included in the rate. So save the dates August 26-29, 2002, on your calendar now. AABH promises a top-quality training opportunity with delightful leisure time activities. Watch your mail and future issues of *Milieu* for details on this key upcoming event. ■

Workforce, cont'd. from p. 1

students in graduate programs, working professionals, and individuals who provide much of the direct care to those suffering from behavioral health disorders, including consumers, family members, and front-line workers employed in the mental health and addiction treatment systems.

The meeting was structured around the concept of "listening to voices of recovery," capturing the diverse perspectives of behavioral health stakeholders on the education agenda. Conference Co-Chair and AABH member Michael Hoge (Yale University) conveyed the

perspective of the conference organizers in an opening keynote, which described the impetus for convening the meeting. Graduate programs have not kept pace with changes to the field, leaving students unprepared for many of the realities of contemporary practice. Continuing education programs rely almost exclusively on didactic workshops and conferences, which research has demonstrated to have marginal effects on professional behavior and consumer outcomes. Little training is being offered to consumers, family members, and other workers who provide the majority of direct care, especially in public

sector mental health and addiction treatment systems.

Several presentations clarified the issues, obstacles, and potential strategies for addressing the gap between current training efforts and practice realities.

At the core of the meeting were small work groups in which participants critiqued position papers prepared in advance, each containing recommendations on educational content, teaching strategies, and optimal training settings for the three workforce groups. The feedback from participants is being incorporated into the position papers, which, along with the text of several keynotes, will be published in 2002 in the journal *Administration and Policy in Mental Health*.

The meeting ended earlier than expected on the morning of September 11th, with the terrorist attack on the United States. Nevertheless, clear interest and support had emerged for pursuing subsequent steps to address this agenda. A specific action plan is under development, one aspect of which involves developing interdisciplinary consensus to specify core competencies that are needed for effective and efficient practice in the current healthcare environment.

AABH members who would like to identify innovative educational programs and educational innovators should call the conference co-chair, Dr. Michael Hoge, at (203-785-5629). ■

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