

home) for children with special healthcare needs as defined, implemented and advocated over the past decade by the American Academy of Pediatrics (AAP).

"Medical homes as defined by AAP are about a single medical practice taking ownership/responsibility to coordinate interventions for children with special needs, whether those children have either complex needs or a variety of needs," said Ross.

According to CHADD, some of the essential elements of a medical home for children with special

healthcare needs include:

- A personal physician in a culturally and linguistically competent physician-directed medical practice who provides continuous and comprehensive care.
- A family-driven partnership that ensures a coordinated network of community-based services where both physicians and families share accountability for quality improvement through a performance measurement system.

- A focus on transitions to ensure no disruptions of services as children and youth progress through normal stages of growth and development.

"We are delighted with the citizen participation process [transition team website] as well as HHS Secretary-Designee Daschle's public forum process," said Ross. "We believe that the Obama transition team is serious about learning and considering citizen input into healthcare reform." •

Economic crisis dominates readers' challenges for 2009

Cited are workforce challenges, reimbursement, access to care

In order to include the direct perspectives of our readers in our 2009 Preview Issue, we asked you to tell us what your most pressing challenges will be in the coming year. Here are excerpts from those responses. Additional responses will run in next week's issue of *Mental Health Weekly*. We thank you for your participation in our look at the year ahead.

Herb Cromwell, executive director, Community Behavioral Health Association of Maryland, Catonsville, Md.:

How can there be a more pressing challenge than the recession's impact on publicly funded health and human services? In December, Maryland's projected budget deficit doubled since the last quarterly revenue estimate and, like most states, we are undergoing unprecedented budget retrenchment. So, as we fight to maintain the safety net, the campaign for an annual cost-of-living adjustment in rates is on hold, as are plans for provider investments in EHR [electronic health records] and other infrastructure needs. The workforce crisis deepens as demand for services goes up. But, like the people they serve, community behavioral health providers are

nothing if not resilient. Most agencies will survive, financially poorer but with mission and values intact.

David Guth, chief executive, Centerstone, Nashville, Tenn.:

The biggest challenge facing our industry is related to the economic crisis. Today, the greatest advances in the science of treatment, insurance parity and reduction in stigma in the history of mental healthcare are paired with unprecedented financial pressures on third-party payers, an escalation of the uninsured crisis, and a reduced capacity of this nation's philanthropic engine to bridge gaps in care.

The greatest pitfall we must avoid is attempting to fix access to care through rationing. Payers will be under tremendous pressure to adopt the care rationing approach, and provider organizations will, as a consequence, be asked to do more for less.

Despite these pressures, we must ensure that our systems of care continue to follow the evidence of treatment and rehabilitation — even if it means the dollars will not stretch to all. To do otherwise is to accept that those in our care will not achieve the level of recovery that technology can predict, which will undermine the enormous progress made toward the eradication of stigma.

Debra L. Wentz, Ph.D., chief executive officer, New Jersey Association of Mental Health Agencies, Inc. (NJAMHA):

The greatest challenge is the nation's fiscal crisis, with its accompanying foreclosures, job loss, and bankruptcies. This two-headed monster is creating increased stress, giving rise to an increase in mental health problems, while dramatically reducing resources available to the already overburdened mental health field. Providers are seeing a drop in donations, while anticipating dramatic reductions in government support.

To address these challenges we are building a compelling campaign, "Bankrupt Dreams, Battered Souls," to illustrate that it would be egregious to cut services for individuals who are facing such economic trauma. Providers cannot continue to provide quality services without sufficient funding. Now is the time to invest in mental health to ensure individuals can cope and have the strength to get back on their feet, return to work and support their families, ultimately producing enormous savings for the state and the nation. We also will be demonstrating that the community mental health system employs a large number of our state's workforce. As the government plans to invest in infrastructure to create jobs, it should

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also focus on investing in people.

NJAMHA joins the nation in being excited about the historic administration and promise of change coming to Washington. The challenges we face can also be viewed as an exciting opportunity to highlight the importance of mental health treatment and services and to change the mindset of government, which should treat providers as true partners with a focus on mutual goals.

Phillip A. Saperia, executive director, The Coalition of Behavioral Health Agencies, New York, N.Y.:

For mental health providers in New York, 2009 is promising to be a year of system transformation in an environment of diminished resources. That mixture of plan and circumstances confronts us with both challenge and possible opportunity. Also required will be a lot of luck as well as help from the new federal government in Washington, D.C.

We continue to be faced with workforce challenges as well. A state licensing law could diminish the pool of available qualified staff needed to provide quality treatment

services and deprive non-treatment programs with social work interns and social workers upon whom these programs depend. Recovery-oriented services; personalized and outcome oriented services; continuity of care — these all depend upon a dedicated and passionate workforce. Without a commitment of government to pay these workers, and reward them with health insurance and other fringe benefits, fewer qualified professionals will want to enter the field.

2009 will demand patience, collegiality and innovation. More money would grease the way, to facilitate our ability to bring about major reform. That seems unobtainable for the near future and highly problematic for our goals of meaningful transformation.

Bennett Cooper, executive director, Central Community Health Board of Hamilton County, Cincinnati, Ohio:

The most meaningful challenge is to organize whatever coalition is required — and effective — to realize a national, universal healthcare system that disallows anyone from profiting from illness, injury, disease and/or age. We have no healthcare

system in this country. We have a financial system that functions to concentrate wealth at whatever human cost — people are commodities and the illnesses are markets. If, as behavioral health professionals, we do not pay attention to these realities, we are part of the problem.

Jonathan Evans, president and chief executive, Safe Harbor Behavioral Health, Erie, Pa.:

Our most pressing challenge is responding to the numerous payers and regulators that have increasingly complex requirements that we have to meet in order to get reimbursed. The increased cost of infrastructure required to deliver a “unit” of care has challenged all of us to remain financially viable. We continue to work to be increasingly innovative and “do more with less” without compromising the quality of care delivered. Our challenge is responding to all the “intermediaries” that add a cost to care but provide either no care or very little care. If we were able to significantly reduce the cost of all the “middlemen,” would there be a real crisis in healthcare? •

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and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. The legislation became attached to a larger federal economic bailout bill in a surprising turn of events.

The victory for the mental health community ends a more than decade-long effort by advocates and lawmakers to require group health plans to cover treatment for mental illness on the same terms and conditions as all other illnesses.

“In many respects, 2008 has been a very good year [filled] with significant accomplishments,” Ron Honberg, director of policy and legal affairs at the National Alliance on Mental Illness (NAMI), told *MHW*. “Number one, of course, is parity.”

Honberg said NAMI and several

other groups had worked on the mental health parity bill since 1992. “The bill that passed is not going to solve all of the problems for people with serious mental illness,” said Honberg. “So many of them do not have private insurance, but it will help many of those who do.”

Honberg said he is pleased the new parity law will also help individuals enrolled in ERISA (Employee Retirement Income Security Act) plans that are not currently protected by state parity laws. “Although there have been a lot of state parity laws [passed] over the years, employers’ plans are not protected by state law,” he said. “The bill is a tremendous step forward.”

“We’re so grateful to Sens. Pete Domenici (R-N.M.), Edward

Kennedy (D-Mass.), Rep. Patrick Kennedy (D-R.I.), and Jim Ramstad (R-Minn.) and other members of Congress who supported the parity bill,” he said. “This is a real milestone accomplishment for the mental health and substance abuse communities. We’re excited about the fact that Congress embraces the idea that mental illnesses should be covered in the same way as other illnesses.”

The new parity law also represents a huge gain for the suicide education and prevention community, said Brian Altman, acting chief operating officer of the Suicide Prevention Action Network (SPAN-USA). “This has been a tremendous victory after 12 long years of different versions and different sponsors,” Altman told *MHW*.