

The Voice

The Newsletter of NAMI Southwestern Pennsylvania

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Quality in Behavioral Health Treatment and Supports: What is quality anyway?

The word “quality” is used often in our daily lives. We might use it to express our opinion of theatrical performance or the performance of a car, or to describe the outcome of a service. We all want “good quality” experiences, products or services. Yet, what precisely do we mean by “good quality” and “poor quality”? What exactly is quality? As often as we use it, have we ever stopped to think about what the word really means to us?

Does quality mean: conformance to established standards; or is it the standard of excellence or superiority; reliability; the relationship of cost to value; or craftsmanship? Perhaps a useful definition for our purposes might be: “Quality is performance excellence as viewed by all stakeholders.” We all know what we want our health systems to deliver: “the right care for the right person at the right time”.

Over the last decade, there has been increased attention by policymakers, payers, purchasers, clinicians, consumers and family members on the quality and efficiency of healthcare in the United States. These longstanding initiatives to improve the quality of health care in the United States have largely neglected mental health. For example, in a recent national report on quality measurement published by the Agency for Healthcare Quality and Research, only four of 179 quality measurements pertained to mental health.

health. Make plans to join with us on April 21, 2007 at the Pittsburgh Airport Marriott Hotel to engage in discussions with nationally known experts in developing quality indicators and implementing true quality into mental health treatment, services, and community supports that will promote recovery. (See page 9 for a detailed description and registration information for the 2007 NAMI Southwestern Pennsylvania Regional Conference).

Researchers and quality improvement professionals consistently refer to identifying specific domains of quality with regards to healthcare. What exactly are these domains, and why are they relevant?

Domains of quality -The technical aspect of the process of healthcare to which a benchmark, measure or other tool applies. These domains allow stakeholders to identify the best practice standards we ought to consistently expect from clinicians and service providers. This includes:

- Prevention - Screening or other clinical methods to prevent the occurrence or worsening of a health condition
- Access - Availability of services, ease or difficulty of obtaining them, barriers (linguistic or cultural issues, geographic proximity, delays, etc.) that may be encountered
- Assessment - Patient evaluations, including diagnostic, side effect, safety, medical and co-morbidity issues
- Treatment - The appropriate selection, dose, duration and intensity of a health care intervention
- Continuity - Capacity of caregivers to maintain the patient’s treatment during transitions between levels of care
- Coordination - Capacity of members of the patient’s treatment team to interact with others inside and

continued on page 10

In This Issue

Children’s Corner	2
NAMI Policy Brief, State Hospital Downsizing/Closure	3
News Around the Region	5
<i>Updates on Initiatives, Policy & Legislation Impacting the Mental Health Community</i>	
Upcoming Events	9
NAMI Support	11

With this in mind, the NAMI Southwestern Pennsylvania Annual Regional Conference will focus on determining quality in behavioral



Advocating for your Child: 20 Tips for Parents

According to the Surgeon General, 1 in 5 children experience significant problems due to a psychiatric disorder. The good news is that we can help many, if not most, of these youngsters. The real tragedy is that so few, less than 1 in 3, are receiving the comprehensive treatment they really need.

Children and adolescents with emotional and behavioral problems deserve access to the best possible mental health care. Unfortunately, such services are often difficult to obtain. Parents can help by being informed, involved and persistent advocates on behalf of their children. *Navigating the Mental Health and Education Systems: A Caregivers Guide* is available on our website, www.namiswa.org or call the office 412-366-3788 for a copy.

The following outline is adapted from the NAMI Child and Adolescent Action Network and offers specific tips and suggestions, which parents may find useful in such advocacy efforts.

Individual advocacy for your own child:

- 1) Get a comprehensive evaluation. Child psychiatric disorders are complex and at times confusing. A full assessment often involves several visits. Effective treatment depends on a careful and accurate diagnosis.
- 2) Work with the schools. For guidance in Central and Western PA turn to the resources available through the Education Law Center (412-391-5225) and the PEAL Center (1-866-950-1040). Insist on access to appropriate mental health consultation services. Request copies of your child's educational records, including the results of any formal testing or other evaluations. Ask to be included in any and all school meetings held to discuss your child.
- 3) Know the details of your insurance policy, and learn about the laws governing insurance in your state. For example, in some states, insurance companies must provide access to a specialist, such as a child and adolescent psychiatrist, within a certain distance from your home. If no such specialist is available as part of the company's "network," you may be able to receive treatment from a provider of your choice, with the insurance company responsible for full payment.
- 4) Learn about the reimbursement and funding systems in Pennsylvania. The more you know, the better you

can advocate on behalf of your child. How does Medicaid work? Which services are covered and which are excluded? Is your child eligible? If not, why not? What other sources of funding are potentially available? Go to www.cms.hhs.gov for eligibility enrollment information or visit the PA Department of Public Welfare website, www.dpw.state.pa.us.

- 5) For children receiving behavioral health treatment and services through HealthChoices, (Medicaid managed care) parents and caregivers can share their experiences of the provision of care, both satisfactions and dissatisfactions, with the local consumer/family satisfaction team (CFST) located in each of the HealthChoices counties. Visit our website or contact the NAMI office to learn more about your local CFST. Let them know about your experiences.
- 6) Insist on the best. Talk to physicians, therapists, guidance counselors and other parents. Find out whom in your community has the most experience and expertise in evaluating and treating your child's particular condition. Check the clinician's credentials carefully. Are they appropriately licensed or certified in your state? If he or she is a physician, are they "Board Certified" in the specialty?
- 7) Ask lots of questions about any diagnosis or proposed treatment. Encourage your child to ask any questions he or she may have, as well. Remember that no one has all the answers, and that there are few simple solutions for complex child psychiatric disorders. In addition, all treatments have both risks and benefits. Make sure you and your child understand the full range of treatment options available so you can make a truly informed decision.
- 8) Insist on care that is "family centered" and builds on your child's strengths. Ask about specific goals and objectives. How will you know if treatment is helping? If your child's problems persist or worsen, what options and alternatives are available?
- 9) Be prepared. One of the most important things you can do to help your child is to keep all information, including past consultation and treatment reports, in an organized place. Insist on receiving your own copies of all evaluations. Records can easily be misplaced, delayed or even destroyed. Maintaining your own file with all relevant information can help avoid unnecessary duplication of previous treatment efforts.

- 10) Feel free to seek a second opinion. Any responsible mental health professional will be glad to help with referrals or by sharing information. If you have questions about your child's diagnosis or the proposed course of treatment, by all means, arrange an independent consultation with another clinician.
- 11) Help your child learn about his/her condition. Use books, pamphlets and the Internet. Make sure the information is age appropriate. Answer questions with honest, accurate and consistent information, but don't overload children with more detail than they want or need. NAMI members may want to take advantage of the NAMI Southwestern Lending Library accessible through the mail. Contact the office or visit our website to peruse a copy of our roster of available books and videos.
- 12) If necessary, use a lawyer. Learn about the local legal resources. Find out which lawyers in your community are familiar with educational and mental health issues. Contact Pennsylvania Protection and Advocacy for suggestions. Call the County or State Bar Association. Talk to other parents who are lawyers or who have used lawyers. Consider a legal consultation to make sure you are pursuing all appropriate avenues and options regarding services for your child.

Statewide advocacy for all children, including your own:

- 13) Become politically active. Meet with state senators and representatives. Question candidates about their positions on access to necessary and appropriate mental health services for children and families. Testify at hearings on state legislation and budgets. Legislators are more likely to be influenced and persuaded by personal stories than by data, statistics or the opinions of professionals.
- 14) Teach children about advocacy. Invite them to become involved in advocacy activities, where appropriate, but don't force them to participate.
- 15) Participate in legislative outreach strategies. As Pennsylvania does not yet have true insurance parity legislation providing equity in coverage between behavioral health and other healthcare, we urge you to join with NAMI Southwestern Pennsylvania to engage in legislative advocacy. Contact us to receive email "Call to Action" alerts and assist us in placing parity on the top of the legislative agenda on both a federal and state level.

- 16) Seek bipartisan support. Mental illness affects families of all political affiliations. Building a broad base of support has been a key to successful legislative initiatives, both at the State and Federal levels.
- 17) Use the media. Write letters to the editor and/or op-ed pieces on child mental health issues. Meet with local reporters covering health care topics. Suggest story ideas to local TV stations.
- 18) Talk to other parents. Seek out and join local support groups. If none exist, consider starting one in your neighborhood by contacting the NAMI office for technical support and promotional assistance. Dues paying NAMI members can access email "listservs" to facilitate communication via the NAMI national website through online communities.
- 19) Consider attending regional and national conferences of parent and advocacy organizations. Such meetings provide information, ideas, camaraderie and support. Sharing experiences with other parents is both helpful and empowering.
- 20) Remember, advocacy is an ongoing process! There's no right or wrong way to be an advocate for your child. Advocacy efforts and initiatives should be individualized to your state, community and the particular issues, circumstances and needs within your family. Advocacy is also hard work. Even when people want to help, and are willing to listen, it takes lots of time and energy to change the system. But when it works, and it often does, the outcome is clearly worthwhile. You really can make a difference, both for your own child, and ultimately for all children who need and deserve access to appropriate and effective mental health treatment services.

To learn more about what **YOU** can do to improve the mental health care system for children & adolescents visit the *Take Action* section of the NAMI Child & Adolescent Action Center website. To learn more about what policies the Child & Adolescent Action Center is working on and advocating for visit the *Federal and State Policy & Legislation* section of the website.

Don't give up. Aim for and celebrate incremental victories and accomplishments. ☺

Responsible State Hospital Downsizing/Closure

A NAMI Southwestern Pennsylvania Position Brief: February 2007

NAMI Southwestern Pennsylvania, an affiliate of the National Alliance on Mental Illness, is a regional grassroots organization with a membership of 1,900. NAMI is dedicated to helping families and individuals affected by mental illness achieve lives of quality and respect, through education and advocacy that supports recovery.

Historically long term care for individuals receiving treatment for serious mental illnesses has occurred in large state operated psychiatric hospitals. Efforts to downsize these large facilities began with the deinstitutionalization movement of the 1950s. More recently with the 1999 Olmstead decision, the US Supreme Court ruled that it is discriminatory for a state to needlessly institutionalize a person with a disability. This decision along with the advent of more effective, newer generation medications, and evidence based treatments and supports have prompted states to re-evaluate the provision of treatment and care in these cost intensive institutional settings. With sufficient funding for community based treatments and supports, the majority of people with a serious mental illness are able to make personal decisions that lead to much richer lives in the community.

As Pennsylvania continues the transformation of the public mental health system to one that reflects less reliance on state psychiatric hospitals, it is NAMI Southwestern Pennsylvania's intent to ensure that all individuals have continuous access to a full continuum of both evidence based behavioral health treatment and supports, as well as meaningful opportunities for integration into their chosen community.

As services shift to the community, state and county mental health administrations must take the lead in ensuring for the responsible closure of units at state psychiatric hospitals. Individual patients and their families, in addition to the clinical team, must be directly involved in the development of a community service plan, which should have as its focus recovery based upon each person's specific needs and preferences for community living, treatment and supports.

Responsible closure must include thoughtful and extensive planning and ample financial resources. The immediate and long-term needs of individuals must be taken into account for community based treatment and supports. Responsible closure must also include adequate planning, monitoring and mechanisms for continuous quality assurance. In addition, this planning must go beyond the individuals currently hospitalized in order to address the possible future needs of mental health consumers. The planning process must

continue to be transparent and welcoming of meaningful stakeholder input.

With this in mind we expect OMHSAS to provide technical assistance and sufficient financial support for the development and sustainability of a comprehensive and enhanced community-based system of care, including assurance for individual access across all counties, rural as well as urban, including but not limited to:

- Accessible and consistent processes to ensure for consumer and family member input and inclusion in development of individual community support plans
- Ensure availability of individualized financial support for daily living necessities such as food, shelter, clothing and other basics as needed.
- Stable, affordable, safe housing options, including: expansion of independent supportive housing, group settings not exceeding 16 individuals per dwelling, individualized assistance, and ongoing follow-up
- Individualized opportunities for employment, and education/vocational training
- Services and supports that are culturally and geographically relevant
- Transportation assurance for adequate access to services, supports and community connectiveness
- Efficient processes for consumers and families to dialogue with service providers and to share their satisfactions and dissatisfactions with behavioral health services through effective Consumer Family Satisfaction Teams (CFST)
- Assurances for consumer safety
- Integrated quality physical health and wellness programs
- Enhanced peer support
- Opportunities for development of sustaining relationships and connectiveness to family
- Opportunities for connection to religious institutions which may foster one's spiritual needs
- Evidence based Community Treatment Teams
- Enhanced and expanded casemanagement capacity
- Occupational therapy and rehabilitation utilizing best practice models
- Mobile services, including mobile medication and crisis intervention
- Enhanced crisis diversion options through a timely and effective Crisis Response System

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- Extended acute inpatient treatment
- Truly integrated treatment and supports for individuals dual diagnosed with substance use disorders and mental illness
- Specialized system of care for transition aged youth, including identified housing

We remind OMHSAS and county mental health administrations that the effectiveness of behavioral health treatment and supports must be judged by standardized outcome measurements, and tracking that includes continuous quality improvements, including meaningful consumer and family member satisfaction data that is linked to service delivery enhancement.

We expect OMHSAS and county mental health administrations to lend support for the passage of state legislation that requires the net proceeds of the sale or lease of state psychiatric facilities that are downsized, consolidated or closed, to be deposited into a Mental Health Community Services Trust Fund.

NAMI Southwestern Pennsylvania will continue to provide input and comment on the planning process to ensure for quality in community mental health treatment and supports that foster recovery opportunities for all individuals living with mental illnesses. 🌐

News Around The Region

Updates on Initiatives, Policy, and Legislation Impacting the Mental Health Community

Sharon A. Miller, Director of Education and Outreach, NAMI Southwestern Pennsylvania

The ushering in of the New Year brought with it the potential for much change in both the state and federal government, and offers NAMI members and our fellow stakeholders opportunities to forge new relationships and move the issues of importance to the mental health community closer to the top of the legislative agendas. If you are uncertain of your legislative or congressional district, log onto our website at www.namiswa.org and click onto the Find Your Elected Official link on both our homepage and the Advocacy link. Additionally visit our website for legislative outreach tips and talking points.

Pennsylvania General Assembly

State House Update

The Pennsylvania State House includes 50 new members with 10 of those members representing districts within southwestern Pennsylvania. These newly elected representatives include: Jaret Gibbons (D-10), Jim Marshall (R-14), Lisa Bennington (D-21), Chelsa Wagner (D-22), Randy Vulakovich (R-30), Bill Kortz (D-38), Matt Smith (D-42), Jesse White (D-46), Tim Mahoney (D-51) and Deborah Kula (D-52). NAMI members within the districts of these new members are urged to contact the representatives to offer congratulations and highlight the importance that ought to be placed upon funding and policies that support access to quality mental illness treatments and supports that promote recovery within all communities throughout our state.

As of print date the Democrats maintain a one-seat majority in the House. Philadelphia Republican Dennis M. O'Brien was elected speaker of the PA House. This set the stage for the unprecedented situation of having a Republican

speaker in a House with a Democrat majority. Republicans had controlled the House since 1995. There is hope that Speaker O'Brien may increase awareness of mental illness and developmental disabilities amongst his fellow members, as he is a long time advocate for autism funding and research.

State Senate Update

The mid-term elections resulted in four new members being sworn into the state senate, all of who represent districts in eastern Pennsylvania. The Republicans maintain a majority in the Senate by 29 to 21 members. Of special interest to those of us in the southwestern corner of the state is the change in Senate leadership:

- The senate leadership team now includes Senator Jane Clare Orié (R-40), representing sections of Allegheny and Butler counties, elected as the Majority Whip. Her duties include acting as assistant floor leader, working to gain support for legislation and assuring that Republican policies and strategies are maintained through the cooperative efforts of the majority caucus. As we are trying to advance legislation of importance to the mental health community, outreach to Sen. Orié will be of great importance.
- On February 5th Senator Vincent J. Fumo stepped down as ranking Democrat on the Senate Appropriations Committee. Sen. Fumo's decision paved the way for a local legislator to assume an influential post as Senator Gerald J. LaValle, who represents parts of Beaver and Lawrence counties,

continued on page 6



will take Fumo's committee seat. Sen. LaValle's role is of great importance to the budget process.

Governor Rendell's Proposed Budget — Preliminary Overview

Healthcare Changes Brewing in Pennsylvania

Governor Rendell has proposed initiatives that would extend health coverage to the state's 760,000 uninsured residents following a comparable model to the state's CHIP program. Rendell has also announced plans to reign in health care costs for the state by broadening the scope of practice for nurse practitioners, implementing measures for infection reductions, and altering emergency department configurations. The package, if enacted in full, would require changes to 47 state laws and regulations. To fund the reforms, Rendell proposes a ten-cent per pack increase on the state's cigarette tax and fees on businesses that do not offer health insurance to employees.

State Budget Overview

In a joint session of the Pennsylvania General Assembly Governor Rendell presented his proposed budget for fiscal year 2007-08 and in doing so stated that "no citizen who currently receives health and human services will lose eligibility", and also indicated that "no child will experience any reduction in services, despite dwindling federal support."

The proposed 2007-08 General Fund Budget is \$27.3 billion, an increase of 3.6 percent, and it reduces spending by \$162 million in all areas other than the Departments of Education, Public Welfare, Corrections and Probation & Parole. The total state behavioral health funding within the budget is \$761.6 million — up 3.8% over last year. This increase includes a 3% Cost Of Living Adjustment (COLA) for all Community MH-MR and D&A Services.

As part of his Pennsylvania Cares agenda, Governor Rendell proposed the Prescription for Pennsylvania, a health care reform program that targets ways to improve the quality of health care delivered throughout the commonwealth, helps to bring costs under control for employers and employees, and encourages programs promoting wellness.

The Governor's Pennsylvania Cares initiative also includes the following points of interest to the mental health community:

- Medical Assistance — \$5.1 billion in state funds to provide services to 1.969 million people, with no reduction in eligibility requirements.
- Long Term Living includes \$17.2 million in state funds to make significant investments that expand

home and community-based services to serve an additional 2,200 persons over age 60 and 1,000 persons with disabilities;

- Cover All Kids — \$12.2 million in state funds and \$20.5 million in federal funds for 21,000 children;
- PACE Plus Medicare - \$276.4 million to fund a comprehensive state pharmaceutical benefit that complements Medicare Part D and ensures that PACE enrollees will not incur an increase in out-of-pocket costs; will enable 357,725 (10 percent increase) people to be served by PACE by June 2008 and;
- Autism Services — \$2.3 million (65 percent) increase.

During his address, Governor Rendell said that the growing number of un-funded federal mandates represents at least \$700 million in additional obligations in the 2007-08 state budget. The portion of the sales tax increase not dedicated to property tax relief in 2007-08 is required to meet the cost of these federal mandates. This is of special concern to members of the mental health community as it relates to increased state dollars necessary to cover Medical Assistance.

Medical Assistance

The 2007-08 budget includes \$369 million to pay for federally-mandated services for increased Medical Assistance eligibility, increased rates for managed care, and increased Medicaid utilization services, on top of \$41 million of these federal compliance costs built into the state budget over the last four years; Visit our website to review the Governor's Executive Budget and Budget Briefing. We will also provide a summary of the March 1, 2006 OMHSAS budget briefing and ongoing updates of the budget process.

Representative Dan Frankel reintroduces House Bill to safeguard funds from the proceeds of future sales of any state operated MH-MR facility - HB 54 Session 2007

As communities throughout our region continue to struggle with funding community-based mental health treatment and supports, made more difficult due to federal cuts in funding, on January 30th, State Representative Dan Frankel, (D-Allegheny) reintroduced a House Bill that may provide a new and dedicated source of funds. Local co-sponsors include: Representatives Levdansky, Markosek, Petrone, Walko, Solobay, Costa and Gergely. That same day the bill was referred to the Committee on Health and Human Services (as of print date, committee assignments not yet complete in this new session).

Representative Frankel's proposal calls for public hearings prior to state run MH or MR facility closures and makes provisions regarding the sale of a facility as follows:

If a closed facility is subsequently sold, any proceeds from the sale deposited in any fund in the State Treasury shall be transferred to the department and allocated by the department for community-based mental health services.

As Pennsylvania continues the transition from less reliance upon large state operated mental health facilities to one that is more community based, HB 54 can help ensure that dedicated funding exists, allowing for people to access the full continuum of services and supports that foster recovery in the communities of their choice.

In this new legislative session you can continue your efforts to help your PA House member understand that people with mental health issues **DO** recover and can live meaningful lives in the community when a full continuum of recovery based treatments, services and supports are available and accessible to all individuals. Urge your state representative to support HB 54 to safeguard needed funds for necessary community treatments and supports.

US Congressional Update

The mid-term elections resulted in Democrats gaining six seats in the Senate and 29 seats in the US House. These results gave Democrats full control of Congress for the first time since 1994. NAMI members are urged to contact Senator Bob Casey and Congressman Jason Altmire (D-4) to convey congratulations and to share concerns regarding the important role Congress plays in setting policy and authorizing funding for research, services and supports so necessary to ensure that there are real opportunities for recovery from mental illness.

Mental health advocates will have to remain vigilant and be poised for action to advance the issues that are important to children and adults with mental illnesses and emotional disorders.

Mental Health Funding

Since Congress failed to enact the Labor-Health and Human Services & Education appropriations bill prior to adjournment Programs in these agencies, including SAMHSA's, are subject to a continuing resolution that keeps the government operating at last year's (FY 2006) levels until February 15, 2007. It appears, however, that Congress is likely to enact another continuing resolution that will extend the programs until the end of FY 2007.

White House Releases FY 2008 Budget:

Cuts Proposed for Mental Illness Research and Housing; Freeze Proposed for Most Mental Illness Services Programs; Increase Sought for Veterans Programs

On February 6th, President Bush unveiled his \$2.9 trillion budget plan for fiscal year (FY) 2008 with proposed major increases for defense and homeland security, and tight controls on most domestic discretionary programs, holding them under inflationary increases for FY 2008. These tight constraints on domestic discretionary spending (which comprise only about 15% of all federal spending) come against the backdrop of a federal budget deficit that is expected to reach \$248 billion this year, and then shift toward balance in 2012.

As a result, there is certain to be continued pressure in Congress to constrain spending — especially on discretionary programs that are funded by the annual appropriations bills that Congress must pass before the fiscal year 2008 begins on October 1, 2007. To view details of the proposed FY 2008 budgets for agencies and programs of importance to people with severe mental illnesses and their families, visit the Advocacy page on our website.

Among the highlights and concerns for NAMI in the President's proposed FY 2008 budget are:

- **Mental illness research** - while the request for NIMH for FY 2008 is \$3 million above the FY 2006 level (\$1.402 billion), it is expected to be lower than the amount Congress is likely to appropriate for mental illness research for the current fiscal year (FY 2007);
- **Medicaid** - the President's budget again proposes changes to the definitions of targeted case management and rehabilitation services that if enacted would have profound implications for the ability of states to use Medicaid to finance community-based mental health services such as assertive community treatment;
- **Mental illness services** - most programs at SAMHSA's Center for Mental Health Services (CMHS) held at current levels, with total reductions of \$77 million for a range of discretionary and demonstration programs;
- **Veterans** - mental illness treatment services in the VA would be increased to nearly \$3 billion; and
- **Housing** - a 45% cut in the HUD Section 811 program, with the reduction falling hardest on the production of units within the program, funding for

continued on page 8



homeless programs however would be boosted by \$146 million over current levels.

Federal Push for Parity Begins Anew: Efforts Already Underway for Passage of the Wellstone Mental Health and Addiction Equity Act

For years, Senator Paul Wellstone fought for a bill to end discrimination by insurance companies against people struggling with mental illness. When he died, a bipartisan group of representatives and senators renamed the parity bill after Wellstone and recruited a majority of their colleagues to sign on as co-sponsors.

The fight for mental health fairness is on again, and we need your help to finally pass the Wellstone bill. In this session bipartisan efforts have begun anew, led by Rep. Patrick Kennedy (D-RI) and Rep. Jim Ramstad (R-MN). Together they have mobilized a nationwide effort to push for parity through establishing the **Campaign to Insure Mental Health and Addiction Equity**.

Through this campaign, public hearings and testimony have occurred in several locations throughout the country with the Pittsburgh event scheduled for March 12th. These events feature real stories from real people on the effects this continued discrimination in insurance coverage has had on their lives and the lives of their family members. Both Representatives Kennedy and Ramstad attend the venues and partner with local members of Congress in efforts to push parity to the top of the congressional agenda.

Comprehensive parity legislation introduced in both the House and Senate would require equality in co-payments, deductibles, and number of visits or sessions between mental health and other medical/surgical benefits in private health insurance. The current federal law requires only equality in annual and lifetime limits (the 1996 Mental Health Parity Act). This limited law was extended again until December 31, 2007, as it has been by Congress since its initial enactment.

As this edition of *The Voice* may find its way to your mailbox after the Pittsburgh event occurs, look for talking points for use in congressional outreach, summaries and updates on our website and through our email action alerts. Let's work together this year in the final push for parity; ensuring that equal insurance coverage between illnesses of the brain and other medical illnesses becomes a reality.

News from the Affiliates

Families of loved ones living with a mental illness now have an additional support group location offered within Westmoreland County. NAMI Alle-Kiski will continue to serve the western sections of the county while Harriett Hetrick, NAMI Mon Valley affiliate president, has added a second meeting location. NAMI Mon Valley will continue to meet in their longstanding Monessen location with an additional option now available in Irwin. Call Harriett at 724-872-2186 for more information. ☎



Every journey begins with that first step. NAMI Southwestern Pennsylvania is proud to announce our first-time participation in the nationwide NAMI WALKS for the Mind of America campaign. Won't you consider joining us in our efforts to raise much needed funds to support our mission while raising awareness that mental illnesses affect everyday people and that recovery works — when everyone has access to quality behavioral health treatment, services and supports.

HOLD THE DATE: October 7, 2007

WALK LOCATION: Southside Riverfront Trail

WALK START TIME: 10:00 AM (rain or shine)

Please visit our website at www.namiswa.org and click onto the NAMI WALKS link for WALK TALK updates and for information on the many ways you can join us in the NAMI WALKS planning, publicity, sponsorship and walk team organizing efforts.

For more information on our inaugural NAMI WALKS for the MIND of AMERICA contact the NAMI Southwestern Pennsylvania office at 412-366-3788 or toll-free: 1-888-264-7972.



Visit www.namiswa.org for additional events.

March 22 & 23, 2007

"Inclusive Education Making it Happen"

PEAL Center, 1st Annual Conference

Four Points Sheraton, Cranberry Township, PA

The PEAL Center is an organization of parents and children with disabilities reaching out to assist other parents and professionals. Download a brochure at www.pealcenter.org.

April 24-27, 2007

How Does Your Garden Grow? Cultivating Cross-System, Family-Driven, and Youth-Guided Partnerships:

Nineteenth Children's Interagency Training Conference

Penn Stater Conference Center Hotel, State College, PA

There are more than 100 workshops and institute topics to choose from. Contact Harriet Bicksler at 717-232-3125, x15 or hsb5@psu.edu for registration information.

May 16, 2007, 8:30 am to 12:00 pm

New Housing Model Seminar, Radisson Greentree

Sponsored by Our Own Home and Allegheny County Office of Behavioral Health

Knowledgeable speakers will inform providers, consumers and families about Fairweather Lodges across the country and explain the various ways of bringing this to Allegheny county. Call 412-367-4461 more information.

June 7-9, 2007

Seventh International Conference on Bipolar Disorder

David L. Lawrence Convention Center, Pittsburgh PA

For additional information please contact MariaPena-Jordan at 412-605-1213 or visit the website at www.7thbipolar.org.

2007 Mental Health and Wellness Lecture Series

The UPMC Depression Prevention Program has organized a "Mental Health and Wellness Lecture Series" with the Carnegie Library of Pittsburgh. Programs will be held at the Carnegie Library (Oakland) in the first floor quiet reading room from 6 to 8 p.m. Sessions are free. The lecture series is geared toward the general public, but medical professionals and providers may attend. To register, call the Depression Prevention Program at 412-246-5566. All calls are confidential.

Wednesday, March 14

Getting Better Sleep: What You Need To Know

Presenter: Anne Germain, PhD - Assistant Professor of Psychiatry, University of Pittsburgh School of Medicine

Wednesday, April 11

How To Cope With Stress For Better Physical and Mental Health

Presenter: Bruce Rabin, MD, PhD - Medical Director, UPMC Healthy Lifestyle Program

Wednesday, May 9

Diabetes and Depression

Presenter: Sara Fleet, PhD - Research Principal, Neurobiology Psychosis Department, Western Psychiatric Institute and Clinic

Saturday April 21, 2007

NAMI Southwestern Pennsylvania 7th Annual Regional Conference

Pittsburgh Airport Marriott, Pittsburgh, PA

"Defining Quality in Behavioral Health Treatment and Supports: An Action Plan for Implementation"

Since transformation of mental health service delivery and policy is occurring at every level the time seems right to focus on Quality. Consumers and family members are urged to advocate for quality throughout this transformation. But what is quality exactly? Hear perspectives and engage in dialogue with national and local experts comprised of physicians and other mental health practitioners, researchers, policy makers, members of the academic community and consumer and family advocates.

This conference will provide insights into the steps necessary for translating the definition of quality into practice, while discussing the challenges and opportunities presented to consumers, family members and providers alike during this mental health system transformation. Through plenary presentations, expert panels, and workshops, NAMI Southwestern Pennsylvania will demonstrate the types of clinical, scientific and community support resources available to implement Quality into evidence based treatment, services and supports that promote true recovery.

Keynote Presenter: Mike Fitzpatrick, MSW, Executive Director, NAMI

Quality in Behavioral Health Treatment and Supports *continued from page one*

outside of the team to ensure that the diverse needs of the patient are addressed

- Safety - Issues of patient safety, including injuries, medication errors, avoidable adverse events, and the use of seclusion or restraint

Three Steps for Improving the Quality of Mental Health Care

As cited in “What Is Necessary to Transform the Quality of Mental Health Care,” Health Affairs, Nov. 2006, an analysis by a team of researchers from RAND and UCLA makes a case for ways to accelerate progress in improving the quality of mental health care. The researchers identify three steps:

1. Expand the pool of effective programs and adapt them to a broader range of settings.

An important step for improving mental health care involves increasing the range of disorders, ages, and groups for which effective programs exist and adapting programs to more diverse groups and service settings. The strongest quality improvement programs to date in mental health have centered on treating depression in well-established, organized primary care settings. But further progress is needed to adapt these programs to most current practice settings. Another clear need is coordination of quality improvement for common disorders that are treated in multiple settings. Attention deficit hyperactivity disorder (ADHD) in children offers one example. Provider settings include primary care, specialty care, schools, juvenile justice, foster care, and other institutions serving children. Improving quality will require creating more flexible and integrated behavioral and physical healthcare settings within the community.

2. Improve the infrastructure for delivering evidence-based treatment.

To realize gains from better-quality tools, the mental health care system needs better structure for service delivery to provide higher-quality care. The profession needs strong leadership to develop standards and minimum competency requirements. There are currently gaps in the system, such as a lack of accountability mechanisms that hinder quality improvement. There are no standards or certification requirements for various kinds of treatments, such as cognitive-behavioral therapy, and consumers have no easy way to identify practitioners who deliver the best quality care. Market forces could then be harnessed to disseminate and promote standards, requirements, and best practices. For example, large behavioral health “carve-out” insurance firms can provide financial incentives for providers to seek additional training that meets evidence-based requirements.

3. Promote innovation in financing.

Financial incentives can either spur or impede the adoption of quality improvement programs, but effective financing tools for this purpose have not yet been fully developed in mental health. Innovations in financing need to account for the system’s complexity — service is provided via two systems, either public or private — while supporting a responsible infrastructure in which service access, efficiency, and quality are core values. One innovative approach is pay-for-performance, which links salary bonuses or other financial incentives for providers to quality indicators, such as patient satisfaction.

Helping You Choose Quality Behavioral Health Care

Behavioral health care services refer to a continuum of services and settings that serve individuals and families across the life span. Begin your search for quality in treatment by talking with families and peers with similar needs to identify several behavioral health care organizations. If time permits, visit each one and talk with the staff about the organization’s services, policies, history and staff credentials. Then use the following questions to help you determine whether the organization meets your needs.

Selecting quality behavioral health care services requires special thought and attention. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has prepared the following checklist to assist you in making your selection. Knowing what to look for and what to ask will help you choose an organization that provides safe, quality care, treatment and services to meet your needs.

Philosophy and qualifications

- What is the organization’s service philosophy? Ask about the nature and goals of the program and what kind of clients it is designed to serve. What is the organization’s experience in helping a person like me?
- Is the staff well qualified and experienced? Ask about staff credentials (education, training and licensure).
- Does the organization create an individualized plan based on assessed needs? The plan of care should be updated as the needs of the client changes.
- Does the organization develop a discharge plan to ensure appropriate services are provided after the individual leaves the program? How does the organization choose the other programs or agencies to refer consumers to?

continued on next page

- What interventions are utilized in the organization and what is the organization's philosophy on their use?

Quality issues

- Does the organization have a quality improvement program?
- How does the organization ensure that care, treatment and services are delivered safely?
- Does a nationally recognized accrediting body such as The Joint Commission accredit the organization? Joint Commission accreditation means the organization voluntarily sought accreditation and met national health and safety standards.

Focus on consumer and family

- Are adult consumers the key drivers in decisions about their own care, treatment and services?
- Are the buildings and grounds suitable to the nature of the services provided and the age of the individuals receiving treatment and support services? Is there adequate space and ventilation? Is the facility clean? Does it provide a positive atmosphere?
- Does the organization take time to explain consumer rights and responsibilities? Ask to see a copy of the

- organization's rights and responsibilities information.
- Does the organization have a procedure for receiving and resolving consumer complaints and the family concerning the quality of care? Ask for details.
- How does the organization communicate with the families of consumers?
- How does the organization communicate with foster families?

Transformation of mental health service delivery and policy is occurring at every level. NAMI members must use our collective voice to ensure that this transformation incorporates quality. A full continuum of evidence based treatment, services and community supports is necessary to foster recovery for all individuals, allowing folks to live richer lives in the communities of their choice. The body of existing research indicates that engaging the public across a diverse group of stakeholders — including consumers and their family members along with providers, payers, policymakers, researchers, and professional organizations — is central to implementing true quality improvement in behavioral healthcare. Contact the NAMI office to learn how you can assist us in these efforts. 🌐

NAMI Support Groups

Allegheny County

NAMI-CAN Support Group (Child & Adolescent Network)
Contact: Linda Ernhardt
(412) 931-9478

NAMI Pittsburgh South
Mt. Lebanon, 3rd Wed. each month, Contact: Donna Maher
(412) 653-2476

NAMI Pittsburgh North
Ross Twp., Contact: (Day) Dick and Sarah Focke (412) 367-3062 or (Eve) Pete and Candy Venezia (412) 361-8916

NAMI Pittsburgh East-FAMILIAS
Churchill, 4th Wed. each month
Contact: Anne Handler
(412) 421-3656

NAMI Spouse Support Group
Contact: Mim Schwartz
(412) 731-4855

NAMI Sewickley Family Connections -Sewickley
Contact: Kathy Monahan
(412) 749-7418

NAMI McKeesport -McKeesport
2nd Thurs. each month, Contact: Cindy McHolme (412) 754-0998

NAMI Western PA Borderline/Personality Disorders Family Support Group
North Hills, Contact: Rose Schmitt
(412) 487-2036

Minority Families of the Mentally Ill - Oakland, 2nd Sat.
each month, Contact: Wilma Sirmons (412) 320-0601

NAMI W.P.I.C. Family Support Group - Oakland
Contact: Merle Morgenstern
(412) 246-5851

Beaver County

NAMI Beaver County -Rochester
3rd Thurs. each month, Contact: Connie Roman (724) 843-1593

NAMI-CAN Beaver County
Beaver, 3rd Tues. each month
Contact: (724) 775-6304

NAMI-C.A.R.E. (Consumers Advocating Recovery through Empowerment) -Beaver
2nd Tues. each month
Contact: (724) 775-6304

Butler County

NAMI PA Butler County
Butler, 3rd Wed. each month
Contact: Butler NAMI Office
(724) 431-0069 or
Sandy Goetze (724) 452-4279

Fayette County

NAMI Fayette County - Uniontown, 4th Tues. each month, Contact: Carmella Hardy (724) 277-8173

NAMI-C.A.R.E. Fayette County
Uniontown, 2nd & 4th Tues.
Contact: Carol Warman
(724) 439-1352

Indiana County

NAMI Indiana County
1st Tuesday each month, Contact: Stanley Lewis (724) 349-3939

Lawrence County

NAMI Lawrence County
New Castle, Contact: Sandi Hause (724) 657-0226

Washington County

NAMI Washington County
4th Thurs. each month, Contact: Tom Shade (724) 228-9847

Westmoreland County

NAMI Alle-Kiski
New Kensington, 2nd Wed. each month, Contact: Mary K. Slater (724) 335-4593

NAMI Mon Valley

Monessen & Irwin locations
Contact: Harriett Hetrick
(724) 872-2186

NAMI Southwestern PA : Join Today — Let Your Voice be Heard!

Annual dues include access to our regional lending library, resource and referral information, newsletters, conference information, and membership in NAMI Pennsylvania and NAMI.

- | | |
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| <input type="checkbox"/> Restricted Income (minimum of \$3.00) \$ _____ | |

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

PH. (H) _____ PH. (W) _____ E-mail _____

Number of family members in membership _____

- I would like my copy of the Voice electronically. (provide email) _____
- I am interested in receiving Call to Action alerts via email and participating in legislation and policy advocacy.
(provide email) _____

Please make check payable and mail to: NAMI Southwestern Pennsylvania
105 Braunlich Drive, McKnight Plaza, Suite 200
Pittsburgh, PA 15237

Official registration and financial information of NAMI Southwestern PA may be obtained from the PA Department of State by calling toll-free within PA: 1-800-732-0999.
Registration does not imply endorsement.

The Voice

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412-366-3788
1-888-264-7972

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www.namiswpa.org

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