

# Aitkin County Health & Human Services

VI. - B.

204 First St. NW  
AITKIN, MINNESOTA 56431  
PHONE 1-800-328-3744 or 1-218-927-7200 - FAX # 927-7210

DATE: February 20, 2013

TO: Aitkin County Board of Commissioners  
Patrick Wussow, County Administrator

FROM: Tom Burke, Director

RE: NACO Resolutions

Please find attached 3 of the resolutions the NACO Health Sub Committee will be discussing while I am in Washington DC March 1-6. As you can see, we are clearly trying to ensure that there is adequate funding for the mental health related services being sought at the federal level. While violence of all kinds will get due diligence, it is important for us to keep the focus on the issues that occur prior to violence of any kind. While individually these resolutions focus on a certain aspect of the problems we face, together they form a structure that could allow us to be better equipped to manage the complex issues that have lead to extreme violence and loss. Identifying funding for this growing concern is essential if we are to reach a point in which we can have the resources to resolve some of these situations before the violence and loss occur.

There are numerous other issues we will be addressing. I wanted to give you some examples so that you have an idea of what I will be doing while in D.C. I will plan to update you once I return on how the meetings and the conference went.

## **Proposed Resolution in Support of a New Funding Stream for Community-Based Mental Health Programs**

**Issue:** Lack of sufficient federal funding for community-based mental health programs.

**Proposed Policy:** NACo supports the continuous and increased use of federal funds to improve early intervention community-based mental health programs as part of a comprehensive response to gun violence. A percentage of the funds collected by the federal government from the manufacturers of firearms and ammunition under the Pittman-Robertson Act should be allocated to the States in order to maintain successful community-based programs at the local level.

**Background:** A growing number of communities have been forced to deal with the convergence of gun violence and mental health issues. A comprehensive response to gun violence must focus on funding for community-based mental health programs in addition to other types of regulations being discussed. Mental health services are critical to overall population health. Providing treatment in a community-based setting allows people the opportunity to stay connected with family, to learn the skills needed to be more independent, to be engaged in their community, and when possible to work.

The nexus between the manufacturing of firearms and the sport of hunting provides a stable and constant source of funding for wildlife conservation under the Pittman-Robertson Act. The nexus between the manufacturing of firearms and firearm violence should also be a source of funding for early intervention mental health programs to prevent future tragedies like Thurston, Aurora, Clackamas, and Newtown.

**Fiscal/Urban/Rural Impact:** The potential fiscal impact to counties across the nation will be significant as community-based mental health programs are typically underfunded as a whole. The recent rise in gun and ammunition sales suggests that funding for wildlife conservation under the Pittman-Robertson Act will not experience a decrease, but will be able to maintain its funding at a rate similar to that of previous years.

**Sponsor:** Lane County, Oregon

## **Proposed Resolution Supporting Ongoing Federal Support for Local Safety Net Providers**

**Issue:** Need to maintain strong health care safety net system as the Affordable Care Act (ACA) is implemented

**Proposed Policy:** NACo urges the federal government to ensure the availability of adequate and sustainable funding for safety net providers as they continue to care for the uninsured.

**Background:** NACo supports maintaining a strong safety net for the uninsured residual and vulnerable populations as the ACA is implemented. The ACA will increase access to health care coverage through expansion of the Medicaid program, the creation of health insurance exchanges, insurance market reforms, and the provision of subsidies and tax credits to make private coverage more affordable. Since 2010, the number of insured has grown from 46 million to 50 million. While the ACA is projected to provide health coverage to approximately 32 million residents nationally, over 18 million individuals are projected to remain without access to health coverage, mostly the undocumented who are ineligible for financial assistance and expanded Medicaid coverage.

Traditional safety net providers including health centers, clinics, behavioral health organizations, and hospitals that currently serve a high share of uninsured patients will continue to play a critical role in the health care delivery system, by serving those who will remain uninsured as the ACA is implemented. This points to the need of increasing the efficiency of federal funds reimbursement, preserving federal block grant funding and other revenue for County mental health and substance use disorder services.

Critical to carrying out this role will be efforts around community outreach, enrollment, retention and advocacy in order to keep individuals, children, and families connected to a prevention-focused, quality Health home and integrated system of care. In addition homeless outreach services, mobile response programs, services to children and youth in specialized foster care, Veterans, support for housing stability, recovery maintenance homes, and field-based services will be crucial services. These services are key to addressing social determinants of health and are an integral component of specialty mental health and substance use disorder systems.

Steps need to be taken to ensure adequate funding for the safety-net system post reform and the continued delivery of high quality health care services to vulnerable populations. The federal government must align reductions in funding such as Disproportionate Share Hospitals payment to hospitals, comport with reductions in uncompensated care costs. Minimum benefit packages offered through state run exchanges must be sufficient to ensure that cost shifts to safety net providers do not occur.

**Fiscal/Urban/Rural Impact:** The need for an adequate and sustainable funding source for safety net provides occurs in rural, suburban and urban counties. Without this support and infrastructure, a significant cost could fall to local governments.

**Sponsor:** Sonoma County, California

## **Proposed Resolution Supporting Development and Expansion of Parity for Mental Health and Substance Use Disorders under the Affordable Care Act**

**Issue:** Parity for mental health medical coverage for newly ensured populations under the Affordable Care Act (ACA)

**Proposed Policy:** NACo supports implementation of the ACA so as to ensure access to the highest quality mental health and substance use disorder services for newly insured populations.

**Background:** On March 23, 2010, President Obama signed the ACA, comprehensive health care reform legislation promising to extend coverage to 33 million Americans. Of note to the behavioral health community, the ACA explicitly includes mental health and substance use disorder services, including behavioral health treatment, as one of ten categories of service that must be covered as essential health benefits. Furthermore, the ACA also mandates that mental health and substance use disorder benchmark coverage must be provided at parity, compliant with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (2008). Individuals with mental illness and substance use disorders have the opportunity to significantly benefit from the health care law, as insufficient insurance health care coverage for these conditions has traditionally prevented countless people from obtaining needed treatment. With the passage of ACA many adults with mental health needs will become eligible for health insurance coverage in 2014 and for the first time qualified individuals will have access to mental health and substance use disorder services through Medicaid expansion or subsidized insurance.

Mental health and substance use disorder systems must be equal partners with physical health care systems. Given the low rate of service utilization among uninsured adults with mental health and substance use disorder needs, the expansion of health insurance coverage through health care reform will increase access to and utilization of mental health and substance use disorder services for many uninsured adults. The aim of the ACA is to ultimately reduce the cost of healthcare delivery to the entire population. In order to more effectively care for the whole person, there must be more seamless coordination between system partners and that all health plans cover an adequate level of service for behavioral health care intervention and treatment. Coordination of mental health, substance use and primary care is essential to ensuring quality care and realizing cost savings and to reduce barriers to the exchange of information necessary to appropriately coordinate care, improve quality, and address confidentiality.

In addition, community based interventions are essential to realize the ultimate goals of a more integrated and equitable system of care. Counties are providing services during a historic change to the structure and function of federal, state and local government. Local programs are leading the development and implementation of services resulting from healthcare reform; realignment of federal, state and local funding; and other economic restructuring. Counties are in the best position to recognize and teach new proactive models that are emerging in integrated healthcare, collaborations between child welfare and mental health, and local criminal justice and substance use co-occurring populations.

Counties are piloting and building the evidence-base for a system of care for prevention, early intervention, treatment and recovery services. Coordinated outreach programs between county behavioral health professionals and local schools and community colleges intervene with adolescents and young adults experiencing first psychotic breaks, depression, and other behavioral health needs in order to not only assess, but link youth directly to mental health services and treatment. Field based programs that partner behavioral health professionals with law enforcement in the field through mobile support teams and other primary intervention strategies should be part of core and essential services. Funding approaches must support comprehensive approaches that coordinate prevention and early intervention strategies with ongoing treatment and recovery.

**Sponsor:** Sonoma County, California