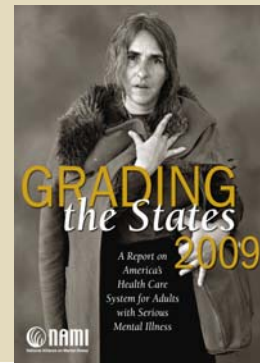


NAMI's Grading the States 2009

Ron Honberg – Director of Policy and Legal Affairs
National Alliance on Mental Illness

2009 NAMI-New Jersey Annual Conference and Meeting



Goals

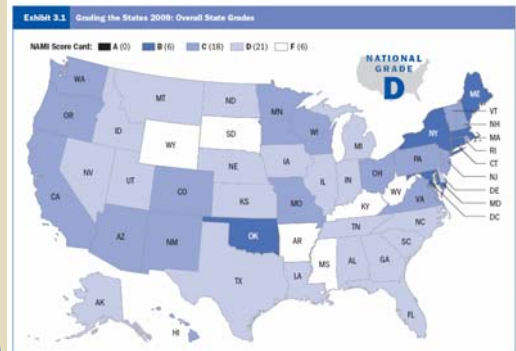
- Advocacy and communications
- Public education
- Increase transparency/accountability
- Document changes over time
- Highlight best practices
- Identify worst practices

What Data Did We Use?

- What we need vs. what we have...
- GTS-09 Data Sources:
 - Survey of State Mental Health Agencies
 - Hospital beds (AHA)
 - Workforce shortage (Sheps Center)
 - Consumer & Family Test Drive
 - Web-based survey of consumers and family members

Four Groups of Measures

- Health Promotion and Measurement
- Financing and Core Treatment/ Recovery Services
- Consumer and Family Empowerment
- Community Integration and Social Inclusion



National Trends - Positive

- Recovery is widely accepted
- More focus on evidence-based practices
- Growing concern about wellness, whole person
- Stronger collaborations at state and local levels
- Support for stigma reduction, public education
- Consumer and family recognition/empowerment

National Trends - Negative

- Budget cuts
- Lack of acute inpatient beds, crisis stabilization services.
- Poor data, particularly on outcomes.
- Continued fragmentation of systems and services.
- Too many people falling through the cracks.

Policy Recommendations

- Increase public funding for mental health care services
- Improve data collection, outcomes measurement, and accountability
- Integrate mental and physical health care
- Promote recovery and respect
- Increase services for people with serious mental illnesses who are most at risk

New Jersey - Strengths

- Strong state leadership
- More resources than most states
- ACT teams in all counties
- Emphasis on supportive housing (although still not enough)
- Self-help centers in all counties, including at Ancora
- Jail diversion, CIT

New Jersey – Needs

- Address serious problems, safety concerns at Ancora.
- Create more services for people in state hospitals awaiting community placements.
- Develop more programs for people with dual diagnosis
- Increase acute inpatient and crisis stabilization beds
- Implement jail diversion on a statewide basis.
- Can improvements be sustained in a difficult funding climate?

Consumer and Family Quotes

“The hospital system can be somewhat brutal and is in desperate need of overhaul.”

“The 24 hour response team was a life-saver!”

Consumer and Family Quotes

“There is not enough affordable housing.”

“The initial handling of my son’s psychiatric crisis was well done. My local police were on board and kind and the crisis was handled in a timely manner.”

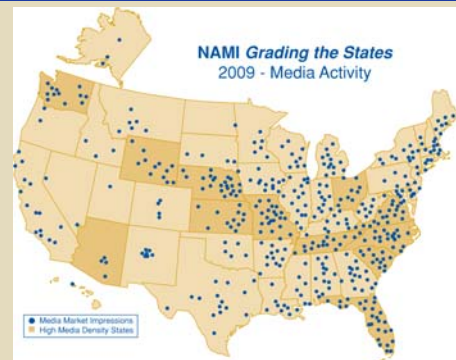
Consumer and Family Quotes

“The worst thing is that there is no relief for those who get criminal charges because of their mental illness.”

“The system is trying to change to a wellness approach, and it is very open to consumers’ opinions.”

Ways to use the report

- Communications with key state officials (mental health, Medicaid, etc.)
- Testimony at legislative hearings on funding, systems change, etc.
- Working with the media
- Illustrating the lived experiences of people with mental illnesses and their families



Beyond Grading the States 2009

- State policy/planning/transformation
- Federal leadership (data standards)
- Children and youth version
- Grading the States 2012!

Health Care Reform - 2009

- Stars may be aligned
- “Strange Bedfellow” coalitions abound
- Opponents in 1993 are now allies
- Economic concerns are a driving factor
- No secret White House Task Force
- White House bill is unlikely
- Flexible approach to achieving universal coverage over time

Key Leaders in Congress

- Senate HELP Committee – Sen. Kennedy
- Senate Finance Committee – Sen. Baucus
 - Quality Improvement – Sen. Mikulski
 - Prevention – Sen. Harkin
 - Coverage Expansion – Sen. Bingaman
- Three key Committees in the House
 - Energy and Commerce – Chairman Waxman
 - Education and Labor – Chairman Miller
 - Ways and Means – Rep. Stark

Critical Issues for NAMI

- Incorporating “parity” into health care reform
- Impact on non-medical, mental health services.
- Future of Medicaid, Medicare.
- Prescription drugs/C.E.R.
- Defining “prevention” as it applies to mental illness.
- Integration of mental and physical healthcare
- Addressing serious workforce shortages
- Health Information Technology (HIT)

More Information & Questions

Full GTS-09 report at
www.nami.org/grades09

Information on health care reform at
www.nami.org/policy/healthreform

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