## NACBH



National Association for Children's Behavioral Health

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## **TABLE OF CONTENTS**

| Welcome New NACBH President 2    |
|----------------------------------|
| Executive Director Notes 3       |
| Upcoming Conferences 3           |
| Public Policy Committee Report 5 |
| Standards Committee Report 6     |
| NACBH Member Spotlight 7         |
|                                  |

## NACBH PRESIDENCY THE LATEST NEW ROLE FOR NAPIER

As the CEO of Youth Home, Inc., and the new president of NACBH, David Napier has to juggle a few different roles. Although when you look at the road that he's traveled to this point in his distinguished career, juggling roles is perfectly fitting with his experience.

Originally from Florida, Napier ended up running Youth Home in Little Rock, Arkansas, by taking a route which he describes as "circuitous," including a stint in the construction and development business and 25 years in the ministry.

"I was at a church here in Little Rock back in 1992 and was asked to serve on the board of Youth Home," he recalls. "I did so and fell in love with the mission and the people here. I was in that capacity for about 10 years, was chairman of the board for a year, and when the executive director began to make plans to retire, they approached me and asked if I'd like to make a career change."

His time in the ministry had involved as much administrative work as actual preaching, giving Napier the tools and experience to thrive in the new role. He immediately increased the agency's involvement in NACBH as well.

"Our organization has been a member of NACBH for probably 25 years, but for a long time our participation consisted of reading the newsletter to stay informed," Napier says.

"When I got on the scene in 2009 I decided to attend one of the NACBH meetings and I found camaraderie with the people there, who share difficulties and triumphs. It was extremely rewarding for me as a CEO and I developed some quick and deep bonds with the members and the leadership."

He took a NACBH board position a few years later and now finds himself in a two-year term in "the captain's chair" as he calls it. Napier says NACBH is in great shape, with room for some new initiatives.



David Napier

"My predecessors, John Damon and Steve Girelli, did a magnificent job of helping us transition leadership in the organization," Napier says. "I basically don't want to drive this thing into the ditch. I want to keep the transition going forward. We've recently revamped our website and gotten it into the 21st century. We have a very strong marketing committee and I'm really anxious for us to utilize that and try to expand membership."

Other plans include initiatives to more evenly spread the workload for the executive staff, and expand conference offerings on things like Medicaid and organizational development, to give CEOs and executives more knowledge with which to have success.

"David brings multiple strengths and a unique perspective to the 'captain's chair' and we're excited about the direction he will take the association," said Pat Johnston, executive director of NACBH. "We're lucky to have his outlook and energy at this point in NACBH's development."

More information about Napier's work with Youth Home can be found at <u>www.youthhome.org</u>. □



## **EXECUTIVE DIRECTOR NOTES**

Pat Johnston, Executive Director

#### Dear NACBH Colleagues,

I hope everyone is enjoying the summer, refreshed from or looking forward to some quality time away from the hard work you do all year. Things are sure cooling down here in Washington now that Congress has departed for the August recess. Enjoy the respite from high stakes deliberations on health care! When Congress returns after Labor Day, health care To Do (and maybe redux) issues will overlap with pressing funding items on the September calendar, highlighted below.

#### FY 2018 budget and appropriations:

Appropriations work is underway, and it's a messy process again this year. Neither chamber has passed a budget resolution with top-line numbers for the fiscal year beginning October 1. Appropriations can be made without a budget resolution, but they can't exceed the sequestration spending limits set by the Budget Control Act of 2011 unless those limits are raised. And that negotiation, which will require a bipartisan compromise, has not yet begun.

Increasing the debt limit: By the end of September, the U.S. Treasury will exhaust the extraordinary measures used since the spring to avoid breaching the debt ceiling. While various ideas have been floated about which controversial policy riders might be attached to this must-pass legislation, the White House has signaled its preference for

a clean debt ceiling bill - and, realistically, that may be all Congress has time to achieve. This is another bill that will require bipartisan agreement.

Health care reform: Fingers crossed that sweeping repeal of the Affordable Care Act is well and truly off the table, last gasps and long shots notwithstanding. It's encouraging to see bipartisan discussions beginning in both chambers to reach consensus on repealing or repairing various provisions. Knowing that you all have access to 24/7 cable news, we won't bombard you with detailed updates, but will ask you to weigh in if harmful proposals appear to be gaining steam.

That brings us to CHIP. Since its creation 20 years ago this month, the Children's Health Insurance Program has played a critical role in reducing the number of uninsured children and adolescents by more than 50%, to a historically low uninsured rate of 5%, while improving pediatric health access and outcomes. In FY 2016, CHIP covered nearly 9 million children in families who earn too much to qualify for Medicaid but can't afford private coverage.

CHIP funding is now set to expire at the end of next month. After repeated reauthorizations with strong, bipartisan support, funding was last extended in 2015 for a relatively short two years after a contentious struggle. Deficit hawks wanted

Executive Director Notes continued on page 4

## **UPCOMING CONFERENCE**

**Technical Meeting: Value-Based Purchasing**November 30-December 1, 2017
St. Pete Beach, Florida



#### Executive Director Notes continued from page 3

to end the program and send families to the insurance marketplaces for private coverage. Advocates and states wanted reauthorization with four years of funding. Conservatives offered four years, but only with major changes to income eligibility, maintenance of effort requirements, limits on waiting lists, and federal matching payments to states. The compromise was a two-year extension with no changes to the program.

While we're not hearing much about what changes might be proposed next month, there does seem to be an expectation that CHIP will be reauthorized. In fact, it's being viewed as a vehicle for repealing one or two low-hanging ACA provisions unrelated to CHIP. What we're watching for: funding for no less than two years, no erosion in eligibility, coverage or enrollee protections, and no reduction in federal matching payments to states. What we're hoping for: all of that plus passage of H.R. 3192, the CHIP Mental Health Parity Act introduced last month by Representative Joe Kennedy (D-MA). Currently, the CHIP law requires compliance with the very limited 1996 mental health parity law. H.R. 3192 would update that to compliance with the Mental Health Parity and Addiction Equity Act of 2008. Stay tuned for action alerts when Congress returns next month!

NACBH News: On a positive, forward-looking note: The program committee is making great progress on plans for our Value-Based Purchasing conference at the end of November. VBP: Definitely the next big thing, but what is it and how can you get ready to respond? There's a lot of information out there at the conceptual level, briefs and white papers and summaries of how different states are designing their VBP initiatives. It won't tell you what you need to know about the scope of change required to successfully participate, the management and information structures you'll have to put in place, or the unexpected kinks that other providers have encountered along the way. As always, we'll approach all of this from the perspective of children's behavioral health providers. Program information coming soon!

## ENGAGING PARENTS, DEVELOPING LEADERS:

# A SELF-ASSESSMENT AND PLANNING TOOL

While this isn't a new tool - the Annie E. Casey Foundation released it about a year ago - one of your NACBH colleagues recently recommended it as a good resource on providers' self-evaluation of parent engagement and partnership efforts.

The assessment tool is organized around four domains:

- 1. Building a culture of respect, inclusion and equity
- 2. Coaching parents on their competence and confidence in their roles
- 3. Listening to and collaborating with parents
- 4. Partnering with other organizations to serve the whole family

The accompanying planning guide describes a process for using it in your organization, assessing your results and using them to strengthen your work with families. Download it here to see what it can add to your training, treatment and parent engagement programs. A one-hour webinar introducing the tool is also available online.

## **PUBLIC POLICY COMMITTEE REPORT**

Denis McCarville, Alaska Child & Family, Anchorage, Alaska, Chair

Standing Monthly Conference Call: Fourth Friday of each month, 2:00 - 3:00 p.m. (Eastern)

Sometimes timing is everything. On Friday, July 28, the NACBH Public Policy Committee met for our monthly teleconference. We would have spent the entire meeting discussing the various aspects of the Senate's "skinny" ACA repeal bill but, by Friday morning, that bill was all but a footnote in history. While we did debrief on the Senate health bill and process, we spent most of our time getting an update from Pat Johnston on the recent changes in TRICARE, a report that will be out to the membership soon.

While the Republican-only repeal and replace effort appears to have died, there continues to be a chance that it could be revived to take advantage of the simple majority and limited debate process available under budget reconciliation. It doesn't appear likely as they only have until midnight September 30; however, as we just experienced, the Senate majority tried to get the "skinny" repeal bill passed in three hours.

It looks like we may be on track, for the first time in years, to see some bipartisan committee work on repairing the Affordable Care Act, or what Senators Collins, Murkowski and McCain are calling "regular order." It will be important for us to pay close attention to this process, since there will be trade-offs between those who want to make health care affordable by allowing plans without the 10 essential health benefits (mental health and substance use disorder treatment is one category) and those who recognize the negative and costly effects of limited health insurance plans.

There is already a bipartisan group in the House of Representatives (aptly named the Problem Solver caucus) that is focused on areas of consensus. First up is assuring that cost-sharing subsidies continue, and that Congress makes this commitment to the insurers soon. The Administration has recently threatened to cut off these funds, causing insurance companies to add an additional 14% onto already increasing premiums for next year. The Problem Solvers are also looking at creating reinsurance for catastrophic health issues and issuing regulations for insurers to sell across state lines. Similar actions are being talked about in the Senate.

While not necessarily directly related to repealing, replacing or repairing the ACA, Medicaid reform will undoubtedly be in the crosshairs again at some point. We have made it through a series of close calls. There is no doubt that hypervigilance is required for the foreseeable future as every likely vehicle will be eyed for its prospects for slipping massive reform across the finish line.

On a side note, Joy Midman, our Senior Advisor for Public Policy, and I stayed up to watch the action on the Senate floor the night/morning of the final vote. For me, that meant 11:00 p.m. Thursday night and, for Joy, that meant 2:00 a.m. Friday. Sometimes it pays to live in Alaska!



## STANDARDS COMMITTEE REPORT

Jan Carson, Catholic Charities, Timonium, Maryland, Co-Chair Laurie Beaulieu, Wingspan Care Group, Shaker Heights, Ohio, Co-Chair

Standing Monthly Conference Call: Third Tuesday of each month, 1:00 - 2:00 p.m. (Eastern)

All members are welcome to participate in the Standards Committee discussions of accreditation standards and surveys. compliance issues, peer consultation on timely hot topics, and presentations by NACBH members on program and performance improvement initiatives. Please email the co-chairs or Pat Johnston to volunteer a presentation, add an agenda item or join the committee. The roster is posted on the Members page of the NACBH website.

Report from the July 18 call:

- Updates from the accrediting organizations as presented at the NACBH annual meeting in June
- Joint Commission pre-publication standards:
  - CTS 03.01.09: Reviewed the revised requirement for the use of a standardized tool to assess behavioral health outcomes. The results of the assessments are used on an individual level to guide plans of care and on an organization level to evaluate the outcomes of care, treatment and services provided.
  - Medication Management standards
- Began the discussion on the use of chemical restraints prompted by the article by Kim Masters, M.D., in the American Academy of Child and Adolescent Psychiatry News, January/ February 2017
- New name for the Standards Committee! We are looking for a name that captures the full scope of the committee's activities. If you have ideas on the new name, join the next call when the discussion will continue.

Log into the Members page for materials from the July 18 call: information about the Outcomes Rating Scale, Dr. Masters' article in AACAP News. December 2014 CMS

Guidance to PRTF Surveyors, including the definition and interpretation of "drug used as a restraint."

Agenda for August 15:

- The use of chemical restraints; definition and scope
- Joint Commission standard CTS 03.01.09 on outcomes measurement for behavioral health (webpage on the "New Outcome Measures Standard" available here)
- Joint Commission revised Evidence of Standards Compliance (ESC) process
- New name for the Standards Committee

## A YOUNG PERSON'S **GUIDE TO HEALTH CARE** TRANSITION

A **new guide** from the National Collaborative on Workforce and Disability for Youth reviews the topics youth should consider when approaching the transition from pediatric to adult health systems. outlines and provides links to additional resources on a transition roadmap, the elements of healthy living and self-care, and the private and public health insurance available to adults.

NACBH members are encouraged to review the guide for its usefulness to your adolescent and transition-age

## NACBH MEMBER SPOTLIGHT:

## TANAGER'S SECRET TO FINDING THE RIGHT PEOPLE: WHEN HIRING, **KEEP IT REAL**



Eastern Iowa is one of those parts of the country where, in the current TANAGER economy, unemployment is low and the right people sometimes aren't easy to find when there are

> For better than 15 years, Andy Manternach, Director of Inpatient Services at Tanager Place in Cedar Rapids, Iowa, has been on the front lines of the neverending search for those good people, and has some important advice for employers around the nation looking to fill positions in the behavioral health world. Like most, he knows these jobs can be challenging and aren't for everyone, so being honest and making sure prospective employees know that up front is imperative to success.

> "We're pretty blunt about what we deal with, what we manage and what we have to do on a daily basis. I don't want prospective staff to come for an interview if that's not what they want to do," said Manternach.

Today, the Cedar Rapids community is blessed with plenty of jobs, but when you're looking for employees, it doesn't always feel like a gift.

"In terms of the low unemployment rate, it's more of a curse for Tanager Place, but it's also a blessing for our community," Manternach said. "You have to get really creative on how you go out and market yourself, how you recruit. There aren't many people pounding at the door of a non-profit social service agency to work for not a lot of money and have to face some unpopular hours. So, a lot of it is

about your enthusiasm level when you're out in the community recruiting."

That creativity goes way beyond posting a job opening on the Tanager Place website or in the local paper's classifieds section. It starts with Manternach and his team getting out into the community to spread the word about this line of work, and looking for budding stars in the field.

"One of the big things we work on is how we network and get out to area classrooms and schools," he said. "Unlike setting up a booth at a job fair, we connect with teachers in the area universities and colleges and our team goes to the classrooms to talk about opportunities for career growth. And we're realistic. We tell them as college graduates you're probably going to start work at an entry level and then we emphasize that there are real opportunities for career growth in our organization."



Spotlight continued on page 8

### Spotlight continued from page 7

They also show concrete examples of that growth potential, bringing current staffers to the classroom, and giving a frank presentation on what the work entails as a part of their recruitment efforts.

"I don't want our team to fluff the message," Manternach said. "I want them to talk about the challenges and talk about what they get out of their job. To me, it's more direct marketing because we're not wasting anyone's time. We are cause-focused and opportunity-driven."

Tanager Place was founded in 1879 and has about 250 employees. It seems that the team is always on the lookout for people willing to learn and grow on the job. The amount of turnover varies by department, but the nature of the job and consequences of long hours and demanding work means that staff are coming and going on a regular basis. One way to retain staff is to offer a comprehensive training program that enhances team members' career advancement.

"When employees see room for growth as a potential part of their future they are more likely to stay on the job longer," Manternach shared. Tanager Place benefits packages offers staff member educational advancement loans. Employees are offered a loan forgiveness program when they are enrolled in a program that advances their educational knowledge to benefit their work. The loan program pays a portion of the staff member's educational fees and the amount of loan forgiveness is based on the years of employment the staff member stays on staff following the completion of their education program.

If employees decide to leave the organization, Tanager Place learns from their departure as well. Exit interviews are a part of the departure process. "When people do leave, we look at the data to see if they're leaving for an opportunity or moving away from the field," Manternach said. "We have both - that's the reality. For some people, the work is just not for them, so they're moving on for something else. Other people walk away for different work opportunities. We look at that data

and explore what we can do to increase retention and understand our staff's career decisions."

Well connected with the region's higher education community, the Tanager Place staff not only gets out to the classrooms, they make sure students have a chance to visit the facility if they're interested, to see first-hand what the work entails.

"We get a lot of response at the area universities and college campuses because we believe in opening the doors and being real about the job," Manternach said. "We work to onboard staff creatively and completely. We expend both staff time and resources in our recruiting and training, we work to be clear and straightforward in our efforts. Our goal is to help staff feel welcomed, help them learn the tools they need to be successful and then keep them motivated to stay."

It isn't always a success, and turnover continues, but even when that happens, Manternach feels that Tanager Place has done good work for the region, where jobs are plentiful, and good people are valued.

"We need to work to make sure the hire is a good fit," he said. "Sometimes it's not the right fit, but we are committed to a full onboarding and training experience and we know because of our complete efforts we've built connections in the community and provided each staff member with an authentic experience and we know we shared a strong opportunity. When staff leave, they exit with knowledge about who Tanager Place is and what we work for each day, they have been a part of a program that works to improve the lives of children and families."

