Federal Record '93

Lee - I found
these on my
way out!
Pam

PHOTOCOPY
PRESERVATION

The following two files (Federal Records '93 and Presidential Records '93) were placed in this box by Richard Stalcup of the Clinton Presidential Materials Staff. Originally, this collection was in CF 2038.

To: Mattie Alston

Thank you! I'm glad you stayed with Hillary.

James B Miles
200 Pearl St.
CR 72205

Jim

MEMORANDUM

TO: Hillary Clinton

FROM: Jim Miles

RE: Campaign for Healthier Babies and The Good Health Plan

DATE: March 17, 1993

Thank you for accepting the March of Dimes' Citizen of The Year Award! I know that March 4th was a long day for you, but these events allow us to communicate maternal and child health issues to an audience that in large part just doesn't understand that These United States have a problem. Thank you for your continued commitment to a healthy start in life for our nation's children!

The purposes of this memo are: (1) provide an update to the Campaign for Healthier Babies, and, (2) introduce you to The Good Health Plan. I will be in the Washington area from April 10th through April 14th and am available to follow-up ideas presented in this memo at your or your staff's convenience.

Campaign for Healthier Babies. We introduced Betty Tucker as our Campaign Chair at a press conference yesterday. Thank you for recommending the job to Betty. Over 10,000 pregnant women have requested the Happy Birthday Baby Book to-date. This means that we will reach 60% of Arkansas' pregnant women the first year of the program. If any of your work groups are looking at incentives to encourage preventive health care, I am available for meetings during the above mentioned dates. Monday, April 12th is my preferred day.

The coupon book is working too well to pass up this opportunity to thoroughly evaluate the use of incentives to promote preventive health care. Rozann Abato, Acting Director of the Medicaid Bureau, plans to introduce me to her staff and counterparts at the Bureau of Public Health Services to see if any grant moneys are available to assist in the evaluation. Have someone call me if you have suggestions for meetings. By the way, Rozann is originally from Perryville, Arkansas.

The Good Health Plan. The Good Health Plan's goal is to provide low-income, uninsured workers with a comprehensive system of social, emotional and health care support which would strengthen their families and lead to self-sufficiency. The Plan originated from a study of employee benefits and their impact on welfare recidivism conducted by Marie Oser of Houston, Texas for the Texas Department of Human Services.

Marie is an old friend and assisted Bettye Caldwell and I gather ideas that subsequently lead to pulling together the group that founded Arkansas Advocates for Children and Families. Marie founded Childcare '76 in Houston and several child advocacy spin-offs in various Texas cities. President Carter appointed Marie Executive Director of the 1980 Conference for Children and Youth (later canceled by the Reagan Administration).

The employee benefits study found a direct correlation between access to health care and employee turnover, especially as welfare clients enter the work-force. The Good Health Plan is: (1) affordable, (2) backed by a major insurance company -- American International Group, (3) designed to manage access to good preventive health care -- rather than denying services, and, (4) capable of mass delivery.

The entry into the Good Health Plan is through a health assessment conducted by a nurse similar to the process used by the life insurance industry. The assessment is designed to identify chronic health problems. A case manager then works with the individual to better manage their health.

Marie and I are available to discuss The Good Health Plan in more detail at your and your staff's convenience. We will both be in the Washington area from April 10th through the 14th. Our preference is April 12th.

Phone me at (501) 666-4432 if you need additional information. ***KEEP UP THE GOOD WORK!***

JIM MILES

January 8, 1993

Dear Hillary,

Thank you for your letter of December 24, 1992, informing us of your resignation as Honorary Chair of Arkansas' Campaign for Healthier Babies. Your new role as our Nation's First Lady undoubtedly has resulted in a crush of information and requests, but your prompt response to your Arkansas friends was noted and appreciated by me and by members of our Steering Committee! The Campaign has achieved impressive results that simply could not have been achieved without your leadership. Thank You!! We are in process of inviting Betty Tucker to assume the Honorary Chair.

I appreciate what you have done for our State's children. It is without question that both our State's and our Nation's children will be better off as a result of your new role as our Nation's First Lady. However, I must admit that your leaving is a personal loss to me, and I find myself working through the grieving process just as I has lost a close friend.

It's been easy to be a child advocate with you at our side. Your credibility gave us as child advocates easy access where-ever we needed to go. Any time we had good ideas and a better way of serving children, but seemed to be blocked in achieving a better result, we simply picked up the telephone and you got things going again.

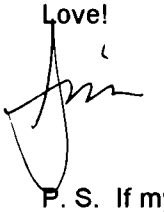
It's been like having a rich aunt. Any time I had a good idea, but needed a little money, I'd simply call my aunt and she would invest in my venture. I feel like my rich aunt has died and absent-mindedly forgot to put me in her will. I've simply lost my source of easy capital to invest in better programs for children. I'll have to work harder!

I will always remember the moments we worked together on behalf of children. Some examples:

- the time you came to Little Rock from Fayetteville to meet with a group of people concerned about the welfare of our State's children, but felt stymied on what to do -- you provided the **vision** and leadership to form Arkansas Advocates.
- the time you represented our Foster Daughter, Susan, *pro bono publico* at a court hearing -- you kept the system from making a bad decision.
- the time you took from a busy schedule to handle the adoption of our Daughter Barbara -- the adoption saved a bright child from being lost in the system labeled "hard to place."
- the time I was so discouraged about Barbara's progress in "growing up", you gook a few moments on the street by the courthouse and gave me timely encouragement required to continue being a good parent -- look at the results, Barbara is doing well in graduate school and has developed enviable career goals.
- the time in your office that I explained the goals of the Campaign for Healthy Babies and you signed up as our Honorary Co-Chair -- 6,200 pregnant women have requested the coupon book through December, 1992 (starting with your August 25th press conference).

I will miss you very much!

Love!



P. S. If my "rich aunt Hillary" would like to "put me in her will", here are a few dreams:

- Meet and talk with (20 - 30 minutes) Marion Wright Edleman.
- Invite Patricia, Barbara and me to an appropriate White House dinner.
- Be asked to advise a task force seeking ways to encourage women to seek early prenatal care on the mechanics of using merchandise coupons as an incentive.

JAMES B. MILES

January 8, 1993

Millie,

Thank you for facilitating the prompt reply to my memo to Hillary regarding the Campaign for Healthier Babies!

The attached note to Hillary is not high-priority reading, and does not request any action.

I feel like I've lost a good, close friend. Thought writing the letter might help me work through the grief. I cried the whole time I wrote the letter and I feel much better.

Thanks for all you have done for me over the years.

Jim Miles

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file - Raymar

HELLRING LINDEMAN GOLDSTEIN & SIEGAL

COUNSELLORS AT LAW

BERNARD HELLRING (1916-1991)
PHILIP LINDEMAN II [A]
JOEL D. SIEGAL [A]
JONATHAN L. GOLDSTEIN [A]
MARGARET DEE HELLRING [A]
RICHARD D. SHAPIRO [A]
RICHARD K. COPLON [A]
CHARLES ORANSKY [A]
ROBERT S. RAYMAR [A]
RONNY J. G. SIEGAL [A]
STEPHEN L. DREYFUSS [A]
RONNIE F. LIEBOWITZ [†]
JOHN A. ADLER [A]
RICHARD B. HONIG [A]
ROBERT D. GILBERT [†]
VIRGINIA B. PUDER [A]
JUDAH I. ELSTEIN [A]
SARAH JANE JELIN [A]
BRUCE S. ETTERMAN [A]
HEIDI H. HELLRING [†]
MATTHEW E. MOLOSHOK [A]
RACHEL N. DAVIDSON [A]
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DAVID N. NARCISO [A]
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March 5, 1993

First Lady Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500-2000

Dear Hillary:

As you undertake your review of insurance and medical needs of the American community, please consider the enclosed "Proposal for Mental Health Services in the National Health Care Reform."

As a trustee of New Jersey's United Family and Children's Society, and Chair of its Agency Development Committee, I am well acquainted with the issues raised. United Family provides subsidized counselling to over 1600 individuals and families per year who are in need of help largely as a result of domestic or substance abuse; services deinstitutionalized patients housed in former hotels; provides counselling services for unwanted pregnancies; provides adoption services; runs a range of programs to meet special needs, such as caretaker and senior support.

In defining the goals, the incentives and the means for the provision of mental health services, as a nation we will be caring for those in crisis and preventing future crisis. Just as $700 of prenatal care avoids $70,000 of post-natal care, the availability of counseling, lay therapy and

other mental health services will prevent much greater expenditures in criminal justice, remedial education, later care and human suffering.

Thank you for your thoughtful consideration. If there is any further help we can be to you, please call upon us.

Sincerely yours,

Ronnie F. Lallouz

RFL/ams
Enclosure

PROPOSAL FOR MENTAL HEALTH SERVICES
IN THE
NATIONAL HEALTH CARE REFORM

Prepared by:

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I. Mental Health in Health Care Reform

There is a critical need to address the inadequacy of insurance coverage for mental health services in existing insurance plans. Mental illness plays an important role in many of the national problems that we confront today such as family breakdown, child abuse, domestic violence and homelessness. Mental illness needs to be understood as including a wide variety of psychiatric disorders that range in duration and degree of severity, from mildly to profoundly disabling. Historically, insurance coverage for mental illness has been very inadequate compared to physical disorders. Consequently, many families are unable to afford mental health services or are forced into the public mental health system which continues to be overwhelmed with the demands of deinstitutionalization. Research findings show that a child suffering from a mental illness is unable to learn, unable to develop the skills necessary for independent functioning and is at great risk for a lifetime of dependency on various State and Federal entitlement programs.

As the country prepares for health care reform the need for adequate coverage to mental health services is paramount. Health care reform presents a historical opportunity to correct the deficiencies of existing health care plans. We believe that the health care reform package must contain the following six components in order to respond to the mental health needs of Americans:

1. Nondiscrimination

All consumers having mental health needs must be assured full access to services in any health care reform plan regardless of age, current health status or pre-existing conditions and that mental health services receive coverage equal to other conditions.

2. Comprehensiveness

All consumers who are in need of mental health services must have access to the full continuumof mental health services. These include:

- preventive services
- emergency services
- inpatient services

- outpatient services
- partial hospital services
- case management services
- family support services

3. Choice

Health care reform that is responsive to the needs of mental health consumers will recognize and support a variety of mental health services that are culturally sensitive, developmentally appropriate and delivered in the least restrictive environment.

4. Equity

Mental illness must be viewed in the same framework as medical illness. It is discriminatory to require higher copay or to artificially limit reimbursement for the mentally ill. Consumers must not be charged more, or receive less than, optimally needed care when the need is for mental health services. Similarly, there must be service equity in the plan. Mental health treatment must be determined by medical and psychological necessity and not limited by any artificial and arbitrary numbers of visits, days or procedures.

5. Efficiency

The plan should support care in the least restrictive clinically appropriate environment thus minimizing the overreliance on expensive inpatient care. Adequate levels of outpatient reimbursement will insure that only the truely clinically appropriate will be admitted to an inpatient unit and only for the briefest stay necessary.

6. Case Management

Consumers of mental health often require a range of services over time. Case management in mental health reform should insure that consumers gain access to needed services, that utilization is appropriate, that the services are of the highest quality and that patients are satisfied with outcomes.

The Federal Government should take a leadership role in legislating a requirement that all basic health care plans offer, at minimum, mental health services which incorporate the six components just described. Health care plans that discriminate against the mentally ill will continue to stigmatize these families, overwhelm the public mental health system and place millions of children and adolescents at risk for lifelong dependency.

II. Federal Government's Role in the Public Mental Health System

In 1963 President John F. Kennedy established a role for the Federal government in mental health care, by authorizing grants for the construction and staffing of community health centers. During the 1980's the Federal government's role in mental health care was seriously diminished. With the recent reorganization of the National Institute of Mental Health and the creation for the Center for Mental Health Services, one component of the Substance Abuse and Mental Health Services Administration, this is an opportune time for the Federal government to reestablish its leadership role in the public mental health system.

The Federal government must insure that the Center for Mental Health Services is adequately funded so it can develop its identity and accomplish its missions which we see as the following: prevention of mental illness, promotion of mental health, treatment, support and rehabilitation.

The Federal government has traditionally required states to submit a state mental health plan in exchange for funding. This requirement has been a valuable incentive to the States to organize and implement their plan for the chronic mentally ill. During the 1980's funding for the development of these State plans was severely curtailed. The absence of sufficient funding left the States with a plan but no means to implement it. The Federal government can be of enormous assistance in encouraging the States to develop comprehensive plans for the care of the severely mentally ill if adequate funds were made available to support implementation, demonstration projects and training.

During the Bush administration, Congress authorized 100 million dollars to implement the Comprehensive Children's Community Mental Health System. The Bush administration, however, made available only 4.9 million dollars in FY 93 to implement the plan. Full funding for the plan is vital if America is to respond to the mental health needs of its children. Long term investment in the mental health needs of our children will reduce the prevalence of major social problems such as: school drop-out, alcohol/substance abuse, juvenile delinquency, and

runaways. A comprehensive children's mental health system will help families care for their children at home, reducing our society's reliance on residential/out of home placement.

There is an additional role for the federal government to play in relation to mental health. There are numerous departments in the federal government that deliver mental health services to various populations, such as: the Department of Education, Department of Labor, Department of Housing and Urban Development, the Veterans Administration, and Criminal Justice. The federal government should ensure that efforts are made to coordinate these resources and avoid duplication where possible.

In summary, there are two major avenues for the federal government to take in supporting mental health in the United States: (a) ensure that any basic health care plans contain full mental health benefits that do not discriminate, are comprehensive, equitable and provided in the least restrictive clinically appropriate environment; (b) provide adequate funding for demonstration projects, training, and assistance to the states for the development of comprehensive state mental health plans.