

# MENTAL HEALTH WEEKLY

Essential information for decision-makers

Volume 20 Number 40  
October 18, 2010  
Print ISSN 1058-1103  
Online ISSN 1556-7583

## IN THIS ISSUE...

The National Association of State Mental Health Program Directors (NASMHPD) last week released a new toolkit to help state mental health commissioners respond to high-profile tragic incidents involving a person with a serious mental illness. The toolkit provides recommendations, fact sheets and additional resources.

... See story, bottom of this page

### State Budget Watch:

Kansas budget prompts providers to confront access, service issues

... See page 3

NAMI urge consumers to encourage candidates to support MH issues

... See page 4

New study touts New York State's AOT benefits, challenges

... See page 5

APA requests change in White House condolence letter policy

... See page 7

Governor cuts nearly \$1 billion from California budget

... See page 8



© 2010 Wiley Periodicals, Inc.  
View this newsletter online at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)  
DOI: 10.1002/mhw.20254

## MH center translates its transformation into national learning collaborative

The Mental Health Center of Denver had held a series of recovery-focused conference events about a decade ago, but its leaders were getting restless. They realized that sponsoring a conference really wouldn't move the needle on transforming their own community mental health facility from one that simply tried to keep clients out of the hospital to one that helped people achieve a meaningful life in recovery.

It would take three to four years to articulate fully what the center should look like as a recovery-focused operation, one that reflects a revised organizational mission statement that emphasizes client strengths. The pivotal decision in this process involved establishing a quartet of instruments that would

### Bottom Line...

*The Mental Health Center of Denver developed in-house a set of four instruments designed to measure whether the center is becoming more recovery-focused in its services.*

allow the mental health center to measure accurately whether its recovery focus was taking hold with clients and improving their lives.

The Denver center's Reaching Recovery initiative is now also reaching community mental health organizations nationwide. Last month, 800 sites participated in a webinar on measuring recovery from mental illness featuring the Denver center's experiences, an

See **DENVER** on page 2

## NASMHPD toolkit addresses response to tragedies involving SMI consumers

In an effort to assist state mental health commissioners in responding to high-profile, tragic incidents involving a person with a serious mental illness, the National Association of State Mental Health Program Directors (NASMHPD), in collaboration with the Council of State Governments (CSG) Justice Center, this month released a new toolkit to help them prepare for, manage and evaluate their responses to a violent incident.

Citing such tragedies as the Virginia Tech and University of Illinois, NASMHPD officials say that whenever a crisis occurs involving individuals with mental illness, it is the state commissioner who is instantly put on the hot seat and expected to explain, and account

### Bottom Line...

*The NASMHPD toolkit will help state mental health commissioners develop a crisis response management and communications plan to respond to tragic incidents involving consumers with SMI.*

for the "perceived failings of the public mental health system."

The materials gathered and presented in the toolkit, "Responding to a High-Profile Tragic Incident Involving a Person with Serious Mental Illness," are meant to support the commitment the field shares to increase public safety and to develop person-centered, recovery-oriented, evidence-based sys-

See **NASMHPD** on page 6

## DENVER from page 1

event sponsored by the National Council for Community Behavioral Healthcare. And next March, 10 CMHCs will be invited to a two-day summit in Denver that they will leave with specific action plans for achieving transformation in their organizations.

"We have established a culture here where all employees in the organization promote recovery," Roy Starks, director of rehabilitation services and the Reaching Recovery initiative for the Denver center, told *MHW*.

## Four instruments

Starks said the center developed its four recovery instruments in-house, after researching what else was available and concluding it could devise instruments that would better meet its needs.

The first instrument, which has been used in the organization the longest, ties levels of care to the progress clients achieve during treatment. It allows for a client's systematic progression, for example, from an assertive community treatment (ACT) team to case management services to standard outpatient care.

In the second instrument, clinicians rate client progress in eight recovery-focused areas, including housing, education, employment

and engagement in treatment. Starks said the clinician evaluation occurs every three months and the results are plotted in order to track trends.

The third instrument asks the client to rate his/her progress in a variety of areas, also every three months. Starks said the center has been able to reduce an extremely lengthy questionnaire to 17 questions, exploring areas such as suc-

**'We have established a culture here where all employees in the organization promote recovery.'**

Roy Starks

cess in managing symptoms, strength of the client's social network, and the client's control over the treatment planning process.

As with the clinician ratings, the data from these surveys are embedded into the center's electronic medical record (EMR) system, giving clinicians easy access to the information. Starks sees having an EMR as critical to a center's ability to measure client progress and to act

on the information.

Citing an example of how the process might work, Starks said a psychiatrist might check the EMR before seeing a patient and notice that the patient's rating of his sense of safety dropped significantly since the previous survey. This would lead to some questioning during the visit, where it would be discovered that the patient recently lost a close relative.

"This would lead to a discussion that might not have happened otherwise," said Starks. "We emphasize in all this that we're not just dumping data into a hole."

The fourth instrument, used once a year, involves surveying a stratified sample of 400 clients; a team of consumers is recruited to conduct the surveys. This survey asks the clients about the extent to which the various service providers they encounter promote their recovery, Starks said. This review encompasses not only case management and nursing staff, but also vocational counselors and even front-desk personnel at the center.

Not surprisingly, Starks said, early results from use of this survey seem to indicate that staff members whose role is specifically related to rehabilitative services tend to receive higher ratings from clients in terms of helping to promote their

# MENTAL HEALTH WEEKLY

Essential information for decision-makers

**Executive Managing Editor** Karienne Stovell

**Managing Editor** Valerie A. Canady

**Contributing Editor** Gary Enos

**Editorial Assistant** Elizabeth Phillips

**Production Editor** Douglas Devaux

**Executive Editor** Isabelle Cohen-DeAngelis

**Publisher** Sue Lewis

ISBN 9781118021026

**Mental Health Weekly** (Print ISSN 1058-1103; Online ISSN 1556-7583) is an independent newsletter meeting the information needs of all mental health professionals, providing timely reports on national trends and developments in funding, policy, prevention, treatment and research in mental health, and also covering issues on certification, reimbursement, and other news of importance to public, private nonprofit, and for-profit treatment agencies. Published every week except for the first Monday in April, the first Monday in July, the last Monday in November

and the last Monday in December. The yearly subscription rates for **Mental Health Weekly** are: Print only: \$699 (individual, U.S./Can./Mex.), \$843 (individual, rest of world), \$4835 (institutional, U.S.), \$4979 (institutional, Can./Mex.), \$5027 (institutional, rest of world); Print & electronic: \$769 (individual, U.S./Can./Mex.), \$913 (individual, rest of the world), \$5563 (institutional, U.S.), \$5707 (institutional, Can./Mex.), \$5755 (institutional, rest of the world); Electronic only: \$699 (individual, worldwide), \$4835 (institutional, worldwide). **Mental Health Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Subscription Distribution US, c/o John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; (888) 378-2537; e-mail: [subinfo@wiley.com](mailto:subinfo@wiley.com). © 2010 Wiley Periodicals, Inc., a Wiley Company. All rights reserved. Reproduction in any form without the consent of the publisher is strictly forbidden. For reprint permission, call (201) 748-6011.

**Mental Health Weekly** is indexed in: Academic Search (EBSCO), Academic Search Elite (EBSCO), Academic Search Premier (EBSCO), Current Abstracts (EBSCO), EBSCO Masterfile Elite (EBSCO), EBSCO MasterFILE Premier (EBSCO), EBSCO MasterFILE Select (EBSCO), Expanded Academic ASAP (Thomson Gale), Health Source Nursing/Academic, InfoTrac, Student Resource Center Bronze, Student Resource Center College, Student Resource Center Gold and Student Resource Center Silver.

**Business and Editorial Offices:** John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; e-mail: [vcandy@wiley.com](mailto:vcandy@wiley.com).

To renew your subscription, contact Subscription Distribution US, c/o John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; (201) 748-6645; e-mail: [subinfo@wiley.com](mailto:subinfo@wiley.com).

recovery.

Starks said that the center previously had used a survey developed by an outside source, but that instrument assessed only a broad measure of recovery organization-wide, not how individual staff members enhanced or inhibited a client's recovery. He added that the center does not intend to apply the results of the survey punitively to staff members or groups that don't rate high among consumers, although the information collected will serve as a good educational tool.

Although the center has no more than three years of experience with use of three of the four instruments, Starks said it is already able to present the data in a variety of ways. By arranging the data in a four-quadrant fashion that simultaneously looks at recovery orientation and overall client progress, the center can identify outliers in the survey and explore

their characteristics.

In addition, Starks foresees being able to conduct detailed analysis of how a clinician's rating of a client's progress might differ from the client's own rating of that progress.

### Staff transition

While transformation to a recovery vision can represent a challenging transition for community mental health organization staff members, Starks said the disruption from use of the new measurement tools in his organization has been minimal.

"For our case managers, it has not been so difficult," he said. "We had collected quite a bit of data before. These instruments replaced other instruments we were using."

For more information about the Mental Health Center of Denver's Reaching Recovery initiative and the 2011 Recovery Transformation Summit, visit [www.reachingrecovery.org](http://www.reachingrecovery.org).

Starks said the center is excited about continuing to share its recovery vision with other community mental health organizations, particularly through the new-found opportunity of hosting the 2011 Recovery Transformation Summit next March 23-24. The center received a competitive grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to host the national conference.

Centers will be asked to apply to attend, and the 10 that are selected will engage in a two-day process that will identify for each a project to be initiated back home to facilitate transformation to a recovery orientation.

"After two days, each center will have an action plan to be more recovery-focused," Starks said. •

## State Budget Watch

### Kansas budget prompts providers to confront access, service issues

Budget constraints in Kansas are forcing community mental health centers (CMHCs) to alter the way they do business, resulting in longer



waiting lists and fewer services for consumers with mental illness and prompting officials to seek a restoration or "enhancement" request when the state legislature returns in January.

Local news reports indicate that between 2006 and 2009, state funding for mental health services was cut by nearly 65 percent. "Right now, we're struggling with several reductions that have taken place," Rick Schultz, director of mental health services for the Kansas Department of Social and Rehabilitation Services, told *MHW*. "We're seeking to have those [budget cuts] replaced if possible."

The state's budgetary challenges date back to fiscal 2009

#### Bottom Line...

*At least one Kansas provider is offering consumers in need of less intensive mental health services more group-based therapy and case management options to address service challenges because of budget cuts.*

when the state experienced an \$11 million cut in state grants to the CMHCs, said Schultz. "In Kansas, CMHCs are required and expected to serve everybody without regard to their ability to pay," said Schultz. The \$11 million would have helped support that population, he added.

The state funded health program, MediKan, provides state funding for individuals seeking federal disability benefits, he said. "We used to cover individuals for up to 24 months while [they went through] the application process," said Schultz. As a result of budget cuts,

coverage has been reduced to 12 months, he added.

Another challenge facing consumers with mental illness is a \$2½ million funding cut in substance abuse grants, said Schultz. "A significant number of [consumers] with a serious and persistent mental illness have co-occurring substance use disorders," he said.

How have budget cuts impacted the way providers do business? Individuals seeking services who do not have SPMI and who are not likely to experience a mental health crisis, such as going to the hospital, or being homeless or in jail, will have to wait for services, said Schultz. "Mental health providers for the first time have the authority to tell that person [seeking services] that he or she has to wait to receive services," added Schultz.

The state's budget shortfalls and  
**Continues on next page**

Continued from previous page

the impact on mental health programs and services will be addressed through the department's enhancement requests, he said. The enhancement request for state legislators, meaning the restoration of funding, Schultz said. "Typically, we would talk about increases and improvements to services as opposed to restoring what's been taken away. In this instance, it means the restoration of cuts," he said.

Meanwhile, mental health advocates are also gearing up to help convince lawmakers to restore mental health funding. "We are now planning our legislative agenda for 2011 legislative session which begins mid-January," Rick Kagan, executive director of the National Alliance for Mental Illness (NAMI)-Kansas, told *MHW*. "We're engaging family members and consumers."

Advocates are concerned about increased demands for services and service delays, said Kagan. "If consumers are experiencing symptoms for the first time, it may take awhile for them to receive treatment," he said.

### CMHC navigates challenges

Prairie View, Inc., a community mental health organization in Newton, offers one example of how the state's 27 CMHCs are addressing

## NAMI urge consumers to encourage candidates to support MH issues

With mid-term elections just two weeks away, the National Alliance on Mental Illness (NAMI) is urging consumers to make candidates aware of the need for mental health care issues to remain front and center in their states and communities.

Over the past several weeks, NAMI has issued a series of election alerts on topics ranging from state suicide rates, to the top 10 states facing mental health cuts, to disability income and state housing costs. Other election alerts have included data from the *Grading the States* report, and data outlining the number of people with mental illness in each state and the percent served by state mental health authorities (SMHAs).

NAMI is also urging consumers to become familiar with their candidates' statements on issues, particularly budget priorities, health care, housing and education. They also encourage them to discuss their impressions with family, friends and others, and to talk with candidates if they get a chance.

NAMI urged Congress to take some responsibility to help strengthen state mental health care systems, noting that federal mental health block grants have been reduced or frozen over the past 10 years.

For more information, visit [www.nami.org](http://www.nami.org).

of services and we offer all mandated programs and treatments, but patients without a payor source may have experienced longer waits, larger groups and perhaps less frequent services than they enjoyed in the past," Kaye told *MHW*.

The state is being challenged to maintain a strong and viable public

underserved areas and many rural and frontier counties who are especially vulnerable, she said. "Several of our centers have dangerously low financial reserves and are not able to meet the patient needs for mental health services in their catchment areas." Staff recruitment and retention is also a major concern, when they are not able to offer competitive wages and benefits, she added.

The organization has had to change the way it does business by offering group therapy rather than individual therapy, said Kaye. "Because we can offer group services more efficiently, we have encouraged patients to participate in this type of treatment, as well as to take fuller advantage of case management and other community-based services, rather than extended individual therapy," said Kaye.

While qualified mental health practitioners still provide services that require licensing and credentialing, psychosocial groups and community-based services are provided by specially trained case managers,

**'We are striving to use all our staff resources more efficiently, without compromising quality of care or compliance.'**

Jessie Kaye

the changes in state funding by using staff resources more efficiently without compromising service.

"Primarily access and the availability of services have been affected by the decrease in state funding for mental health services for uninsured persons," said Jessie Kaye, president and CEO of Prairie View. "Prairie View continues to offer a full range

mental health system, said Kaye. "Obviously, you can't take away 65 percent of a system's funding and not see changes occur. The safety of Kansas communities will be threatened if we are not able to maintain necessary funding to provide critically necessary services across all 105 counties."

The state has a number of



she said. "We are striving to use all our staff resources more efficiently, without compromising quality of care or compliance," Kaye said.

Meanwhile, the programs that have been most noticeably reduced are the community education and outreach and requests for consultation when no funding stream is available, she said. "We have had to become much more conservative

about capital expenses, staff training and travel and we're very cautious about any discretionary spending."

Prairie View has and will continue to seek more opportunities for community collaboration and cooperation, as well as charitable and corporate support for mental health initiatives, said Kaye. "Because of the diversity of the Prairie View organization and our more compre-

hensive payor mix, we are able to remain a bit more balanced than if we were solely reliant upon public funding streams," she said.

Kaye added, "Unfortunately we are painfully aware that inadequate prevention and intervention options will lead to more persons needing higher levels of more restrictive and more expensive care in the long run." •

## New study touts New York State's AOT benefits, challenges

A new study comparing trends in the use of outpatient services by involuntary and voluntary service recipients found that the use of New York State's assisted outpatient treatment (AOT) program expanded steadily for both groups after the program had been implemented three years.

The study, "Robbing Peter to Pay Paul: Did New York State's Outpatient Commitment Program Crowd Out Voluntary Service Recipients?," is one of a series of new reports on "Kendra's Law," the state's controversial involuntary outpatient commitment statute, published in the October issue of *Psychiatric Services*.

The overall report on the AOT program was commissioned by the New York State legislature. Duke researchers reported reduced rates of hospitalization, improved use of medication and fewer arrests since the program began in 1999.

Kendra's Law, enacted by the New York State legislature, permits court-ordered, closely monitored outpatient treatment for people with serious mental disorders who consistently fail to take their medication and have a history of recurrent hospitalizations, arrest or violent behavior.

Currently, 45 states have involuntary outpatient commitment laws, but only a handful are designed with prevention in mind, researchers noted. Kendra's Law is intended to identify and address at-

risk behavior that may trigger the need for hospitalization.

The goal of New York State's AOT program is to ensure that persons with SMI who meet legal and clinical criteria receive the treatment they need to remain in the community, forestalling a costly and deleterious pattern of revolving-door hospital admissions, according to the study.

University Medical Center set out to determine whether New York State's AOT program provide services for a court-mandated population at the expense of individuals who are voluntarily seeking care.

According to the study, the most common forms of case management services required and delivered under the AOT program are intensive case management and assertive

**'Kendra's Law is controversial. Some people think it's coercive and do not want to see it renewed at all, while some want to make it permanent.'**

Jeffrey Swanson, Ph.D.

The New York State legislature last summer rejected efforts to expand or make the program permanent and instead extended the program for another five years (see *MHW*, August 9).

### Study details

"Kendra's Law is controversial," Jeffrey Swanson, Ph.D., the study's co-investigator and professor in psychiatry and behavioral sciences at Duke, told *MHW*. "Some people think it's coercive and do not want to see it renewed at all, while some want to make it permanent."

In the "Robbing Peter ..." study, Swanson and his colleagues at Duke

community treatment (ACT). These programs form the core of most court-ordered treatment plans under AOT in New York State, but are also often the cornerstones of voluntary treatment for people with SMI who are not under AOT.

Researchers conducted the study from 2006 to 2009 using administrative data from the New York State Office of Mental Health and Medicaid claims data to identify a group of individuals with serious mental illness who were voluntary recipients of enhanced services and who were otherwise clinically comparable to the AOT population.

**Continues on next page**

## Continued from previous page

During the AOT implementation period, the number of ACT teams in New York was increasing, effectively replacing intensive case management for many recipients after 2001, the study noted. To assess the AOT program's impact on service recipients who did not have an AOT order, researchers combined ACT and intensive case management into one category of intensive case coordination services and examined trends in receipt of these services over time, according to the study.

Researchers found that during the first three years of the AOT program, most of the expansion in enhanced services was directed toward individuals under court-

ordered treatment, which appears to have affected voluntary care seekers by lowering their odds of initiating enhanced services. It also raised their odds of having these services discontinued or no longer receiving them, according to researchers.

"During the first three years, it appears people who did not receive a court order were somewhat less likely to receive intensive services than people who did receive a court order," said Swanson. However, between 2002 and 2007, the trend shifted as non-AOT services recipients saw an increase in Assertive

Community Treatment (ACT) or intensive case management services that paralleled that for AOT recipients, according to the study.

"The service system expansion provided a capacity to serve more people eventually than those qualified for AOT," Swanson said. "In the long run, voluntary and involuntary recipients were served pretty equally."

Duke researchers concluded that the AOT program has a "greater capacity" to serve all persons with SMI, voluntary patients no less than involuntary ones. •

---

The evaluation of New York's AOT program, which is included in *Psychiatric Services*, is available online at:

[www.omh.state.ny.us/omhweb/resources/publications/aot\\_program\\_evaluation](http://www.omh.state.ny.us/omhweb/resources/publications/aot_program_evaluation).

## NASMHPD from page 1

tems of care for Americans with, or at risk for, mental illnesses, according to NASMHPD and CSG officials.

"While the tragedies are rare, but dramatic, these incidents do test the public mental health system whenever they occur," Robert W. Glover, Ph.D., executive director of NASMHPD, told *MHW*. "We have to help state directors understand the dynamics of the situation as best they can and use the opportunity to inform the public."

Added Glover, "This is a small, but important part of being prepared as a state mental health authority. These tragedies impact many systems. We want to educate commissioners, state mental health directors, and policymakers."

NASMHPD wants to help states know what to do before, during and after a critical incident and help give them direction, Glover said. "We wished we never had to do this toolkit," he added.

The toolkit includes backgrounders, fact sheets, resources, research, checklists, contact sheets and an initial communications pocket guide, as well as a literature review on mental illness and violence.

The toolkit notes that mental

health commissioners may be called on to explain the system's role in preventing or responding to violent incidents involving consumers with mental illness.

"While reviewing the literature and the research, it became obvious these tragic events represent a much larger issue than mental health," said Glover. "Those involved in the preparation of the toolkit realized

violent crime is not committed by people with mental illness and most people with mental illness do not commit violent acts," Osher told *MHW*.

The toolkit reminds commissioners to note that consumers with a serious mental illness are more likely to be victims rather than the perpetrators of violence.

The incidents, however, do

**'There's a need for a collaborative strategy across law enforcement, mental health, and victim's groups.'**

Fred Osher, Ph.D.

the need to talk to university officials, some of whom have already requested to use the toolkits."

## Confronting stigma

The research posted in the toolkit will help address some of the stigma and stereotypes that surround the issue of mental illness and violence, said Fred Osher, Ph.D., director of health systems and service policy, Council of State Governments Justice Center. "Most

serve as pause for determining whether the mental health field and other stakeholders have done as much as they should in relation to firearm registry and providing access to care, said Osher. "There's a need for a collaborative strategy across law enforcement, mental health, and victim's groups," he added.

The material in this toolkit was developed with input from mental health commissioners who have been involved in responding to

high-profile, tragic incidents, said Osher. Advocates, crime victims, consumers of mental health services and media affairs representatives also informed its development.

Some of the input for the toolkit came from James S. Reinhard, M.D., commissioner, Department of Mental Health, Mental Retardation and Substance Abuse Services in Virginia, who responded to the Virginia Tech shootings in April 2007; and Lorrie Rickman Jones, Ph.D., director of the division of mental health for the Illinois Department of Human Services, who experienced the Northern Illinois University shootings in February 2008.

### Identify key resources

Identifying an internal crisis communications team and determining who has the resources to

shape the message, and someone with the policy or political expertise when a crisis arises is critical, according to the toolkit.

Establishing good communication tactics with the governor's office is key, Glover noted. It's also important to establish a crisis response contact within the governor's office and work with that person to develop a plan for how to act and coordinate in a time of crisis.

State mental health commissioners will also be responsible for helping mental health providers, including those in schools and universities, access state and federal funds for a disaster mental health response, according to the toolkit.

The immediate crisis involving a person with a history or current diagnosis of serious mental illness may pass quickly, but the aftermath may linger for months and even

years, according to the toolkit.

Ongoing media scrutiny, possible legislative hearings, and re-traumatization of victims, their families and the public on key anniversary dates may keep the incident front and center for some time. The toolkit encourages commissioners to provide continuing support and compassion, review and reconnection with stakeholders and important allies to determine whether any positive change can result.

"These tragic events will occur," said Osher. "We want to make sure we understand the concerns and appreciate the lessons the tragedies afford us." •

For more information about the toolkit, contact Robert W. Glover, Ph.D., by telephone at 703-739-9333, or to download the toolkit, visit [www.nasmhpd.org](http://www.nasmhpd.org).

## BRIEFLY NOTED

### SAMHSA awards mental health care transformation grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced last week 20 new mental health transformation grants totaling up to \$71.5 million over the next five years, to bring about needed changes in the organization, management and delivery of public mental health services. In addition to putting needed infra-

structure into place, the grants will fund services including supportive housing, employment and education programs, prevention and wellness services, trauma-informed care programs, and special services for military families. It is expected that up to \$14.3 million per year will be available to fund the 20 grants. Awardees are eligible for up to \$750,000 per year for up to five years. For more information, visit [www.samhsa.gov](http://www.samhsa.gov).

### APA requests change in White House condolence letter policy

The American Psychiatric Association (APA) last week urged President Obama to reverse the policy prohibiting the president from sending condolence letters to families of military suicide victims. Under the current policy, suicide victims receive full military honors, but the families do not receive condolence letters from the president as do those killed in combat or in non-combat incidents in a war zone. "The contributions of these men and women to their country are not less

Distributing print or PDF copies of *Mental Health Weekly* is a copyright violation. For additional copies, please contact Sandy Quade at 860-339-5023 or [squadepe@wiley.com](mailto:squadepe@wiley.com) for special discounted rates.

for having suffered a mental illness. A reversal of this policy to allow condolence letters to family members will help to honor the contributions and lives of the service men and women," said APA President Carol A. Bernstein, M.D.

### Give an Hour receives grant from the Lilly Foundation

Give an Hour, a national non-profit organization providing free mental health services to veterans of Iraq and Afghanistan, their loved ones, and their communities, last week announced a \$400,000 grant from the Eli Lilly Foundation. The Foundation first awarded a one mil-

*Continues on next page*

### *Mental Health Weekly*

welcomes letters to the editor from its readers on any topic in the mental health field. Letters should be no longer than 350 words.

Submit letters to: Valerie A. Canady, managing editor, *Mental Health Weekly*, 111 River Street, Hoboken, NJ 07030-5774; e-mail: [vcanady@wiley.com](mailto:vcanady@wiley.com). Letters may be edited for space or style.

Continued from previous page

lion dollar grant jointly to Give an Hour and the American Psychiatric Foundation (APF) in May 2008 to help develop the Give an Hour network and to build a public education campaign addressing military mental health issues. Give an Hour's licensed volunteer mental health professionals are available in all 50 states. By providing free services separate from the military establishment, the organization helps those who might otherwise fail to seek or receive appropriate services.

## STATE NEWS

### N.Y. OMH announces funding for supported housing units

The New York State Office of Mental Health announced last week the availability of funds, over three phases, for the development and operation of up to 4,500 units of supported housing. The development of these supported housing units as outlined in the RFP is pursuant to a Remedial Order and Judgment entered by the U.S. District Court for the Eastern District on March 1, 2010 in an action known as *Disability Advocates, Inc. v Paterson, et al.* The supported housing units to be developed under this RFP are for a defined population; adults living in one of 28 identified adult homes within four counties of New York City. For additional information, visit [www.omh.state.ny.us/omhweb/rfp/2010/supported\\_housing/adult\\_home\\_residents](http://www.omh.state.ny.us/omhweb/rfp/2010/supported_housing/adult_home_residents).

### Governor cuts nearly \$1 billion from California budget

California's Governor Arnold Schwarzenegger has used his line-item veto power to cut nearly \$1 billion from the \$87.5 billion budget the legislature passed recently. Schwarzenegger slashed \$256 million from a child care program for families moving off welfare and \$133 million from mental health

## Coming up...

**Hazelden, Behavioral Health of the Palm Beaches** and **The Change Companies** will sponsor the "Heartland Conference on Behavioral Health and Addictive Disorders," with a special track on adolescents and young adults, **October 21-23** in **Chicago**. Visit [www.usjt.com/chicago-conference2010](http://www.usjt.com/chicago-conference2010) for more information.

The **American Academy of Child and Adolescent Psychology (AACAP)** will hold its 57th annual conference **October 26-31** in **New York, N.Y.** For more information, visit [www.aacap.org](http://www.aacap.org).

The **Institute for Behavioral Health Informatics** will hold its 6th annual conference on the future of technology in behavioral health, "Technology for Competitive Advantage in an Era of Health Care Reform," **November 10-12** in **Baltimore, Md.** Visit <http://openminds.com/ibhi> For more information.

The Sixth World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders, "Addressing Imbalances: Promoting Equity in Mental Health," will be presented **November 17-19** in **Washington, D.C.** For more information, visit <http://wmhconf2010.hhd.org>.

### Mental Health Weekly is on Facebook

Anyone can be a fan!  
If you are a member of Facebook, enter "Mental Health Weekly" in the Facebook search bar and become a fan today.

services for special education students. While the final budget will provide roughly \$250 more per student in K-12 education funding than the May proposal, schools won't see most of that money until next fiscal year. The timing of the final budget approval (a record 100 days late) is problematic. Because school districts needed to approve their budgets in June, they have already dismantled programs, laid

off staff and cut costs based on the May budget proposal.

## NAMES IN THE NEWS

**Kevin Martone**, New Jersey Department of Human Services Deputy Commissioner, last week was elected president of the National Association of State Mental Health Program Directors (NASMHPD), according to the State of New Jersey Department of Human Services. NASMHPD Executive Director Robert Glover, Ph.D., said Martone's "outstanding leadership, positive energy and recovery values are vital to the critical work ahead of us in ensuring behavioral health is included in all aspects of health care reform implementation."

## In case you haven't heard...

*While many people might assume that the rescued Chilean miners will suffer from psychological problems requiring therapy, the miners' survival of the ordeal may actually provide a lesson on the remarkable strength of human resilience, says University at Buffalo researcher Michael Poulin, Ph.D. The way the miners approached their particular crisis is instructive of how the rest of us can and should cope with our own crises and stresses, Poulin says. "They determined what needed to be done, who should do what and when, and set about giving order and meaning to their experience." As the miners' lives return to normal, Poulin expects other insights into human resilience will come to light.*