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Essential information for decision-makers

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State Budget Watch

N.H. community support services at risk as departmental cuts continue



In New Hampshire, as in many other states, the idealism of a call for significant broad-based investment in the mental health system has clashed violently with the reality of persistent state budget imbalances. State officials and the state's community mental health provider network have identified few viable targets for cuts outside of services that help the seriously mentally ill integrate into the community.

Roland Lamy, executive director of the association that represents New Hampshire's 10 community mental health centers, told *MHW* this month that his members recently learned of a three-mechanism strategy by which the state Department of

Health and Human Services (HHS) would like to cut \$4 million in mental health funding beginning Oct. 1 and through the end of the current fiscal year next June:

- Imposition of a 10-unit cap on functional support services, which are generally delivered in the community by case-workers who assist clients with daily functionality skills.
- Enactment of a provider rate cut for functional support services.
- Enactment of a separate rate cut for case management services for persons with mental illness.

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Rhode Island mental health program teaches skills to address crises

National Mental Health First Aid initiative trained 3,000 individuals

Following a near tragic incident in August between a police officer and a young boy wielding a knife, a Rhode Island community mental health provider appears to be making inroads through its mental health training initiative, to inform the public and law enforcement in how to respond to someone experiencing a mental health problem or crisis.

Last year Rhode Island's mental health community stepped up their efforts to offer support in crisis situations following the deaths of three persons with mental illness in the aftermath of police calls (see *MHW*, July 28, 2008).

In late August, a confrontation in Providence, R.I. involving a 12-year-old boy with autism and obsessive compulsive disorder (OCD) and an armed officer ended in a peaceful standoff. The officer involved in the situation, Lt. Daniel Gannon, informed the local press about the mental health training he received through the initiative.

An international program, Mental Health First Aid, was launched in the U.S. last year by the National Council of Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene and the Missouri Department of Mental Health. (See *MHW*, Jan. 21, 2008).

Gateway Health, Inc., based in
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Before the August recess, Senators Al Franken (D-Minn.), the late Edward Kennedy (D-Mass.), Jack Reed (D-R.I.) and Sheldon Whitehouse (D-R.I.) also sent letters to the secretaries of the departments expressing their concerns about the delay (see *MHW*, August 10). About 26 Senators had signed on to the letter, said advocates.

“There’s a very strong showing of lawmakers calling for this,” Julio Abreu, senior director of government affairs at Mental Health America (MHA), told *MHW*. “Clearly, Congress wants this; not just mental health and addiction groups,” Abreu remains optimistic that the parity regulations will be released by the end of this week.

“I’m hopeful that with our prompting and urging, and more importantly with Congress’ urging, that the regulations will reflect the true intent of Congress — that it will not get watered down — and that the regulations will come out in a timely fashion,” Abreu said.

He added, “Congress passed a strong parity law and a strong set of regulations will reflect that,” he noted. The upcoming plan calendar year 2010 makes it challenging, he acknowledged. “Our hope is that with a clear set of regulations the plans can faithfully implement the law,” he said.

Not so hopeful

Some in the field are not as

confident that the regulation deadline will be met on time. The president and chief executive of the Association for Behavioral Health and Wellness (ABHW) said many insurers in preparation for their 2010 plan calendar year have already moved forward without the regulations.

“Given the late issuance of the regulations, ABHW does not believe that plans that implemented the law in good faith should be penalized in 2010 if their interpretation of the law differs from the regulations,” Pamela Greenberg told *MHW*.

Greenberg added, “Renegotiating contracts mid-year is very difficult. Many plans have submitted their benefits package to the state for approval and states do not have the resources to open this process mid-year.”

Many ABHW members have already signed contracts with their customers, said Greenberg. “They [insurers] have had to interpret the parity law to the best of their ability,” she noted.

One lingering concern is that the management of behavioral health plans should not be considered identical to management of general health plans, she said. “We believe that the intent of law was to allow for management of the behavioral health benefit in the manner in which it is currently intended,” said Greenberg (See *MHW*, June 15).

Additionally, the cost estimates

for the legislation assumed current management practices, a change to this would undoubtedly increase the cost associated with the implementation of parity, she added.

Pushing forward

Chuck Ingoglia, vice president of public policy for the National Council for Community Behavioral Healthcare, said he initially heard the regulations might not be issued until April 2010; however the congressional letters have appeared to have some impact. Ingoglia said he is grateful that agencies appear to be working to “speed up” the regulation process.

“We want the regulations to reflect on the intent Congress had in making care available for people with mental illness and substance abuse,” Ingoglia told *MHW*.

Most plans probably have already worked on their marketing materials and utilizing their “best guess” in how to be in compliance, he said. “It’s a little late, but it’s [still] important to get those regulations out as quickly as possible,” said Ingoglia. •

Bottom Line...

If regulations are not issued by this week’s deadline, advocates intend to increase efforts and encourage consumers and members to help secure support for the timely release of the regulations by pressuring lawmakers and the administration.

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Pawtucket, RI, launched the Mental Health First Aid initiative last year to offer training to the public and municipal police officers. Gateway was one of seven pilot locations to offer the evidence-based, program (See *MHW*, Jan. 21, 2008).

Community mental health organizations involved with the program tend to charge a nominal fee for participation and to enlist local funding support. Gateway charges

\$50 for participants. The program is largely funded through a grant from

‘Bringing awareness and understanding of mental illness is part of our mission.’

Richard LeClerc

Blue Cross Blue Shield.

The initiative is designed to teach participants about the symptoms, causes and treatments of common mental illnesses and to give them the skills needed to assist an individual experiencing a mental health problem.

The 12-hour training program does not aim to teach people how to become clinicians or therapists, but tries to teach them how to recognize the symptoms of mental

health problems, how to provide initial help and how to guide a person in crisis to appropriate professional help, said program officials.

The program includes a five-day instructor training program to certify trainers from community-based organizations who then offer it to the public and to target audiences in their areas.

“Bringing awareness and understanding of mental illness is part of our mission,” said Richard LeClerc, president of Gateway Healthcare, Inc. In Rhode Island, to date more than 300 people have participated in the program, including law enforcement, said LeClerc.

The training programs are conducted about every two months, said LeClerc. “It’s very interactive. We also work with other behavioral health organizations doing training throughout the country.”

Police partnership

Gateway Healthcare has instituted Mental Health First Aid as part of the training for new recruits at the Municipal Police Academy in Lincoln, R.I. Rhode Island Police Academy. “The program offers training at the recruitment level, so that all entry-level police officers before they are hired, participate in Mental Health First Aid program,” Chief Anthony J. Silva, executive director of the Rhode Island Municipal Police Academy in Lincoln, R.I., told *MHW*.

Mental health training is offered to all entry-level police officers in cities and towns across the state. “The program has been invaluable,” Silva said.

The two distinct advantages of the program are that it trains both entry-level and in-service officers, he noted. “We’ve reached out to veteran police officers with service from one year to 30 years,” he said. The trainings are offered to the officers approximately three to five times a year, said Silva.

Silva noted that without the training the encounter with the officer

ASIST program aims to involve community in suicide prevention

A Rhode Island-based community behavioral health organization is implementing a suicide intervention training initiative to involve caregivers in assisting and helping persons who are contemplating suicide and to help reduce the risk.

The ASIST (Applied Suicide Intervention Skills Training) program is a two-day workshop designed to provide caregivers with the skills to intervene until the immediate risk of suicide is reduced or additional resources can be found.

The evidence-based program will be offered through Gateway Healthcare, Inc., a Pawtucket, R.I.-based non-profit community-based behavioral health organization.

The ASIST program is designed for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide.

“Thirty thousand Americans completed suicide each year. Research shows that 4 to 5 percent of the population has attempted suicide during this lifetime, said Christine Emond, a certified ASIST Pawtucket Emergency service supervisor at Gateway Healthcare, Inc., who made her remarks last week during a breakfast briefing which also addressed the state’s Mental Health First Aid program (see story, page 1).

Nationally, more than 750,000 caregivers have participated in the program since November 2006, said Emond, adding that the majority of participants have recommended the workshop to others.

“The goal is to enhance a caregiver’s ability to help a person at risk,” Emond said. In addition to caregivers, the training is also designed for mental health professionals, social workers, physicians, nurses, counselors, police, fire and rescue, faith communities and correctional facility staff, she said.

The program’s objective is to help participants discuss suicide with a person at risk in a direct manner, identify risk alerts and develop safety plans related to them. Additionally, the program will enable participants to list the types of resources available to a person at risk of suicide, Emond said.

Visit www.suicidepreventionlifeline.org for more information about the ASIST program.

and the youth could have ended differently, but it ended safely, he said.

For his part, officer Gannon, who received an award for his efforts from Gateway and the attorney general’s office during the event last week, said that many people are being arrested for minor offenses, such as trespassing or wandering the streets, when they shouldn’t be. “They should be getting the treatment that’s needed,” he said.

Gannon said that when he encountered the youth with the knife, who weighed about 240

pounds, he was determined that the situation would end in a peaceful resolution, no matter how long it took. “I was going to stay the night if I had to,” said Gannon.

Increasing MH literacy

“We view the Mental Health First Aid as a prevention program,” said Mary Cimini, a trainer of Mental Health First Aid instructors for the National Council for Community Behavioral Healthcare, in remarks last week during an informational

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briefing on the program in Providence, R.I.

The briefing, hosted by Gateway, addressed how Mental Health First Aid can benefit individuals, businesses and the community and highlighted the organization's suicide prevention initiative, Project ASIST (see box, page 5).

The Mental Health First Aid initiative increases the participants' understanding of mental health issues, including prevalence, symptom recognition and behavior, she said.

Cimini added, "If we can recognize mental illness we can intervene and hopefully [the condition] will not become more severe."

"Regrettably, professional help is not always on hand," said Cimini, who is also director of Gateway's LifeWatch Employee Assistance Program. The program hopes to fill the gap to the extent that the person in crisis won't be misunderstood, she noted.

The program is helping neighbors look out for one another, increase their knowledge about mental illness and reducing stigma, she noted. Cimini said she hopes the program will encourage the public to assist someone in a mental health crisis, rather than become fearful.

"We're encouraging self-help and supportive strategies," she said. The training is aimed toward family members, faith communities, professionals, schools, and other members of the public. "The program is applicable to all audiences, added Cimini.

National perspective

Since the program's inception through the National Council, about 3,000 individuals have been trained. To date, the program has realized the following outcomes:

- 300 instructors certified.
- 33 states running the program.
- More than 180 community trainings have been conducted.

Linda Rosenberg, president and chief executive of the National Council for Community Behavioral

Healthcare, said she views the program one day becoming as common as CPR and First Aid. "You're more likely to see someone [suffering from] anxiety than you are having a heart attack," Rosenberg told *MHW*. "Four times more people die of suicide than die of breast cancer."

Rosenberg added, "We have to educate the public around mental illness. This program can be helpful to neighbors and family members. The message is that mental illness is treatable."

The feedback has been very encouraging, she noted. Participants say they have a better understanding of mental illness and that they're more confident talking to consumers

who are going through depression, anxiety or even psychosis.

"The program is helping people become literate about mental illness and about what to do in an emergency," Rosenberg added. •

For more information about Mental Health First Aid, visit www.MentalHealthFirstAid.org.

Visit www.gatewayhealth.org for information about Gateway Healthcare, Inc.

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Medicare advocates urge Senate to support amendments to reform bill

The Medicare Rights Center last week sent a letter to the Senate Finance Committee urging them to vote for amendments to health reform legislation that would close the coverage gap in the Medicare drug benefit — the [infamous] doughnut hole — and improve access to programs that help low-income people with Medicare afford their premiums and copayments.

The Senate Finance Committee, last week marked up its health reform bill, America's Healthy Future Act, unveiled earlier this month by committee chairman Sen. Max Baucus (D-Mont.).

The passage of these two amendments is crucial to ensuring that that health reform legislation improves coverage for older adults and people with disabilities, Joseph Baker, president of Medicare Rights Center, wrote.

The markup of the reform bill "provides a significant opportunity to improve the affordable access to medical care and prescription drugs for people with Medicare," he wrote. "The delivery system reforms in the legislation that shift Medicare payment toward rewarding doctors, hospitals and other medical providers for delivering high-quality, evidence-based care are an important step toward achieving that goal."

President Obama endorsed a phase-out of the doughnut hole in his remarks to Congress, by both extending the initial coverage threshold, and lowering the catastrophic upper limit, Baker wrote. This amendment to close the part D doughnut hole to create affordable prescription coverage for everyone with Medicare was filed by Sen. Bill Nelson (D-Fla.).

"This crucial improvement in drug coverage for people with Medicare is fully paid for and yields an additional \$30 billion in budgetary savings by restoring pharmaceutical prices for coverage of dual eligibles with Medicare and Medicaid to levels that prevailed before the inception of the Part D drug benefit," noted Baker.