

# MENTAL HEALTH WEEKLY

Essential information for decision-makers

Volume 18 Number 41  
October 27, 2008  
Print ISSN 1058-1103  
Online ISSN 1556-7583

## HIGHLIGHTS...

**Massachusetts** Gov. Deval Patrick announced **mid-year budget cuts** that may severely impact mental health services in the state, with **recovery-oriented services** offered in **daytime hours** set to be the **hardest hit**. For now, the state's **Medicaid programs**, including **community-based psychiatric day treatment** and **hospital-based partial hospitalization**, will not be cut. *See story, top of this page.*

The **National Council of Community Behavioral Healthcare** has launched a new **quality improvement model designed** to help community mental health agencies **increase access to services** and **deliver quality care**. The **effort** is part of the organization's **ongoing initiative** to present agencies with **business improvement** approaches. *See story, bottom of this page.*

## INSIDE THIS ISSUE...

Business model helps N.M. agency improve service access . . . *See page 3*

**From the Field:** Breaking the silence of suicide . . . *See page 5*

Dartmouth researchers to study Hurricane Ike impact . . . *See page 7*

© 2008 Wiley Periodicals, Inc.  
Published online in Wiley InterScience  
(www.interscience.wiley.com) DOI: 10.1002/mhw.20159



## Budget cuts in Massachusetts have profound impact on daytime services

### *Field averts cuts in Medicaid programs*

Mid-year budget cuts imposed this month by Massachusetts Gov. Deval Patrick appear to be taking a particularly heavy toll on mental health services, with recovery-oriented services offered in daytime hours experiencing the hardest hit. The budget cuts, necessitated by slumping state revenues in a time of grave economic concern, are leaving mental health advocates with few viable arguments to present as they fear that these cuts could be just the first of many.

Patrick's sudden announcement this month that the economic slowdown affecting the entire nation would require \$1 billion in state

budget cuts and 1,000 layoffs to keep the budget in balance has led to widespread fears among social service workers and the clients they serve. A total of \$9.3 million in cuts to the state Department of Mental Health's budget has already been announced, but advocates are concerned that this could be just the tip of the iceberg if projections of a prolonged economic crisis prove accurate.

"The population we serve was never a big winner even when the economy was good," Ken Duckworth, M.D., medical director of Massachusetts human services agency Vinfen who also serves as medical director of the National Alliance on Mental Illness (NAMI),

**See MASSACHUSETTS on page 2**

## National Council initiative helps agencies improve access to MH services

### *Quality improvement strategy aims to enhance service access*

Responding to challenging economic times, the National Council for Community Behavioral Healthcare and community mental health and addictions treatment organizations are adopting quality improvement models developed in the business sector to increase the number of people they serve.

The Lean Six Sigma initiative is a performance improvement project to help member organizations identify process improvements and implement solutions across various aspects of patient care to ensure improved continuity of care and ultimately, improved patient outcomes.

The program is the integration of two business improvement approaches pioneered 20 years ago by companies such as Motorola and GE to eliminate non-value added activities, reduce waste and increase process speed and reliability.

The National Council will partner with Eli Lilly and Company to implement the program to improve process and delivery of care in its member organizations. The company, which has used the Lean Six Sigma program, will "loan" the National Council two "Black Belts," — Lean Six Sigma specialists — to assist its members with the project, Linda Rosenberg, president and chief executive of the National Council, told *MHW*.

**See INITIATIVE on page 4**

MASSACHUSETTS from page 1

told *MHW*. "These are clients who live at the edge of economic trouble all the time in their lives."

Cuts already affecting the Department of Mental Health generally have targeted services and supports offered in daytime hours to clients with mental illness. Funding for day rehabilitation and social club programs has been eliminated, while clubhouse programs have taken a significant hit.

In addition, the Services for Employment and Education program that seeks to create workforce opportunities for Massachusetts adults with mental illness will cease operations at the end of the year. That will affect 2,000 individuals currently receiving vocational assistance under the program.

"With a couple thousand people off the work rolls in the daytime, will there eventually be more pressure on the inpatient bed system?" Duckworth said.

The field did hear some promising news last week, as the Patrick administration appears to have changed course on previously announced mental health cuts in the state's Medicaid program. This means that the field for now will not see the elimination of community-based psychiatric day treatment and hospital-based partial hospitalization as covered benefits under

**'One could argue that almost all the services we're providing these days could be considered core services.'**

Vic DiGravio

Medicaid, according to mental health advocates.

**Budget prioritization**

The cuts' targeting of daytime services such as vocational rehabilitation leaves the mental health provider community with some challenges in terms of making its advocacy arguments to state leaders. While many of these services constitute the foundation of the more recovery-oriented system of care that has become a key goal in the field, it is also true that protecting these services from cuts could necessitate reductions or eliminations in other crucial everyday services to people with serious mental illness.

"One could argue that almost all the services we're providing these days could be considered core services," Vic DiGravio, president and chief executive of Mental Health and Substance Abuse Corporations of Massachusetts, told *MHW*.

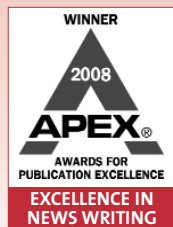
Even with the Medicaid-related cuts restored, DiGravio sees the Department of Mental Health reduc-

tions having a significant impact on access to community-based care. He said the mental health provider community has been informed that those providers that have contracts with the state will see those agreements eliminated by Dec. 31.

In arguing for relief, advocates will emphasize that they understand the realities of the state's fiscal situation and will not argue that their services should be immune from reductions. "One of our guiding principles is that these cuts are fair and equitable within the entire health services spectrum," said DiGravio, who added that the Department of Mental Health is bearing a higher burden in the announced reductions than are other human service operations in state government.

"I don't think any of this was done maliciously or even intentionally," DiGravio said of the mental health cuts. "This was a quick process; the administration wanted to act expediently, because the longer you wait the more the cuts

**MENTAL HEALTH WEEKLY**  
Essential information for decision-makers



- Executive Managing Editor** Karienne Stovell
- Managing Editor** Valerie A. Canady
- Associate Editor** Sarah Merrill
- Contributing Editor** Gary Enos
- Production Editor** Douglas Devaux
- Executive Editor** Isabelle Cohen-DeAngelis
- Publisher** Sue Lewis

**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 July, the first Monday in September, and the first and last Mondays in December. The yearly subscription rates for **Mental Health Weekly** are: Electronic only: \$699 (individual), \$3950 (institutional); Print and electronic: \$769 (individual, U.S./Can./Mex.), \$913 (individual, all other), \$4345 (institutional, U.S.), \$4489 (institutional, Can./Mex.) and \$4537 (institutional, all other). **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. © 2008 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 CINAHL: Cumulative Index to Nursing & Allied Health Literature (EBSCO).

**Business and Editorial Offices:** John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; e-mail: vcanady@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.

you impose become magnified. But in doing this, [the governor's] team missed certain things."

Duckworth, whose agency provides services for individuals with mental retardation as well as those with mental illness, said there appears to be significantly less impact on the mental retardation side of the budget at present. "Part of me is relieved, but part of me wonders about how the apportioning got done," he said.

Still, he has firsthand knowledge of the difficulties government departments face in tough fiscal times, having served as acting commissioner of mental health during another budget crisis under former Massachusetts Gov. Mitt Romney.

Mental health advocates are well aware that the status quo cannot continue, even though the reality is that the status quo has still left thousands of people with mental illness waiting for case management services and housing support, Duckworth said.

Although Vinfen's contracts with the state don't focus largely on employment services, Duckworth appreciates the importance of link-

ing clients to meaningful work opportunities as a major element of their recovery. "A lot of these individuals may be getting their first employment experience," he said.

In terms of Medicaid, Duckworth said that this area may have been spared in part because of the realization that cutting Medicaid programs also means losing a share of federal matching dollars.

### Community protest

While the cuts announced by the Patrick administration this month may be just the first round of needed reductions, they already are generating protest in the mental health community.

The Boston Globe reported this

**'These are clients who live at the edge of economic trouble all the time in their lives.'**

Ken Duckworth, M.D.

month that advocates were planning to demonstrate at the site of a NAMI conference in the state. One provider was quoted by the newspaper as saying these were the most dramatic cuts to services for people with mental disabilities in four decades.

DiGravio said provider agencies across the state have been upfront with staff members and clients about the impact of the reductions, and the situation has generated anxiety in both groups.

"Day treatment serves the severely mentally ill, who need that stability," he said. "People who are farther along on the recovery spectrum need some structured environment; what are they going to do with their daytime hours?"

On the day Vinfen's Duckworth was interviewed for this article, he was driving to one of his agency's work sites to explain the cuts that were being made to a community rehabilitation support team and to discuss options for the future. "As the medical director, I have to explore what other things these individuals can do in my organization," he said. •

## Business model helps N.M. agency improve service access

Carlsbad Mental Health Center in New Mexico increased their capacity for outpatient and medical services by more than 20 percent in the year following its participation with the National Council's Access and Retention project.

The initiative, launched last summer, is designed to help community mental health centers reduce consumer wait times and serve more people with less resources through the application of business process improvement models.

The New Mexico agency was one of four selected to participate in the project. The other member agencies included Lifeworks NW in Portland, Ore.; Northwest Mental Health Center in Tampa, Fla.; and

Sweetser in Saco, Maine.

"Access and Retention is looking at the whole intake process in a way that is much more responsive to consumers," Linda Rosenberg, chief executive with the National Council, told *MHW*. The organization plans to expand the effort to include more member agencies in 2009, she said.

Access and Retention and the Lean Six Sigma (see story, page 1) use slightly different methodologies but both have the same goals and principles — increasing access to services by increasing efficiencies through the application of proven business models to behavioral health, according to Rosenberg.

Carlsbad Mental Health Center

aims to get people seen in a timelier manner in order to meet their needs, said Chief Executive Noel Clark. "Part of our overall strategy is to define our capacity and increase it," Clark told *MHW*. "The goal was to find ways to increase capacity, eliminate the 'no-shows,' and to see people on the same day they requested services."

The agency also reduced wait time for consumers to see a psychiatrist from six weeks to 11.1 days. The data from the initiative also indicated that the wait for the second therapy appointment had been reduced to 11.2 days. While this reduction marks a "significant improvement," the ultimate goal for

**Continues on next page**

## Continued from previous page

second therapy appointments and psychiatric appointments is 10 days, said Clark.

Intake services at the agency are provided by masters-level clinicians on the first day service is requested, he said. They complete the assessment and initiate the treatment planning process then forward it to the most appropriate clinician based on customer preference and availability.

“Scheduling is driven by treatment plan, not availability,” said Clark. “For example, based on intake, tentative diagnosis and our internal care criteria, we try to define treatment goals and number of sessions in an episode of care.”

Clark added, “Our next goal is to link customers to clinical staff based on the outcomes clinicians achieve serving a particular set of presenting problems,” he said.

## Scheduling

Clark noted that one controversial move in the organization involved removing the scheduling function away from clinicians and psychiatrists to the front desk for customer service representatives to handle.

“Many hours of potential appointment time were blocked out for paperwork and we believe concurrent documentation and the laptops provided the tools needed to complete paperwork during the process,” Clark said. “We explained that we expected an average of 26 billable hours of service each week.”

Clark added, “It’s important to have a business perspective in this field. We stopped apologizing for taking a business approach to managing our practice.”

Customer service representatives keep a list of people who want to get in and they call these customers when we have cancellations or no shows, Clark said. “Clinicians also padded their schedules sometimes by offering recurring appointments to consumers who didn’t show for their appointments.”

The agency developed and implemented policies and procedures for the customer service representatives to follow regarding no-shows, he said. This included calling customers 48 hours in advance, sending letters after a no-show, discharging inactive customers and we amended the Customer Rights and Responsibilities to include active

involvement in the process. “Then we did what we said we would do — if they didn’t participate, we filled their appointment with someone who wanted to participate.”

## Accessing services

One of the key outcomes of the initiative involved providing 450 additional hours of services with the same level of staff, said Clark. Every level of staff was involved, he said. “The most significant accomplishment is that through more efficient operations and better customer service we have increased our capacity to serve our community,” said Clark.

“Our mission is to enhance, change and save lives. Because of the process of growth that began with the Access and Retention Project and is spreading across our practice today, we are able to provide immediate access to services and are approaching our goal of providing the second counseling appointment and a psychiatric appointment within 10 calendar days.”

Clark added, “This ability to respond immediately to requests for services seems to have had a positive impact on access.” •

## INITIATIVE from page 1

Three member organizations have been selected to participate in the Lean Six Sigma initiative: Lifespring in Jefferson, Ind.; Valley Cities in Auburn, Wash.; and Rushford Hartford Healthcare in Meriden, Conn.

These organizations will share their experiences with the Lean Six Sigma initiative during the National Council’s annual conference next spring in San Antonio, added Rosenberg.

The initiative comes on the heels of the National Council’s Access and Retention improvement project, a year-long effort piloted by four member agencies that resulted in increases in the number of consumers served after a series of

**‘The Lean Six initiative will allow our member organizations to increase capacity to deliver services during tough, economic times.’**

Linda Rosenberg

process improvement measures (see story, page 3).

The Lean Six Sigma, Access and Retention, and a web-based survey to identify organizational best practices, all come under the rubric of the organization’s ongoing performance improvement initiatives that encourage use of cutting-edge technology to enable increased access to mental health services and enhancement of service quality.

“The Lean Six initiative will allow our member organizations to increase capacity to deliver services during tough, economic times,” Linda Rosenberg, chief executive of the National Council, told *MHW*. “Tough times call for more effective operations.”

Efforts will include providing people with services to reduce waiting time, improve operations and

**Continues on page 6**

## Breaking the silence of suicide

by Christina Mencuccini

There is no word more stinging than suicide. For Arizona, American Indians have one of the highest rates of suicide attempts, and suicide is the third leading cause of death for American Indians (according to the Centers for Disease Control and Prevention and the National Center for Health Statistics). Northern Arizona, comprised of five counties, has a total population of 605,762 and an American Indian population of 139,487 (23 percent). Within the region, 10 out of 21 tribal groups in Arizona and nine American Indian reservations reside.

The Native American Suicide Prevention and Awareness Coalition was developed in 2004 in response to the serious problem of suicide in Northern Arizona. The Coalition is a collaboration between Northern Arizona Regional Behavioral Health Authority (NARBHA) and tribal communities, including Navajo Nation, Hopi Nation, White Mountain Apache Nation, Yavapai-Apache Nation, Hualapai, Fort Mojave Indian Tribe, and Yavapai Prescott Indian Tribe. The Coalition's goal is to reduce the incidence of suicide among Northern Arizona American Indian youth ages 15-24 by building community capacity through education and training informed by American Indian traditions.

In 2004, Northern Arizona University's Social Research Laboratory (NAU-SRL) was commissioned to conduct a community assessment of the five counties related to services provided to American Indians between 1994 and 2003. Based on statistics provided by the Arizona Department of Health Services Health Status and Vital Statistics, it was reported that this population had an average of 24.1 suicides per year. (Note: Suicide rates for different age groups vary on the larger reservations in Northern Arizona.)

The NAU-SRL assessment found common indicators between all tribes, which included substance abuse, mental health issues, and family violence. The majority of American Indian cultures have historically been silent about the struggles associated with suicide; but with the implementation of the Coalition's strategies to develop traditional healing practices in the fight against suicide, the American Indian tribes in Northern Arizona have seen significant improvement throughout their communities.

### ASIST model

The Applied Suicide Intervention & Skills

Training (ASIST), developed by LivingWorks of Canada, is an emerging practice model for addressing the key indicators to reduce suicide. The ASIST training is specific to the intervention process of suicide and utilizes a process of connecting, understanding, and assisting to prevent an immediate risk of suicide. ASIST is unique in that it not only raises awareness of suicide, but also teaches suicide intervention skills training to caregivers and gatekeepers, creating a suicide-safer community. This two-day workshop explores suicide awareness, intervention and follow-up skills, and participant attitudes toward suicide that aims to leave participants feeling willing, ready, and able to intervene.

One of the major goals of the Coalition every year is to collaboratively design and implement the statewide *MBRACE Life Summit* — a two-day conference in which education, awareness, coping skills and prevention resources are shared among tribal members. Traditional medicine and healing practices to manage suicidality are highlighted through traditional ceremonies and American Indian specific programming. Deriving its name from the "embrace of life," *MBRACE Life* incorporates time-honored practices for American Indians as a crucial element in the prevention and recovery of suicide, and in overcoming the cultural communications barriers of ideation thoughts that may lead to suicide.

September 2008 marked the fourth *MBRACE Life Summit* and significant improvements in addressing suicide. In 2005, Arizona's average for suicides in American Indian communities was 17.5 per 100,000 in population, as compared to the national average of 10.7 per 100,000 for all populations, according to the Arizona Health Status & Vital Statistics for 2007. Following the 2005 award of a SAMSHA grant to the Arizona Department of Behavioral Health Services — which provides funding for the *MBRACE Life Summit* and ASIST Trainings in American Indian communities — the Arizona average for American Indian suicides has dropped to an all-time low of 9.8 per 100,000. With this collaborative approach, Northern Arizona tribal communities are bridging the gap, openly discussing suicide, and increasing their own efforts in locally working through the challenges that lead to suicide.

For more information on *MBRACE Life*, ASIST Training, the Native American Suicide Prevention and Awareness, or NARBHA, please contact Christina Mencuccini at (928) 556-2662.

Continued from page 4

not keeping people in treatment who don't require it, she said. "We'll do whatever we can as an industry to meet this demand," said Rosenberg. "We want to help our members learn as much as they can about cutting-edge technology."

Rosenberg noted that with the recent passing of the mental health parity bill, more people will be able to access treatment. A demand for services will no doubt increase as a result of the struggling economy. "More people are able to get treatment," she said. "We have to do whatever we can as an industry to meet this demand. Our job is to make sure we are as effective as possible."

### Functioning as a business

How can a business application model be applied to the behavioral health care industry? "It's not a question of how, it's a question of you must," said Rosenberg. "We've got to act and behave like the businesses we are."

Dealing with payroll, liability insurance, and rent are all areas organization have to deal with like any other business, she said. "We have to look at our operations through a business lens," Rosenberg added. "It's important we see our consumers as customers, or they will take their business elsewhere if we're not responsive."

### Valley Cities agency

Valley Cities Counseling and Consultation in Washington State —

#### **MHW editor wins media award from New York association**

*Mental Health Weekly* is pleased to announce that managing editor Valerie A. Canady last week received the *Mental Health Media Award: Print* from the Mental Health Association in New York State, Inc. (MHANYS). Canady received the award at MHANYS' Annual Awards Dinner and Conference last week.

## Benchmarking survey identifies best practices

Requiring clinicians to call clients that are 'no-show' or who cancel two times in a row is one of the methods that emerged as 'best practices' in increasing capacity to serve clients, according to results from a recent survey released by the National Council for Community Behavioral Healthcare.

The National Council conducted the Client Retention and Engagement Benchmarking Survey in September to identify organizational strategies and practices that are associated effective client retention/engagement. The web-based survey was established to examine the practices that might be associated with the effective engagement and retention of adults receiving outpatient behavioral health services.

Other methods that emerged as "best practices" in increasing capacity to serve clients were:

- Limiting the initial intake process to an hour or less, on average.
- Making it a standard practice to personally introduce a client to a member of his or her treatment team during or immediately after the intake.
- Having clinicians routinely call clients before the initial face-to-face appointment to introduce themselves and establish rapport.
- Avoiding the use of voicemail at least 95 percent of the time when persons make their initial call to request outpatient services.

The benchmarking exercise was conducted by the National Council in partnership with Behavioral Pathway Systems. The National Council plans to disseminate a report of identified best practices to its members and offer tools and resources to implement these best practices through webinars, consulting opportunities and toolkits on its website, [www.thenationalcouncil.org](http://www.thenationalcouncil.org).

one of three member agencies to implement the Lean Six Sigma initiative — sees the new program as a way to address its challenges with access problems. Faith Richie, chief executive of Valley Cities, told *MHW* that her agency wants to improve its responsiveness to clients.

The agency provides counseling and consulting services to nearly 6,000 clients and is struggling with access problems, noted Evans. The goal of their Six Sigma project, she said, is to decrease the intake time to less than 10 days, the time from intake to first appointment to less than 30 days, and the lag time between discharge and appointment to less than seven days.

"We want to speed up the access and intake process," said Richie. "We think with this process we can become more efficient with the same resources."

The agency also aims to improve

care continuity, she added. "When one of our clients goes into another system, whether it's the hospital or jail, we want to connect with them," Richie noted. "We want to make sure that once they're released, they're reconnected to our services."

During these troubled economic times, embarking on such an effort becomes even more critical, she said. "More people will need our services. Whenever there is an economic downturn more people may need mental health support. They may lose their jobs or their homes."

Richie noted that this performance measurement model, which they plan to implement this week, will work well in a behavioral health care environment. "It's really around improving your processes and becoming more efficient. We're not changing what we offer. We're trying to make it more effective and more humane." •

## Dartmouth researchers to study Hurricane Ike impact

Dartmouth researchers with the National Center for Disaster Mental Health Research (NCDMHR) are preparing to visit the Galveston, Texas area on their first field mission in early November to study the impact of Hurricane Ike, which hit in late September.

The NCDMHR, established last year with funding from the National Institutes of Health, aims to study long-term recovery from disasters, focusing on mental health. Hurricane Ike is the first opportunity to deploy the research teams, who will be on the ground in Galveston starting in early November, said officials.

The NCDMHR is a six-member consortium, including investigators from Dartmouth Medical School, the University of Michigan, the Medical University of South Carolina, Yale University, the University of Oklahoma, and the University of Texas Southwestern Medical Center.

“We basically want to know

what promotes or interferes with resilience to disaster-related stress,” said Fran Norris, Ph.D., a research professor of psychiatry and of community and family medicine at Dartmouth Medical School and the Center's director. “We've developed three studies that address a variety of factors, all aimed at understanding how best to help people cope with mental health issues in the wake of a disaster.”

The three concurrent studies will be focusing on:

1. Gaining basic information about the factors that contribute to managing stress, including an assessment of needs for mental health care that can inform local service providers.
2. Examining the effectiveness of an Internet-based tool that educates participants about common reactions to disaster and provides interactive on-

line “self-help” exercises.

3. Looking at the benefits of cognitive behavioral therapy for post-disaster distress (CBT-PD) — a disaster-specific intervention that involves participants meeting with a licensed and specially trained mental health professional. CBT-PD will be offered to a smaller number of people who are still significantly distressed more than 4-6 months after Hurricane Ike. All study participants will be chosen randomly.

“The results of the studies should increase understanding of how biological, psychological, and environmental resources and disaster-related stressors combine to influence how quickly or well people recover,” said Norris. “We hope to find that interventions based on sound psychological principles can help individuals and communities recover from disasters more quickly.” •

### BRIEFLY NOTED

#### Rise in suicide rate driven by middle-age women

New research suggests a need to refocus suicide prevention efforts for a new “high-risk group” — middle-age white individuals, particularly women. Susan Baker, MPH, and colleagues at the John's Hopkins Bloomberg School of Public Health found that between 1999 and 2005 the overall suicide rate rose 0.7 percent. Among whites aged 40-64, the rate among men rose 2.7 percent and among women, 3.9 percent. Rates decreased among blacks and remained steady in Asians and Native Americans. “The results

underscore a change in the epidemiology of suicide,” said Baker. Prevention efforts have historically been focused on youth and elderly white men. Baker calls for further research into the societal changes that could have encouraged this shift. The study appears online in the *American Journal of Preventive Medicine*.

#### SAMHSA awards \$50 million in grants for services for people who are homeless

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced on October 15 it has awarded 25 grants totaling \$50 million over five years (or roughly \$400,000 per year, per grantee) to community services organizations nationwide that offer substance abuse treatment and mental health services to individuals who are homeless. It is estimated that up to 25 percent of the roughly

700,000 homeless Americans have a serious mental illness. Funding categories include “Services in Supportive Housing” and “General Treatment.” For more information, visit [www.samhsa.gov](http://www.samhsa.gov).

### STATE WATCH

#### New Denver hospital offers mental health treatment for seniors

Aspire Behavioral Health, a new hospital offering inpatient mental health services for seniors, has opened in Denver's Lowry neighborhood, the Denver Business Journal reported on October 15. The 24-bed hospital will help fill the gap left when the University of Colorado Hospital closed its 22-bed psychiatric unit in January. Christine Cauffield, Ph.D., founder of Aspire, said most hospitals aren't equipped to handle geriatric patients with mental illness.

*Continues on next page*

For discounted pricing on bulk subscriptions call Sandy Quade at:

**203-643-8066**

## Continued from previous page

Although up to 80 percent of nursing home residents have a primary or secondary psychological disorder, Cauffield said few facilities can handle extreme psychotic episodes. The Denver facility is the first of 40 Aspire facilities planned nationwide over the next five years.

## Virginia considers full autism coverage

Virginia's General Assembly is considering a bill (HB 83) that would require insurance companies to treat autism like a medical condition and cover some of the significant annual expense of caring for a child with autism, up to \$36,000 per child. CNN reported on October 21 that as in other states that have passed such mandates, coverage would include applied behavior analysis (ABA) — an educational therapy that requires 40 weekly hours of therapy. ABA can cost up to \$50,000 a year and some health plans believe it's still experimental. HB 83 has backing from the Virginia House and Senate. The General Assembly convenes in January.

## RESOURCES

### Voters' rights guide for individuals with mental disabilities

"Vote. It's Your Right" is a new guide for people with mental disabilities, prepared by the Judge David L. Bazelon Center for Mental Health

## Coming up...

The **American Academy of Child and Adolescent Psychiatry** will hold its 55th Annual Meeting in **Chicago** on **October 28-November 2**. Visit [www.aacap.org](http://www.aacap.org) for more information.

The **Georgia Crisis Intervention Team** and the **National Alliance on Mental Illness (NAMI)** will host this year's Crisis Intervention (CIT) National Conference in **Atlanta** on **November 4-6**. Entitled, "Georgia on Your Mind, CIT in Your Heart," the conference will gather law enforcement officials, mental health professionals and NAMI advocates. For more information, visit [www.namiga.org](http://www.namiga.org).

The **Interdisciplinary Council on Developmental and Learning Disorders** will hold its 12th annual conference, "Autism & Disorders of Relating and Communicating," on **November 7-9** in **Tysons Corner, Va.** (Washington, D.C. area). Visit [www.icdl.com](http://www.icdl.com) for more information.

**CHADD**, the nation's largest organization serving people affected by attention deficit/hyperactivity disorder (AD/HD), will hold its Annual International Conference on AD/HD on **November 12-15** in **Anaheim, Calif.** For more information, visit [www.CHADD.org](http://www.CHADD.org).

Law and the National Disability Rights Network. According to Jennifer Mathis, deputy legal director of the Bazelon Center and a principal author of the guide, the "myth" that people with mental disabilities shouldn't vote is "arbitrary disenfranchisement" that violates federal law. For more information and to download a free copy of the guide. Visit [www.bazelon.org/issues/voting](http://www.bazelon.org/issues/voting).

### Red Cross offers class in resiliency for military families

Military families coping with the stress and emotional turmoil of deployments can now enroll in a free course led by an actively

licensed Red Cross mental health professional, "Coping with Deployments: Psychological First Aid for Military Families." The American Red Cross reported on October 13 that the course is currently available in 16 states and will be available nationwide in summer 2009. The course offers resiliency strategies for adults and children. To locate local chapters visit [www.redcross.org](http://www.redcross.org).

## NAMES IN THE NEWS

**Charles L. Bowden, M.D.**, (University of Texas Health Sciences Center), **Irving I. Gottesman, Ph.D.**, (University of Minnesota), **Angus W. MacDonald, III, Ph.D.**, (University of Minnesota), **Eric J. Nestler, M.D., Ph.D.**, (Mount Sinai Medical Center) and **Eric A. Taylor, M.D.**, (King's College of London) have received NARSAD's annual prizes for their groundbreaking work in psychiatry and neuroscience. NARSAD is the world's leading charity dedicated to mental health research.

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

*As October heralds in shorter days, anxiety mounts for the roughly six in 100 Americans who suffer from seasonal affective disorder (SAD), according to the American Academy of Family Physicians. While daily bright light treatment with lamps or sunshine is the most popular and tested treatment for SAD, the herbal remedy St. John's Wort (SJW) has also been touted as an effective treatment. The Seasonal Affective Disorder Association reported this month that in a recent survey 40 percent of its members claimed SJW was effective. However, the group warned that SJW can cause troublesome side effects, including photosensitivity. Some individuals who have used SJW in conjunction with bright light therapy have experienced long-lasting eye damage. For more information visit [www.sada.org.uk](http://www.sada.org.uk).*

Renew your subscription now.

**888-378-2537**