

# MENTAL HEALTH WEEKLY

Essential information for decision-makers

Volume 20 Number 29

August 2, 2010

Print ISSN 1058-1103

Online ISSN 1556-7583

## IN THIS ISSUE...

A data management quality improvement tool is helping MH providers track service delivery, diagnosis and other measures in an effort to improve quality and control costs. The health information technology system, SPQM, has been implemented statewide in Arizona, Colorado, and Indiana. Tennessee providers expect the new system to be fully implemented in October.  
... See story, bottom of this page

N.C. agency closing prompts area providers to maintain services  
... See page 3

Bazon program reduces police involvement for people with SMI  
... See page 4

APA wants Congress to address MH needs of immigrant children  
... See page 5

CMS announces \$2.25 billion in grants to assist states ... See page 7



© 2010 Wiley Periodicals, Inc.  
View this newsletter online at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)  
DOI: 10.1002/mhw.20243

## Indiana leveraging Medicaid funds through arrangements with CMHCs

The director of the Indiana Council of Community Mental Health Centers is monitoring the progress of a recently launched initiative involving member providers and the Indiana Department of Child Services (DCS), while keeping one eye on national policy developments that ultimately could affect states' and providers' ability to access funds for service improvement efforts.

Matt Brooks' busy schedule even included a first-ever visit for him last week to the National Conference of State Legislatures' (NCSL's) annual meeting, which featured a daylong pre-conference session on health reform. The tone of some of that discussion has him concerned about specialty providers' role in an integrated healthcare

### Bottom Line...

*Amid persistent funding challenges at the state level, Indiana's recent contracts with CMHCs reflect a desire to maximize opportunities for Medicaid funding of child services.*

model where primary care is being described as the driver of coordinated services.

Back at home, community mental health agencies are at the heart of a DCS initiative to maximize the availability of Medicaid-funded mental health services. An initiative that officially began on July 1 focuses on broadening child and family access to intensive community-based services that include therapy, case man-

See **INDIANA** on page 2

## Provider groups using data-driven tool to improve quality, control costs

Facing an ongoing struggle to address state budget cuts and health care reform challenges, many mental health provider associations and individual provider groups around the country are using a data measurement system to improve the quality and efficiency of care. The measurement tool is also helping them impact public policy and control costs.

The Service Process Quality Management (SPQM) initiative is helping public mental health providers collect and analyze point of service data to determine where greater efficiencies can be achieved and where more resources are needed.

SPQM, which combines claims-level data and service-level data, is

### Bottom Line...

*Collecting uniform data is helping provider organizations determine where more resources are needed, reduce no-show rates and provide more efficient and more cost-effective services.*

an initiative of the National Council and MTM Services, a Holly Springs, N.C.-based consulting firm. The SPQM software allows clients to see each service encounter each consumer is receiving from the provider organization, who is delivering the service and the duration of service. The provider associations work with David Lloyd, founder and president of MTM, as their consultant for the

See **SPQM** on page 6

## INDIANA from page 1

agement and enhancement in daily living skills.

"We're going to improve access — we have services in every county in the state," Brooks told *MHW* in regard to the new initiative. "These are going to be more holistic services in nature."

## Targeting Medicaid

Brooks said that DCS in the recent past had developed a number of contracts with small provider agencies in the state, but many of those agencies were not eligible to access Medicaid funding. Because most of the dollars to support those contracts were state-only funds, the dollars weren't being leveraged with federal money, he said. "In this fiscal environment, it makes sense to leverage funds," he said.

Brooks said that DCS originally approached the community mental health organizations and expressed a desire to implement an initiative rapidly. The first meeting took place this past spring, and contracts were negotiated individually with community mental health centers to prepare for a July 1 kickoff.

DCS officials were not available to speak with *MHW* last week for this article.

Indiana's 26 member organizations in the Council of Community Mental Health Centers were in a

**'We're going to improve access — we have services in every county in the state. These are going to be more holistic services in nature.'**

Matt Brooks

good position to contribute to this initiative because of their experience in delivering services under the Medicaid rehabilitation option, Brooks said. "On wraparound services [for children] we were missing the boat," he said.

Brooks added that the state's signing of contracts with the CMHCs for these intensive child and family services was not accompanied by the cancellation of contracts with other provider agencies in the state. According to a June statement issued by the council, "Other DCS mental health providers can become authorized to provide Medicaid Clinic Option services in order to be considered for client/patient referrals for Medicaid-funded mental health/behavioral health programs. In addition, current DCS providers and

CMHCs will be able to provide non-Medicaid behavioral health services."

Brooks said that some members of the council already held contracts with the state for programs financed by state-only dollars, but these new contracts involve Medicaid funding and therefore have an entirely separate set of requirements. "Anytime you operate under Medicaid, the rules are different," he said.

CMHCs in the state also are accustomed to the vagaries of state and federal funding, having dealt with a recent 3 percent reduction in state funds. "For a while we were able to leverage Medicaid match dollars" to make up for the reduction in state dollars, Brooks said. "We've taken some hits already."

Indiana's community mental health center network employs more than 8,000 staff members and serves more than 120,000 individuals in a variety of settings. Services under this new DCS initiative will be delivered in both home- and facility-based environments.

## National developments

As is the case throughout the country, Indiana's community mental health centers are actively engaged in monitoring Medicaid funding developments at the national level. Brooks said he is keenly watching congressional activity surrounding a possible six-month

# 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

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.

**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: 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. © 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 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

extension of enhanced Medicaid rates under what is known as FMAP.

As of late last week, more than 100 members of the National Council for Community Behavioral Healthcare had contacted members of the U.S. Senate in response to an action alert from the council on the FMAP extension, which has stalled numerous times in several legislative vehicles over the past few months.

Despite Congress's apparent reluctance to add to federal spending as mid-year elections approach,

"Most states are relying on the FMAP extension in their budgets and would have to make significant cuts to services and provider reimbursement if the federal funding does not come through," states the National Council action alert.

Looking farther ahead, Brooks is trying to analyze how the "medical home" concept that is emerging in health reform implementation discussions will affect specialty mental health providers. Having returned from the National Conference of State

Legislatures meeting last week, he was concerned about discussions of accountable care organizations that appear to be primary care-driven.

"You have to wonder, absent the use of behavioral health professionals, how can some of these providers truly understand our issues, and our people?" Brooks said. "You have to be concerned about the emergence of treatment that may include an overutilization of medications, without the development of social skills." •

## N.C. agency closing prompts area providers to maintain services

### **Bottom Line...**

*When one local agency in N.C. could not keep its operations open due to financial problems, another agency steps in to ensure consumers continue to receive services.*

While many of North Carolina's behavioral health providers have no doubt struggled amid budgetary constraints along with changes following the state's long term mental health reform efforts, a local service agency, faced with a notice to cease operations, found many area providers willing to step in to maintain and avoid disruption of services for consumers with mental illness.

Piedmont Pioneer House, a non-profit operation contacted Pathways, a local management entity (LME) in Gastonia, about its notice to close and asked for assistance in ensuring consumers continue to receive services. Pathways is the area mental health, developmental disabilities and substance abuse authority for Gaston, Lincoln and Cleveland Counties. As an LME, Pathways is responsible for overseeing and managing a system of care for consumers and their families.

Pathways responded with administrative assistance and helped facilitate the transition of some staff from a local agency to the Piedmont facility to ensure the agency's adult

mental health consumers continued to receive services, said Rhett Melton, area director for Pathways.

Piedmont officials told Pathways that their administrative costs were too great to maintain their services, said Melton. "We received a notice from Piedmont that they would

supportive employment and vocational rehabilitation services to consumers with mental illness. About 65 members were enrolled in Piedmont's psychosocial program, he said. "Consumers never experienced a delay or changes in the ceasing of their services," said Melton.

**'We have providers who can step in and offer a variety of services when needed.'**

Rhett Melton

cease operations within 24 hours," Melton told *MHW*.

Pathways assumes the role of ensuring consumers needs get met, Melton said. "We put management and clinical staff in place," he said. "We have providers who can step in and offer a variety of services when needed," Melton added.

"Piedmont was a small operation; they didn't have the scope and size to support necessary administrative overhead costs," Melton said. The organization had also struggled with rate cuts in Medicaid over the last 18 months, he added. True Behavioral Healthcare, also in Gastonia, which offers a more diverse business and operates in multiple counties, answered the call, he said.

True Behavioral Healthcare provides psychosocial rehabilitation,

### **Taking over an existing business**

True Behavioral Healthcare staff is now providing services in the same building that Piedmont used, said Jane Harris, clinical director of True Behavioral Healthcare. "I'm glad we were in a position to prevent consumers from having to go without services," Harris told *MHW*. Piedmont's original owner and staff have since left the facility, she said.

Added Harris, "Every provider is challenged by budget cuts. As a company we had to be proactive and prepared for the budget cuts we saw forthcoming. We had to find efficiencies that enabled us to continue to provide quality services for consumers."

Harris said she involved trained

*Continues on next page*

**Continued from previous page**

staff to assist with the psychosocial rehabilitation program and to reassure consumers that business would continue as usual, she said. "The state stepped in to help us procure a license to cut through the red tape needed to maintain our billing number for Medicaid at [Piedmont's] location," Harris said.

"Pathways and the state expedited processes in this urgent situation," she said. Providing services to consumers at the Piedmont facility offered the least disruption of services to them, added Harris.

Pamela Poteat, vice chair of Pathways' board of directors, wrote an editorial about Pathways' efforts

to assist consumers with mental illness when Piedmont announced it was ceasing operations. "State budget cuts have affected all throughout North Carolina and our mental health system is no exception," Poteat wrote. "We are doing more with less, but our system of care begins and ends with the consumer, as evidenced in this outcome."

**Reform continues**

The state's effort to reform its mental health system began in 2001 when the state approved a comprehensive reform plan aimed at improving public services for residents dealing with mental health problems, developmental disabili-

ties and substance abuse. As part of reform, former area mental health centers have been transformed into LMEs assigned to manage care instead. LMEs also coordinate, facilitate, and monitor mental health, developmental disabilities and substance abuse services (see *MHW*, Jan. 2, 2007, Oct. 1, 2007).

"Since mental health reform, the state has been struggling with frequent and dramatic changes in the system," Melton said. "The state's goal is to improve clinical effectiveness of the services provided. Our role at the local level is to help community stakeholders and providers navigate through those changes to ensure services are met." •

## Bazon program reduces police involvement for people with SMI

Citing a goal to address the "devastating impact" of recurring arrests, incarceration and hospitalization on people with serious mental illnesses and their communities, the Judge David L. Bazelon Center last month launched an initiative to reduce reliance on local law enforcement to intervene in psychiatric emergencies.

County (Pittsburgh), Pa.; Multnomah County (Portland), Ore.; and Westchester County (White Plains), N.Y. The Bazelon Center is leading this initiative.

The Bazelon Center will coordinate the initiative and provide partial funding to each project site. The project relies on local expertise and a systematic process of observation

rooms as routine, when this is, in fact, a clear signal of failing public systems," said Robert Bernstein, executive director of the Bazelon Center for Mental Health Law.

Bernstein added, "Although the results of the Performance Improvement Project will lead to better performance by community mental health providers, the greater goal of this initiative is to illuminate barriers to improvement that stem directly from regulations and policy made at various levels."

"Applying a performance improvement model to quantify how policies and practices are actually affecting services makes a lot of sense," said Linda Rosenberg, president and CEO of the National Council for Community Behavioral Healthcare. "Data from this project can fuel long-needed change."

The five selected sites have a history of making efforts to provide coordinated community services and supports designed to help avert mental health crises that lead to contact with law enforcement, according to Bazelon officials. Each has also demonstrated interest in pursuing policy reforms that support better outcomes for individuals

**'For too long, we have viewed people with serious mental illnesses cycling through jails and emergency rooms as routine, when this is, in fact, a clear signal of failing public systems.'**

Robert Bernstein

The Performance Improvement Project (PIP) is designed to enable community mental health systems to take a more active role in preventing the scenarios whereby people with serious mental illnesses are subject to police intervention.

Five sites were selected to participate in the project — Travis County (Austin), Texas; Wayne County (Detroit), Mich.; Allegheny

and analysis to track down the "root causes" that leave people with mental illnesses vulnerable to police involvement. Using this information, project sites will be able to uncover service shortcomings, assess social and fiscal costs, and identify any needed systems improvements.

"For too long, we have viewed people with serious mental illnesses cycling through jails and emergency



and improve accountability for government investment in mental health and other human services.

"Establishing an engaged, coherent and fully-resourced community mental health system improves outcomes for people with serious men-

tal illnesses, reduce costs, and reduces the burden on law enforcement to serve as the social service safety net," said Bernstein. •

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

Distributing print or PDF copies of *Mental Health Weekly* is illegal.

Please contact Sandy Quade at 860-339-5023 or [squadepe@wiley.com](mailto:squadepe@wiley.com) for additional copies at special rates.

## APA wants Congress to address MH needs of immigrant children

As Arizona's new immigration law continues to dominate headlines and generate controversy, congressional staff members last week heard discussion about the emotional impact on children and families. The immigration experience can have a profound impact on the social and emotional development of children, especially those separated from their families or facing an uncertain future, a psychologist told a congressional panel last week.

"Research indicates that the emotional and sometimes physical trauma associated with shortsighted and overreaching immigration policies can have a lasting impact on children and adolescents," Carola Suárez-Orozco, Ph.D., said in prepared remarks at an ad-hoc hearing convened by Rep. Raúl M. Grijalva (D-Ariz).

Speaking on behalf of the American Psychological Association, Suárez-Orozco urged Congress to make reforms that stress the importance of keeping families together and enforcing the laws humanely.

Suárez-Orozco, an applied psychology professor and co-director of Immigration Studies at New York University, cited her own study of 400 immigrant adolescents. She found more than 75 percent had been separated from one or both parents

for a period from six months to 10 years, and the longer the parent-child separation, the greater the reported symptoms of anxiety and depression among the children.

"Unfortunately, the psychological consequences of these deporta-

ment raids exhibited multiple behavioral changes, including anxiety, frequent crying, changes in eating and sleeping patterns, withdrawal and anger. These symptoms were documented up to nine months following an arrest. This same report

**'Unfortunately, the psychological consequences of these deportations and detentions on immediate family members and vulnerable children are often overlooked.'**

Carola Suárez-Orozco, Ph.D.

tions and detentions on immediate family members and vulnerable children are often overlooked," she said. "It is imperative that policy-makers keep the needs of children in mind as our nation moves forward in reforming what President Obama referred to as our 'broken immigration system.'"

Immigrant youth are the fastest-growing child population in the United States. Currently, 16 million children have at least one immigrant parent and, nationwide, approximately 5 million children have at least one undocumented parent, according to studies conducted by the Urban Institute.

Psychological consequences of deportations and detentions are well documented in other research, said Suárez-Orozco. She cited a 2010 Urban Institute report that indicated the vast majority of children whose parents were detained in Immigration and Customs Enforce-

also found that, following their parents' detention, children were more afraid of authority figures, she said.

Suárez-Orozco urged Congress to promote the humane treatment of immigrant children and their families, including establishing detention, oversight and training standards that take into account the physical and mental health needs of detainees. Last year, more than 380,000 individuals were deported in the U.S. and a daily average of 32,000 people who are not U.S. citizens are detained in jails, prisons and federal facilities, according to the Department of Homeland Security.

"APA and the psychology community stand ready to work with Congress and all stakeholders to enact humane federal immigration reform that takes into account the mental and behavioral health needs of children and families," Suárez-Orozco said. •

Renew your subscription today.

**888-378-2537**

For more information on MH, visit

**[www.wiley.com](http://www.wiley.com)**

### SPQM from page 1

data collection efforts. SPQM enables behavioral health organizations to analyze service data, extract key demographic and outcome information and facilitate clinical improvements.

Community providers participated in a congressional briefing sponsored by the National Council for Community Behavioral Healthcare (National Council) two years ago to discuss how systematic data collection has both driven quality improvement and enhanced the credibility of public mental health services among state policymakers (see *MHW*, March 24, 2008).

Provider associations in Arkansas, Colorado and Louisiana are currently using SPQM and working with MTM services to address quality improvement in their respective states. Last month, the Tennessee Association of Mental Health Organizations (TAMHO) became the most recent organization to start working with this quality improvement initiative.

### Tennessee

"We want to know what public sector behavioral health in Tennessee is doing," Dick Blackburn, executive director of TAMHO, told *MHW*. "Essentially, we want to know the amount of certain types of services that are being provided, who is paying for that service, and how much is being provided to uninsured people," he said.

"All of the data that currently exists goes into TennCare managed care entities based on encounters as we provide services to their TennCare members," said Blackburn, of the state's Medicaid managed care program.

TAMHO is interested in using the data it collects to advocate for funding support, show that it's needed, and that their services are effective, he said. During a recent presentation to TAMHO members about principles and procedures regarding this initiative, Blackburn noted that

only aggregate data will be made available to the TAMHO members as a whole. Aggregated or individual center data will not be released to the state without the prior consent of the group as a whole, according to the presentation.

Blackburn said he hopes to be fully operational by the first of October. "We're in the process of getting this program implemented," he said. "We're getting the technical work accomplished at each center in order to extract data."

**'By using the information we gathered through SPQM, we had the ability to present a message to the legislature that there was a need to restore funding to mental health centers, ASAP.'**

George Delgrosso

The quality improvement tool is allowing behavioral health organizations to see information about their respective public mental health system more clearly, provide them with a better direction and a focus on how to help people more appropriately, said David Lloyd, founder and president of MTM Services. "So many states do not have information available for anyone to see," Lloyd told *MHW*.

With limited resources and with health care reform challenges it's important for behavioral health organizations to be aware of the types of services being delivered, the amount of time it takes to deliver

them and to convert this information into something that clinicians, staff and non-clinicians can use to make good, objective decisions, he said.

The Centers for Medicare and Medicaid Services (CMS) last year deemed SPQM a promising national practice, he said.

### Colorado's experience

The ultimate goal for the Colorado Behavioral Healthcare Council when it implemented SPQM in late 2003 was impacting public policy, funding, and public information regarding mental health treatment, said George DelGrosso, executive director.

"CMHCs in Colorado are private, nonprofit corporations, so we tend to really operate from a data perspective," said Delgrosso, who noted that all of the state's 17 CMHCs are on board with the initiative. "This provides us an opportunity to look at client mixes, the types of services being provided, and to improve clinical practice. It gets the message out to the public about what we do and who we serve."

SPQM offered Colorado providers the opportunity to demonstrate to the state legislature how many consumers receive care throughout the state given the tough fiscal times, said Delgrosso. The budget cuts in Colorado at both the state and local levels, combined with the poor economy and job losses, the inability of people to pay for care, has created a situation where more people are seeking mental health services, said Delgrosso.

CMHCs informed the state legislature and the governor's office that they are trying their best to meet this increased need, but budget cuts would mean that more people would not receive necessary treatment, he said. "By using the information we gathered through SPQM, we had the ability to present a message to the legislature that there was a need to restore funding to men-

tal health centers, ASAP,” said Delgrosso.

Delgrosso added, “Through these efforts and other support from advocates, consumers and other stakeholders, we were the first area of the state budget to get our lost funding restored, when the economy improved.”

## Moving forward

The Colorado council intends to use SPQM to focus on the need for an integrated mental health and substance abuse treatment system, two areas that have traditionally

been handled separately, Delgrosso said. Their initial effort with SPQM was centered on collecting information on mental health treatment only. “Our members to varying degrees provide substance use disorder (SUD) treatment to people who need co-occurring MH/SUD services, Delgrosso said.

The current trends in healthcare reform make it necessary for the centers to demonstrate their progress in becoming a more integrated healthcare delivery system, he said. “Our database can give us valuable tools to track our progress.”

SPQM is growing and gaining a lot of traction, said Linda Rosenberg, president and CEO of the National Council. “Providers are taking data and turning it into usable information so that all organizations in the state can get a real picture about who is receiving services, what are the outcomes, and compare organizations to one another,” she said.

The initiative is helping providers determine where they need to make improvements, she added. “Over time the whole notion of accountability has become important,” said Rosenberg. •

## BRIEFLY NOTED

### CMS announces \$2.25 billion in grants to assist states

Americans with disabilities will have more help to live independently and remain in their homes and communities thanks to \$2.25 billion in grants to states. The new grant solicitation issued July 27 by the Centers for Medicare & Medicaid Services (CMS) encourages states not yet part of the Money Follows the Person (MFP) demonstration to apply for grant funds. Under the MFP demonstration, states will receive an enhanced Federal Medical Assistance Percentage (FMAP) for a one-year period for each individual they transition from an institution to a qualified home and community-based program. The enhanced FMAP funding will then be used by states to expand services and supports. For more details about MFP, please visit the CMS website at: [www.cms.gov/CommunityServices/20\\_MFP.asp](http://www.cms.gov/CommunityServices/20_MFP.asp).

### BP administrator: MH claims from oil spill probably won't be paid

BP's \$20 billion fund to compensate those hurt by the Gulf oil spill will probably turn down one class of claims: those for mental health problems. Speaking before the House Judiciary Committee on July 21, Kenneth Feinberg, the inde-

pendent “claims czar” who will decide which individuals and businesses get compensated, said the fund was not likely to pay damages for mental health issues, ProPublica reported last week. “If you start compensating purely mental anguish without a physical injury, we'll be getting millions of claims from people watching television,” Feinberg said. When Rep. Sheila Jackson Lee (D-Tex.) asked him if he would cover mental health damages if Congress passed a law requiring it, Feinberg replied that he would.

## STATE NEWS

### Georgia to build housing for disabled with federal grant money

More than \$2 million in federal grants from HUD's Section 811, a program for supportive housing for people with disabilities, will build badly needed housing in Macon for people with mental illness or developmental disabilities, according to [macon.com](http://macon.com). River Edge Behavioral Health Center plans a 10-unit apartment complex with a nearly \$1.2 million grant, while Advocacy Resource Center-Macon, will build two group homes for about \$428,800 each, open to people likely to need continuing mental health services. Many of them also have other health complications such as high blood pres-

sure and diabetes. The housing is built to be more accessible and has to meet more standards, such as fire sprinklers, which drives up costs.

### New York State expands mental health services for city youth

The New York State Office of Mental Health (OMH) and the Office of Children and Family Services (OCFS) announced July 28 a comprehensive solution to address the chronic need for community-based mental health alternatives in Brooklyn for children and their families, and the lack of intensive residential treatment in New York City for court-involved youth with mental health problems. The new plan will expand community-based mental health treatment options and services for children in Brooklyn, improve early access to quality mental health care for children and their families, and avoid the disruption to families caused by the overuse of institutional care. Implementation is slated next summer.

### Oregon legislature restores emergency funds for programs

Oregon's Legislative Emergency Board voted unanimously to restore \$17.1 million in services to seniors and people with disabilities, Business Journal of Portland reported July 22. Cuts were part of the

*Continues on next page*

### Continued from previous page

state's 9 percent budget slash to help offset a \$577 million budget deficit. Rep Dave Hunt (D) said, "The cuts we restored today will keep seniors in their homes and help those struggling with disabilities and mental health problems in these tough times." The programs receiving funding include Oregon Project Independence, a state-based program providing in-home assistance to seniors and Alzheimer's patients; Medicaid in-home care programs; community mental health programs for people without Medicaid; and a developmental disabilities family support program.

## BUSINESS

### Pfizer to offer free public access to MH assessment tools

Pfizer announced last week that it will make available assessment scales used by physicians and others in the healthcare community to support the evaluation and diagnosis of patients suffering from certain mental disorders. For the first time, these users can directly access and download the Patient Health Questionnaire (PHQ) and the General Anxiety Disorder questionnaire (GAD-7) without copyright restriction and at no charge, providing access to the widely used tools for evaluating certain mental disorders. The PHQ and GAD scales are quick, efficient, validated methods to assist physicians in diagnosing and monitoring their patients. The PHQ and GAD instruments, including different variations and translations in 80 languages, are available at [www.phqscreeners.com](http://www.phqscreeners.com).

## RESOURCES

### Mental Health America launches online support community

Mental Health America (MHA) recently launched the Mental Health America Support Community — a

## Coming up...

The **American Psychological Association (APA)** will hold its annual conference **August 12-15** in **San Diego, Calif.** Visit [www.apa.org/convention/index.aspx](http://www.apa.org/convention/index.aspx) for more information.

The **Substance Abuse and Mental Health Services Administration (SAMHSA)** and the **Centers for Disease Control and Prevention (CDC)** will co-sponsor the National Conference on Health Communication, Marketing and Media, with the theme "Convergence: Purpose, Programs, & Partners," **August 17-19** in **Atlanta, Ga.** For more information, visit [www.samhsa.gov](http://www.samhsa.gov).

The **National Technical Assistance Center for Children's Mental Health (TA Center)** will sponsor the 2010 Rural Behavioral Health Symposium **September 21-23** in **Glendale, Ariz.** Visit <http://gucchdtacenter.georgetown.edu> for more information.

The **New York Association of Psychiatric Rehabilitation Services (NYAPRS)** will hold its 28th Annual Conference, "Whole Self – Whole Health – Whole Lives," **September 22-24** at the Hudson Valley Resort & Conference Center in **Kerhonkson, N.Y.** For more information, visit [www.nyaprs.org](http://www.nyaprs.org).

The **Center for School Mental Health (CSMH)**, in collaboration with the **IDEA Partnership**, will sponsor the 15th Annual Conference on Advancing School Mental Health, with the theme "School Mental Health and Promoting Positive School Culture," to be held **October 7-9** in **Albuquerque, N.M.** For information, visit [http://csmh.umaryland.edu/conf\\_meet/AnnualConference/index.html](http://csmh.umaryland.edu/conf_meet/AnnualConference/index.html).

new online community connecting families, friends, and caregivers for support and inspiration. The community has been created in partnership with Inspire, which works with nonprofits to provide safe, online health and wellness communities to help members live mentally healthier lives. Located at [www.mentalhealthamerica.net/community](http://www.mentalhealthamerica.net/community), registered members can

take part in moderated discussion groups and post personal journals, enabling them to support one another through their individual journeys and experiences. Those joining the free community will find coping strategies and answers to their questions, as well as vital support, compassion, encouragement, and inspiration from others sharing experiences similar to theirs.

**Mental Health Weekly is on Facebook.** If you are a member of Facebook, enter "Mental Health Weekly" in the search bar and become a fan today.

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

*Hotel owners are hurting. Fishermen are struggling. Small-business owners are reeling. And kids are feeling the pain, too. Now, the Florida Department of Children & Families and Lutheran Services Florida are teaming up to help youngsters struggling to deal with the emotional fallout from the BP oil spill in the Gulf, the Tampa Tribune reported last week. Beginning this week in Escambia County, which has taken the brunt of the oil invasion, there will be camps where kids can talk about their feelings in group situations with crisis counselors. Kids who are showing signs of stress or need more help can get one-on-one counseling. The camps are being funded solely with private donations and state funds.*