

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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HIGHLIGHTS...

The **nation's economic bailout plan** is **cause for concern** in the **mental health community**. Many **fear** it may lead to **tighter federal spending** and **caution** over any **new initiatives**. It is difficult to determine how the **bailout** will **affect fiscal 2009 spending levels** for **key human-service programs**. **Advocates plan to watch any impact** this **financial crisis** will have on **decision-making regarding Medicaid**. *See story, top of this page.*

Mental health and disability communities are **applauding** the signing of the **Americans with Disabilities Amendments Act** into law by **President Bush last week**. The **landmark legislation** restores **civil rights** to **Americans with disabilities** in the **workplace**. Since its passage in **1990**, **decisions** made by the **Supreme Court** have **narrowed the definition** of **disability under ADA**. *See story, bottom of this page.*

INSIDE THIS ISSUE...

House, Senate pass parity bills in separate forms . . . *See page 3*

Recovery efforts from Hurricanes Gustav, Ike continue . . . *See page 4*

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Possibility of major bailout leaves prospects for MH initiatives murky

Financial danger could slow pace in new administration

Mental health advocates and others observing the tug-of-war that developed on Capitol Hill over a \$700 billion plan to revive the U.S. financial system realized that while the initiative could significantly slow their agenda in coming months, a full understanding of the impact still may be some time away.

It was difficult for observers to do any more than present a number of possible scenarios last week as they watched developments with the aggressive bailout plan move from a near resolution at mid-week to a partisan crumbling near press time toward the week's end. Yet there seemed to be a general con-

sensus that whatever the outcome, concerns about a national economic crisis will weigh on the psyche of the next administration and will possibly lead to tighter federal spending and extreme caution over any new initiatives.

"I am definitely concerned about what this could mean over the next few years," Alexa Eggleston, director of public policy at the National Council for Community Behavioral Healthcare, told *MHW*.

Eggleston added, "There was already some concern out there that health care was not going to be a priority, and that we needed to continue to put pressure on the [presidential] candidates. If that was already a concern before this, there

See BAILOUT on page 2

President signs into law Americans with Disabilities Act (ADA) Amendments Act

Mental health advocates and officials are hailing last week's signing of the ADA Amendments Act of 2008, which expands the definition of disability in the Americans with Disabilities Act and makes it easier for people with disabilities to obtain protection against disability-based discrimination.

The new law, S. 3406, will also restore the intent of Congress when it enacted the ADA in 1990. In the 18 years since the bill's passage, decisions made by the Supreme Court have narrowed the definition of disability under the ADA so as to shut out many people with a variety of disabilities from civil rights protections in the workplace.

As a result of these decisions, federal courts have held that many

people with conditions such as bipolar disorder, post-traumatic stress disorder (PTSD), epilepsy, diabetes and other disabilities were not covered by the ADA.

The new law passed by unanimous consent in the Senate and by voice vote in the House on September 17. The legislation, enacted after lengthy negotiations, counteracts several Supreme Court decisions that advocates say have inappropriately narrowed the protections of the ADA and made it difficult for people with disabilities to qualify for protection.

President Bush signed the legislation on September 25. His father, George H.W. Bush, who had signed the original law, attended the signing.

See ADA on page 5

BAILOUT from page 1

is now concern that it may take even longer to get to meaningful initiatives.”

Without reliable numbers to evaluate the “investment” taxpayers could eventually be asked to make in Wall Street assets, as well as the degree to which some of those dollars could be recouped down the road, it was difficult last week even to evaluate whether the bailout could affect expected fiscal 2009 spending levels for key human-service programs. Signs last week pointed to Congress not addressing final spending levels for anything except three security-related areas in the budget until it reconvenes in 2009.

Adoption of a continuing resolution for the federal budget last week means the government will be funded through March 6, making it unlikely that Congress will return for even a brief session immediately after the November election. This has led to rampant speculation over whether Congress next year would eventually settle on the numbers agreed to in its chambers for human-services programs or would tend to go with lower figures originally proposed by the Bush administration.

Impact of deficit

Capitol Hill watchers believe that even if Congress settles on a

more modest version of the bailout plan favored by the Bush administration, a federal deficit that is already approaching \$600 billion outside of any bailout considerations might temper hopes for major new human-services initiatives in a new administration.

‘Social services will continue to be under pressure. It could be a tough few years, especially combined with the difficulties states are facing.’

Alexa Eggleston

“I don’t see any way in the next few years that there will be times when the federal government is going to be putting out lots of money, without worrying about the results that are achieved with that money,” Jim Horney, director of federal fiscal policy at the Center on Budget and Policy Priorities, told *MHW*. Spending accountability, which has been a prominent theme affecting behavioral health advocates during the Bush years, is like-

ly to continue to resonate no matter who is elected president, Horney and others believe.

The question may lie in whether the next president takes a shorter- or longer-term view of the deficit and how it should affect new efforts, Horney said. It’s possible that the new president could focus on short-term growth in the deficit and say the nation should proceed cautiously on costly changes. “But it is also possible that the president will point to projections of deficits declining by 2012 or 2013,” Horney said, and thus argue that new initiatives that were cornerstones of campaign platforms should proceed.

Yet most observers last week appeared to be saying that the financial upheaval that has dominated the dialogue over the past couple of weeks is dampening the overall enthusiasm that often accompanies an impending change in administration.

“Social services will continue to be under pressure,” Eggleston said. “It could be a tough few years, especially combined with the difficulties states are facing.”

Headlines across the country have highlighted substantial budget shortfalls at the state level, with California having to enact more than \$7 billion in cuts just to balance a state budget that was adopted this month after many weeks of

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wrangling.

One specific area that mental health advocates will watch closely is the impact any bailout and associated financial circumstances have on decision-making regarding Medicaid. This year Congress adopted an extension of a moratorium on controversial Medicaid regulations that would cut funding to hospitals. That moratorium expires next March, and uncertain political factors make it difficult to evaluate what direction a new administration and Congress will prefer to take.

Eggleston did express hope that even if federal human-services spending is subject to continued intense scrutiny in future years, the behavioral health field is better

equipped than it has been in the past to demonstrate the value of what it accomplishes with federal funding support. "We're ready for the fight," she said.

New talking points

At this point, the Center on Budget and Policy Priorities' Horney says he could see a new administration taking either a more activist or more cautious approach going forward, depending on whether it reacts more to the immediate headlines or the prospects for more stable times ahead.

He did say that the bailout could actually add to the potential talking points of human-services professionals and other advocates in

seeking funding for new priorities.

"They could say, 'You just spent \$700 billion, or \$50 billion if it gets accounted that way, for a Wall Street bailout. How can you not spend at least a few billion for priority A, B or C?'" Horney said.

Still, the events of recent weeks appear to make it likely that fiscal discipline will be the watchword in 2009 no matter who is at the helm of a new administration. Prospects for major health care reform, which many advocates have expected would become an issue again after the Bush presidency ends, could certainly take a back seat to shorter-term priorities and a cautious examination of the nation's financial strength. •

House, Senate pass parity bills in separate forms

Advocates demand agreement on final package before Congress adjourns

The more than a decade-long fight over mental health parity may soon be over.

While House and Senate lawmakers continued last week to struggle with the plan to keep the U.S. economy afloat, they managed to keep the issue of parity at the forefront as evidenced by compromise legislation passed by both chambers last week that would require health insurers to cover mental illnesses at the same level as physical illnesses.

The House passed the parity bill H.R. 6983, under its new name — the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act — as a stand-alone measure by a vote of 376 to 47 on September 23.

The Senate earlier that day had approved by 93 to 2 the parity bill as an amendment and part of a larger package — H.R. 6049, the Renewable Energy and Job Creation Act of 2008 — that would extend expiring tax breaks.

Although both houses passed their respective parity bills earlier this year, it wasn't until June that they confirmed that all policy aspects of a House and Senate compromise bill had been worked out.

It's still too early to celebrate. House and Senate lawmakers will have to reach an agreement on a final version before it can be sent to

the president before they adjourn, which was originally scheduled for Friday, Sept. 26. At press time, it was unclear but appearing more likely that lawmakers would return for at least part of this week.

The parity bill has been championed by lead sponsors Sens. Ted Kennedy (D-Mass.), Pete Domenici (R-N.M.), and Mike Enzi (R-Wyo.).

'Our message to lawmakers is to clear the legislation and put it on the president's desk for him to sign this year.'

Laurel Stine

the president and become law. They still must decide whether to adopt the parity bill as a stand-alone measure or as part of a larger legislative package.

Meanwhile, the Bush administration last week issued a statement in support of the parity bill as part of the Senate tax extenders package.

Mental health advocates and parity supporters want Congress to reach an agreement on a final ver-

sion of the bill before they adjourn, which was originally scheduled for Friday, Sept. 26. At press time, it was unclear but appearing more likely that lawmakers would return for at least part of this week.

Challenges ahead

Advocates continue to urge their members to ask their representatives to move swiftly and get the legislation to the president before the end of the 110th Congress.

Despite the optimism from a
Continues on next page

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number of advocacy groups, many of whom had issued press statements lauding Congress' actions on parity, they acknowledge that a number of obstacles remain.

"This is not the first time that mental health advocates and broader parity supporters, including juvenile justice, children's groups and religious groups, have been confronted with barriers on this advocacy road to parity," Laurel Stine, director of federal relations for the Judge David L. Bazelon Center for Mental Health Law, told *MHW*.

Stine added, "Our message to lawmakers is to clear the legislation and put it on the president's desk for him to sign this year."

If the parity bill fails to be signed into law this Congress, it would have to be reintroduced in 2009, said Stine. "We're dealing with grave consequences if the parity bill does not pass this year," she said.

"A new administration will be in place and health care reform will be primed on their radar screen," she noted. "The big elephant in the room is health care reform." Advocates, families and children

have been waiting for many years to see parity come to fruition, she said. "We want to see parity not as a starting point for health care reform, but as a given of health care reform."

The field remains focused and diligent on getting the bill passed this year, Stine said. Lawmakers have other unfinished business related to crucial mental health legislation as well, she noted. She pointed to a number of other important bills that are still languishing, including the Juvenile Justice Delinquency and Prevention Act, the No Child Left Behind bill, and the State Children's Health Insurance Program (CHIP) reauthorization bill.

The Bazelon Center remains grateful to House and Senate sponsors, a group of bipartisan lawmakers that have put in much hard work on parity, said Stine. "We definitively need to get this done."

Advocates remain encouraged

Debra L. Wentz, Ph.D., chief executive of the New Jersey Association of Mental Health Agencies, Inc. (NJAMHA), said the action by lawmakers is historic.

NJAMHA has consistently battled

for mental health parity on both the state and federal levels, noting that high co-payments and deductibles serve as major barriers to treatment, said Wentz. The organization, she said, will continue to fight for passage of this legislation. "It is critical that the federal legislation allows states to adopt more comprehensive coverage," said Wentz.

"This is the best bill [on parity] we've ever had," Linda Rosenberg, president and chief executive of the National Council for Community Behavioral Healthcare, told *MHW*. "This is a bill all people with mental illness and addiction deserve," she said. The move by lawmakers last week sends a statement honoring all those involved, she said, including the late Sen. Paul Wellstone and Sens. Domenici and Kennedy, as well as Reps. Kennedy and Ramstad.

The parity bill "acknowledges that addiction and mental illness are health care issues," she said. "I think this is really a monumental occasion. This is what people deserve. It opens the door for people to get treatment if they couldn't receive treatment before." •

Recovery efforts from Hurricanes Gustav and Ike continue

In the weeks following Hurricanes Gustav and Ike, in Louisiana and Texas respectively, efforts are still under way to help consumers cope with both the emotional aftermath of the crisis and the effort to settling back into their communities.

With Ike affecting the Galveston and Houston areas in Texas, many people are still returning home only to find homes destroyed or without power, said Lynn Lasky Clark, president and chief executive of Mental Health America-Texas in Austin.

Authorities in Houston and along the Southeast Texas Gulf Coast had ordered hundreds of thousands of people to evacuate, said Clark. She told *MHW* that a

number of evacuations of patients with disabilities from hospitals and nursing homes had also occurred prior to Gustav.

"We're always concerned about PTSD," she said, noting that mental health practitioners were working on-site with the evacuees. Added Clark, "People are working toward getting life back to some normalcy."

Gyl Wadge, public policy director at MHA-Texas, noted that officials and stakeholders were much more prepared this year. Mental health professionals, judges, and representatives from the fire and police departments were part of a 24-hour operation center in Austin, she said. "Everybody was on board" to address preparation and evacua-

tion efforts, Wadge told *MHW*. "Decision makers need to be in one place — it's more effective."

Lee Johnson, membership support counsel for the Texas Council of Community Mental Health/Mental Retardation Centers, told *MHW* that six area community mental health centers had been severely impacted by Hurricane Ike. Meanwhile, the state Department of Health Services, the Federal Emergency Management Agency (FEMA) and other agencies are making sure services and power are restored, he said.

"A lot of our community centers evacuated consumers ahead of the storm," Johnson said. "It was a tremendous effort to get people out." Many of the centers impacted are

partially or fully restored, he added.

Johnson noted that the National Council for Community Behavioral Healthcare provided a donation of \$30,000 to help with the centers. The council's Project Helping Hands was launched in 2005 following Hurricane Katrina. "We're extremely fortunate to have their support in our recovery efforts," he said.

Evacuations in Louisiana

In Louisiana, officials deemed evacuation efforts prior to Hurricane Gustav a success due to pre-planning efforts post-Katrina. Prior to Gustav, hospital staff at University Medical Center in Lafayette evacuated a number of patients with psychiatric disorders to Central Louisiana State Hospital in Pineville.

Jane Herwehe, project manager for the LSU Healthcare Services Division, said evacuations efforts went very smoothly. She said they had more time to prepare patients and to copy and bring patient records to the facility than when they were dealing with Katrina. They also brought along appropriate staff, including occupational therapists, during the transfer, she said.

"We have high praise for the Central staff who organized and managed the additional patients at their facility," said Herwehe.

"The patients were already receiving the best care they could possibly receive under the circumstances," Patricia LaBrosse, psychiatric/mental health clinical nurse specialty at University Medical Center, told *MHW*. "They were already in a stressful situation. We moved them to get them out of harm's way."

**'We were caretakers
but we were also
survivors.'**

Andrea Adams

"Hospital staff this time had an opportunity to plan and to evacuate the city in preparation for the hurricane," Andrea Adams, associate nurse administrator and program director of LSU Behavioral Health Services, told *MHW*. Adams said that 36 patients with psychiatric disorders were transported on the Saturday two days before Gustav hit.

The trip to the other facilities took about six hours, she said. Staff had to take into account the patient's diagnosis and how the trip might affect them, said Adams, who

works at LSU Interim Hospital in New Orleans.

Fortunately, there were no significant problems in the transport, she said. Adams noted that she was also working in the hospital during Katrina at which time staff and patients were rescued versus being evacuated. "It's a traumatic experience being in the hospital for six days without contact with our loved ones," she said.

Staff continued to care for the patients, Adams said. "We were caretakers but we were also survivors," she said. We had to endure [the brunt of Katrina] with the patients, but we made sure the patients were okay."

"Planning makes all the difference," said Adams. "The big part is knowing the patient, and how to prepare for the trip, and which medications are needed."

In the alternate facility, treatment plans were scheduled as usual, including community group discussions and recreational therapy, said Adams. "Consistency in the treatment was key," she said. "It's important that patients know that the care will be the same." She added, "This time we actually maintained our role as caretakers. We were able to plan for the patients and for our families too." •

ADA from page 1

The law as amended will provide important new coverage for individuals with disabilities and will restore workplace protections, according to supporters. Among its provisions, the amended ADA bill would:

- Require that courts define disability broadly in determining whether an individual should be protected under the ADA.
- Clarify that a disability is a current or past physical or mental impairment — that substantially limits a major life activity or bodily function (including working).
- State that impairments that are

in remission must be considered as disabilities if they would limit a life activity when the impairment is active.

- Prohibit courts from looking at whether the individual has taken steps to mitigate the impairment.

Advocates react

With only a limited number of days before the 110th Congress ends, advocates were pleased that the ADA was considered a priority and that the legislation moved as quickly as it did.

Day Al-Mohamed, senior legislative and federal affairs officer for

the American Psychological Association (APA) and co-chair of the Consortium of Citizens with Disabilities Rights Task Force, said the new law will have a significant impact on people with disabilities. "It's really an historic event," she told *MHW*. She noted that advocates are pleased that the new law restores the original intent of the legislation and covers people with mental health conditions and other disabilities more broadly.

Court actions narrowed the scope of ADA and provided only limited protection for people with disabilities, she said. The definition

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of disability over time narrowed it to such an extent that people with mental health conditions and HIV, for example, were considered not disabled enough to warrant protection, she said.

The courts would note that a person taking medication for his/her condition was not considered disabled, said Al-Mohamed. "It was pretty horrific," she said. "Over time the cases piled up."

"This legislation says people with disabilities deserve to be included in society like everybody else," Linda Rosenberg, president and chief executive of the National Council for Community Behavioral Healthcare, told *MHW*. "This has come a long way; it's about time."

"People with disabilities can have the same rights and opportunities as everybody else," Rosenberg said. "That's what this country needs to stand for. Even though we're a country experiencing bad economic times, we still can treat everybody right."

"The American Mental Health Counselors Association (AMHCA) applauds the president for signing into law the Americans with Disabilities Act (ADA) Amendments Act," Beth Powell, director of public policy and professional issues at AMHCA, told *MHW*.

Powell added, "This landmark legislation will restore the original intent of the ADA — to protect Americans with disabilities, including those with mental disorders — from unwarranted workplace discrimination."

"We commend the 110th Congress and the administration for the bipartisan spirit shown in shepherding this important legislation through election year politics to allow hard-working and qualified Americans to fully participate in the economy and society," she said.

Sending a 'strong message'

"It's exciting to see Congress and the president send a strong message

to the Supreme Court to think twice before rewriting a civil rights law," Anne Sommers, policy council at the American Association of People with Disabilities, told *MHW*. She said that over the last two years Congress had turned up the heat on pushing forward with the amended legislation. However, the real "journey" toward this push to amend the ADA began with a 1999 Supreme Court trilogy: *Sutton v. United Airlines, Inc.*,

Inc., that she said "really signaled how absurd and damaging the Supreme Court decisions had been." In that case, a man with intellectual disabilities was determined not disabled by the courts when he faced discrimination despite having been determined by the Social Security Administration as disabled — under a very high standard, Sommers said. "He was receiving SS benefits and trying to become more independent

'This landmark legislation will restore the original intent of the ADA — to protect Americans with disabilities, including those with mental disorders — from unwarranted workplace discrimination.'

Beth Powell

Murphy v. United Parcel Service, Inc., and *Albertson's, Inc. v. Kirkingburg*.

Those cases focused on what plaintiffs must be able to show in order to be considered "disabled" under the act or to show that an employer "regarded" them as disabled. In these cases the Supreme Court's ADA rulings resulted in exclusion from coverage of people with a wide range of disabilities that Congress clearly meant to cover, Sommers said.

Sommers pointed to another case, *Littleton v. Wal-Mart Stores*

by working," she said.

"Mental health advocates will again be able to use the ADA as an effective tool to secure the protections that help people with psychiatric disabilities participate fully in society," said Jennifer Mathis, deputy legal director for the Judge David L. Bazelon Center for Mental Health Law. "People with disabilities experience real discrimination and deserve real protections," she added. "Now those who have been denied protections will finally be able to claim them." •

BRIEFLY NOTED

Proposed NIMH study of chelation therapy under question

The National Institute of Mental Health (NIMH) has cancelled a proposed study of chelation therapy for treating children with autism, reported *MedPage Today* on September 19. The randomized clinical trial would have investigated the use of dimer-captosuccinic acid (DMSA) in 10-

year-old children with detectable but not toxic levels of mercury or lead in their blood. DMSA is FDA-approved for treating heavy-metal poisoning. When the study was proposed, experts expressed concerns that DMSA may put children at risk for uncertain medical gain, even as many parents are using chelation therapy for their autistic children in the belief that mercury from vaccinations is causing autism — a belief that the scientific community has discredited.

National project to oppose death penalty for persons with severe MI

Murder Victims' Families for Human Rights (MVFHR) and the National Alliance on Mental Illness (NAMI) will launch a national project to oppose the death penalty for persons with severe mental illnesses, the groups announced on September 23. A press conference will take place on October 3 at University of Incarnate Word in San Antonio, Texas. The project builds on recent related U.S. Supreme Court decisions that "raise questions about the capacity of (sentenced) individuals with severe mental illnesses ... to understand why they are being executed or even that they will die." For more information, contact Susannah Sheffer (MVFHR) at sheffer@aceweb.com or Christine Armstrong (NAMI) at christinea@nami.org.

Prodromal research supported with \$21 million NIMH grant

Working with direct and leveraged grants from the annual Staglin Family Musical Festival for Mental Health, the North American Prodromal Longitudinal Study (NAPLS) has expanded clinicians' ability to identify adolescents at risk for psychosis before they actually have an episode. The goal of this prodromal (an early symptom indicating the onset of an attack or disease) research is to develop the means to head off psychosis as a regular clinical intervention. Now, with a \$21 million grant from the National Institute of Mental Health (NIMH), Ty Cannon, Ph.D., of UCLA will lead NAPLS, a consortium of eight North American prodromal research centers. The goal is to identify 80 percent of teens at risk for psychosis.

SAMHSA grants boost child MH, suicide prevention programs

The Substance Abuse and Mental Health Services Administration (SAMHSA) is awarding 17 grants as part of the Campus Suicide Prevention Grants Program, designed to assist colleges and universities in

Centerstone launches forensic program for offenders with MH, SA issues

Centerstone, the nation's largest provider of community-based behavioral healthcare, this month announced the launch of a new forensic diversion program dedicated to providing treatment for public offenders who suffer from substance abuse. The program, which will be available across 18 counties in southern Indiana, is designed to reduce recidivism rates among public offenders struggling with mental health and substance abuse disorders.

The program is funded largely by a \$2.2 million, four-year grant from the Indiana Division of Mental Health and Addictions and the Indiana Department of Corrections.

Centerstone's forensic diversion program is modeled on an effective program instituted in Lake County by Southlake Center for Mental Health, said officials.

Implemented in collaboration with and as a subcontractor of Southlake Center, Centerstone's forensic diversion program is an intensive residential treatment serving up to 15 male offenders at one time. It operates at the Clark County Community Corrections facility in Jeffersonville. Residence in the program's intensive drug treatment unit lasts 90 days, followed by court-ordered outpatient aftercare services for up to nine months, during which the client is placed under house arrest.

Chemically dependent offenders are directed to the program by courts, prosecutors, and defense attorneys as an alternative to incarceration. Consideration for the program is restricted to chemically dependent offenders who may also be dual-diagnosed with a mental health disorder, said officials.

While in treatment, offenders participate in individual and group therapy, as well as education groups addressing criminal behaviors and attitudes. Offenders who require psychiatric services receive treatment from a consulting psychiatrist as appropriate. Resources for vocational training, housing, and social services are available to facilitate reintegration into the community upon their completion of the program.

"Individuals ensnared by substance abuse frequently commit crimes to fund their addictions. They aren't bad; they need help," said Bob Williams, chief executive of Centerstone in Indiana. "Centerstone's goal is to help those struggling with behavioral health disorders achieve recovery and long-term wellness. We believe everyone matters, and we are proud to bring this forensic diversion program to our region for the benefit of everyone in our community."

Direct treatment costs of Centerstone's forensic diversion program are funded through a grant to Southlake Center by the Division of Mental Health and Addiction and the Indiana Department of Corrections. Centerstone collaborates with Clark County Community Corrections to operate and maintain the program.

Centerstone helps children, adolescents, adults, seniors and families through several different programs in more than 120 facilities and 150 partnership locations in Indiana and Tennessee. •

efforts to prevent suicide attempts and completions. The grants will also enhance mental and behavioral health services to students.

SAMHSA also announced a five-year cooperative agreement grant of \$33 million to the Education

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Development Center, Inc. (EDC), a global nonprofit based in Newton, Mass. Through EDC's National Center for Mental Health Promotion and Youth Violence Prevention, SAMHSA will provide technical assistance for grantees in two federally funded programs: Safe Schools/Healthy Students (SS/HS) and the new program Linking Action for Unmet Needs in Children's Health (Project LAUNCH).

STATE WATCH

Five mental health services projects benefit from Idaho grant

Idaho's Behavioral Health Development Grant Program has awarded a total of \$1 million to five mental health services projects, reported the Idaho Business Review on September 17. A suicide prevention project led by Idaho State University will receive the largest portion of the grant (\$375,000) to design, implement and evaluate a suicide prevention telephone hotline. The other projects are: purchase of a transitional shelter (New Bridges Community Church-Lewiston); development of a TeleMental Health System (Clearwater Economic Development Association); law enforcement crisis intervention training (CIT) and transitional housing (Bonneville County); and CIT training (Idaho's five northern-most counties).

New Hampshire releases plan to overhaul 'broken' MH system

New Hampshire's mental health care delivery system is "broken," according to the state Department of Health and Human Services, which announced a multi-year overhaul plan. "Our recommendation for restoring the system is offered as an investment strategy," said Administrator of the Bureau of Behavioral Health Erik Riera, "rather than simply as a proposal for increased spending..." A report titled "Strategy for Restoration" includes goals such as

Coming up...

The **Florida Institute for Technology School of Psychology** will hold the 2nd Annual Autism Conference, "The Many Faces of Autism," on **October 3** (with workshops on October 4) in **Melbourne, Fla.** Visit <http://research.fit.edu/autismconference> for more information.

The **New York University School of Medicine** will sponsor the Second Annual Latino Mental Health Conference, "Meeting the Mental Health Needs of the Latino Families and Communities," on **October 4** in **New York City**. Visit <https://tools.med.nyu.edu/CMECourses> and click on CME Course Schedule for more information.

The **American Public Health Association (APHA)** will hold its annual meeting, "Public Health Without Borders," on **October 25-29** in **San Diego, Calif.** For more information, visit www.apha.org/meetings.

The **American Academy of Child and Adolescent Psychiatry** will hold its 55th Annual Meeting in **Chicago** on **October 28-November 2**. For more information, visit www.aacap.org.

increasing availability of community residential supports and developing Assertive Community Treatment (ACT) teams. The report is available at www.dhhs.nh.gov/DHHS/BBH/default.htm.

BUSINESS

Magellan and McKesson partner on integrated care management program

Magellan Health Services, Inc., a specialty health care management company, announced on September 8 it has entered a formal agreement with McKesson Health Solutions to offer a care management program "that holistically manages both behavioral and medical conditions." The two organizations will "jointly identify and pursue" opportunities to market this integrated offering to

payors and consumers. McKesson Health Solutions is a business unit of McKesson Corporation.

RESOURCES

SAMHSA launches Homeless Resource Center website

The Substance Abuse and Mental Health Services Administration (SAMHSA) launched its new Homeless Resource Center (HRC) website (<http://homeless.samhsa.gov>) earlier this month, offering practical resources, evidence-based practices and current research to individuals who work with this population. SAMHSA describes the site as "an interactive learning community for researchers, providers, consumers, and government agencies at all levels."

In case you haven't heard...

In a recent study the attrition rate for telephone psychotherapy (7.6 percent) was a fraction of another study's figure for traditional psychotherapy (46.9 percent). Lead study author David Mohr, Ph.D., professor of preventive medicine at the Feinberg School of Medicine at Northwestern University said in a statement that telephone therapy does away with the logistical and emotional barriers faced in traditional therapy. "One of the symptoms of depression is people lose motivation," he said. The new study suggests that therapy over the phone may be equally as effective as therapy in person, but Mohr said more research is needed, including a rigorous study directly comparing the two approaches.