MENTAL HEALTH WEEKLY

Essential information for decision-makers

Volume 23 Number 2
January 14, 2013
Print ISSN 1058-1103
Online ISSN 1556-7583

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This week we discuss the impending change in leadership at two key mental health associations. In February, Dale Shreve will take over from retiring CEO Don Hevey at Mental Health Corporations of America (MHCA) (*see page 3*) and Michael Fitzpatrick, long time head at the National Alliance on Mental Illness (NAMI), just announced he will be leaving at the end of the year (*see page 6*).

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DOI: 10.1002/mhw.20360

Society calls on MH field for answers to preventing mass shootings

One month after the Newtown, Conn., tragedy, in which a troubled young man killed 20 schoolchildren, six school administrators and teachers, his mother and himself, the mental health field is confronting questions about what it can do to prevent such tragedies in the future.

Before Seung-Hui Cho (Virginia Tech), Jared Loughner (Tucson), James Holmes (Aurora) and Adam Lanza (Newtown) became killers, they were troubled teens who perhaps could have been helped. The field is using this tragedy as a call for increased funding for treatment. Would treatment have helped these people or did the mental health system fail them?

"Some of them actually were in treatment," said Linda Rosenberg, president and CEO of the National Council for Behavioral Health. "This is a complex problem, and there isn't a simple single solution. But the American public loves one solution."

That said, there are many things that the mental health field can do better, said Rosenberg, who was one of 16 people who met with Vice

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Bottom Line...

Whether the mental health system failed recent mass shooters is unclear, because not enough is known about their diagnoses or their treatment. But mental health advocates believe that one way to prevent such incidents is to improve early-intervention services for young children, and to raise the "comfort level" about speaking about and helping people with mental illness.

Tech executive: Similar forces compel vendor, provider deals

A principal player in the latest business acquisition in the behavioral health technology arena believes the continued consolidation of this market is being driven by the same forces that are compelling behavioral health provider agencies to consider mergers and acquisitions as well.

With health reform pushing agencies toward adding capabilities and integrating them with their existing service menu, some smaller entities in both technology and the provider community are finding it challenging to make the kind of investment needed to continue to thrive. One such agency in the technology space, New York City-based Defran Systems, has been acquired by Overland Park, Kansas-based Netsmart, in a transaction announced earlier this month.

"The investment bar is getting higher and higher," Kevin Scalia, Netsmart's senior vice president for corporate development, told *MHW*. "We call it the 'and' function in our offices. How are you going to health insurance exchanges, and meaning-

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Bottom Line...

Technology provider Netsmart has expanded its reach across human services, as well as across a base of smaller customers, through its acquisition of Defran Systems earlier this month.

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President Joe Biden in a mental health meeting on guns January 9.

Mental Health First Aid

The National Council's Mental Health First Aid program helps educate the public about mental illness, and how to talk to families and consumers, said Rosenberg, who like most people in the field has tried to decipher from news reports what could have been going on in the lives of the shooters. "In the Lanza case, the family had means, and they probably had him involved in all kinds of services," Rosenberg told *MHW*. "Yet the mom, who had a group of friends, wasn't able to confide in them about her son."

Mental Health First Aid gives people a "comfort level" so that they can ask families how they are doing, said Rosenberg. "Now, when there's a family with an adult child with schizophrenia, we avoid the family, we avoid the topic," she said. This only increases the isolation of the family and the person with a mental illness, she said.

Early intervention

Ron Manderscheid, Ph.D., executive director of the National Association of County Behavioral Health and Developmental Disability Directors, who was also at the Biden meeting last week, said the best way to look at this problem is "how to help people before they become seriously ill," not how to help them before they become dangerous. "We need to start with prevention and early intervention at a very young age," he told *MHW*.

'This is a complex problem, and there isn't a simple single solution. But the American public loves one solution.'

Linda Rosenberg

Schools need to have better links to the mental health system, he said. "We need to train teachers to recognize signs and symptoms, to reach out to families and to help people seek help," he said. Lanza was reportedly very withdrawn and had "next to no friends," said Manderscheid. "These symptoms don't develop overnight."

Involuntary commitment is not the solution, said Manderscheid. "That's like saying the way to treat cancer is to treat them a week before they die," he said. Instead, people need to be helped before they get to the state of needing to be committed, he said.

But if that intervention fails and they do progress to serious mental illness, the system needs to be equipped to help them — and it isn't, said Manderscheid, pointing to the case of Cho at Virginia Tech. "He fell through every crack that existed," he said. "It wasn't that people didn't recognize there was a problem. But even when they recognized it, they did nothing. They said, 'I don't want to get involved.' They said, 'Who do I tell?' It shouldn't have to be that way."

NAMI: Look at facts

Bob Carolla, spokesman for the National Alliance on Mental Illness (NAMI), urged that when looking at cases like mass shootings, it's important to note that "in each case, it's not necessarily clear that a diagnosis of mental illness was made." In addition, it's not clear when a diagnosis was made (before or after the shooting), and what the diagnosis is, he said. To determine how the system failed, NAMI frames the question for public authorities and the news media by directing that answers to these questions be pursued:

- What is the full medical history?

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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 second Monday in July, the second Monday in September, and the first and last Mondays in December. The yearly subscription rates for **Mental Health Weekly** are: Print only: $695 (individual, U.S./Can./Mex.), $839 (individual, rest of world), $5433 (institutional, U.S.), $5577 (institutional, Can./Mex.), $5625 (institutional, rest of world); Print & electronic: $765 (individual, U.S./Can./Mex.), $909 (individual, rest of the world), $6251 (institutional, U.S.), $6395 (institutional, Can./Mex.), $6443 (institutional, rest of the world); Electronic only: $555 (individual, worldwide), $5433 (institutional, worldwide). **Mental Health Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Subscription Distribution US, c/o John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; (888) 378-2537; e-mail: subinfo@wiley.com.

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

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- Was there a diagnosis?
- Did the person or family seek treatment but get delayed or denied?
- Where seen? By whom? How often?
- Was treatment coordinated among different professionals?
- Was medication prescribed? Was it being taken? If not, why not?
- Was there substance abuse?
- What events, actions or changes may have triggered the psychiatric crisis?
- Did family members receive education and support?

The main point to remember, he said, is that most people with mental illness do not commit acts of violence — ever.

Ohio

One of the biggest problems is the defunding of the mental health treatment system; after deinstitutionalization in the 1980s, little was put into the communities to help people with mental illness, advocates say. Last week, Ohio took steps to specifically prevent violent behavior in young people by funding mental healthcare.

The state set aside $5 million for a program to help families in which children have "very serious problems, mental-health problems," said Gov. John Kasich last week. The program was in the works before the Newtown shooting, but now, said Governor Kasich, the "safety net" is even more important, the Columbus Dispatch reported January 10.

Tracy Plouck, director of the Ohio Department of Mental Health, said the funding will be used over the next 18 months to help "youth who have circumstances related to their diagnoses who express threatening behavior toward their families and themselves." The money would be used for treatment, medication or respite care for family members, she said.

"This is one of the few times that something of such a great need is being recognized and action taken," said NAMI Ohio Executive Director Terry Russell. The $5 million comes from a bonus of $18 million Ohio received from the federal government for enrolling children in the Children's Health Insurance Program.

Funding

In general, there is not enough funding for early intervention, with most of the funding set up for serious mental illness, said Eric Goplerud, Ph.D., director of substance abuse, mental health, and criminal justice studies at the University of Chicago's National Opinion Research Center, who with Manderscheid led a field call to action (see *MHW*, December 24, 2012). "We have had successful programs that have disappeared as federal and state funding have dried up, and in schools the emphasis has grown toward increasing discipline," he said.

Community mental health services, particularly those focused on young men, are also underfunded, Goplerud told *MHW*. "If you are male and have a mental illness or a substance use disorder and you are young, you have very little chance of getting services, except in crisis or if you are in contact with the criminal justice system," he said.

Families of people with mental illness and treatment providers have "lived experience with illness, loving people who have these illnesses, treating and caring for them," said Goplerud. "You have to have compassion for the individual who has gotten to such an extreme that they carry out these acts of violence, and compassion for the victims and the family members of the victims, and compassion for the family members of the victimizer," he said. "These are our people, NAMI's and the American Psychiatric Association's people," he said.

There is no "guarantee that bad things won't happen," even with better access to mental healthcare, said Rosenberg. But waiting until people are in the most extreme distress is not the solution. •

Ohio executive to take reins at MHCA in February

The incoming president and CEO of Mental Health Corporations of America (MHCA) sees several contrasts at play in the behavioral health field. Awareness of untreated mental illness's impact on communities seems sharper than ever, but how existing gaps in services will be filled under new models of care delivery remains uncertain. Parity in name exists by law, but parity in reimbursement and management of benefits continues to elude the mental health community.

Bottom Line...

With so many developments swirling in healthcare, Dale E. Shreve considers the knowledge shared among MHCA members to be more important than ever.

This is why Dale E. Shreve believes that for the 130 members of the business-focused association of mental health provider agencies, the mutual support that they receive through MHCA membership is arguably as important as ever right now.

"The learnings from each other are really key right now," Shreve, who will take over as chief executive of MHCA on Feb. 1, told *MHW*. "A number of things feel so uncertain, so it's important if you can identify a peer that you can trust."

Shreve, who has served as CEO of Harbor Behavioral Healthcare in Toledo, Ohio, since 1999, will relocate to MHCA's Tallahassee, Fla., staff office next month to replace

Continues on next page

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longtime president and CEO Donald Hevey, who is retiring. "It'll be a real challenge to pick up where Don left off and find ways to make improvements," Shreve said. "But I think I can add some new energy and some different ideas."

Throughout its existence, MHCA has in fact been about managing another contrast. Its provider association members, while attempting always to stay true to their service mission, have also been governed by the awareness that they have to operate as a business, concerned about competitive position and anticipating the next trends.

MHCA members meet quarterly, able to share information and strategies with none of the competitive concerns that often characterize the activity at state-based provider associations. At the same time, MHCA offers a more intimate setting than what is commonly the case for the substantially larger gatherings of the National Council for Behavioral Health.

Unlike state-based groups and the National Council, MHCA does not incorporate advocacy activity into its mission.

Staying the course

Shreve said that, in many respects, key elements of MHCA's work will not change under new leadership. The organization will launch a strategic planning process upon Shreve's arrival.

"MHCA has always valued having a more intimate group; I don't think we will be setting a goal of doubling or tripling our membership," he said.

While Harbor was not a founding member of MHCA, it has been involved with the organization for more than two decades, Shreve said. He cited numerous subject areas on which MHCA membership influenced Harbor's executive decision making:

- He said information gained through MHCA workshops and learning communities has shaped Harbor's efforts in integrated healthcare. The agency's vision for integration now goes beyond integration with primary care to incorporate areas such as developmental disabilities and vocational services, he said.
- Guidelines for organizational mergers that MHCA developed early in its existence assisted Harbor during a mid-1990s merger that created the corporate structure that exists today.
- The community mental health organization purchased liability insurance via the Mental Health Risk Retention Group, an insurance entity that MHCA founded in 1987.
- Discussions among members about technology solutions have guided Harbor in its decision making regarding electronic health record (EHR) solutions.

Shreve said MHCA's success for its members has been driven largely by participants' willingness to share information openly, whether about a good or bad experience.

'It'll be a real challenge to pick up where Don [Hevey] left off and find ways to make improvements. But I think I can add some new energy and some different ideas.'

Dale E. Shreve

Agency challenges

Shreve, who began working at Harbor in 1979, leaves the agency at a time when it is on the brink of significant developments in the structure of service delivery (it has not yet named Shreve's successor).

In October, the Ohio mental health agency was designated as one of the state's first five Medicaid "health homes." Shreve said it remains to be seen how the various constructs of health reform, from health homes to accountable care organizations, will intersect and what the effect will be for community-based agencies and the individuals who depend on their services.

Shreve added in general, "There continues to be a reimbursement issue. Can providers continue to be viable given the rate structures?"

Also, "Workforce needs to continue to be an issue as well," he said. "In social work and psychology, there haven't been a whole lot of people moving toward those fields."

Notwithstanding all of these issues, Shreve said he does not believe that behavioral health provider agencies are approaching these problems with a mind-set that they are teetering on the edge of disaster. "They are anxious about what's coming, and want some support in anticipating change and implementing it as best as they can," he said.

Shreve has served in several leadership capacities in MHCA in the past, including as a director on its board and as a director in the Mental Health Risk Retention Group. Hevey was a former state behavioral health agency director in Florida and a former executive director of the then-Manatee County Community Mental Health Center in Bradenton, Fla. (now known as Manatee Glens). •

 Mental Health Weekly DOI: 10.1002/mhw

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ful use, and physical health, etc.?"

Netsmart announced on Jan. 3 that it had acquired Defran and that it would continue to develop, enhance and sell Defran's Evolv-CS electronic health record (EHR) product. Scalia said the acquisition reflects Netsmart's continued move to integrate all of the key components of a human-services network into its operation, with Defran bringing to the mix a historically strong presence in the social services and developmental disabilities communities.

"These areas will be heavily involved as more services are delivered in homes instead of institutions and as families are more involved," Scalia said in reference to social services.

Being proactive

Scalia acknowledges that for both behavioral health providers and the technology vendors that serve that industry, the many uncertainties about how health reform will unfold at the national and state levels are making strategic planning difficult. Yet he remains convinced that the correct approach for agencies involves going in full-bore now, not sitting back idly and waiting for the picture to become clearer at some point.

He says Netsmart is on the ground floor of a health home initiative covering New York City, even though the major players in this effort went into the process with no specific understanding of how payment will work under this model.

"We're making bets on the future, certainly with imperfect information," said Scalia. "I tell both our internal team and our clients all the time that some of the bets we make won't be correct."

He added, "I know that what we're doing now will be different two years from now. But what we're learning now will be a part of that."

This attitude mirrors one that is being seen to a growing degree in the provider world also. Even though many questions remain about how full implementation of the Affordable Care Act (ACA) will affect behavioral health services, more providers are beginning to operate under the assumption that it will be valuable to offer a broader menu of more integrated services. And as a result, many providers are now busy adding those capabilities, sometimes through corporate partnerships and in other instances through outright mergers and acquisitions.

Scalia said behavioral health providers in the past were more inclined to "play defense" from a strategic perspective, but now many forward-thinking organizations are making aggressive business decisions. He thinks behavioral health agencies, by virtue of their traditional emphasis on coordinated care planning, ancillary supports and extended support, might be in the most ideal position to play a lead role in the evolving, more highly integrated healthcare system.

'Many small EHR vendors will not be able to make the investment required to help their clients meet the Meaningful Use Stages 2 and 3 requirements for coordinated care.'

Fran Loshin-Turso

"Behavioral health organizations are much better suited to lead than any physical health organization could hope to be," said Scalia.

Netsmart expansion

This year's Netsmart acquisition of Defran Systems continues a recent pattern of significant growth for the information systems provider in health and human services. About a year ago, Netsmart purchased Sequest Technologies and thereby expanded its capacity in serving substance abuse treatment organizations.

Netsmart also acquired Behavioral Pathway Systems (BPS), an entity that has established benchmarking systems to evaluate behavioral health agencies' organizational performance vis-à-vis their peers. Scalia said Netsmart is expanding on the benchmarking service by embedding more clinical content as well.

He said he believes Netsmart now is represented broadly across the health services spectrum, so he does not envision the company engaging in a great deal more acquisition of competitors. "I don't see us buying just to acquire market share," he said.

But he does think the universe of information technology vendors serving the behavioral health provider community will continue to get smaller. "Smaller providers won't be able to make the investment required," Scalia said.

Fran Loshin-Turso, Defran's president and CEO and now a senior vice president with Netsmart, echoed that sentiment in a statement earlier this month. "Many small EHR vendors will not be able to make the investment required to help their clients meet the Meaningful Use Stages 2 and 3 requirements for coordinated care," Loshin-Turso said.

Netsmart CEO Michael Valentine, in the same statement on the acquisition, commented on the importance of preserving Defran's technology solution. "The addition of the Defran solutions to our portfolio allows us to offer a solution to the smaller providers at a price point they can afford while at the same time giving them access to a comprehensive range of tools necessary to participate in care coordination, health information exchanges, health homes, mobile care, physical health integration, medication management and optimized revenue cycle management," Valentine said. •

NAMI director announces departure at end of year

Following his decision on Jan. 7 to step down from a position he has held for nearly a decade, Michael Fitzpatrick — the executive director of the National Alliance on Mental Illness (NAMI) — cited plans to focus the organization's efforts on the Affordable Care Act (ACA), the push for a final parity rule and addressing the recent Connecticut tragedy, along with a focus on early intervention and increased access to mental health services.

In an interview with *MHW* last week, Fitzpatrick said he plans to continue to serve as NAMI's executive director through Dec. 31, 2013, when his contract officially expires, to ensure a smooth leadership transition. Meanwhile, NAMI has retained a search firm for his successor, he said.

Fitzpatrick, who has served in his position since Jan. 1, 2004, said he feels that after nearly 10 years the time is ripe to move on. "I believe change is healthy; it's an opportunity for the organization to take this coming year and decide the direction it's going in," he said. "This is entirely my decision."

This year is shaping up to be an important one for NAMI, said Fitzpatrick, who anticipates "enormous" policy changes as states ramp up for full implementation of the ACA in 2014. Also, more work is needed to ensure that federal mental health parity regulations are released by the Department of Health and Human Services (HHS), Fitzpatrick said.

Fiscal uncertainty continues to concern the field. The country's public mental health system continues to reel from the $4.35 billion taken out of the mental health system, he said. It's important to stress to legislators the importance and value of early mental health intervention, Fitzpatrick said.

The organization is very strong, in terms of staff, noted Fitzpatrick. NAMI plans to ramp up its education programs, including providing more programs and resources for veterans and their families. The organization also intends to prepare for a national membership campaign in early 2014. NAMI will also change its web platform in terms of how the organization interacts with people who visit the site, he said. "We want to continue to make ourselves much more visible," said Fitzpatrick. Currently, NAMI has more than 1,000 local affiliates, he said.

Task force meets

A key part of NAMI's agenda, and the entire mental health community's for that matter, is the continued response and focus on the Newtown tragedy in Connecticut at Sandy Hook Elementary School on Dec. 14 (see *MHW*, Dec. 24, 2012). Fitzpatrick and several mental health leaders attended a meeting of Vice President Joe Biden's task force on gun violence on Jan. 9.

'I believe change is healthy; it's an opportunity for the organization to take this coming year and decide the direction it's going in.'

Michael Fitzpatrick

The task force, established by President Obama, was chaired by Health and Human Services (HHS) Secretary Kathleen Sebelius, Attorney General Eric Holder and members of Biden's staff. Virtually every mental health organization was represented, including the Bazelon Center for Mental Health Law, the American Psychological Association, the National Council for Behavioral Health, the American Psychiatric Association and the National Association of State Mental Health Program Directors.

While the meeting with mental health leaders did not specifically address guns per se, Fitzpatrick said it presented an opportunity to discuss fundamental issues in the mental health system. "We need to invest in early-intervention strategies to assist people when they need" mental health treatment, he said. The current mental health system is "impossible to navigate," he said.

"We need to really train school personnel, law enforcement, families and caregivers in identifying and responding to adolescents with mental health disorders," said Fitzpatrick, who noted that these concerns were aired as part of the discussion. Early warning signs had been missed in the many tragedies experienced in this country over the last few years, said Fitzpatrick. "Families can't find their way into the mental health system to be treated," he said.

Discussions also centered on issues like school bullying, he said. Many of the children in school with mental health problems feel isolated and bullied and tend to drop out of school, said Fitzpatrick. The mental health leaders emphasized the importance of children getting the support they need to stay in school, he said. The president is expected to make recommendations by the end of the month on actions to prevent future tragedies like the one at Sandy Hook Elementary School, added Fitzpatrick.

Fitzpatrick said that once he completes his final year it will be a lot easier to reflect on the challenges NAMI has faced over the final decade.

"During Michael's tenure, he assembled a skilled team and worked with NAMI state organizations and NAMI affiliates and our membership base to expand education and support programs and advocacy at ev-

ery level," NAMI Board President Keris Myrick said in a statement. "He also has provided a steady hand in maintaining financial stability during a period that included a national economic crisis that affected the non-profit community."

Myrick added, "We are grateful he has committed to seeing us through a transition year and ensuring that NAMI's future stays strong and vibrant. We also are confident that NAMI will find and engage a new leader by the end of the year." •

Peer-based training helps participants 'self-manage' health

The National Council for Behavioral Health is offering in-person trainings for peers on how to achieve "whole health" goals. The two-day training teaches peer specialists how to work with people in mental health programs to help consumers take charge of and improve their own health, including their own behavioral health.

By using weekly action plans and eight-week support groups, the program, called WHAM (Whole Health Action Management), is designed to help people with mental illness who are employed in behavioral health organizations to use WHAM groups to help consumers achieve wellness and resiliency by "self-management," according to the National Council. The National Council has been offering the trainings since the summer in beta test mode, and officially launched the program in November.

There is a high incidence of diabetes, heart disease and obesity among people with mental illness. WHAM was developed "by peers for peers," according to the National Council. The training is based on a curriculum that strengthens the role of the peer workforce in integrated care.

"WHAM training encouraged me to gain faith and confidence that I can regain my health," said Kyung Hwa Chang, a peer leader at Asian Community Mental Health Services in Seattle, Washington, who was trained in WHAM in August 2012. "This training provided me with an opportunity to think about what can be done to help improve the health of peers who are in a similar situation."

New health behaviors result from the "person-center planning" and the weekly WHAM groups, which also teach health screens for prevention. The WHAM curriculum is based on chronic disease self-management programs such as HARP (Health and Recovery Peer Program) and science-based health and resiliency factors like the Relaxation Response.

"Behavioral health pioneered the concept of consumers taking charge of their own health and wellness — a trend that is now growing in other areas of healthcare," said Linda Rosenberg, president and CEO of the National Council. "WHAM offers new tools for consumers to engage their peers and prepares the healthcare workforce for a future that demands a whole health perspective."

Shared decision making is one example of a skill learned in WHAM that is particularly effective when taught by a peer, according to Jeannie Campbell, executive vice president of the National Council. "People are often more comfortable expressing their concerns to peers, rather than physicians or psychiatrists," Campbell told *MHW*. "In stressful situations dealing with upcoming medical appointments, peers can help empower the individual to take charge of his/her healthcare and also often provide specific examples of questions and concerns that should be expressed when going to a doctor's appointment or even accompany them in person."

In the two-day WHAM training, peer participants will:

- Engage in person-centered planning to identify strengths and supports in 10 science-based whole health and resiliency factors.
- Write a whole health goal based on person-centered planning.
- Create and log a weekly action plan.
- Participate in WHAM peer support groups to create new health behavior.
- Elicit the Relaxation Response to manage stress.
- Engage in cognitive skills to avoid negative thinking.

Presbyterian Health in New Mexico is offering WHAM to more than 600 case managers, community health workers and peers. The Centers for Medicare & Medicaid Services approved Georgia Medicaid wellness peer support delivered by peer specialists who are certified by WHAM.

"Research has shown that people with the strongest social ties have dramatically lower rates of disease and premature death than those who feel isolated and alone," said Larry Fricks, National Council consultant and developer of the WHAM curriculum. "Regular participation in organized social networks — like peer support groups — is at the core of why WHAM is so effective in whole health self-management."

The peer and the patient are equally helped by both shared decision making and peer support groups, according to Campbell.

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"Both parties experience an enhanced social network as well as an increased sense of meaning and purpose," she said. "If they are able to help one another, they feel more empowered in self-managing their own health."

The cost for a two-day WHAM training is $10,000 for up to 30 people or $500 per person. •

For more information, on the two-day WHAM training, contact National Council Consulting Manager Daisy Wheeler at 202.684.7457 or DaisyW@thenationalcouncil.org.

State News

Montana commissioners sign off on MH services agreements

The Lewis and Clark County commissioners have signed off on a trio of agreements that will help fund and improve mental health services locally, the Independent Record reported. The grants, amounting to $565,400, are from the Montana Mental Health Settlement Trust. The trust was created from the state's part of the settlement of a national lawsuit against pharmaceutical maker Eli Lilly and Co. regarding the marketing and sale of the antipsychotic drug Zyprexa. Trust funds are to be used for crisis intervention services, training for law officers and health care officials, funding for patients who are transitioning to independent living environments, children's mental health programs and for peer-to-peer services.

Names in the News

Newly elected NAPHS board members take office

On January 2, **Michele Gougeon** began her term as the 2013 chair of the Board of Trustees of the National Association of Psychiatric Health Systems (NAPHS). **Gail Ryder** was chosen board chair-elect and will become board chair at the conclusion of Gougeon's 2013 term. New members elected to the NAPHS Board of Trustees for three-year terms are **Roz Hudson**; **Deborah Weidner, M.D., M.B.A.**; and **David Woodlock, M.S.** The NAPHS Board includes 15 additional members representing the diversity of the NAPHS membership. For more information, visit www.naphs.org/about/board.

Business Notes

Baltimore Behavioral Health files for bankruptcy

Mental health rehabilitation and addiction treatment center Baltimore Behavioral Health Inc. has filed for bankruptcy protection, the Baltimore Sun reported. The case follows a series of problems for the treatment center, including a lawsuit by employees over retirement contributions, the dismissal of several members of the board of directors and several accusations of default. In 2010, a Sun investigation revealed unusually high Medicaid billings and six-figure salaries paid to family members who controlled the nonprofit company. Former patients and employees, and some outside doctors, said BBH had been diagnosing some patients with mental illness instead of their primary affliction, drug addiction, leading to more lucrative payments. A meeting of the creditors has been scheduled for early February.

Coming up...

The **American College of Psychiatrists** Annual Meeting will be held **February 20-24** in **Kauai, Hawaii**. Visit **www.acpsych.org/meetings-and-news/annual-meeting** for more information.

The **Department of Child and Family Studies at the University of South Florida** will hold its 16th annual Children's Mental Health Research & Policy Conference **March 3-6** in **Tampa, Fla.** Visit **www.cmhtampaconference.com** for more information.

The **5th World Congress on Women's Mental Health** will be held **March 4-7** in **Lima, Peru**. For more information, visit **www.iawmh2013.com/index.htm**.

The 2013 Annual Meeting of the **National Association of Psychiatric Health Systems (NAPHS)** will be held **March 11-13** in **Washington, D.C.** For more information, visit **www.naphs.org/annual-meeting/home**.

The **National Council for Behavioral Health (National Council)** will hold its Conference '13 **April 8-10** in **Las Vegas, Nev.** For more information, visit **www.thenationalcouncil.org/cs/conference2013**.

In case you haven't heard...

The ancient art of yoga has found an unlikely home: prisons. At least 20 prisons now offer yoga through the Prison Yoga Project, a program that began 12 years ago when James Fox began teaching yoga to at-risk youth. Research on the effects of yoga on prisoners is relatively scarce, but incarcerated women completing a 12-week regimen of yoga classes showed "a significant linear decrease" in their symptoms of anxiety and depression, according to a 2010 paper in the journal *Nursing Research*. The Rev. Dr. Alonzo C. Pruitt, chief of chaplains at the Richmond City Jail, said the mental health program at the jail had reduced recidivism by 18 percent, and he partly credited yoga with that success.