

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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A progress report issued this month on Maine's consent decree that mandates reforms in its mental health service system found some progress. Advocates say there are still gaps that need to be addressed. The 27th anniversary of the signing of the decree just passed.

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New initiative to help CBHOs develop cancer control, prevention practices

A need to address cancer and tobacco use disparities among the behavioral health population and offer community behavioral health organizations (CBHOs) knowledge about cancer control and prevention practices are at the heart of a new initiative launched by the National Council for Behavioral Health.

The National Council operates the National Behavioral Health Network (NBHN) for Tobacco & Cancer Control Community of Prac-

tice (CoP) in partnership with the Behavioral Health and Wellness Program, Centerstone Research Institute and Smoking Cessation Leadership Center. The NBHN is a five-year program jointly funded by the Centers for Disease Control & Prevention's Office on Smoking and Health and Division of Cancer Prevention and Control.

Eleven CBHOs have been selected to participate in the 2017 Cancer Control Community of Practice, National Council officials announced Aug. 7 (see sidebar on page 3). Over the next six months, they will partner with their peers and technical experts to develop and implement action plans to enhance their cancer control and prevention efforts di-

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Bottom Line...

Eleven community behavioral health organizations have been selected to participate in the National Council's cancer control and prevention Community of Practice initiative.

Progress on long-standing agreement to improve Maine system remains gradual

Now having passed the 27th anniversary of the signing of a consent decree setting out mandated reforms to Maine's mental health service system, the state still appears to be moving incrementally toward the desired outcome. A progress report issued this month by the court-appointed monitor for the agreement stated that "progress is being made, although haltingly at times."

Areas that have shown improvement, according to retired Maine Supreme Judicial Court Chief Justice Daniel Wathen as well as advocates interviewed by *MHW*, include reductions in waiting lists for certain services as well as the provision of needed housing assistance for persons with serious mental illness. Areas that still require significant attention include gaps in medication management for patients.

"Sometimes it is a case of two steps forward, one step back," Mark Joyce, an attorney with Disability Rights Maine, told *MHW*. Disability Rights Maine represents the class in the lawsuit that was originally filed after the 1989 deaths of 10 patients

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Bottom Line...

The overseer of the consent decree that has governed Maine mental health system reform for more than two decades used the term "haltingly" in his latest report to describe how progress is being made.

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rected toward people with behavioral health conditions.

"Individuals with a mental illness are at greater risk of receiving a late-stage cancer diagnosis due to the lack of screening options," Linda Rosenberg, president and CEO of the National Council for Behavioral Health, said in a statement. "By adopting cancer prevention and control practices, we can better sup-

port efforts to improve the overall health of people with mental illnesses and substance use disorders." programming, although the growing number of centers that are attacking smoking cessation head-on in their patient population were essentially doing a piece of this already (see *MHW*, June 22, 2015).

Cancer support lacking

"Anecdotally, we've heard over the last few years from providers who say there's not enough being done to address cancer in the [be-

havioral health] population," Shelina Foderingham, assistant vice president of practice improvement for the National Council, told *MHW*. Many providers have said they're unaware of efforts that exist to get their clients screened for cancer, she said.

Thirty-seven participants from 11 CBHOs gathered June 27 for an in-person orientation to kick off the first-ever Cancer Control CoP. Participants had an opportunity to create action plans that will be further refined over time, said Foderingham. "We're focusing on the CoP to address prevention and cancer control among this population," said Foderingham. "The behavioral health population has the same cancer rates as the general population," she said. "They're not screened early enough for cancer."

This is the third installment of the National Council's CoP initiative. The organization has also addressed tobacco prevention efforts.

The initiative will support the integration of evidence-based and best practices into providers' workflow, said Foderingham. They'll talk to their clients or patients about cancer-related issues and help them make connections in the community, she added.

Increasing knowledge

"A key component of the CoP is to increase knowledge of what resources exist in individual communities that organizations can connect to, and that they can better connect their patients to these resources as well," Taslim van Hattum, CoP project director, told *MHW*. The CoP helps support CBHOs in identifying, initiating and building strong relationships with local and state tobacco and cancer control agencies, she said.

Participants will learn about in-

'Anecdotally, we've heard over the last few years from providers who say there's not enough being done to address cancer in the [behavioral health] population.'

Shelina Foderingham

port efforts to improve the overall health of people with mental illnesses and substance use disorders."

The National Council in late April 2015 hosted a webinar titled "Implementing Cancer Screening and Referrals Within Community Behavioral Health Organizations." At that time, it was still a small minority of mental health organizations that had specifically defined cancer prevention as an objective within their

havioral health] population," Shelina Foderingham, assistant vice president of practice improvement for the National Council, told *MHW*. Many providers have said they're unaware of efforts that exist to get their clients screened for cancer, she said.

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tegrating tobacco and cancer screening information into electronic health records. Webinars and coaching calls are also a part of this effort, van Hatsum noted. Additionally, they will identify organizations with similar goals and put them together on these calls in order to learn from one another or from an expert, she said.

Foderingham noted that the CoP does not focus on a specific type of cancer; however, breast cancer is one example of a type of cancer a provider might have a conversation with a patient about after initiating a conversation around cancer prevention, screening and treatment. "The CoP seeks to increase provider comfort and education around all types of cancer, as well as build providers comfort to utilize conversations about tobacco cessation as a greater opportunity to engage in deeper conversations about cancer," she said.

Program elements

A few examples of what the Cancer Control CoP strives to assist CBHOs around include:

- Increasing staff understanding about why cancer matters to patients impacted by mental illness and addictions;
- Increasing knowledge of what resources exist in individual communities that organizations can connect to, and that

CBHOs selected to participate in the CoP

The 11 CBHOs selected to participate in the 2017 Cancer Control Community of Practice are:

- Integral Care, Austin, Texas
- Northwest Alabama Mental Health Center, Jasper, Alabama
- Meridian Health Services, Muncie, Indiana
- Edgewater Systems for Balanced Living, Gary, Indiana
- Mental Health America of Los Angeles, Long Beach, California
- Saginaw County Community Mental Health Authority, Saginaw, Michigan
- Shiawassee County Community Mental Health Authority, Owosso, Michigan
- Health Solutions, Pueblo, Colorado
- Assets, Inc., Anchorage, Alaska
- West Texas Centers for MHMR, Big Spring, Texas
- Oakland County Community Mental Health Authority, Auburn Hills, Michigan

they can better connect their patients to; and

- Building staff capacity to engage in conversations with patients around screening and engagement in care.

The CoP strives to support CBHOs around increasing their capacity to expand cancer prevention and control activities, said Foderingham. This includes helping them to identify potential partners, existing resources and new opportunities, such as identifying who in their community might be a National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provider to refer patients to, she said. The NBCCEDP has pro-

vided low-income, uninsured and underserved women access to timely breast and cervical cancer screening and diagnostic services for over 25 years, she noted.

Foderingham added, "This might also include supporting [CBHOs'] collaboration with a new organization that provides their patients with enhanced services that they do not currently provide directly (i.e., screening, care navigation services for cancer treatment, cancer survivorship services and care) or a new innovative program or intervention, or identifying a funding opportunity." The program ends in September, she said. •

SAMHSA seeks public comment on core competencies for peers

The Substance Abuse and Mental Health Services Administration (SAMHSA) is seeking public review and comment on additional draft core competencies developed specifically for individuals providing peer support in criminal justice settings. The comment deadline is Aug. 25.

SAMHSA'S GAINS Center for Behavioral Health and Justice Transformation has contracted with the Florida Certification Board (FCB) to conduct a Role Delineation Study (RDS) to identify the core competen-

Bottom Line...

SAMHSA's GAINS Center's draft of core competencies is in addition to existing core competencies and specific to individuals providing peer support in criminal justice settings.

cies necessary for peer specialists providing peer support to persons diagnosed with mental and/or substance use disorders who are involved with the criminal justice system.

According to SAMHSA, the "Core

Competencies for Peers Working in the Criminal Justice System Draft" is a living document that will be updated throughout the RDS process.

The overarching goal of this effort is to identify core competencies, knowledge and skills that peers need to work with individuals with behavioral health disorders involved in the criminal justice system, David Morrisette, a captain in the U.S. Public Health Service and social science analyst at SAMHSA's Center for

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Mental Health Services, said. “This builds on SAMHSA’s existing core competencies for peers,” Morrisette told *MHW*.

The competencies build off of the RDS, looking at what specific skills are needed in this setting and how you define peer support roles in the criminal justice setting, said Morrisette.

“There’s a lot of diversity of peer roles within the criminal justice system,” added Morrisette. For example, veteran treatment courts require veterans to become mentors — someone with the shared experience of having served in the military, he said. “It’s quite different from the peer support role of serving someone in a mental health court,” Morrisette said. “Peer support specialists are broader than veteran mentors,” he said.

The criminal justice system itself, which includes police, court systems, prisons and jail, and other types of settings, is also diverse, Morrisette said. “We think the peer role may be the same, but the tasks may be different, depending on the setting,” he said. In the community, peers may help individuals with housing, obtaining benefits and finding employment. “In the jails, peers would help individuals adjust to and cope with incarceration,” he said.

Decade-long support

Peers have already been working in the criminal justice system for the past 10 years, LaVerne Miller, senior program associate II for Policy Research Associates, Inc., and lead on peer-focused activities at the GAINS Center, told *MHW*. What’s different about this effort, she noted, is the increasingly high demand for peers with a history of mental illness and substance abuse to be involved in criminal justice settings, she said. Additionally, the GAINS Center looked at the positive outcomes that come from utilizing peers, Miller said. “Folks are enthusiastic about having peers to work with in those

settings,” she said.

Miller noted that peer leaders and subject-matter experts identified the core competencies for peers to work effectively in different criminal justice settings. “They brainstormed [and tackled topics such as] what do peers need to know about working in the criminal justice setting? How is that different from a community-based program?” Miller noted.

“As an organizing framework, we’re using the Sequential Intercept Model,” said Miller. According to SAMHSA, the model is being used by many communities as a guide to behavioral health service system transformation, and more specifically as a tool to identify strategies to better respond to the needs of people with behavioral health conditions who come into contact with the criminal justice system.

“We see that as a context where peers can do the work,” Miller said. For example, Intercept #5 addresses assisting people in reintegrating back into all aspects of community life, she said.

The goal of the core competency effort is to develop a training curriculum, said Miller. “In addition to developing core curricula, you want to make sure that the person hiring you understands that you’re a person who has been trained,” she said. As a former district attorney in New York, Miller said it’s important that peers and those they work with know to stand up when a judge enters a courtroom, for example. They should also not wear hats or chew gum. “Peers convey that and understand that for themselves,” she said.

Miller added, “Core competencies are not just what we want them to be able to do; it’s for them to understand, [provide the] context and apply it.”

New domain

Examples of core competencies under one of the new domains, Foundations of Criminal Justice Systems, are:

1. Understand the historical ba-

sis of the criminal justice system and its impact on persons with mental health and/or substance use challenges.

2. Understand and explain the system/structure of local, county, state, federal, military and tribal criminal justice systems.
3. Understand the Sequential Intercept Model (SIM) as the typical process of how an individual may move through the criminal justice system.

Following the close of the public submission period on Aug. 25, the GAINS Center will prepare a report and submit it to SAMHSA, said Morrisette. SAMHSA expects to hear from the many stakeholders involved in peer support, including providers who hire peers and people receiving peer services, said Morrisette.

SAMHSA has been hearing from many groups seeking its guidance on peers working in the criminal justice system, he said. Both the National Association of Drug Court Professionals and the Association of State Correctional Administrators have asked the agency for further clarification in defining peers.

“We have partnered with the state correctional administrators, in part, because of their interest in peer services in correctional facilities,” said Morrisette. “We were pleased that corrections administrators are using peers in the system to support individuals with behavioral health disorders — while isolated or [seeking] re-entry into the community to ease that transition.” •

For more information and to submit a public comment form, visit www.surveymonkey.com/r/GAINS-CJPeer or contact Miller at lmiller@praninc.com. The GAINS Center is hosting a free webinar Aug. 22 on peers working in criminal justice settings. For more information, visit www.samhsa.gov/gains-center.

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Field looks forward to working with HHS secretary for MH, SU

The behavioral health field is elated over the confirmation of Elinore McCance-Katz, M.D., as the first assistant secretary for mental health and substance use in the U.S. Department of Health and Human Services (HHS), and says they look forward to working with her to help improve care access for consumers with behavioral health issues. The new position was created by the 21st Century Cures Act.

McCance-Katz's nomination was strongly supported by behavioral health organizations. She was confirmed by the Senate on Aug. 3. She will be charged with overseeing the Substance Abuse and Mental Health Services Administration (SAMHSA) and coordinating mental health and substance use programs at other federal agencies. McCance-Katz previously served as SAMHSA's first chief medical officer.

In her testimony during the nomination hearing to Senator Lamar Alexander, chairman of the Senate Health, Education, Labor and Pensions Committee, McCance-Katz said she would prioritize two areas: addressing the opioid epidemic and focusing on those with serious mental illness.

Elevating key issues

McCance-Katz's confirmation will help elevate the importance of mental health and substance use disorders within the Department of HHS, Ron Honberg, J.D., senior policy advisor on advocacy and public policy for the National Alliance on Mental Illness, told *MHW*.

This is the first time there's been an assistant secretary position reporting to the HHS Secretary [Tom Price], said Honberg. "An assistant secretary is going to be very well-positioned to coordinate the work of different agencies within HHS on mental health and substance use disorders, i.e., the coordination between SAMHSA and the Centers for Medicare & Medicaid Services or the

National Institute on Mental Health or other agencies responsible for mental health and substance use disorders. That's potentially very important."

In her position as chief medical officer for the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals, McCance-Katz was instrumental in helping to reduce the number of people at state hospitals and ensuring they were linked with the right kinds of community supports, said Honberg. She's bringing that commitment and support to her new position, he said.

"There's huge tension in our mental health world, involving the traditional medical model of care

'We hope she sees NAMI as a very critical, important partner from the start.'

Ron Honberg, J.D.

and recovery model," said Honberg. "There's lots of arguing back and forth about what works; NAMI believes we need both."

Honberg added, "With proper services, recovery is very positive for people. People need more than just medical intervention; they need a variety of support, including peer support." McCance-Katz is well positioned to support both medical intervention when people need it as well as support recovery-based services, he said. It's not about an either/or position, Honberg said. "We need both."

Honberg noted that it's still too early to know what McCance-Katz's immediate priorities are. He hopes NAMI will have important input.

"We hope she sees NAMI as a very critical, important partner from the start," he said.

Accolades

Linda Rosenberg, president and CEO of the National Council for Behavioral Health, in a statement said the organization looks forward to working with McCance-Katz as head of the Substance Abuse and Mental Health Services Administration. "In this role, she will use her experience working on mental health and substance use disorders in both academic settings and the public sector to improve the lives of those affected by behavioral health issues, including the opioid epidemic and record-high suicide rates," said Rosenberg.

"She understands the need for a coordinated continuum of care and recognizes the importance of community services and supports — efforts that positively impact the behavioral health field," said Rosenberg.

"Dr. McCance-Katz is an accomplished physician and the ideal person to guide our nation's treatment of mental health and substance use disorders," said American Psychiatric Association CEO and Medical Director Saul Levin, M.D., M.P.A. "We are delighted that the Senate confirmed her ... as Assistant Secretary for Mental Health and Substance Use. We look forward to working with her to provide quality mental health care to everyone who needs it."

"We look forward to working with Dr. McCance-Katz and to discussing with her the vision she has for SAMHSA's work to promote recovery and community integration," the Bazelon Center for Mental Health Law said in a statement to *MHW*.

The Senate also confirmed Jerome Adams as surgeon general, Lance Allen Robertson as assistant secretary for aging and Robert Kadlec as the assistant secretary for preparedness and response. •

Former CoP CBHO moves forward with local cancer support

A Winston, Oregon-based community behavioral health organization that participated in the National Council's Community of Practice (CoP) for Tobacco & Cancer Control last year recently acquired a grant enabling the organization to go even further in conducting cancer-related projects.

The SouthRiver Community Health Center is the recipient of a developmental grant from the Oregon Health Sciences University Knight Cancer Institute Community

CoP experience

SouthRiver's participation in the CoP was essential to its pursuit of the Knight grant and its ongoing support to help patients faced with cancer. "Our CoP focused on and prioritized integrated treatment for tobacco use in behavioral health, but we were also inspired to establish a closer relationship with a local cancer treatment center to make sure people receive the support they need when facing a cancer diagnosis and treatment," Carter said.

the development of SouthRiver's integrated tobacco-cessation services."

The goal was to help establish more robust relationships with cancer treatment centers they have in the community, said Carter. "Now a cancer treatment center can call us if someone is struggling with a cancer diagnosis or a patient is depressed or has another mental health condition that may interfere with treatment," she said. "We're a resource now."

Although Carter participated in the CoP on tobacco prevention, it wasn't her "first rodeo." They had been involved in a number of tobacco prevention-related initiatives, including establishing a tobacco-free policy on its campuses. "We've made sure our staff and clients are made aware of our policy," Carter said.

Carter added, "The CoP set us up for doing a little bit more intense work on making tobacco use treatment part of our standard of care."

The grant funding will support staff training, purchasing a carbon monoxide monitor, staff payments and getting the program up and running. The work plan developed through the CoP was instrumental in showing the work that has already been done at the organization and helped to make a case for the funding, she said. "The CoP provided us an incentive to keep us moving forward in developing our program," said Carter. •

'The CoP provided us an incentive to keep us moving forward in developing our program.'

Marilyn Carter, Ph.D.

Partnership Program that helps statewide communities address and support local cancer-related needs.

Marilyn Carter, Ph.D. is health education director for Adapt in Roseburg, Oregon, which operates SouthRiver and a number of other facilities covering its four-county region. Adapt provides primary care, behavioral health care and prevention services.

SouthRiver offers an integrated system of medical and behavioral health services — behavioral health care, medication-assisted treatment, pain management and tobacco cessation, said Carter. As part of the care team, behavioral health consultants "meet and greet" patients at the time of their clinic visit, she told *MHW*. "They assess for tobacco use and other health risks, and engage patients in behavioral health services, including tobacco cessation," she said. "Patients are offered an opportunity to begin services at that time and/or make an appointment to meet with the behavioral health consultant."

The organization received approximately \$25,000 in grant funding. The Knight Cancer Institute Community Partnership Program allowed SouthRiver Community Center to "put legs under their project to see it through with ongoing tobacco-cessation services," Carter said. "We took what we learned and developed as part of the National Council's Community of Practice for Tobacco & Cancer Control and turned it into a grant application to support

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at the now-closed Augusta Mental Health Institute. The terms of the consent decree now apply to operations at the Riverview Psychiatric Center, which replaced the former state psychiatric hospital in 2004, and to services in the state's community-based mental health system.

Familiar concerns

The ongoing concerns about Maine's service system read like a fairly typical list of the kinds of

problems that have plagued many state systems across the country: an overreliance on hospitalization, a lack of consumer-driven services, and chronic underfunding.

To the executive director of Maine's affiliate of the National Alliance on Mental Illness (NAMI), the lack of a master plan to guide the shorter-term actions affecting the system has been an ongoing flaw. NAMI Maine Executive Director Jenna Mehnert told *MHW* that while the state's goal of seeking greater ac-

countability in the system is entirely appropriate, actions under the present mental health administration have amounted to more of an indiscriminate shrinking of the system.

At the time the consent decree was signed in the summer of 1990, it was estimated that the required actions by the state would be completed by September 1995, according to a summary document on the consent decree from Disability Rights Maine. More than 20 years and numerous state administrations have passed since then, and progress remains inconsistent.

An immediate-term problem for the state involves the effects of the federal Centers for Medicare and Medicaid Services' (CMS's) 2013 decision to decertify the Riverview Psychiatric Center because of several questionable practices at the hospital. State officials learned this June that the CMS planned to recall \$51 million in federal payments to the state, and the state is appealing that move. Joyce said state officials have indicated they will use monies set aside in the state's budget stabilization fund to cover the loss if their appeal is unsuccessful.

Goals and principles of decree

The consent decree's general goals are to ensure that consumers serve as the driving force in treatment planning and programming; to improve the quality, comprehensiveness and availability of mental health services; and to maximize use of health care and other services outside the mental health system wherever possible.

Basic principles guiding the decree include the redistribution of hospital funds into the community, the need to offer flexible services to address an individual's changing needs over time and the provision of care in the least restrictive available setting.

The latest progress report from the overseer of the agreement suggests several signs of improvement.

Covering the period from last December through this July, the progress report points to a significant reduction in waitlists for case management and important support for a rental assistance program designed to facilitate patient reintegration into the community, the *Bangor Daily News* reported.

A particular area of remaining concern involves inconsistent access to medication management services across the state, due in part to a shortage of psychiatrists, the report points out. The situation could have been worsened had state legislators not blocked a recent plan by the Department of Health and Human Services to reduce payment rates for psychiatric services, the court's overseer suggested.

'It does seem that some of the things are improving over what has been done in the past.'

Mark Joyce

Disability Rights Maine's Joyce said that while the state contracts with private providers for many required services, the lack of available providers does not release the state from its obligations under the court-approved agreement.

Overall, however, "It does seem that some of the things are improving over what has been done in the past," Joyce said.

Gaps in system

NAMI Maine's Mehnert outlined the history of an eroding funding system that at one time had a broad definition of eligibility under the state's Medicaid program, as well as discretionary funding for those who didn't meet Medicaid requirements. As that system began to contract, ac-

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cess to medications was often the first item clients lost, which in turn led to compromised outcomes and increases in homelessness.

If gaps in the service system are not addressed, Joyce said, the result can be more people ending up in emergency services and in local jails. He and his colleagues at Disability Rights Maine emphasize the importance of making sure people with mental illness can move through every stage of the service system properly, not getting stuck at any point.

The Disability Rights Maine summary of progress states, "The hope from the plaintiffs' counsel perspective is to work with the Court Master and the Department to implement concrete, permanent reforms that will create the comprehensive mental health system that the decree envisions. Additionally, focus on patients' rights and treatment at Riverview Psychiatric Center continues to be an ongoing focus for plaintiffs' counsel." •

STATE NEWS

Illinois lawyers seek release of inmate mental health report

Lawyers for 11,000 prison inmates with mental illness have asked a federal judge to unseal a court-appointed monitor's report detailing concerns over progress made to comply with an agreement reached last year to improve mental health

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treatment, *The Pantagraph* reported Aug. 6. A new report filed in the U.S. District Court for the Central District in Peoria contains a monitor's opinion of how the Department of Corrections has handled its responsibility to expand mental health services. Judge Michael Mihm agreed to seal the report for 120 days to allow lawyers for both sides to discuss the possible resolution for the deficiencies. "Our clients have asked for the report," said Harold Hirshman, one of the lawyers for the inmates. "The public also has a right to know how the monitor assesses progress in the delivery of mental health care to those incarcerated." The state does not support releasing the report that is due to be unsealed Oct. 5, according to the inmates' lawyer. Hirshman acknowledged that the state has taken major steps toward its obligation to overhaul the mental health system. The upcoming opening of the state's first-ever hospital-level care for inmates at the Elgin Mental Health Center and a residential treatment unit in Joliet were cited by Hirshman as examples of the state's efforts.

Michigan residents can contribute to MH task force via new webpage

State Rep. Mary Whiteford announced on Aug. 7 the launch of a new webpage that allows Michigan residents to contribute to the findings of the House mental health task force, Newschannel 3 reported. Whiteford said she hopes Allegan County residents will participate by submitting ideas and input on topics such as veterans' health care, substance abuse treatment, mental health courts, the care of developmentally delayed individuals and training for law enforcement. "This is a great opportunity for me and other members of the task force to hear from real people with real experiences about ways in which the mental health horizon needs to improve in our state," said Whiteford. "This will help us create meaningful reforms and eliminate regulations to improve access to

Coming up...

The **National Association for Rural Mental Health** is hosting its annual conference, "Exploring What Works: Caring for the Country," **Sept. 6–8** in **San Diego**. Visit www.narmh.org/conferences.html for more information.

The **New York Association of Psychiatric Rehabilitation Services Inc.** 35th annual conference, "Stand Together for Recovery," will be held **Sept. 13–15** in **Kerhonkson, N.Y.** For more information, visit www.nyaprs.org/index.cfm.

The **American Psychiatric Association** will host IPS: The Mental Health Services Conference **Oct. 19–22** in **New Orleans**. Visit www.psychiatry.org/psychiatrists/meetings/ips-the-mental-health-services-conference/registration for more information.

The **American Academy of Child and Adolescent Psychiatry** is holding its 64th annual meeting **Oct. 23–28** in **Washington, D.C.** For more information, visit www.aacap.org/annualmeeting/2017.

The **Association of Community Living Agencies in Mental Health** will host its 38th annual conference **Oct. 31–Nov. 3** in **Bolton Landing, N.Y.** For more information, visit <http://aclnys.org/education-and-events/aclaimh-conference>.

The 28th annual conference of the **National Federation of Families for Children's Mental Health** will be held **Nov. 9–12** in **Orlando, Fla.** Visit www.ffcmh.org for more information.

quality mental health care." Whiteford is a member of the bipartisan House task force that explores ways to enable Michigan residents facing mental health challenges to live happier, healthier and more independent lives. The House C.A.R.E.S. task force is named after the key elements the group hopes to address in order to support vulnerable citizens: Commu-

nity, Access, Resources, Education and Safety.

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In case you haven't heard...

People may be happier when they feel the emotions they desire, even if those emotions are unpleasant, such as anger or hatred, according to research published by the American Psychological Association (APA). "Happiness is more than simply feeling pleasure and avoiding pain. Happiness is about having experiences that are meaningful and valuable, including emotions that you think are the right ones to have," said lead researcher Maya Tamir, Ph.D., a psychology professor at The Hebrew University of Jerusalem, in an APA press release. "All emotions can be positive in some contexts and negative in others, regardless of whether they are pleasant or unpleasant." Participants were surveyed about the emotions they desired and the emotions they actually felt in their lives. They also rated their life satisfaction and depressive symptoms. The research, which was published online in the *Journal of Experimental Psychology: General*, is the first study to find this relationship between happiness and experiencing desired emotions, even when those emotions are unpleasant, Tamir said. The study may shed some light on the unrealistic expectations many people have about their own feelings, Tamir said.