



MHA OF MT ANNUAL CONFERENCE ON CHILDREN’S MENTAL HEALTH—A BIG HIT!!

This years MHA of MT annual conference on children’s mental health in Great Falls (May 20 & 21) drew over 260 educators, mental health and substance abuse providers, clergy, parents, youth probation, child/ adolescent residential workers, health care providers, and youth. We received many testimonials like... ”the event was fantastic—it has given me many more tools to use in work with children and their families”. Ninety-six percent (96%) of the conference attendees offered that the content was professional and appropriate. Seventy-four percent (74%) want the focus of the annual conference to remain on children’s mental health with an emphasis on how to implement the strategies into communities, schools, residential settings, and families.

Dr. Ross Greene set the pace for the conference with his witty and dynamic presentation style and challenging traditional intervention modalities. Dr. Greene described and modeled the psychosocial treatment called Collaborative Problem Solving (CPS). Based on research in the neurosciences over the past 30 years, the CPS model postulates that challenging behavior is a form of developmental delay and the byproduct of lagging cognitive skills in the global domains of flexibility/adaptability, frustration tolerance, and problem-solving. Dr. Greene offered a lively discussion with conference participants and according to our event evaluations there is a strong desire for him to return in the near future.



Our exceptional Children’s committee who is working on the 2011 has already inquired as to Dr. Greene’s retur and possibly have Dr. Bruce Perry back for a dual approach presentation with a focus on implementation of their respective models.

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2009-2010 PRISM Contest Completed

In 2009/10 MHA’s AmeriCorps VISTA furthered the PRISM campaign to include five college campuses this year. Entries ranged from hand drawn art to graphic design and included students from as far north as Great Falls and south from Dillon. MHA received over 30 registrations this year, doubling last year’s number and the art work submitted had one common goal, to promote the value of life and prevent suicide. Some of this year’s art can be seen on page 7.

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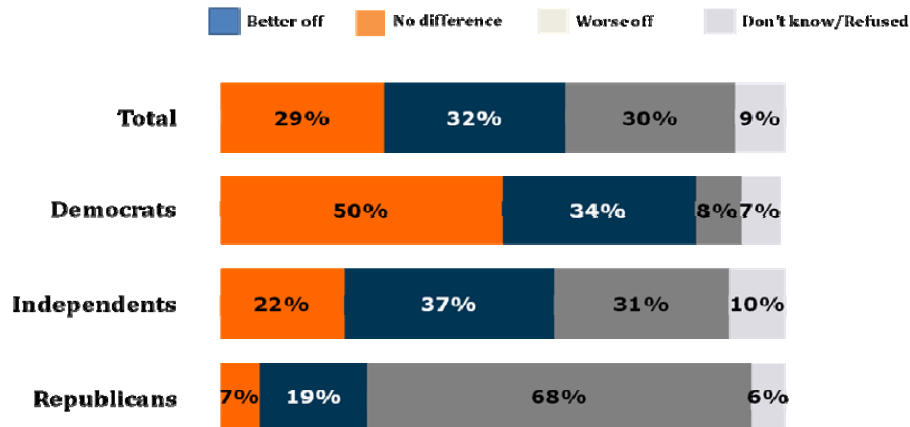


Health Care Reform ...

The Impact on Children and Families

Personal Impact of Health Law: By Party ID

Do you think **you and your family** will be better or worse off under the new health reform law, or don't you think it will make much difference?



Source: Kaiser Family Foundation Health Tracking Poll (conducted May 11-16, 2010)



The Patient Protection and Affordable Care Act require most U.S. citizens and legal residents to have health insurance. Creates state-based American Health Benefit Exchanges through which individuals can purchase coverage, with premium and cost-sharing credits available to individuals/families with income between 133-400% of the federal poverty level (the poverty level is \$18,310 for a family of three in 2009) and create separate Exchanges through which small businesses can purchase coverage. Requires employers to pay penalties for employees who receive tax credits for health insurance through an Exchange, with exceptions for small employers. Imposes new regulations on health plans in the Exchanges and in the individual and small group markets. Expands Medicaid to 133% of the federal poverty level.

Require U.S. citizens and legal residents to have qualifying health coverage. Those without coverage pay a tax penalty of the greater of \$695 per year up to a maximum of three times that amount (\$2,085) per family or 2.5% of household income. The penalty will be phased-in according to the following schedule: \$95 in 2014, \$325 in 2015, and \$695 in 2016 for the flat fee or 1.0% of taxable income in 2014, 2.0% of taxable income in 2015, and 2.5% of taxable income in 2016. Beginning after 2016, the penalty will be increased annually by the cost-of-living adjustment. Exemptions will be granted for financial hardship, religious objections, American Indians, those without coverage for less than three months, undocumented immigrants, incarcerated individuals, those for whom the lowest cost plan option exceeds 8% of an individual's income, and those with incomes below the tax filing threshold (in 2009 the threshold for taxpayers under age 65 was \$9,350 for singles and \$18,700 for couples).

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The views and opinions expressed in this newsletter do not necessarily reflect those of Mental Health America of Montana, its board, or staff.

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**Mental Health Association of
Sweetgrass-Stillwater Counties**

**Yellowstone County
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Science Solutions

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NIMH: Early Treatment Decisions Crucial for Teens with Treatment-resistant Depression

An early response to second-course treatment is associated with greater likelihood of remission among teens with hard-to-treat depression, according to recent data from an NIMH-funded study published online ahead of print May 17, 2010, in the *American Journal of Psychiatry*. <http://www.nimh.nih.gov/science-news/2010/early-treatment-decisions-crucial-for-teens-with-treatment-resistant-depression.shtml> (May 17, 2010)

New SAMHSA Reports SAMHSA, Ad Council, and Inspire USA Foundation Launch National Suicide Prevention Campaign for Teens

SAMHSA, along with the Ad Council and the Inspire USA Foundation, today launched a new Teen Suicide Prevention national public service campaign, the first teen suicide prevention effort from SAMHSA to utilize a national mass media strategy, as well as a robust digital outreach program. The campaign empowers teens by reminding them that there are ways to get through whatever problems they face and directs them to visit reachout.com to hear stories from others who successfully conquered their tough times.

American Academy
of Pediatrics
in the Pediatrician's Office

NIMH: Behavioral Intervention Effectively Controls Tics in Many Children with Tourette Syndrome

A comprehensive behavioral therapy is more effective than basic supportive therapy and education in helping children with Tourette syndrome manage their tics, according to a study funded by the National Institute of Mental Health (NIMH). The study was published May 19, 2010, in a special issue of the *Journal of the American Medical Association* dedicated to mental health. Science Update: <http://www.nimh.nih.gov/science-news/2010/behavioral-intervention-effectively-controls-tics-in-many-children-with-tourette-syndrome.shtml> (May 18, 2010)

Nature: Fixing of Immune System Could Cure Psychiatric Disorders:

A type of cell that is known to protect the brain against infection could help cure psychiatric disorders, a new study asserts. Researchers report in the journal, *Cell*, that they cured mice of an obsessive-compulsive condition known as "hair-pulling disorder" by tweaking the rodents' immune systems. This could open the way to new treatments for different mental disorders, although bone marrow transplants, which can be life-threatening, are not a likely candidate, at least not at this point. "There are some drugs already existing that are effective with respect to immune disorders," said study senior author Mario Capecchi, the recipient of a 2007 Nobel Prize. http://www.nature.com/news/2010/100527/full/news.2010.268.html?s=news_rss (May 27, 2010)

NIMH: Novel Model of Depression from Social Defeat Shows Restorative Power of Exercise

In a study in a mouse model that mimics the contribution of social stress to human depression, an environment that promotes exercise and exploration alleviated depressive behavior in the mice. The beneficial effect of activity depended on the growth of new neurons in the adult brain. Science Update: <http://www.nimh.nih.gov/science-news/2010/novel-model-of-depression-from-social-defeat-shows-restorative-power-of-exercise.shtml> (April 13, 2010)

NIMH: Coordinated Treatment Approach Improves Anxiety Symptoms

A coordinated, multi-component treatment approach was more effective in treating anxiety disorders than usual care found in primary care settings, according to an NIMH-funded study published May 19, 2010, in a special issue of the *Journal of the American Medical Association* devoted to mental health. Science Update: <http://www.nimh.nih.gov/science-news/2010/coordinated-treatment-approach-improves-anxiety-symptoms.shtml> (May 18, 2010)



American Academy of Pediatrics (AAP): Calls for Mental Health Checkups in Pediatrician's Office

NEW YORK – The American Academy of Pediatrics today released new, extensive recommendations stating that pediatricians should screen children and adolescents for possible mental health problems at every visit. The guidelines also state that pediatricians should develop a network of mental health professionals in the community to whom they can send patients if they suspect a child or teen is in need of further evaluation and treatment. The recommendations were made in a series of reports published in a supplement to the June issue of the journal *Pediatrics* (<http://pediatrics.aappublications.org/supplpage.dtl>).

"The American Academy of Pediatrics should be commended for calling on pediatricians to take an active role in assessing a young person's mental health," said Laurie Flynn, executive director of the TeenScreen National Center for Mental Health Checkups at Columbia University. "With health reform and mental health parity legislation, there is no time like the present to make the mental health of our youth a national priority. (June 1, 2010)

Highlighting Montana's Rich Resources

Children's System of Care Cost Offsets

Mental health service costs offset by savings in other public sectors

Penn State researchers have found that reduced expenditures for inpatient hospitalization, the juvenile justice system, the child welfare system and the special education system offset the costs of the improved mental health services delivered to youth through the system of care approach now being tried in communities in every state in the U.S.

Mental health services for youth delivered via system of care have been criticized as too expensive compared to communities that don't adopt the approach. However, the Penn State study, the first of its type, shows that including spending in other service sectors in the analysis reduced the between-community cost difference from 81 percent to only 18 percent more for system of care.

Dr. E. Michael Foster, professor of health policy administration and demography who led the study, says, "Mental health services that keep youth out of the juvenile justice system, for example, not only save tax dollars that would have to be spent on that sector but also reduce the suffering of the youth and their families. In addition, by not having a juvenile justice record, youth improve their chances of finishing high school and making a successful transition to adulthood and becoming future taxpayers."

The study is detailed in a paper, "Public Costs of Better Mental Health Services for Children and Adolescents," in the current (Jan/Feb.) issue of *Psychiatric Services*, the journal of the American Psychiatric Association. Foster's co-author is Tim Connor of ORC Macro, Inc., Atlanta, Ga.

Foster explains that system of care is a philosophy, rather than a specific plan. Communities that adopt system of care make an effort at cross-agency cooperation for all child- and family-serving agencies to support children with complex needs in an integrated manner. Since communities have different needs, the system of care varies from location to location.

Nearly 100 communities have received support to adopt the system of care approach through a federal initiative funded by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). The Penn State study focused on one of these communities in Stark County, Ohio, and compared it with a non-system-of-care community in Mahoning County, Ohio.

The researchers found that expenditures for juvenile justice, the child welfare system and inpatient mental health systems were all higher in the non-system-of-care community. Core mental health systems and special education costs were higher in the system-of-care community.

The authors note in their paper, "Although we have captured services that represent the largest expenditures, in each sector there is resource use that was not included in our analyses. For example, our analyses of costs for the juvenile justice system included detention but not court costs or probation and aftercare services. Similarly, we have not captured general administrative costs. In the case of child welfare, for example, these costs could be quite large. If, as seems likely, these omitted costs are proportional to the costs we analyzed, their inclusion would narrow the between-site gap still further."

In a recent interview, Foster noted that system-of-care approach communities may be spending roughly the same amount of tax dollars as non-system-of care communities but getting more out of them.

Foster is continuing his analysis of the 67 system of care communities selected for evaluation and expects to have additional results in about a year.

<http://www.news-medical.net/news/2005/03/28/8700.aspx>
News-Medical.Net 28. March 2005 14:28



Board President—Words of Wisdom

MY response to the Pennsylvania researchers findings on children's system of care (SOC) cost offsets is a resounding cheer and let's get behind the Montana children's SOC.

A plan which allows local management of a community's scarce resources is an idea with which most Montanans can identify. The Penn State study is especially relevant as we head into the 2011 Legislative session where there is already talk of spending cuts due to falling revenue. The bottom line is that we will be expected to do more with less. Some may look at this bleak financial picture as a no-win situation for vulnerable Montanans. The Penn State study, however, shows there exists an opportunity for good outcomes with local control and collaboration.

Tax revenue funds several important systems within a community; Law Enforcement, Juvenile Probation placement funds, school funding, Medicaid funding which pays for most mental health treatment and Child Protective funding to name a few. If an adolescent with a serious emotional disturbance access their mental health treatment because of a Youth Court order after receiving several delinquent citations, other taxpayer funded entities could see a savings to their budgets. After all, the adolescent is viewed as a problem for Juvenile Probation to solve. The taxpayer, however, does not care if their tax dollars are being spent by Juvenile Probation for an expensive out of home placement or by the local mental health provider who provides Wraparound services to keep the adolescent in the community. The taxpayer wants to see their money spent responsibly.



Local stakeholders have a duty to be good stewards of public funds. Seeing significant savings across publicly funded agencies by using a system of care approach should inspire us to change the status quo. Not only because there exists a financial benefit to us all, but because vulnerable Montanans will also reap the benefits.

Billings Community Takes Charge

Yellowstone County voters pass mental health levy

Yellowstone County voters have approved a levy to provide steady funding for two programs that offer treatment to people who are mentally ill or chemically dependent so they do not have to be jailed or hospitalized. By late Tuesday (June 9, 2010), the levy was passing by a 9 percent margin with 98 percent of votes counted. The levy will generate \$873,000 a year in property tax revenue that will be distributed to the Community Crisis Center and the Hub, a downtown day program.

The Community Crisis Center opened with a federal grant in 2006. When the grant money ran out early, city hospitals offered temporary funding. The Community Crisis Center has a \$1.3 million annual budget. The hospitals and law enforcement agencies supported the levy.

Persons may access care through the Community Crisis Center (CCC), located 702 N. 30th Street. Hours are 24 hours a day / 7 days a week.

Meet Our New Executive Director

Dan Aune Joins Mental Health America of Montana as the New Executive Director

The Executive Committee of the Board of Directors of Mental Health America of Montana (MHA of MT) is excited to announce the hiring of Dan Aune as the Executive Director of MHA of MT. Dan officially started his responsibilities on mid April and will join MHA of MT team members Jana Lehman, Michelle Aune, and Julio Brionez.

Dan has been involved with MHA of MT as the Board President for the past two years (2008 – 2010) so is fully informed of our activities and organizational needs. In his professional life, Dan has been a senior consultant with a national behavioral health consulting firm and prior to his work that Dan was the Director of the Gallatin Mental Health Center in Bozeman, Montana. His professional and board of director experience made him an excellent choice for the responsibilities and challenges facing MHA of MT.

Dan has been involved in a number of mental health consumer organizations to include being a past board member of the Central Service Area Authority representing the Bozeman area and also a member of the Gallatin County Local Advisory Council on Mental Health. His experiences as a national behavioral health consultant offers MHA and Montana innovative ideas from mental health delivery systems in other states—both those that are successful and those that may not be a great fit for Montana.

Dan's primary goals over the next six months include:

1. Stabilize the organization financially and in day-to-day operations
2. Develop the diversity of the Board of Directors
3. Increase membership
4. Initiate a strategic planning process

Please join our Board of Directors and Staff in welcoming Dan Aune, Executive Director of MHA of MT.

**Please consider becoming a member of MHA MT!
Remember to RENEW Membership for 2010!**

Members support our work to reduce stigma, educate the public, communicate with policymakers, and provide services to those affected by mental illness.

Members also receive discounts on programs.

To become a member, send this form and your membership payment to:

**MHA of MT
PO Box 88
Bozeman, MT 59771**

Name	Email
Organization	Phone
Address	City, State, Zip

2010 PRISM WINNERS



For more information contact Julio Brionez 406-587-7774 or visit the PRISM webpage at <http://montanamentalhealth.org/prism.htm>

State Affiliate Updates

•MENTAL HEALTH ASSOCIATION OF GREAT FALLS

Annual Spring Workshop: Eating Disorder Treatment - April 30, 2010

The annual spring workshop for MHA of Great Falls brought mental health, education, healthcare, and parents from around the state to learn specifically about eating disorders and treatment strategies. The turnout for the event was great and suggested a significant interest in eating disorder treatment and the development of resources across Montana for mental health providers, school personnel, and family members. The conference identified the need for continued development of eating disorder treatment with both adolescent and adult populations.

•Sweetgrass Stillwater Counties Mental Health Association

Annual Spring Luncheon: Bullying Presentation—May 7, 2010

The annual spring luncheon for the Sweetgrass Stillwater Counties MHA was held in Big Timber and was a packed house. Guest speaker Sweet Grass County Sheriff Dan Tronrud spoke on the topic of "Bullying." Sheriff Tronrud became interested in bullying and through researching this topic found existing and escalating related behavior in both the elementary school and high school levels. He presented information on the research and showed a brief video on the Olweus Bullying Prevention Program. The Olweus Bullying Prevention Program is a program that provides intervention on three levels: administration, classroom and individual. The bullying prevention model identifies a definite unity between school and community. <http://www.clemson.edu/olweus/>



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by mental health consumers,
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Saturday - Sunday: 1 pm to 10 pm

www.montanawarmline.org

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Free support is available.**

Each telephone-based bipolar support group runs for a six week period, with different topics discussed each week. Topics include:

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-Better Relationships: How does
bipolar affect my relationships?
How can I improve them?

*No matter where you live in the
state, all you need is a telephone
to join this group.*

Please contact Jana Lehman at MHA MT
to sign up or for more information:
406-587-7774 or 877-927-6642 or
jana@montanamentalehealth.org



FOR THE LATEST INFORMATION ABOUT MHA OF MT VISIT WWW.MONTANAMENTALHEALTH.ORG



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