



MHA OF MT ANNUAL CONFERENCE FEATURING DR. ROSS GREENE

The children’s committee is continuing to serve the children of Montana by bringing a nationally recognized speaker for our annual conference. We are excited to announce that Dr. Ross Greene, author of *The Explosive Child*, will be our keynote speaker. Dr. Greene is the originator of a model of psychosocial treatment called Collaborative Problem Solving (CPS). Based on research in the neurosciences over the past 30 years, the CPS model posits 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. CPS helps adults and kids solve the problems precipitating challenging behavior and simultaneously teach kids the skills they’re lacking. The model, which represents a dramatic departure from conventional wisdom and practice, has been found to be highly effective in an array of settings, including families, general and special education schools, therapeutic group homes, and inpatient, residential, and juvenile detention facilities. Participants in this workshop will leave with an understanding of the underpinnings of the CPS model and practical assessment and intervention tools that can be brought back to and used in these diverse settings.



Don’t miss this incredible opportunity on May 20-21 in Great Falls! See page 5 for more info!

MHA of MT GOING GREEN!

We have decided to do our part by offering our quarterly newsletter electronically! Please be sure to contact our office with your email address to ensure that you do not miss an issue! If we already have your email address, you can expect to be contacted as we update our database. *If you do not have access to email, but would still like to receive our newsletter, please contact our office to let us know.* We’d be happy to work with you to keep you connected and informed. Thank you for all the support, which enables us to continue our mission of advocating and educating for the mental health of all Montanans.

Call 1-877-927-6642 or email info@montanamentalhealth.org

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Member of



IN LEGISLATIVE NEWS ...

A Year in Review

Let's re-spin 2009 and the benefits for mental health in the State of Montana!

MHA of MT once again facilitated the Mental Health Caucus in preparation of and through the 2009 Legislative Session. The Mental Health Caucus partners are many and worked diligently throughout the session for the following gains:

Adult Mental Health

HB 130 Creates a program in which the state will match funds spent by counties for jail diversion and crisis intervention services, as well as for insurance coverage against catastrophic pre-commitment costs and short-term inpatient treatment. To be eligible, a county must develop and submit a jail diversion and crisis intervention strategic plan that includes a plan for community or regional services. The county also must participate in a statewide or regional county insurance plan for pre-commitment costs.

HB 131 Requires DPHHS to contract for up to three inpatient psychiatric treatment beds in each of the three mental health service area authority regions. The beds would be used to provide inpatient crisis intervention services before an involuntary commitment petition is filed or to allow for emergency detention after a petition has been filed but before the court has made a final determination on the request.

HB 132 Allows a civil commitment proceeding to be suspended for up to 14 days while a respondent is diverted to short-term inpatient treatment. If the respondent successfully completes the treatment program, the commitment proceeding is dismissed.

Children's Mental Health

HB 243 Requires the existing System of Care Planning Committee to study the progress achieved to date in developing a statewide system of care for high-risk children with multi-agency service needs and to prepare a report by July 2010 that includes information on the number of children served, by community. The report must identify the types of services provided, include a summary of all funds spent on the system, and note any barriers to developing the system further. The report must be provided to the 62nd Legislature and to an appropriate interim committee.

SB 399 Requires DPHHS to develop a pool of qualified in-state providers of children's mental health services and to report to CFHHS each interim on its efforts to place children with mental health needs in in-state treatment facilities.

Other Important Points

Montana State Hospital – Current MSH administrator, Ed Amberg announced his retirement with his last day will be December 23, 2009. A nationwide search has begun for his replacement.

HB130, which was passed by the last Legislature, provides for matching grants for Counties. Rules were prepared by the August 31st deadline and the final hearing will be in late November. So far 38 of the 56 counties have applied for funds, with several of the counties collectively working together, such as Yellowstone county working with 10 other counties.

HB131 requires the department to contract for secure crisis stabilization beds. Negotiations are underway with Western MT MHC to purchase one bed at the Hays-Morris house in Butte. When the Bozeman crisis center opens, an additional bed will be contracted there.

CIT Training - Montana developed their application for statewide CIT training using a single trainer and curriculum method. Included for training would be Law Enforcement Agencies, County Attorneys, and judges and may also include 911 operators. If funded, implementation would have to be done by September 30, 2010.

HIFA Waiver – for those uninsured, other than MHSP, would be a means to transition them to Medicaid eligibility. If approved, the first population to be transitioned will be those diagnosed with schizophrenia, then by random lot for those with bi-polar, and will start with 50 per month beginning January 1, 2010.

New MHS Bureau Chief, Glenda Oldenburg introduced herself to the group, stating she is transitioning in her position with the recent reorganization of the Division which put the State Hospital and the Montana Mental Health Nursing Care Center under her direction as well as the regular bureau.

Ron Balas has been named the administrator of the Nursing Care Center, and has assumed his duties there. Mr. Balas was formerly the administrator of the center a few years past, so he was able to take charge immediately.

Call your friends, neighbors, Legislators, and MHA of MT members to thank them for the work this year and to emphasize – “The road remains long to reach our goals!”

**Special thanks to those who generously donated to the
Steven Michael Croskey Memorial Fund**

**Contact Mental Health America of Montana at
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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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of Daniels County**

**Mental Health Association
of Great Falls**

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**Mental Health Association of
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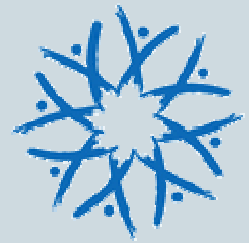
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Science Solutions

Bridging mental health research & clinical practice

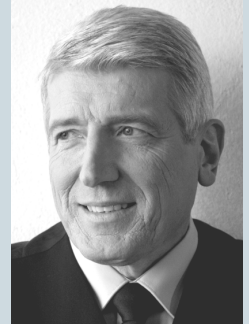


NIMH: New Approach to Reducing Suicide Attempts Among Depressed Teens

A novel treatment approach that includes medication plus a newly developed type of psychotherapy that targets suicidal thinking and behavior shows promise in treating depressed adolescents who had recently attempted suicide, according to a treatment development and pilot study funded by the National Institute of Mental Health (NIMH). The study, described in three articles, was published in the October 2009 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*. <http://www.nimh.nih.gov/science-news/2009/new-approach-to-reducing-suicide-attempts-among-depressed-teens.shtml> (October 1, 2009)

New SAMHSA Reports *Mental Health Support and Self-Help Groups*

An annual average of 2.4 million adults aged 18 or older received support from a mental health self-help group in the past year. Of them, 61.2 percent were female; 89.4 percent were over the age of 25; 75.2 percent were white; and, 46.8 percent were employed full time. Two thirds of adults who received support from mental health self-help groups also received traditional treatment (i.e., inpatient, outpatient, or prescription medication) in the past year; an estimated 829,000 users of self-help groups did not receive traditional mental health treatment in the past year. <http://www.oas.samhsa.gov/2k9/161/161MHSsupportGroup.cfm> (October 1, 2009)



NIMH: Telephone-based Depression Treatment Program Effective While Cost Efficient

Patients who receive structured, telephone-based support to manage their depression gain significant benefits with only moderate increases in health care costs compared to those who receive usual care, according to an NIMH-funded analysis published in the October 2009 issue of the *Archives of General Psychiatry*. Science Update: <http://www.nimh.nih.gov/science-news/2009/telephone-based-depression-treatment-program-effective-while-cost-efficient.shtml> (November 1, 2009)

NIH Encourages Depressed Moms to Seek Treatment for Themselves An NIH Challenge grant was awarded on behalf of NIMH to Judy Garber, Ph.D., of Vanderbilt University, to develop and test a method encouraging depressed mothers to follow treatment recommendations. For this study, Garber is recruiting 200 mothers of children receiving psychiatric treatment at a community mental health center. All study participants will receive a referral for treatment and an information pamphlet describing the symptoms of depression and anxiety, possible effects of depression on children, and different types of treatments. Randomly assigned participants will also receive a brief, one-session Enhanced Motivation Intervention (EMI). EMI uses special interviewing techniques to identify and resolve a person's concerns about and practical barriers to treatment. Science Update: <http://www.nimh.nih.gov/science-news/2009/nih-encourages-depressed-moms-to-seek-treatment-for-themselves.shtml> (November 15, 2009)

NIMH: Parent Training Complements Medication for Treating Behavioral Problems in Children with Pervasive Developmental Disorders Treatment that includes medication plus a structured training program for parents reduces serious behavioral problems in children with autism and related conditions, according to a study funded by the National Institute of Mental Health (NIMH). The study, which was part of the NIMH Research Units on Pediatric Psychopharmacology (RUPP) Autism Network, was published in the December 2009 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*. Press Release: <http://www.nimh.nih.gov/science-news/2009/parent-training-complements-medication-for-treating-behavioral-problems-in-children-with-pervasive-developmental-disorders.shtml> (December 1, 2009)

NIMH: Long-term Depression Treatment Leads to Sustained Recovery for Most Teens Long-term treatment of adolescents with major depression is associated with continuous and persistent improvement of depression symptoms in most cases, according to the most recent analysis of follow-up data from the NIMH-funded Treatment of Adolescents with Depression Study (TADS). The report, along with a commentary compiling the take-home messages of the study, was published in the October 2009 issue of the *American Journal of Psychiatry*. Science Update: <http://www.nimh.nih.gov/science-news/2009/long-term-depression-treatment-leads-to-sustained-recovery-for-most-teens.shtml> (December 15, 2009)

NIMH: National Survey Tracks Rates of Common Mental Disorders Among American Youth Only about half of American children and teenagers who have certain mental disorders receive professional services, according to a nationally representative survey funded in part by the NIMH. The survey also provides a comprehensive look at the prevalence of common mental disorders. The results are part of the National Health and Nutrition Examination Survey, a collaboration between NIMH and the National Center for Health Statistics of the Centers for Disease Control and Prevention. The survey conducted from 2001 to 2004 had 3,042 participants. These most recent results include data from children and adolescents ages 8 to 15, and were published online ahead of print on December 14, 2009, in the journal *Pediatrics*. Press Release: <http://www.nimh.nih.gov/science-news/2009/national-survey-tracks-rates-of-common-mental-disorders-among-american-youth.shtml> (December 15, 2009)



2010 PRISM CAMPAIGN

Help reduce stigma and win cash

The **PRISM** media art contest (**P**reventing and **R**educing the **I**ncidence of **S**uicide in **M**ontana) is a competition, taking place on five college campuses, to promote suicide prevention resources in Montana and raise awareness about the high rate of suicide in Montana.

The competition will involve students from Montana State University (Bozeman and Great Falls), University of Montana (Missoula), University of Montana Western (Dillon), and University of Montana College of Technology (Helena).

Students will create pieces that feature a positive message about suicide prevention, and promote on-campus crisis prevention or state wide suicide prevention resources (i.e. 1-800-273-TALK)



Important Dates

Contest Announced: Monday, January 25th, 2010

Registration Deadline: Friday, February 26th, 2010

Final Day to Submit Entries: Friday, April 2nd, 2010

Voting period: April 10th (12am) – April 17th (11:59pm)

Display Week: Dependant upon campus

Final Judging for Cash Prize Winners: April 28th, 2010 (time TBA)

Winners Announced: Friday, April 30th, 2010

Cash prizes will be awarded to the top entry from each campus, with first prize winning \$1000

For more information contact Julio Brionez 406-587-7774 or visit the PRISM webpage at <http://montanamentalhealth.org/prism.htm>; Follow on Twitter or check out the PRISM Facebook Page!

State Affiliate Updates

•MENTAL HEALTH ASSOCIATION OF GREAT FALLS

2010 Annual Reception/Celebration and Membership Drive - February 23, 2010

WHO: MHAGF members, Mental Health consumers, advocates and supporters.

WHAT: Mental Health Association of Great Falls (MHAGF) Annual Reception and Celebration and Membership Drive.

WHEN: Tuesday, **February 23, 2010 from 5:30-7:00pm** beginning with a social hour and hors d'oeuvres. Program will begin at 6pm.

WHERE: The History Museum at 442 2nd St. So., Great Falls, MT

We will **Announce the 2010 recipient of the Virginia Blend Memorial Award for Outstanding contribution and service to Mental Wellness in Great Falls and surrounding area.**

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

This "nuts and bolts" workshop is designed to help providers apply the valuable skills they already possess and to integrate new information for the successful treatment of eating disorders.

The **Eating Disorder Task Force of Great Falls** is a program and working sub-committee of the Mental Health of Great Falls (MHAGF). Joan Trost is the founder and coordinator of the EDTF, where she has served for eleven years and the coordinator of Great Falls Action for Healthy Kids.

WHO: For Health Care Professionals and Educators. (Therapist, counselors, dietitians, medical providers, educators and youth advocates)

WHEN: Friday, April 30, 2010.

WHERE: Hampton Inn - Great Falls, MT

ABOUT THE PRESENTERS: All speakers for the workshop are current or former members of the Eating disorder Task force with many years of experience in the treatment of eating disorders.

Mental Health America of Montana Spring Conference

Collaborative Problem Solving: Teaching, Parenting, and Treating Challenging Kids

May 20-21 Best Western Heritage Inn Great Falls, MT

Dr. Ross Greene is the originator of a model of psychosocial treatment called Collaborative Problem Solving (CPS). Based on research in the neurosciences over the past 30 years, the CPS model posits 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. CPS helps adults and kids solve the problems precipitating challenging behavior and simultaneously teach kids the skills they're lacking. The model, which represents a dramatic departure from conventional wisdom and practice, has been found to be highly effective in an array of settings, including families, general and special education schools, therapeutic group homes, and inpatient, residential, and juvenile detention facilities. Participants in this workshop will leave with an understanding of the underpinnings of the CPS model and practical assessment and intervention tools that can be brought back to and used in these diverse settings.



A second day (8:00 AM-12:00 Noon) will feature Montana experts including Dr. Lucy Hart-Paulson and Dr. Suzanne Dixon! More information will be available soon, Contact the office to ensure you are on our update list!

Full day with Dr. Ross Greene - 8 am to 3 pm	\$100.00	EARLY BIRD-Register by April 1!! (\$120.00 after April 1, 2010)
Day Two Sessions - 8 am to 12 noon	\$50.00	

Registration includes a 2010 Mental Health America of Montana Membership!

Collaborative Problem Solving: Teaching, Parenting, and Treating Challenging Kids MHA of MT 2010 Spring Conference Registration

Send Registration by May 12, 2010 to: MHA of MT - P.O. Box 88 - Bozeman, MT 59771 -fax to: (406) 587-7794
For more info, call (406)587-7774 or email info@montanamentalhealth.org

First and Last Name (As you want it to appear on name badge)

Title, if applicable

Organization, if applicable

Address

City, State, Zip

Email

Phone

____ \$100 - Day 1 Only
(before April 1 - \$120 After)

____ \$150 - Both Days

____ MHA of MT Member
(deduct \$10 from costs)

\$ ____ **Total Enclosed**

LIMITED ROOMS BLOCKED-CONTACT HOTEL DIRECTLY

CEUs are pending for social workers and counselors and childcare providers **Renewal Units** are pending for teachers

Highlighting Montana's Rich Resources

Healthy Montana Kids

What is Healthy Montana Kids?

In November 2008, Montana voters approved the Healthy Montana Kids ballot measure, raising income guidelines and extending health care coverage eligibility to thousands of Montana children.



On October 1, 2009, the Children's Health Insurance Plan (CHIP) and children's Medicaid combined to become the Healthy Montana Kids (HMK) Plan.



How does Healthy Montana Kids work?

HMK offers low-cost or free health coverage for children up to age 19. Children may qualify for HMK if the children are Montana residents, U.S. citizens or qualified aliens, and if the family income meets guidelines based on family size.

What services are offered by Healthy Montana Kids?

Services covered by HMK include office visits and well-child checkups, emergency care, physicals, immunizations, dental visits, vision and hearing exams, hospital care, prescription drugs, clinic services and much more. HMK also covers pre-existing medical conditions.

Are there income requirements for Healthy Montana Kids?

Family Size (including adults)	Family annual income (approximately)*
2	\$36,425
3	\$45,775
4	\$55,125
5	\$64,475
6	\$73,825

I am interested; who do I contact to get started?

Families can download an application at www.hmk.mt.gov to fill out and send to the address on the application, call 1-877-KidsNow and request an application, visit a local office of public assistance, or schedule an appointment with a local Enrollment Partner to receive application assistance.

Enrollment Partners are individuals and organizations who can help HMK applicants in a number of ways ranging from providing applications and materials to aiding in the application process and verifying documents.

The HMK outreach team is eager to work with school, hospital, childcare and clinical staff as well as other members of the community who have strong ties to Montana families. To find out more about HMK, please visit www.hmk.mt.gov or call 1-877-543-7669 with any questions.



NAMI-MT: SUPPORTING MONTANA FAMILYS

Mental illness affects millions of people in America. Their family members and friends are also affected. If someone you love has a mental illness, you may be feeling helpless, overwhelmed, confused and hopeless, or you may feel hurt, angry, frustrated, or resentful. You may also have feelings of guilt, shame, and isolation. *All of these feelings are normal.* **NAMI Montana is here to support not only people living with mental illness, but their friends and families as well.**

The National Alliance on Mental Illness (NAMI) is an education, support and advocacy organization for those individuals who live with severe disabling mental illnesses and their families. NAMI limits its advocacy to individuals who live with no-fault, biological brain disorders. These illnesses included schizophrenia, bipolar disorder, clinical depression, schizoaffective disorder, obsessive-compulsive disorder, panic and anxiety disorders, co-occurring disorders, borderline personality disorder and post-traumatic stress disorder.

NAMI's most important mission is to educate individuals living with severe disabling mental illness, their family members, mental health providers and the public about the etiology, evidenced-based treatments, rehabilitation and recovery from these illnesses. NAMI is particularly proud of its many education programs which include:

The **Family-to-Family Education Program**: A free twelve week program taught to family members by trained family members. The course includes information on the various severe mental illnesses, the causes of mental illnesses, brain biology, medications, problem solving, communications skills, empathy for those living with the illnesses, rehabilitation, recovery and advocacy. Since 1997 over 2000 Montana family members have taken this class.

NAMI Basics is a free six week course for parents and caregivers of young people under the age of 18 who live with mental illnesses or emotional disturbances. This course is taught by trained NAMI family members who themselves are caregivers for young children and teenage family members.

NAMI's Peer-to-Peer Education Program is a free nine week course taught by individuals who are successfully living with severe mental illnesses to other individuals living with severe mental illnesses. It teaches about the illnesses, medications, coping skills, treatments, rehabilitation and recovery.

NAMI's Provider Education Class is a free ten week class taught to mental health professionals by people living with mental illnesses, educated family members and a family member mental health professional. The class emphasizes the collaborative treatment model between the individual, the family and the mental health provider.

The **In Our Own Voice** presentations are an one hour presentation given by a trained individual, who lives with severe mental illness, to college and high school students, service clubs, church and family groups, service organizations and any group wishing to understand what is like to live with mental illness and reduce stigma associated with mental illness.

Parent and Teachers as Allies is a two hour in-service training for teachers to learn about mental illnesses in young students and how it affects their learning and school experiences.

NAMI also sponsors **Family Support Groups** in a number of Montana communities.

NAMI-Montana is also developing the NAMI Connections Program, a support group program for individuals living with serious mental illnesses.



For more information call the NAMI-Montana office at 406-443-7871 or go to www.namimt.org.

Special thanks to Dr. Gary Mihelish



Do you need someone
Understanding to talk to?

The Warm Line is staffed
by mental health consumers,
ready to listen.



1-877-688-3377

Monday - Friday: 4 pm to 10 pm

Saturday - Sunday: 1 pm to 10 pm

www.montanawarmline.org

**Are you living with
bipolar disorder?
Free support is available.**

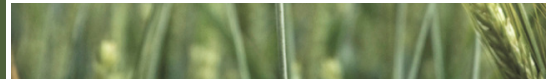
Each telephone-based bipolar support group runs for a six week period, with different topics discussed each week. Topics include:

-Stress: What are my life stressors?
How can I better address them?

-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@montanamentalhealth.org

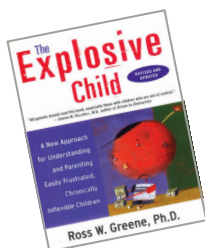


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info@montanamentalhealth.org
www.montanamentalhealth.org

FORMERLY



**SAVE THE DATE! MAY 20-21, 2010
MHA OF MT SPRING CONFERENCE FEATURING:**

**DR. ROSS GREENE,
AUTHOR OF THE EXPLOSIVE CHILD**