

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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The president's budget proposal, released Feb. 12, is a recap of attempts last year to repeal the Affordable Care Act and restructure Medicaid. The budget request would block grant Medicaid and cap Medicaid spending, impacting services and programs for consumers with mental illness.
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Federal Budget Watch

Trump's FY 19 budget proposes Medicaid cuts, MH reductions



President Trump released his FY 2019 budget proposal that restructures the Medicaid program and cuts other critical mental health programs and services. Many in the field think his proposal is a rehash of last year's attempts by lawmakers to overhaul the Affordable Care Act (ACA) and dismantle the Medicaid program.

While the White House budget includes funding for opioid treatment and an expansion of the Certified Community Behavioral Health Clinics (CCBHC) demonstration project, there are other concerns for the field. The White House budget request includes ending the Medicaid expansion and cutting \$83 billion to Social Security over 10 years. It also implements work requirements for Medicaid beneficiaries and increased

Bottom Line...

Although concerned about the president's "troubling" proposal and its impact on Medicaid and mental health services, the field is anxious to see what appropriations Congress will put forward in the coming weeks.

cost-sharing.

The proposal would cut \$112 million to mental health programs of regional and national significance. About \$50 million of that funding is from primary behavioral health integration.

"We're right back where we were last year," Ron Manderscheid, Ph.D., executive director of the National Association of County Behav-

See **BUDGET** page 2

State-led advocacy effort enters second round to strengthen BH safety net

In efforts to bolster states' mental health delivery systems, the second round of a state-led advocacy initiative is joined by three new state associations who will bring together diverse stakeholders to advance policy reform and ensure access to timely, high-quality care.

The Behavioral Health + Economics Network (BHECON) is an

initiative of the National Council for Behavioral Health, which commenced in 2016 and is now resuming its second round of state partners, officials announced Feb. 7.

The new round of Cohort 2 participants are Minnesota, Kansas and Alaska. The three states will join Cohort 1 states: Connecticut, Illinois, Massachusetts, Missouri, New York and Pennsylvania.

The three states responded to a Request for Application issued by the National Council. Officials say over the next 12 months the associations will convene stakeholders to examine behavioral health delivery system

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Bottom Line...

The new state associations joining this effort will work to advance policy reforms that strengthen community mental health and safety net programs.

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ioral Health and Developmental Disability Directors, told *MHW*. “We need to be careful and we need to hang on to what we have.”

Manderscheid pointed to the field’s successful endeavor last year in its partnership with the general health community to present a strong unified voice to respond to numerous legislative bills to slash funding for Medicaid and take away key provisions from the ACA. “I hope we’re able to respond [similarly] to this proposal, which in my opinion would be devastating to behavioral health care,” he said.

Trump is proposing to block grant the Medicaid program, which the field vigorously opposed last year, he said. “As soon as you block grant it, the value of the money is going down,” said Manderscheid.

The proposal would narrow down services for people with serious mental illness, both children and adults, and many people could end up in jail or homeless, he said. “You’re giving money to the state to take care of people who can’t afford insurance,” said Manderscheid. “The concept is the problem.”

Proposed funding

Funding for the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Com-

munity Mental Health Block Grant would be level-funded at \$563 million, according to a budget report prepared by the National Alliance on Mental Illness (NAMI). The Substance Abuse Prevention and Treatment Block Grant is also level-funded.

Under the proposal, the Projects for Assistance in Transition from Homelessness would receive \$65 million, representing no change from the 2017 enacted budget.

Among the proposal’s provisions, veterans mental health and suicide prevention would receive \$8.6 billion, meaning a \$468 million increase over FY 2018.

The National Institutes of Health (NIH) would receive \$23.75 billion, representing an \$8.96 billion cut from the current year’s level. The president’s addendum adds \$9.2 billion, which restores NIH to the 2017 enacted budget level.

Of the U.S. Department of Health and Human Services set-aside for opioids and serious mental illness, the budget proposes \$750 million for the NIH: \$400 million for the NIH’s public-private partnership on opioids and \$350 million for research on opioids, serious mental illness and pain.

Medicare

The president’s proposal calls

for implementing Medicare payment reform. The Medicare program is very important for people with mental illness, Manderscheid said. Many of the beneficiaries are dual-eligible for Medicaid, he said. “That makes mental health available to not only young people who are dually eligible, but also the elderly who have mental health conditions,” Manderscheid said.

The Medicare copay for mental health beneficiaries was 50 percent for 50 years, compared to where it is today at 20 percent, Manderscheid said. “The field fought and got it changed,” he said. “We’ve got to keep fighting to keep what we have here and not lose ground.”

More field feedback

While there are some good things in the president’s proposals, there are also some troubling provisions as well, such as an attempt to restructure Medicaid, said Andrew Sperling, director of legislative and policy advocacy at NAMI. “It endorses the Graham/Cassidy [legislation], which is not a good thing,” Sperling told *MHW*, referring to one of last year’s attempts to roll back the ACA. The repeal legislation was authored by Sens. Lindsay Graham (R-South Carolina) and Bill Cassidy (R-Louisiana).

The per capita caps on Medicaid



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are also very troubling, noted Sperling. The block grant approaches and per-capita caps could reduce funding for mental health services and supports, according to NAMI.

The budget also proposes to cut \$83 billion to Social Security over 10 years, including \$70 billion in proposed cuts to disability programs. Trump's proposal would promote demonstration programs that increase the number of people on Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) in the workforce. The proposal would cut \$48.4 billion. The rule changes to SSI and SSDI are very troubling, said Sperling.

ment. At this point, it's not clear about the actual funding source, he said. (Congress earlier this month reached a two-year budget deal that boosted federal government spending and averted a government shut-down.)

Sperling noted that the president's proposal has often been deemed "dead on arrival." "There's some truth to that," he said. "In the end, Congress will decide, not the president."

CCBHC

The National Council for Behavioral Health issued a statement on the president's budget proposal wel-

crease patient caseload, expand or initiate additional treatment services and implement new care coordination partnerships with hospitals and law enforcement agencies.

The National Council also indicated that CCBHCs cannot carry forward if programs like Medicaid, which provide a crucial source of coverage for mental illness and addiction, are "decimated."

"We're disappointed that the president continues to bang this drum after Congress failed to move this legislation," said Chuck Ingoglia, senior vice president of public policy and practice improvement for the National Council, in an interview with *MHW* last week. Ingoglia pointed to the Medicaid restructuring proposals legislators tried to push last year. "There's no indication that Congress is advancing that idea," he said.

Ingoglia said the recent two-year budget deal Congress reached sets much higher numbers for the appropriations committees. Ingoglia said he believes Congress will be very quick in reaching a deal on FY 2018, which may more likely be the framework lawmakers will use for FY 2019.

"It's very unlikely the cuts to SAMHSA will see the light of day," said Ingoglia. SAMHSA has not released its budget justification yet, he said. So far, only the high-level numbers have been revealed, he said.

The president's budget proposal regarding Medicaid would require separate legislation from Congress in order to move forward, he said. •

'We're disappointed that the president continues to bang this drum after Congress failed to move this legislation.'

Chuck Ingoglia

"The good thing is that the administration is getting on board and adding more resources for mental health and opioid treatment," said Sperling, adding that there's still some confusion about the specific funding sources.

The question, said Sperling, is whether the proposed \$10 billion is on top of money Congress is already allocating (\$2 billion from the 21st Century Cures Act) and the \$6 billion allocated over FY 2018/19 in Congress's two-year budget agree-

coming the administration's commitment to expand access to community-based addiction and mental health treatment via the CCBHC demonstration.

The National Council noted that since mid-2017 the CCBHCs have supported community providers in dramatically expanding Americans' access to timely, evidence-based addiction and mental health treatment in their communities. Just seven months into the program, participating clinics have been able to in-

Advocates up in arms over bill they say violates the ADA

Mental health and disability rights advocates have raised concerns over legislation they say would strip away the civil rights of people with disabilities. The Bazelon Center for Mental Health Law on Feb. 8 issued an alert urging email actions, establishing a call-in day urging consumers to contact members of the

Bottom Line...

Advocates say if this legislation is enacted into law it will make compliance with ADA's access requirements less likely.

House to vote no on the bill and encouraging letters and social media

postings of opposition.

The ADA Education and Reform Act of 2017 (H.R. 620) requires the Disability Rights Section of the Department of Justice to develop a program to educate state and local governments and property owners on strategies for promoting access to

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public accommodations for persons with a disability. The program may include training for professionals to provide a guidance of remediation for potential violations of the Americans with Disabilities Act of 1990 (ADA).

The bill also prohibits civil actions based on the failure to remove an architectural barrier to access into an existing public accommodation unless: (1) the aggrieved person has provided to the owners or operators a written notice specific enough to identify the barrier and (2) the owners or operators fail to provide the person with a written description outlining improvements that will be made to improve the barrier or they fail to remove the barrier or make substantial progress after providing such a description.

The Bazelon Center for Mental Health Law, in its alert, called H.R. 620 a “travesty” that “upends” the intent and purpose of the ADA. The legislation says that businesses no longer have to be proactive and make sure they are accessible to people with disabilities, according to the Bazelon Center. “Instead a business can remain inaccessible until a person with a disability who has been denied access jumps through multiple hoops to notify the business that it is violating the Americans with Disabilities Act (ADA) and then waits up to 6 months for the business to make ‘progress’ in fixing the problem,” the Bazelon Center stated.

“It’s very unfortunate that a majority of House members have supported a bill that, if enacted into law, will make compliance with the ADA’s access requirements less likely,” Mark Murphy, managing attorney at the Bazelon Center, told *MHW*. “Such an outcome only hurts people with disabilities for whom such access is a fundamental civil right that should be protected rather than attacked.”

The Bazelon Center noted that it has been 28 years since the passage of the ADA and yet people with dis-

Bazelon Center ‘condemns’ House passage of ADA reform bill

As *MHW* went to press, we learned that the House passed the Americans with Disabilities Act (ADA) Education and Reform Act by a vote of 225 to 192. Advocates had raised concerns about the legislation they say violates the ADA, and are calling on the Senate to reject such legislation.

The Bazelon Center for Mental Health Law, in a statement, condemned the passage by the House of Representatives of H.R. 620. “If this bill were to become law, it would drive a stake through enforcement of the Americans with Disabilities Act’s public accommodations provisions,” said Jennifer Mathis, director of policy and legal advocacy at the Bazelon Center. “The bill would remove any consequence for businesses that fail to comply with the ADA until they receive a written notice from a person with a disability who has been denied access, informing the business of its legal obligations and the specific violations that occurred.” The business would have six months to make “substantial progress” in removing the barrier.

“H.R. 620 would make it much harder for people with disabilities to enforce their right to access stores, restaurants, hotels, doctors’ offices, homeless shelters, and other places of public accommodation,” Mathis explained. “Twenty-eight years after the ADA was passed, businesses should be expected to know what it requires of them. It is absurd to require people with disabilities to shoulder the burden of educating businesses about their obligations.” Said Bethany Lilly, deputy director of policy and legal advocacy, “this bill would make people with disabilities second-class citizens.”

“We call on the Senate to reject any legislation that weakens the ADA,” stated Bazelon officials.

abilities still face enormous barriers. “This bill will only make things worse, not better,” they stated.

Bipartisan bill

The bipartisan bill was filed Jan. 25 by Reps. Ted Poe (R-Texas), Scott Peters (D-California), Ami Bera (D-California), Ken Calvert (R-California), Jackie Speier (D-California) and Mike Conaway (R-Texas). A spokesperson for Rep. Poe indicated that the bill has not been filed in the Senate yet.

In comments emailed to *MHW*, Poe stated, “The overall goal of H.R. 620 is to achieve compliance with the ADA by all businesses as quick as possible. Most of these business owners believe they are in compliance with the ADA and have even passed local and state inspections. However, despite their best attempts, certain at-

torneys and their pool of serial plaintiffs troll for minor, easily correctable ADA infractions so they can file a lawsuit and make some cash.”

Poe added, “Often, there isn’t even an ‘alleged violation’ specified in the demand letters. There is now a whole industry made up of people who prey on small business owners and file unnecessary abusive lawsuits that abuse both the ADA and the business owners.

“The ADA is a vital law that is meant to make American businesses more accessible to the disabled. But the integrity of this important law is being threatened by frivolous lawsuits that only abuse the ADA. This legislation restores the purpose of the ADA: to provide access and accommodation to disabled Americans, not to fatten the wallets of attorneys.”

Poe added, “Under current law,

businesses must fight these lawsuits out in court, or settle (often leaving the alleged infraction uncorrected). These lawsuits are often time-con-

suming. H.R. 620 allows these violations to be fixed quicker (within 120 days) than a lawsuit would allow. The rights of individuals with dis-

abilities are not infringed in any way, and the right to pursue legal action is retained if the violation is not fixed." •

New York state becomes the first to unveil MH license plate

As part of New York state's ongoing campaign to fight mental health stigma, New Yorkers can now choose a license plate to support mental health awareness. The state is the first in the country to dedicate license plates to this cause.

But this isn't the state's first foray into its leadership in fighting mental health stigma. On Nov. 21, 2015, Gov. Andrew Cuomo signed into law landmark legislation that created a voluntary mental health public awareness tax checkoff to end discrimination against mental illness (see *MHW*, Dec. 7, 2015).

Cuomo also signed legislation into law Oct. 3, 2016, that requires middle schools and high schools in New York state to have an education curriculum on mental health for all students. The new law becomes effective July 2018 (see *MHW*, Oct. 17, 2016; Oct. 30, 2017).

The new license plate design features a green ribbon (the color represents mental health awareness) and above it, the slogan "Support Mental Health Awareness." To the right below the license plate number, the tagline reads "Healthy Minds, Healthy New York."

"We're trying to systemically end the stigma of mental illness," Glenn Liebman, executive director of the Mental Health Association in New York State (MHANYS), told *MHW*. This is just another in a series of recent efforts to diminish the stigma of mental illness, he said. "We haven't seen any other stateside plates," Liebman said.

For more information on behavioral health issues, visit www.wiley.com

Currently, there are several personalized plates in New York that highlight the need for cancer awareness, autism awareness, organ and tissue donation, and diabetes, among others, according to MHANYS.

Legislative support

The legislation to create the mental health awareness license plate passed in June 2017 and was signed into law by Cuomo in September of last year. On Feb. 13, the state officially unveiled the new plates during a press conference.

The bill was introduced by Senate Mental Health Hygiene Chair Sen. Robert Ort and Assembly Mental Health Hygiene Chair Assemblywoman Aileen Gunther.

forts was to raise awareness as much as possible and to normalize it so that no one with mental illness feels alone, he said. "They don't have to keep it hidden; they can talk about it openly," Liebman said.

"We're trying to respond to the need out there," he said. "So many people who need mental health services don't take advantage of available services," he noted, adding that it's due to stigma.

Liebman says there's less prejudice now about mental illness. "Young people are talking about it openly," he said. However, there's still a ways to go, he noted. Following any acts of violence, people with mental illness continue to be viewed as violent, he said. It's just a miscon-

'Hopefully more people will get better services and more appropriate services for their needs.'

Glenn Liebman

"Having a mental health issue should be normalized," said Liebman, adding that people with mental illness should not be looked at as outcasts. "As we know, one in four people have a mental illness," he said.

Liebman added, "So many people with a mental health issue are still in the dark about it; they're still trying to hide it." Two out of three people in need of mental health services never seek those services, said Liebman. "Twenty percent of all youth have a mental health-related issue," he added.

The idea behind the license plate and other stigma-reduction ef-

ception," said Liebman.

About 4 percent of the acts of violence are committed by people with mental health issues, he said. Conversely, people with mental illness are 12 times more likely to be victims of violence rather than perpetrators of violence, Liebman said.

Other states interested

Other states have expressed interest in the state's anti-stigma efforts. Liebman says he has received calls from other states about its mandated mental health program in schools and its tax checkoff initia-

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tive. “Hopefully, we’ll be receiving calls about the mental health license plate program,” he said.

The new license plates are available from the Department of Motor Vehicles in both passenger and commercial classes. A standard license plate costs \$85. Twenty-five dollars

of that will go directly to the state’s anti-stigma fund, said Liebman. The New York Office of Mental Health (OMH) distributes grants to support stigma-reduction projects.

“Hopefully more people will get better services and more appropriate services for their needs,” he said. Liebman said MHANYS is very grate-

ful to Gov. Cuomo, OMH Commissioner Ann Sullivan, and legislators Ort and Gunther for their leadership and support on this initiative. •

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challenges and draft solutions.

During the first cohort, the National Council worked with state partners on a series of public forums. On Aug. 4, 2016, BHECON hosted its first forum with the National Council’s partner, the Missouri Coalition for Community Behavioral Healthcare, which addressed the behavioral health workforce shortage along with discussions about recruitment and retention problems at clinics and possible solutions, such as the Excellence in Mental Health Act.

BHECON forums are designed to bring together diverse stakeholders in data-driven discussions on needed policy reforms to support behavioral health according to the National Council.

The National Council hosted 13 public forums on different topics with their state association partners during the first cohort, said Rebecca Farley David, vice president of policy and advocacy for the National Council. “There have been robust conversations at each event,” Farley David told *MHW*.

The stakeholders include the police, ER personnel, teachers, hospital administrators, state-level criminal justice representatives and anyone who comes into contact with persons experiencing mental distress, said Farley David.

Observing the ways services are siloed across the system, the forum attendees identified changes needed to support individuals with mental illness, she said. “The forum discussed and identifies needed policy changes,” Farley David said. “We want to make sure that the decisions

and discussions around policy are driven by data.”

Data compilation

The BHECON effort also involved working with researchers at the University of Southern California Leonard D. Schaeffer Center for Health Policy & Economics to compile data about the cost of untreated mental illness, length of hospital stays for people with mental illness and the prevalence of people with mental illness involved with the criminal justice system.

“The data compilation was a success to this initiative because comprehensive data about the impact of mental illness is not always readily available at the state level,” said Farley David. “We worked with the research partners to compile all of the data in one place and in easily digestible charts. The information was specific to each state (where data was available) and to the entire United States — so, we have a state-specific chart book for each state involved in the project.”

Farley David added, “The data

from the University of Southern California helped to convince policymakers about the economic value of investing in mental illness.”

The BHECON initiative will help to build capacity in the state, build relationships and support ongoing efforts to help states build grassroots movements to achieve policy change, said Farley David.

The three selected state associations already had strong relationships with key stakeholders with a behavioral health base who had policy agendas that aligned with the goals of BHECON, she said.

The six states from Cohort 1 are still actively involved with BHECON, Farley David said. “We hope to continue BHECON activities into the future,” she said.

Minnesota

The executive director for the Minnesota Association of Community Mental Health Programs (MACMHP) said the association has a couple of different goals they’re hoping to achieve through BHECON. “We’re excited to build up our advocacy and

State partners urge policymakers to address critical areas

The first cohort of BHECON participants released a Consensus Statement on State Policy Reform. In it, they urged policymakers to address these critical areas:

1. Focus on the nexus between the behavioral health and criminal justice systems by ensuring more access to comprehensive community-based care.
2. Strengthen the behavioral health workforce so that more patients have access to care.
3. Invest in evidence-based behavioral health treatment.

educational efforts on the work MAC-MHP members are doing across the state,” Jin Lee Palen told *MHW*.

“Minnesota is an interesting, exciting place right now, especially regarding health reform,” added Palen. “Minnesota passed a payment reform package in 2008 or 2009, which led to exciting innovations across the state.”

Palen noted that the association is making sure its clients and its providers are being accurately and well represented at the larger table. Meanwhile, the association is wrapping up an evaluation about its state values and plans. “Advocates within our state are getting together with congressional delegates and public program agencies, and making sure our services and clients are being kept in the mix,” she said.

Forum preparation

Palen noted that as a BHECON participant the association is considering hosting at least two public forums over the next 10 months. One topic area they may be leaning toward will involve the Certified Community Behavioral Health Clinics (CCBHC) federal demonstration project. Minnesota is one of eight states selected to participate in the federal pilot. (President Trump’s FY 19 budget proposal includes expanding access to community-based mental health and addiction treatment via the CCBHC demonstration project; see story, page 1.)

The association is also considering a field trip with state legislators to give them a firsthand experience about the state’s CCBHC model. Another topic might be around the

lected as a BHECON participant due to all the great work association members, community mental health programs and community programs are doing around the state. •

STATE NEWS

Wisconsin police work to improve response to mental illness

Police in southern Wisconsin are using mental health officers and crisis intervention training to improve interactions with people with mental illness. The Dane County Sheriff’s Office began crisis intervention training in April 2016, the *Wisconsin State Journal* reported. Almost 70 of the 190 deputies at the jail have undergone training, said Lt. Brian Mikula. “Officers are more aware of places they can take individuals prior to arresting them and taking them to jail,” said Lindsay Wallace, executive director of the Dane County chapter of the National Alliance on Mental Illness. The Madison Police Department appointed five mental health officers in 2015. Three social workers have also joined the team. The officers and social workers work with individuals with mental illness and divert them from the jail when possible. A sixth officer is expected to be added in August. The officers make home visits, conduct outreach, connect people to services and sometimes respond to active calls. Officers responded to more than 300 active mental health calls and followed up on cases more than 1,400 times last year.

Despite court directive, Alabama still segregates prisoners with SMI

Alabama had at least 152 prisoners with a “serious mental illness” in solitary confinement on two randomly chosen days in December 2017 and January 2018, violating a judge’s directive last summer for the state prison system to move seriously mentally ill people out of segregation “as soon as possible,” the Southern Poverty Law Center (SPLC) reported

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‘Our safety net providers are working with stakeholder partners to make sure the medically underserved needs are being met and included in the system.’

Jin Lee Palen

Additionally, collaboration both internally and externally will involve MACMHP members who will share their learning and best practices and collaborating with other partners, safety net providers, legislators and decision-makers, said Palen. The association will be partnering with different culture and ethnic communities, she said. They will also ensure that the voices of community-based organizations and communities themselves are represented, added Palen.

“Our safety net providers are working with stakeholder partners to make sure the medically underserved needs are being met and included in the system,” she said. “We’re making sure health equity and social equity are included in the system.”

need to increase access to mental health services by helping address workforce and staffing concerns.

The association also wants to help provide a career ladder for individuals interested in the community mental health services field, said Palen. “We’re working on policy to address those pieces,” she said.

Palen added, “We’re bringing folks in for an open community dialogue. It may be in the style of a town hall meeting. We’ll be talking about possible solutions. The dialogue will involve encouraging people to share and bring ideas to them. We want to bring in a higher education provider or program that trains people for careers in community mental health.”

Palen said the MACMHP was se-

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Feb. 8. The violation was revealed during the first day of a trial to address how the Alabama Department of Corrections will rectify its unconstitutional use of solitary confinement. “We know segregation can be deadly, especially to those already struggling,” Maria Morris, senior supervising attorney for the SPLC and lead litigator in the case. The revelation that there are more than 100 prisoners in segregation who have been diagnosed with serious mental illnesses shows that the state has not changed its practices, fails to consider the impact of segregation on peoples’ mental health, and does not properly monitor or treat those in its care.” The solitary confinement hearing is expected to last two weeks.

NAMES IN THE NEWS

The American Psychiatric Association (APA) has chosen **Bruce J. Schwartz, M.D.**, as its next president-elect, officials announced. The results were released Feb. 9 but are not official until the APA board of directors confirms the election at its March meeting, officials stated. Schwartz is the deputy chairman and a professor of psychiatry in the Department of Psychiatry and Behavioral Sciences at Montefiore Medical Center and the Albert Einstein College of Medicine in New York City. He has served numerous leadership roles at the APA, including currently as the treasurer of the APA and chair of the Audit Committee and member of the Investment Oversight Committee, Finance and Budget Committee, and board of the APA Foundation. Schwartz also serves on the board of directors of the Mental Health Association of NYC and was the editor-in-chief of the *American Journal of Psychotherapy* from 2012 to 2017.

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Coming up...

The **University of South Florida** is hosting its 31st Annual Research & Policy Conference on Child, Adolescent and Young Adult Behavioral Health **March 4–7** in **Tampa, Fla.** Visit www.cmhconference.com for more information.

The 2018 Legislative and Policy Conference of the **National Association of County Behavioral Health and Developmental Disability Directors** will be held **March 5–7** in **Washington, D.C.** For more information, visit www.nacbhdd.org.

The **National Association of Psychiatric Health Systems** is holding its annual meeting, “Preparing for Tomorrow: Opportunities in Behavioral Healthcare,” **March 19–21** in **Washington, D.C.** Visit <https://naphs.org/annual-meeting/home> for more information.

The **New Jersey Association of Mental Health and Addiction Agencies Inc.** is hosting its 2018 annual conference, “Creating Balance Through Integrated Care,” **April 10–11** in **Edison, N.J.** For more information, visit [www.cvent.com/events/2018-annual-conference-creating-balance-through-integrated-care/-registration-7232589498d541d6912a2ea2793b1052.aspx?&fq=true](http://www.cvent.com/events/2018-annual-conference-creating-balance-through-integrated-care/-registration-7232589498d541d6912a2ea2793b1052.aspx?&fq=registration-7232589498d541d6912a2ea2793b1052.aspx&fq=true).

The **National Council for Behavioral Health** is holding its NatCon18 conference, “Be Heard,” **April 23–25** in **Washington, D.C.** For more information, visit <https://natcon18.thenationalcouncil.org>.

The 2018 annual meeting of the **American Psychiatric Association** will be held **May 5–9** in **New York City.** Visit www.psychiatry.org/psychiatrists/meetings/annual-meeting for more information.

Mental Health America is holding its annual conference, “Fit for the Future,” **June 14–16** in **Washington, D.C.** Visit www.mentalhealthamerica.net/mental-health-america-2018-annual-conference-fit-future for more information.

For more resources on mental health issues, visit www.wiley.com.

In case you haven’t heard...

People view immoral individuals as less capable of doing their jobs or completing tasks effectively, according to new research published by the American Psychological Association. “Although arguments can be made that an individual’s moral behavior is, or should be, irrelevant to their overall competence, we found consistent support that immoral behavior reduced judgments of people’s competence,” said lead author Jennifer Stellar, Ph.D., of the University of Toronto. The research was published in the *Journal of Personality and Social Psychology*. Stellar and her co-author, Robb Willer, Ph.D., of Stanford University, conducted a series of six experiments involving more than 1,500 participants. Across these experiments, the researchers depicted individuals acting immorally in hypothetical scenarios (e.g., shoplifting), acting selfishly in economic games, cheating on a lab task or receiving low morality ratings from co-workers. Participants were asked to rate their perception of each person’s overall competence or competence at a task. For instance, in one experiment, participants were asked how good they thought the hypothetical individual was at his or her job on a scale of 1 to 10. “We found that when targets received high social intelligence ratings, immoral targets were no longer perceived as less competent than moral targets,” said Stellar.