



Monthly Inspiration

One of the most valuable things we can do to heal one another is to
listen to each other's stories

~Rebecca Falls

New Website: The Governor's Office of Health Transformation

The Governor's Office of Health Transformation (OHT) has announced the launch of its new Website (www.healthtransformation.ohio.gov). The site will serve as a portal for information about Ohio's health transformation initiatives. It also provides an opportunity for stakeholders to sign up for email updates and to share ideas about how to modernize Medicaid. You can also follow OHT on Twitter at www.twitter.com/OHTohio.

Bullying and Suicide: Setting the Record Straight

Both the Prevention and Research Divisions of The American Association of Suicidology (AAS) have increased interest in bullying. Several prominent cases of youth suicides following bullying have received extensive attention and media coverage. The highest levels of government are involved: President Obama called for an end to bullying and referred to our obligation to provide safe schools.

Madelyn S. Gould, Ph.D., M.P.H. emphasized the importance of providing accurate information about bullying and suicide. She told AAS *Newslink*, "The media should avoid overemphasizing or simplifying the relationship between bullying and suicide because most youth who are bullied do not attempt or die by suicide."

Dr. Alan Berman recently presented a webinar to clarify the relationship between bullying and suicide. He described findings that bullying, as reported by students in recent years, has declined (Molsha et al., 2009) in spite of increased attention to cyberbullying. He described the association of depression and psychosomatic problems with bullying for both victim and perpetrator. Finally he reviewed the finding (Kim et al., 2008) that both perpetrators and victims are at increased risk for suicide ideation and attempts. Dr. Berman closed by stressing that bullying itself did not cause suicidal behavior; rather, victimization of vulnerable youth led to risk factors, or increased risk factors, associated with suicidal behavior.

Cyberbullying was the subject of a survey of youth ages 14 to 22 conducted by the Adolescent Communications Institute of Annenberg Public Policy center. The survey results showed the rate of suicidal ideation among victims of cyberbullying was about 4 times higher than those who were not victims. (27.4% vs. 7.5%). Dr. Gould reviewed the findings and said, "Greater efforts will be needed to educate youth about the hazards of this form of bullying and to help young people cope with such abuses."

Some groups are disproportionately targeted by bullying, according to a paper that appears in the January issue of the *Journal of Homosexuality*, titled "[Suicide and suicide risk in lesbian, gay, bisexual and transgender populations: Review and recommendations.](#)"



SAMHSA FY 2012 Budget Decrease

SAMHSA's FY 2012 Budget is \$3.387 billion in budget authority, a decrease of \$44 million from the FY 2010 Level. SAMHSA's request prioritizes the reallocation of funding to create the new State, Tribal, and Community Prevention Grants, as well as the Performance and Quality Information Systems, and the Public Awareness and Support budget lines. It also includes funding for two SAMHSA-wide initiatives totaling \$14 million for Military Families (\$10 million) and Health Information Technology (\$4 million). The SAMHSA request includes \$395 million to support the Substance Abuse State Prevention Grants; \$50 million to support the Behavioral Health Tribal Prevention Grants (allocated from ACA Prevention Funds); \$90 million to support the Mental Health State Prevention Grants; \$12.9 million to support the Performance and Quality Information Systems; and \$13.6 million to support Public Awareness and Support. In addition, the Mental Health Block Grant is increased by \$14 million, or three percent, the largest increase since 2005. The Substance Abuse Block Grant for Treatment is increased by \$40 million, or three percent, to support the States' behavioral health infrastructure as the States prepare to implement health reform and structure a good and modern system of care. Additionally, key programs that have been shown to be effective are maintained at their FY 2010 levels, including Safe Schools/Healthy Students, Garrett Lee Smith Suicide Prevention activities, Minority AIDS, Minority Fellowship Programs, STOP Under-Age Drinking Act, SBIRT, Pregnant and Post Partum Women program, Access to Recovery, and Criminal Justice Activities. In support of the Administration's Homelessness Prevention initiative, SAMHSA requests \$154 million, an increase of \$12 million, for housing support services for individuals with mental illness and substance abuse who are or at risk of being homeless.

In 2014, many individuals previously ineligible for Medicaid or unable to obtain commercial insurance for or because of mental and substance use disorders will be covered by Medicaid, commercial insurance through employers or on the private market through health insurance exchanges. This will necessitate recasting the SABG and the MHBG in terms of who they serve and what services they fund. Generally, these Block Grants need to provide funding for those individuals and those services not otherwise funded by other sources such as Medicaid and commercial insurance. The Block Grants will need to be redesigned to operate as a "coordination of benefits" or wrap around services for those priority individuals who are receiving core behavioral health services elsewhere. Block Grants will also need to fund priority services for those priority individuals who remain uninsured and whose untreated behavioral health needs will be a burden on the individual, his/her family and his/her community.

[Download SAMHSA's FY 2012 Performance Budget.](#)



Suicide Prevention Begins with Recruiters, Supervisors

Army Reserve Chief Lt. Gen. Jack C. Stultz has outlined a new strategy for preventing suicide among Reserve members. At a Defense Writers Group breakfast held on February second, Stultz stated that he would like recruiters to add another question to the list of questions they ask potential recruits: "Why do you want to join the Army Reserve?" Recruiters already ask a series of questions to make sure candidates are eligible for the military, but should also make sure that potential recruits are not attempting to join in order to escape problems at home, said Stultz. Most suicides within the Army Reserve and Army National Guard occur among soldiers who have not deployed; issues such as relationship and money problems often play a role. "If we are really going to have an impact on reducing the rate of suicide in the Army Reserve, we have to get inside the soldier's head in his civilian life - not in his military life," said Stultz.

New Suicide Prevention Training Video for Substance Abuse Treatment Providers

Suicide is the leading cause of death among people who abuse alcohol and drugs, making suicide risk a problem that every frontline substance abuse counselor must be able to address. In collaboration with SAMHSA, the [U.S. Department of Veterans Affairs \(VA\)](#) has developed a training video as a companion piece for SAMHSA's [Treatment Improvement Protocol \(TIP\) 50: *Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment*](#).

A moderator and three panel members discuss ways to manage and address suicidal thoughts and behaviors among individuals with substance abuse issues. Actors portray case scenarios that the panelists discuss. Although the video is designed for VA settings, the content is applicable to all treatment settings.

This 75-minute video depicts and explains appropriate counseling methods, administrative support, and clinical supervision for substance abuse providers treating clients with suicidal thoughts and behaviors. Special attention is given to risk factors, warning signs, and follow-up care. The counseling sessions portrayed in the video employ the specific counseling techniques and the four-step process recommended by TIP 50. SAMHSA recommends that the video be used in conjunction with [TIP 50](#).

[View the Video](#) | [Order TIP 50](#)



Health IT

The Office of the National Coordinator for Health IT (ONC) announced that providers and public health agencies in Minnesota and Rhode Island began this month exchanging health information using specifications developed by the Direct Project, an 'open government' initiative that calls on cooperative efforts by organizations in the health care and information technology sectors. Other Direct Project pilot programs will also be launched soon in New York, Connecticut, Tennessee, Texas, Oklahoma and California to demonstrate the effectiveness of the streamlined Direct Project approach, which supports information exchange for core elements of patient care and public health reporting.

Two Mental Health Publications Available

Mental Health and Substance Abuse Services in Medicaid, 2003

In 2003, Medicaid provided health care coverage for 55 million people, nearly 20 percent of the U.S. population, and was a major source of funding for mental health and substance abuse services. By 2014, Medicaid is projected to pay for 27 percent of the costs for all mental health services and 20 percent of the costs for all substance abuse treatment. Because of their complex needs and high expenditure levels, Medicaid beneficiaries who use these services continue to be the subject of much discussion among policymakers and program administrators at the state and Federal levels.

This report can help inform these policy discussions because it is designed for representatives of consumer groups, Medicaid directors, state mental health directors, and anyone who is concerned about mental health and substance abuse services for vulnerable citizens.

Mental Health, United States, 2008

This new, redesigned edition provides information on the mental health status of the U.S. population, the providers and settings for mental health services, the types of mental health services and rates of utilization, and expenditures and sources of funding for mental health services.

It is a resource for state officials and policymakers, mental health researchers, advocacy organizations, mental health consumers and family members, and anyone with an interest in learning about the mental health services in the United States and the populations served by the U.S. mental health system.

QUESTIONS? Contact OSPF at (614) 292-8585 or email at givens.62@osu.edu or holton.32@osu.edu

See Attached for Important Announcements!

Situational Awareness

“Veterans Affairs Services” Group

Advisory from National Guard Bureau (NGB)

The following is an advisory sent out by the National Guard Bureau (NGB) in reference to a group called “Veterans Affairs Services”

An organization called Veterans Affairs Services (VAS) is providing benefit and general information on VA and gathering personal information on veterans. This organization is not affiliated with VA in any way. Websites with the name "VA services" immediately after the "www" ARE NOT part of the Department of Veterans Affairs; the real VA website ends in.gov. If approached or called, do not offer them any information concerning yourself or data on other veterans. The Department of Veterans Affairs does not randomly call veterans, nor does it ask veterans for information which it does not already have. If you have not dealt with the VA previously and in person, then you receive a call from someone saying they are with the VA or something similar sounding, hang up the phone. Do not respond to emails which suggest that they are from the VA. The VA never conducts official business nor asks for personal information by email.

VAS may be gaining access to military personnel through their close resemblance to the VA name and seal. NGB Legal Counsel has requested that the NGB Provost Marshal Office coordinate with DoD to inform military installations, particularly mobilization sites, of this group and their lack of affiliation or endorsement by VA to provide any services.

Sample of group's header

Veterans Affairs Services

PO Box 1778 La Mirada, CA 90637-1778



Not Affiliated
With The
United States
Government

Source: NGB Weekly Threat Update/Force Protection Advisory

UNCLASSIFIED

AWARENESS
BULLETIN #:

2011-01

DATE OF
BULLETIN:

22 Feb 2011

Ohio Workforce Development Academy

Save the Date!

Educating the Workforce for a Healthy Ohio



University of Akron



May 18-19, 2011



Registration information
coming soon on
www.odadas.ohio.gov



John R. Kasich, Governor
Mary Taylor, Lieutenant Governor
Orman Hall, Director



Ohio

Department of Alcohol &
Drug Addiction Services

The State of Ohio is an equal opportunity employer.

Ohio Suicide Prevention Foundation



325 Stillman Hall • 1947 College Road • Columbus, OH 43210

Phone (614) 292-8585

Fax (614) 247-6173

Web ohiospf.org

Connecting for Life

SAVE THE DATE!!!

MAY 5, 2011

OHIO SUICIDE PREVENTION FOUNDATION'S ANNUAL CONFERENCE FOR SURVIVORS OF SUICIDE LOSS

FEATURING: JOHN (JACK) R. JORDAN PH.D.
SPECIALIST IN LOSS AND BEREAVEMENT

CONFERENCE LOCATION:
RECEPTIONS OF LOVELAND
10681 LOVELAND - MADERIA ROAD
LOVELAND, OH — JUST OFF I-275

CONFERENCE REGISTRATION & BROCHURE
SOON TO FOLLOW