

**Subject:** Studies in the News: (January 15, 2009)

---



## Studies in the News for



## California Department of Mental Health

---

### Introduction to Studies in the News

Studies in the News (SITN): California Department of Mental is a service provided to the Department of Mental Health by the California State Library. This service features articles focusing on mental health issues. Prior lists can be viewed from the California State Library's Web site at [California State Library - Studies in the News](#)

### How to Obtain Materials Listed in SITN:

- When available on the Internet, the URL for the full-text of each item is provided.
- **California State Employees** may contact the Information Resources and Government Publications (916-654-0206; csinfo@library.ca.gov) with the SITN issue date and title of article.
- All other interested individuals should contact their local library-the items may be available there, or may be borrowed by your local library on your behalf.

**The following are the Subject Headings included in this issue:**

## **CHILDREN AND ADOLESCENT MENTAL HEALTH**

[Children Now: California Report Card '09](#)

[Effectiveness of Functional Assessment-Based Interventions for Head Start.](#)

## **COMPLEX INTERVENTION SYSTEMS**

[Key Functions of a Complex Intervention for Shared Care in Mental Health.](#)

## **EVIDENCE-BASED PRACTICES**

[Mental Illness, Evidence-Base Practice and Recovery.](#)

## **JUVENILE OFFENDERS**

[Adolescent Offenders with Mental Disorders.](#)

## **MENTAL HEALTH COURTS**

[Mental Health Courts: A Primer for Policy Makers and Practitioners.](#)

## **MENTAL HEALTH SERVICES**

[Serious Psychological Distress and Receipt of Mental Health Services Report.](#)

[Utilizing Technology to Raise Mental Health Literacy in Small Rural Towns.](#)

[Research Priorities for 'Patient-Centered' Mental Health Services.](#)

## **POLICIES AND PROCEDURES**

[Impact of Substance Disorders on Medical Expenditures for Medicaid Patients.](#)

[NCSL's Annual Forecast: All Issues Take Back Seat to Budgets](#)

## **PSYCHOSIS**

[Narrative Insight in Psychosis.](#)

## **STIGMA**

[Countering Stigma and Discrimination.](#)

[Pathways Between Internalized Stigma and Outcomes Related to Recovery.](#)

## **SUICIDE PREVENTION**

[Effects of Training on Suicide Risk Assessment.](#)

[Suicidal Ideation and Suicide Attempts among Middle-Aged Patients.](#)

## **TRAUMA**

[Children and Trauma: Update for Mental Health Professionals.](#)

## **NEW CONVENTIONS**

## **PODCASTS**

## **CHILDREN AND ADOLESCENT MENTAL HEALTH**

**Children Now. California Report Card '09. Setting the Agenda for Children. By Children Now. (Children Now, Oakland, California) 2009. 56 p.**

[“The current economic and social challenges facing California are daunting. The state budget is in record deficit. More people are struggling to make ends meet. California and its future workforce are losing the competitive edge in the global economy. Partisan differences have led to political stalemates. There is, however, a clear path to restoring

California's well-being: making children our number one investment in recognition of their critical role in determining our civic and economic future.

The foundation of California's vitality is a healthy, educated and skilled population. Every child in California needs and deserves the opportunity to learn and develop to his or her highest potential. Yet, today, California ranks near the bottom on national measures of student achievement, and 20% of the state's students drop out of high school before graduation. Additionally, over one million children are projected to be without health insurance, while the rates of childhood obesity and asthma are alarming. These are the ominous indicators of our future.”]

Full text at: <http://publications.childrennow.org/assets/pdf/policy/rc09/ca-rc-2009.pdf>

**"Using Functional Behavior Assessment to Develop Behavior *Interventions* for Students in Head Start." By Elizabeth M. McLaren, Morehead State University, and C. Michael Nelson, University of Kentucky. IN: *Journal of Positive Behavior Interventions*, vol. 11, no. 1 (January 2009) pp. 3-21.**

["A withdrawal design repeated across three children enrolled in two Head Start classrooms was used to investigate the effectiveness of functional assessment-based interventions to decrease inappropriate behavior. The two questions addressed in the study were (a) Will a behavior intervention plan based on functional behavior assessment conducted in the natural setting be effective in reducing inappropriate classroom behavior for young children? and (b) Will teachers perceive assessment-based interventions to be acceptable and feasible? Results indicated that the procedure yielded effective behavior interventions and teachers found the interventions socially valid. The use of functional assessment as a preventive and proactive strategy is discussed."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=35748960&site=ehost-live>

### **COMPLEX INTERVENTION SYSTEMS**

**“Exposing the Key Functions of a Complex Intervention for Shared Care in Mental Health: Case Study of a Process Evaluation.” By Richard Byng, Peninsula Medical School, UK, and others. IN: *BMC Health Services Research*, vol. 8, no. 274 (December 23, 2008) pp. 1-32.**

[“Complex interventions have components which can vary in different contexts. Using the Realistic Evaluation framework, this study investigates how a complex health services intervention led to developments in shared care for people with long-term mental illness....

Thirty-one interviews were completed to create 12 case studies. The enquiry highlighted the importance of the catalyzing, doing and reviewing functions of the facilitation

process. Other facets of the intervention were less dominant. The intervention catalyzed the allocation of link workers and liaison arrangements in nearly all practices. Case discussions between link workers and GPs improved individual care as well as helping link workers become part of the primary care team; but sustained integration into the team depended both on flexibility and experience of the link worker, and upon selection of relevant patients for the case discussions. The doing function of facilitators included advice and, at times, manpower, to help introduce successful systems for reviewing care, however time spent developing IT systems was rarely productive. The reviewing function of the intervention was weak and sometimes failed to solve problems in the development of liaison or recall.

Case discussions and improved liaison at times of crisis, rather than for proactive recall, were the key functions of shared care contributing to the success of Mental Health Link. This multifaceted intervention had most impact through catalyzing and doing, whereas the reviewing function of the facilitation was weak, and other components were seen as less important. Realistic Evaluation provided a useful theoretical framework for this process evaluation, by allowing a specific focus on context. Although complex interventions might appear 'out of control', due to their varied manifestation in different situations, context sensitive process evaluations can help identify the intervention's key functions.”]

Full text at: <http://www.biomedcentral.com/content/pdf/1472-6963-8-274.pdf>

### **EVIDENCE-BASED PRACTICES**

**“Mental Illness, Evidence-Based Practice, and Recovery: Is There Compatibility between Service-User-Identified Recovery-Facilitating and -Hindering Factors and Empirically Supported Interventions?”** By Sarah E. Bledsoe, University of North Carolina, Chapel Hill, and others. **IN: Best Practice in Mental Health: An International Journal, vol. 4, no. 2 (Summer 2008) pp. 34-58.**

["The New Freedom Commission on Mental Health (2003), the World Health Organization report (2001), and the surgeon general (U.S. Department, 1999), highlight the need for evidence-based practice (EBP) in mental health. Evidence-based practice models often indicate the use of empirically supported interventions (ESI). Concurrently, recovery orientations have received increased emphasis, guiding the policies and practices in many state mental health systems. Some researchers argue that existing EBP/ESI research is deficient within a recovery philosophy and mission, while others acknowledge EBP/ESI as supporting recovery. To address this argument, two empirically supported interventions; Family Psychoeducation (FPE) and Interpersonal Psychotherapy (IPT) are considered. Both ESI have been identified by the New Freedom Commission (2003) as effective, state-of-the-art treatments for serious mental illnesses (SMI).

This study addresses two questions: Are FPE and IPT congruent with 1) service-user-identified recovery-facilitating factors, and 2) service-user-identified recovery-hindering

factors? Through a national research project to develop performance indicators for recovery for SMI, both recovery-facilitating and recovery-hindering factors have been identified by consumers and grouped under an ecologically based paradigm for mental health recovery. Using this framework, this article presents the fundamental mechanisms of FPE and IPT and compares these to consumer-identified factors that hinder or facilitate recovery. For each factor the core mechanisms, goals, and techniques of FPE and IPT were assessed to determine whether they support the facilitating or hindering factor. Because some factors contained multiple components, mechanisms supporting at least one factor component were judged congruent. This process was applied independently to both facilitating and hindering factors."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=35343891&site=ehost-live>

### **JUVENILE OFFENDERS**

**"Adolescent Offenders with *Mental Disorders*." By Thomas Grisso, University of Massachusetts Medical School. IN: *Future of Children*, vol. 18, no. 2 (Fall 2008) pp. 143-164.**

["Thomas Grisso points out that youth with mental disorders make up a significant subgroup of youth who appear in U.S. juvenile courts. And he notes that juvenile justice systems today are struggling to determine how best to respond to those youths' needs, both to safeguard their own welfare and to reduce re-offending and its consequences for the community.

In this article, Grisso examines research and clinical evidence that may help in shaping a public policy that addresses that question. Clinical science, says Grisso, offers a perspective that explains why the symptoms of mental disorders in adolescence can increase the risk of impulsive and aggressive behaviors. Research on delinquent populations suggests that youth with mental disorders are, indeed, at increased risk for engaging in behaviors that bring them to the attention of the juvenile justice system. Nevertheless, evidence indicates that most youth arrested for delinquencies do not have serious mental disorders.

Grisso explains that a number of social phenomena of the past decade, such as changes in juvenile law and deficiencies in the child mental health system, appear to have been responsible for bringing far more youth with mental disorders into the juvenile justice system. Research shows that almost two-thirds of youth in juvenile justice detention centers and correctional facilities today meet criteria for one or more mental disorders. Calls for a greater emphasis on mental health treatment services in juvenile justice, however, may not be the best answer. Increasing such services in juvenile justice could simply mean that youth would need to be arrested in order to get mental health services. Moreover, many of the most effective treatment methods work best when applied in the

community, while youth are with their families rather than removed from them. A more promising approach, argues Grisso, could be to develop community systems of care that create a network of services."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=34905179&site=ehost-live>

## **MENTAL HEALTH COURTS**

**Mental Health Courts: A Primer for Policy Makers and Practitioners. By Council of State Governments Justice Center. (The Center, New York, New York) 2008. 34 p.**

[“**Mental health courts are one** of many initiatives launched in the past two decades to address the large numbers of people with mental illnesses involved in the criminal justice system. While the factors contributing to this problem are complicated and beyond the scope of this guide, the overrepresentation of people with mental illnesses in the criminal justice system has been well documented:

- Prevalence estimates of serious mental illness in jails range from 7 to 16 percent, or rates four times higher for men and eight times higher for women than found in the general population.
- A U.S. Department of Justice study from 1999 found that half of the inmates with mental illnesses reported three or more prior sentences.

Other research indicates that people with mental illnesses are more likely to be arrested than those without mental illnesses for similar crimes and stay in jail and prison longer than other inmates.

- In 1999, the Los Angeles County Jail and New York’s Rikers Island jail held more people with mental illnesses than the largest psychiatric inpatient facilities in the United States.
- Nearly two-thirds of boys and three-quarters of girls detained in juvenile facilities were found to have at least one psychiatric disorder, with approximately 25 percent of these juveniles experiencing disorders so severe that their ability to function was significantly impaired.

Without adequate treatment while incarcerated or linkage to community services upon release, many people with mental illnesses may cycle repeatedly through the justice system. This frequent involvement with the criminal justice system can be devastating for these individuals and their families and can also impact public safety and government spending. In response, jurisdictions have begun to explore a number of ways to address criminal justice/ mental health issues, including mental health courts, law enforcement–based specialized response programs, postbooking jail diversion initiatives, specialized mental health probation and parole caseloads, and improved jail and prison transition planning protocols.”]

Full text at:

<http://consensusproject.org/mhcp/mhc-primer.pdf>

## **MENTAL HEALTH SERVICES**

**"Research Priorities for 'Patient-Centered' Mental Health Services: Findings from a National Consultation." By Chris Naylor, Kings Fund, UK and others. IN: Mental Health Review Journal, vol. 13, no. 4 (December 2008) pp 33-43.**

["Developing 'patient-centered' health services has become a goal in many countries but little work has been done to identify what research is needed to support the development of such services within mental health. The aim of this study was to consult all relevant stakeholder groups to establish research priorities for developing 'patient-centered' mental health services in the UK. More than 1,000 stakeholders were consulted, including service users, carers and mental health professionals. The consultation identified 12 thematic areas requiring further research. These should be prioritized if services are to become more centered on the needs and aspirations of the people who use them."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=35828844&site=ehost-live>

**Serious Psychological Distress and Receipt of Mental Health Services. National Survey on Drug Use and Health (NSDUH) Report. By the Substance Abuse and Mental Health Services Administration (SAMHSA) (SAMHSA, Rockville, Maryland) December 22, 2008. 4 p.**

["Mental health disorders affect persons in all age, racial, ethnic, educational, and socioeconomic groups, as well as persons of both genders. Monitoring the prevalence of mental health problems and receipt of treatment is vital to ensuring that the health needs of all Americans are met.

Serious psychological distress (SPD) is a nonspecific indicator of past year mental health problems, such as anxiety or mood disorders. This report provides information on the prevalence of past year SPD, the receipt of mental health services, and the types of mental health services received by adults aged 18 or older. All findings are based on 2007 National Survey on Drug Use and Health (NSDUH) data."]

Full text at:

<http://oas.samhsa.gov/2k8/SPDtx/SPDtx.htm>

**“Utilizing technology to raise mental health literacy in small rural towns.” By Brian Hoolahan, University of Newcastle, Australia, and others. IN: Learning in Health and Social Care, vol. 6, no. 3 (September 2007) pp. 145-155.**

[“A small empirical study was funded by the Australian Government's Regional Health Service Program, with the aim of delivering and evaluating a series of six interactive mental health information sessions to health workers, consumers, carers and community members in small rural towns using distance education technologies (e.g. videoconferencing, telephone conferencing and the Internet).

Over 250 people participated in the series involving 89 rural towns in New South Wales, Australia; 47% of these towns had a population of less than 5000. The evaluation consisted of 222 returned participant evaluation questionnaires which showed that 39% of respondents appreciated having access to mental health information, 27% valued having access to it locally, and 14% appreciated not having to travel to obtain it. The greatest percentage of problems (62%) was related to the reliability and use of the technology. The information series provided participants with an opportunity to network and learn together locally, to communicate more extensively with experts in the mental health field, and to develop greater confidence in the use of distance education technologies.

Delivery by videoconference was found to be efficient in enabling a number of individuals to participate at a local site eliminating the costs associated with travel. The challenges of the initiative have been how to effectively engage rural community participation in an unfamiliar distance-learning mode (videoconferencing and web forums), developing a supporting protocol and network that ensures a successful learning event, and understanding current capabilities of the technology in rural areas. This small and specific study offers evidence of ways in which a carefully developed initiative can improve isolated community mental health literacy and suggests some benefits and challenges of community engagement and technology use which will be of interest to professionals facilitating learning.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=25958789&site=ehost-live>

## **POLICIES AND PROCEDURES**

**“Impact of Substance Disorders on Medical Expenditures for Medicaid Beneficiaries with Behavioral Health Disorders.” By Robin E. Clark, University of Massachusetts Medical School, and others. IN: Psychiatric Services, vol. 60, no. 1 (January 2009) pp. 35-42.**

[“This study measured the impact of substance use disorders on Medicaid expenditures for behavioral and physical health care among beneficiaries with behavioral health disorders.

Claims for Medicaid beneficiaries with behavioral health diagnoses in 1999 from Arkansas, Colorado, Georgia, Indiana, New Jersey, and Washington were analyzed. Behavioral health and general medical expenditures for individuals with diagnoses of substance use disorders were compared with expenditures for those without such diagnoses. States were analyzed separately with adjustment for confounders. A total of 148,457 beneficiaries met selection criteria and 43,457 (29.3%) had a substance use diagnosis. Compared with other beneficiaries with behavioral health disorders, individuals with diagnoses of substance use disorders had significantly higher expenditures for physical health problems in five of six states. Approximately half of the additional care and expenditures were for treatment of physical conditions. Differences declined but remained statistically significant after adjustment for higher overall disease burden among beneficiaries with addictions.

Medical expenditures for individuals with diagnoses of substance use disorders increased significantly with age in five of six states, whereas behavioral health expenditures were stable or declined. Hospital admissions for psychiatric and general medical reasons were higher for those with diagnoses of substance use disorders. The impact of addiction on Medicaid populations with behavioral health disorders is greater than the direct cost of mental health and addictions treatment. Higher medical expenditures can be partly attributed to greater prevalence of co-occurring physical disorders, but expenditures remained higher after adjustment for disease burden. Spending estimates based only on behavioral health diagnoses may significantly underestimate addictions-related costs, particularly for older adults.”]

Full text at: <http://ps.psychiatryonline.org/cgi/reprint/60/1/35>

**NCSL’s (National Conference of State Legislature’s) Annual Forecast: All Issues Take Back Seat to Budgets. By the National Conference of State Legislatures. (The Conference, Washington, D. C.) December 16, 2008. 3 p.**

[“The nation's economic engine will be the overriding factor in the issues state legislatures will consider in 2009, according to the National Conference of State Legislatures' annual forecast of top policy issues. Current economic conditions already have forced many states to cut or scale back programs, implement hiring freezes and delay projects. NCSL's *State Budget Update* issued this month estimates states will have to close a \$97 billion budget gap over the next 18 to 24 months.

NCSL's Top 9 of 2009 list takes a look at pressing and important topics on state legislative agendas. State budgets top the list for a second year in a row, followed by funding for transportation, higher education, health care, alternative energy, and sentencing and corrections. Legislatures will also have a difficult time funding programs that help struggling homeowners, the working class and the unemployed.”]

Full text at: <http://www.ncsl.org/programs/press/2008/pr12022008Top9.htm>

## PSYCHOSIS

**"Call It a Monster for Lack of Anything Else: Narrative Insight in Psychosis." By David Roe, University of Haifa, Israel, and others. IN: The Journal of Nervous and Mental Disease, vol. 196, no. 12 (December 2008) pp. 859-865.**

[“Individuals diagnosed with schizophrenia often appear to be unaware of having an illness or actively reject their diagnostic label. It is unclear, however, how this lack of awareness relates to important outcomes. Broadening the definition of awareness to include "narrative insight" may clarify this issue. The objective of this study was to identify profiles of narrative insight and test how these related to standardized measure of insight. Sixty-five individuals with schizophrenia spectrum disorders participated in an assessment that included the Scale of Unawareness of Mental Disorder (SUMD) and an in-depth semi-structured interview. Qualitative analysis revealed 5 central themes related to insight on the basis of which each interview was then rated....Results support the claim that illness narratives are multifaceted and that traditional measures of insight may not be sensitive to different ways in which people understand their illness.” **NOTE: This journal may be borrowed from the CA State Library or a hard copy of this article can be obtained from the library. ]**

## STIGMA

**Countering Stigma and Discrimination: Operational Plan Version 3. By the National Health Commission of Canada. (The Commission, Calgary, Alberta, Canada) September 2008. 17 p.**

[“Mental illness affects everyone: men, women, children, seniors, individuals in every walk of life. It shows up as depression, anxiety and schizophrenia, to name just a few. Most individuals find ways to live with their illnesses. What proves more challenging to them is living with how they are treated by others. This behavior is also one of the key barriers which stops people from seeking help. Ultimately, it’s stigma and discrimination that negatively affects their quality of life.

It’s for this reason that the Commission is launching a major, national 10-year anti-stigma and discrimination reduction campaign. This campaign will be the largest systematic effort to reduce the stigma of mental illness in Canadian history. It is much-needed and long overdue. There’s a temptation for the Commission to sprint out of the gate with a mass marketing campaign, but that would be a mistake. What is more urgently required is a deliberate and focused effort; a carefully targeted, outcomes-oriented strategic plan based on the best available research that can be evaluated over time to measure its effectiveness.”]

Full text at: <http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Anti-Stigma/Operational%20Plan%20SD%202008%20sept2908.pdf>

**“Pathways Between Internalized Stigma and Outcomes Related to Recovery in Schizophrenia Spectrum Disorders.” By Phillip T. Yanos, City University of New York, and others. IN: Psychiatric Services, vol. 59, no. 12 (December 2008) pp. 1437-1442.**

[“The mechanisms by which internalized stigma affects outcomes related to recovery among people with severe mental illness have yet to be explicitly studied. This study empirically evaluated a model for how internalized stigma affects important outcomes related to recovery.

A total of 102 persons with schizophrenia spectrum disorders completed measures of internalized stigma, awareness of mental illness, psychiatric symptoms, self-esteem, hopefulness, and coping. Path analyses tested a predicted model and an alternative model for the relationships between the variables. Results from model 1 supported the view that internalized stigma increases avoidant coping, active social avoidance, and depressive symptoms and that these relationships are mediated by the impact of internalized stigma on hope and self-esteem. Results from model 2 replicated significant relationships from model 1 but also supported the hypothesis that positive symptoms may influence hope and self-esteem.

Findings from two models supported the hypothesis that internalized stigma affects hope and self esteem, leading to negative outcomes related to recovery. It is recommended that interventions be developed and tested to address the important effects of internalized stigma on recovery.”]

Full text at: <http://ps.psychiatryonline.org/cgi/reprint/59/12/1437>

## **SUICIDE PREVENTION**

**“Effects of Training on Suicide Risk Assessment.” By Dale E. McNiel and others, University of California, San Francisco. IN: Psychiatric Services, vol. 59, no.12 (December 2008) pp. 1462-1465.**

[“This study evaluated the impact of structured training in evidence-based risk assessment for suicide. Forty-five psychiatry and psychology trainees participated in a workshop on evidence-based risk assessment. A comparison group of ten psychiatry trainees participated in a different workshop on the application of evidence-based medicine to psychiatry that was not focused specifically on risk assessment. Before and after each workshop, participants rated their skills in assessing patients’ risk of suicide and wrote progress notes regarding clinical vignettes that included the assessment of and plan regarding suicide risk. Researchers systematically rated the progress notes. Participation in risk assessment training predicted improvement on specific indicators of documentation quality, ratings of the overall quality of documentation of suicide risk, and self rated competence in suicide risk assessment. Structured clinical training in evidence-

based risk assessment can improve documentation of assessment and management of patients' risk of suicide.”]

Full text at: <http://ps.psychiatryonline.org/cgi/reprint/59/12/1462>

**“Suicidal Ideation and Suicide Attempts among Middle-Aged and Older Patients with Schizophrenia Spectrum Disorders and Concurrent Subsyndromal Depression.”** By Lori P. Montross, Argosy University, and others. IN: **The Journal of Nervous and Mental Disease**, vol. 196, no. 12 (December 2008) pp. 884-890.

[“This study examines the prevalence and correlates of current suicidal ideation and past suicide attempts among patients aged 40 and older with schizophrenia spectrum disorders and concurrent depressive symptoms. Nearly half the sample (n=321) reported having attempted suicide once or more in their lifetime; those who had attempted, exhibited greater depression and psycho-pathology. A regression analysis revealed that only past suicide attempts and hopelessness significantly accounted for the presence of current suicidal ideation. Surprisingly, current suicidal ideation did not differ by diagnosis, race/ethnicity, marital status, living situation, age education, of severity of medical illness. Overall, suicidal ideation and the presence of past suicide attempts were remarkably prevalent; highlighting the need for continues clinical vigilance with this patient population. The impact of hopelessness and general psychopathology, as well as the insignificance of demographic characteristics and medical illness severity warrant further investigation.” **NOTE: This journal may be borrowed from the CA State Library or a hard copy of this article can be obtained from the library. ]**

### TRAUMA

**Children and Trauma: Update for Mental Health Professionals. By the American Psychological Association. (The Association, Washington, D.C.) 2008. 9 p.**

[“We live in an era in which many children, adolescents, and their families in American society are exposed to traumatic life events. Mental health professionals are, of course, deeply concerned about the impact of traumatic exposure on children and how these children and their families can best be helped. The Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents is a presidential initiative of 2008 APA President Alan E. Kazdin, PhD. The primary goals of the task force are to identify “what we know” and “what we need to know” regarding the development and treatment of posttraumatic stress disorder (PTSD) in youth and to present current knowledge and information, as well critical gaps in knowledge, about this important area.”]

Full text at: <http://www.apa.org/pi/cyf/child-trauma/update.pdf>

## **NEW CONVENTIONS**

### **NATIONAL ASSEMBLY ON SCHOOL-BASED HEALTH CARE 2009** **JUNE 25-27-HOLLYWOOD, FLORIDA**

The 2009 convention marks the fourteenth convention of the National Assembly on School-Based Health Care. Our convention theme builds on the last year's theme - "taking action against health inequities," which energized and resonated with the field's quest to deliver the highest standard of quality health care.

We are going from Hollywood (CA) to Hollywood (FL) for this year's convention.

[http://www.nasbhc.org/site/c.jsJPKWPFJrH/b.2708163/k.9443/Convention\\_Intro.htm](http://www.nasbhc.org/site/c.jsJPKWPFJrH/b.2708163/k.9443/Convention_Intro.htm)

**June 25-27, 2009**

**The Westin Diplomat Resort & Spa**

**3555 South Ocean Drive**

**Hollywood, Florida 33019**

**Hotel rate: \$225/night**

#### **Convention registration fee**

*Before April 30, 2009: \$475*

*After April 30, 2009: \$525*

### **NAMI 2009 ANNUAL CONVENTION** **JULY 6-9, SAN FRANCISCO, CA**

NAMI 2009 Annual Convention, July 6-9, will be held at the San Francisco Hilton, where room rates will be just \$155/single and \$165 double, plus tax. [Click here](#) to make your hotel reservations.

Register by March 1, 2009 and receive the special Super Saver rate of \$195!

## **PODCASTS**

**Medical University of South Carolina Medical Podcasts Directory:**

<http://www.muschealth.com/multimedia/Podcasts/index.aspx?type=topic>