

Subject: Studies in the News: (January 31, 2011)



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

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AGING AND MENTAL HEALTH

“The Heart of the Matter: Health Status of Aged Care Clients Receiving Home and Community Based Care.” By Deborah Yarmo-Roberts, Monash University, Victoria, Australia, and others. **IN: Journal of Aging Research (July 2010) pp. 1-10.**

[“*Objective.* To determine the current health status of home based elderly clients receiving government funded aged care packages. *Design.* Prospective Observational study. *Setting.* Community based, home care program in Australia. *Participants.* Community-dwelling older adults receiving aged care packages. *Measurements.* A comprehensive test battery of physical, mental and social scales were completed including a Caregiver Strain Index where appropriate. *Results.* 37% of the 334 subjects were male and the mean age was 81 ± 8 years. Physical functioning was low compared to the Australian population. Depression was highly prevalent with 15.9% severely depressed and 38.7% mildly depressed. 26% of clients screened positive for dementia. Relatively good levels of social support were reported, however social networking activity levels were low. Sixty one percent of clients had caregivers, of whom 63.3% had high levels of strain. Strain was higher in caregivers of clients on higher levels of care (78.5% versus 50.6% highly strained). *Conclusion.* The data suggests that as a group there is a high degree of comorbidity, and depression, dementia and caregiver strain are highly prevalent. The findings may aid administrators and health policy planners in directing resources to key areas impacting on health outcomes in this group.”]

Full text at:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2989748/?tool=pubmed>

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Person Characteristics of the Elderly Reporting One or More Cognitive Disorders, 2007. By Marie N. Stagnitti, Agency for Research and Quality. **Statistical Brief #310.** (U.S. Department of Health and Human Services) January 2011. 10 p.

[“This Statistical Brief presents estimates for adults age 65 and older (elderly) reporting one or more cognitive disorders in 2007. Estimates are presented for subgroups defined by age, sex, insurance status, poverty status, and education status. Average annual expenditures for those reporting and not reporting one or more cognitive disorders by age are also compared. The estimates are for the U.S. civilian non institutionalized population and are derived from the 2007 Household Component of the Medical Expenditure Panel Survey (MEPS-HC).

Cognitive disorders are conditions that hinder a person's cognitive functioning including reasoning and memory. Many cognitive disorders result in impairment of a person's ability to carry out everyday activities and being dependent on others for their care. This Brief provides estimates to gain a better understanding of which subpopulations of the U.S. civilian non institutionalized population have these types of disorders>”]

Full text at:

http://www.meps.ahrq.gov/mepsweb/data_files/publications/st310/stat310.shtml

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“Unforgiveness, Rumination, and Depressive Symptoms among Older Adults.” By Berit Ingersoll-Dayton, University of Michigan, Ann Arbor, and others. IN: Aging and Mental Health, vol. 14, no. 4 (May 2010) pp. 439-449.

[“The experience of feeling unforgiven for past transgressions may contribute to depressive symptoms in later life. This article tests a model in which feeling unforgiven by God and by other people have direct effects on depressive symptoms while self-unforgiveness and rumination mediate this relationship. The sample consisted of 965 men and women aged 67 and older who participated in a national probability sample survey, the Religion, Aging, and Health survey. Results from a latent variable model indicate that unforgiveness by others has a significant direct effect on depressive symptoms and an indirect effect via self-unforgiveness and rumination. However, rather than having a direct effect on depressive symptoms, unforgiveness by God operates only indirectly through self-unforgiveness and rumination. Similarly, self-unforgiveness has an indirect effect on depressive symptoms through rumination.”]

Full text at:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2868276/?tool=pubmed>

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CHILDREN AND ADOLESCENTS

Adolescent Obesity in the United States: Facts for Policymakers. By Susan Wile Schwartz and Jason Peterson, National Center for Children in Poverty. (The Center, New York, New York) November 2010. 4 p.

[“Adolescent obesity in the United States has many important implications for both the health and well-being of the individual and society. Specific negative impacts of obesity on health include increased susceptibility to a host of diseases, chronic health disorders, psychological disorders, and premature death,^{1, 2} which in turn add billions of dollars in health care costs each year.³ Excess medical costs due to overweight adolescents are estimated at more than \$14 billion per year.³ Furthermore, adolescent obesity affects our nation’s ability to protect itself; more than a quarter of 17- to 24-year-olds are not fit to enroll in the military due to their weight.⁴

Adolescence is a crucial period for establishing healthy behaviors. Many of the habits formed during this developmental stage will last well into adulthood. ⁵ Although obesity is a complex problem not yet fully understood by researchers, by addressing the known

factors that contribute to obesity in adolescence, policymakers can help ensure a healthy and productive adulthood for our nation's youth.”]

Full text at:

http://www.nccp.org/publications/pdf/text_977.pdf

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Healthy Steps at 15: The Past and Future of an Innovative Preventive Care Model for Young Children. By Michael Barth, Independent Consultant, Health Care Field. (The Commonwealth Fund, New York, New York) December 2010. 27 p.

[“In 1995, The Commonwealth Fund launched a program called Healthy Steps for Young Children, a model of preventive pediatric care for infants and toddlers up to age 3. The model relies on Healthy Steps Specialists, midlevel professionals with expertise in child development. In 1996, the Fund launched an evaluation of Healthy Steps implementation in 15 pediatric practice sites that had a specialist and staff trained in the model; the results showed excellent clinical outcomes for children in the program. Following the evaluation, many pediatric care facilities began offering Healthy Steps, with a peak of over 60 active sites in 2006, and 50 sites currently. While the specialist's salary has been the primary obstacle in maintaining Healthy Steps, the program can serve as a model of the patient-centered care that recent health care reform was intended to encourage.”]

Full text at:

http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2010/Dec/1458_Barth_Healthy_Steps_at_15.pdf

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The 2009 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nations Schools. By Joseph Kosciw and others, The Gay, Lesbian and Straight Education Network. (The Network, Washington, D.C.) 2010. 164 p.

[“For 20 years, The Gay, Lesbian and Straight Education Network, (GLSEN) has worked to ensure safe schools for all students, regardless of sexual orientation, gender identity, or gender expression. For 10 of those years, GLSEN has been documenting the school experiences of lesbian, gay, bisexual, and transgender (LGBT) youth: the prevalence of anti-LGBT language and victimization, the effect that these experiences have on LGBT students' achievement, and the utility of interventions to both lessen the negative effects of a hostile climate and promote a positive educational experience. In 1999, GLSEN identified the need for national data on the experiences of LGBT students and launched the first National School Climate Survey (NSCS). At the time, the school experiences of LGBT youth were under-documented and nearly absent from national studies on adolescents. The NSCS remains one of the few studies to examine the school experiences of LGB students nationally and is the only national study to include transgender students.

The results of the survey have been vital to GLSEN’s understanding of the issues that LGBT students face, thereby informing our ongoing work to ensure safe and affirming schools for all.”]

Full text at:

http://www.glsen.org/binary-data/GLSEN_ATTACHMENTS/file/000/001/1675-1.pdf

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Systems of Care Coordination for Children: Lessons Learned across State Models. By Sharon Silow-Carroll, Health Management Consultants, and Gretchen Hagelow, Commonwealth Fund. (The Fund, New York, New York) September 2010. 18 p.

[“ There are few organized systems of referral and care coordination for children and families identified with early developmental delays, complex medical conditions, and difficulties negotiating the medical and related support systems, but some promising models are emerging. This report summarizes lessons from programs in five states that refer families to appropriate community or state programs, help coordinate their care, provide support and follow-up to ensure they receive needed services, and provide a feedback loop to primary care providers. Common features of successful programs include: maximizing efficiencies through shared resources, leveraging and partnering with other organizations, in-depth involvement with pediatric practice staff, appropriate training and tools, flexible program design, measurement and evaluation, and a holistic approach to care. The findings point to a need for greater identification and dissemination of best practices and technical assistance, stable funding sources, and integration of care coordination into new models of health care financing and delivery.”]

Full text at:

http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2010/Sep/1438_SilowCarroll_systems_care_coordination_children_ib.pdf

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Tutorial 6 Online: Recognizing and Addressing Trauma in Infants, Young Children and their Families. By Kathy Seitzinger Hepburn, Center for Early Childhood Mental Health Consultation, Georgetown University. (The Center, Washington, D.C.) January 2011. 5 p.

[‘The Early Head Start and Head Start programs serve our most vulnerable children and families, including those who have experienced trauma. The last 10 years have brought tremendous strides in understanding child development and the developing brain. We have focused much of our attention on the importance of early relationships, the interactive nature of growth and development, the aspects of a child's risk and resilience, strategies for promoting learning, and the science of child development. We have a

deeper understanding of the early experience of young children and recognize how much the early years matter — including the experience of and recovery from trauma. The study of trauma, its effects on young children and their families, as well as healing and recovery has been expanding. Likewise, a large number of resources, publications, and interventions are easily accessible. This tutorial focused on trauma will provide a learning experience as well as valuable links to a broad range of resources for further learning and exploration.”] **NOTE: This is No. 6, in a series of 6 tutorials with regard to early childhood and mental health. All 6 tutorials can be accessed at the attached link.**

Full text at:

<http://www.ecmhc.org/tutorials/trauma/index.html>

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COMMUNITY MENTAL HEALTH

“Trial of an Electronic Decision Support System to Facilitate Shared Decision Making in Community Mental Health.” By Emily M. Woltmann, University of Michigan, Ann Arbor, and others. IN: Psychiatric Services, vol. 62, no. 1 (January 2011) pp. 54-60.

[“Involvement of community mental health consumers in mental health decision making has been consistently associated with improvements in health outcomes. Electronic decision support systems (EDSSs) that support both consumer and provider decision making may be a sustainable way to improve dyadic communication in a field with approximately 50% workforce turnover per year. This study examined the feasibility of such a system and investigated proximal outcomes of the system’s performance. *Methods:* A cluster randomized design was used to evaluate an EDSS at three urban community mental health sites. Case managers (N=20) were randomly assigned to the EDSS-supported planning group or to the usual care planning group. Consumers (N=80) were assigned to the same group as their case managers. User satisfaction with the care planning process was assessed for consumers and case managers (possible scores range from 1 to 5, with higher summary scores indicating more satisfaction). Recall of the care plan was assessed for consumers. Linear regression with adjustment for grouping by worker was used to assess satisfaction scores. A Wilcoxon rank-sum test was used to examine knowledge of the care plan. *Results:* Compared with case managers in the control group, those in the intervention group were significantly more satisfied with the care planning process (mean±SD score=4.0±.5 versus 3.3±.5; adjusted p=.01). Compared with consumers in the control group, those in the intervention group had significantly greater recall of their care plans three days after the planning session (mean proportion of plan goals recalled=75%±28% versus 57%±32%; p=.02). There were no differences between the clients in the intervention and control groups regarding satisfaction. *Conclusions:* This study demonstrated that clients can build their own care plans and negotiate and revise them with their case managers using an EDSS.”]

Full text at:

<http://psychservices.psychiatryonline.org/cgi/reprint/62/1/54>

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CRIMINAL JUSTICE

"Arrest Trajectories of Adult Offenders with a Serious Mental Illness." By Robert J. Constantine, University of South Florida, and others. IN: Psychology, Public Policy and Law, vol. 16, no. 4 (November 2010) pp. 319-339.

["We examined patterns and correlates of arrest/re-arrests among offenders with a serious **mental illness** over a 4-year period. County criminal justice records and health and social service datasets were used to identify and describe inmates jailed in Pinellas County, Florida, between 7/03 and 6/04. A total of 3,769 participants (10.1% of arrestees) had a serious **mental illness**. Participants averaged 4.6 arrests (SD = 3.9, median = 4) and 150.6 days in jail (SD = 175.0, median = 90). Working from the trajectories of offending theory and literature we used latent class growth analysis to identify three classes of offenders with consistent numbers of arrests over a 4-year period and nearly parallel arrest trajectories; a sporadic arrest class (n = 469) with minimal arrests, a low arrest chronic class (n = 3,090, about one arrest/year); and a high arrest chronic class (n = 210, about four arrests/year). Analysis of arrests by age group within each of the classes suggested that for the low and high arrest chronic classes arrest rates persist throughout adult life. In multinomial logistic regression, homelessness, a co-occurring substance abuse diagnosis, fewer **mental** health outpatient service contacts and more **mental** health emergency room/inpatient contacts were associated with being in a class with more arrests. Arrests among offenders with a serious **mental illness** appear to be unusually high, to be firmly established in late adolescence and to persist over time. Successful strategies to reduce the arrest rates of this population must address the needs of these offenders **early** in their criminal careers."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=law-16-4-319&site=ehost-live>

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DISPARITIES

CDC Disparities and Inequalities Report –United States 2011. By Centers for Disease Control. Morbidity and Mortality Weekly Report, Supplement CHDIR 2011 (U.S. Department of Health and Human Services, Atlanta, Georgia) January 14, 2011. 116 p.

["Most U.S. residents want a society in which all persons live long, healthy lives (*I*); however, that vision is yet to be realized fully. As two of its primary goals, CDC aims to reduce preventable morbidity and mortality and to eliminate disparities in health between

segments of the U.S. population. The first of its kind, this 2011 CDC Health Disparities and Inequalities Report (2011 CHDIR) represents a milestone in CDC’s long history of working to eliminate disparities (2–6).

Health disparities are differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes (7). *Health inequalities*, which is sometimes used interchangeably with the term health disparities, is more often used in the scientific and economic literature to refer to summary measures of population health associated with individual- or group-specific attributes (e.g., income, education, or race/ethnicity) (8). *Health inequities* are a subset of health inequalities that are modifiable, associated with social disadvantage, and considered ethically unfair (9). Health disparities, inequalities, and inequities are important indicators of community health and provide information for decision making and intervention implementation to reduce preventable morbidity and mortality. Except in the next section of this report that describes selected health inequalities, this report uses the term health disparities as it is defined in U.S. federal laws (10,11) and commonly used in the U.S. public health literature to refer to gaps in health between segments of the population.”]

Full text at:

<http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>

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HOMELESSNESS

State of Homelessness in America 2011: A Research Report on Homelessness. By M William Sermons and Peter White, National Alliance to End Homelessness. (The Alliance, Washington, D.C.) January 2011. 48 p.

[“*The State of Homelessness in America* report consists of four major sections. Chapter 1 chronicles annual changes in overall homelessness and homelessness among families and other subpopulations. Chapter 2 demonstrates how economic risk factors, including unemployment, have increased during the recent economic recession. Chapter 3 identifies some specific populations, including doubled-up people and youth aging out of foster care, that are at increased risk of homelessness and documents trends in the sizes of those populations. Chapter 4 identifies a series of states, including California, Florida, and Nevada that face multiple risk factors for worsening homelessness.”]

Full text at:

<http://www.endhomelessness.org/content/article/detail/3668>

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POLICY ISSUES

“The Impact of eHealth on the Quality and Safety of Health Care: A Systematic Overview.” By Ashley D. Black, Imperial College London, UK, and others. IN: Public Library of Science, vol.8, no. 1 (January 18, 2011) pp. 1-16.

[“There is considerable international interest in exploiting the potential of digital solutions to enhance the quality and safety of health care. Implementations of transformative eHealth technologies are underway globally, often at very considerable cost. In order to assess the impact of eHealth solutions on the quality and safety of health care, and to inform policy decisions on eHealth deployments, we undertook a systematic review of systematic reviews assessing the effectiveness and consequences of various eHealth technologies on the quality and safety of care....

Conclusions

There is a large gap between the postulated and empirically demonstrated benefits of eHealth technologies. In addition, there is a lack of robust research on the risks of implementing these technologies and their cost-effectiveness has yet to be demonstrated, despite being frequently promoted by policymakers and “techno-enthusiasts” as if this was a given. In the light of the paucity of evidence in relation to improvements in patient outcomes, as well as the lack of evidence on their cost-effectiveness, it is vital that future eHealth technologies are evaluated against a comprehensive set of measures, ideally throughout all stages of the technology's life cycle. Such evaluation should be characterised by careful attention to socio-technical factors to maximise the likelihood of successful implementation and adoption.”]

Full text at:

http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000387?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+plosmedicine%2FNewArticles+%28Ambra+-+Medicine+New+Articles%29

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SUBSTANCE ABUSE

Emergency Department Visits Involving Underage Alcohol Use in Combination with other Drugs. By the Drug Abuse Warning Network. (Substance Abuse and Mental Health Services Administration, Rockville, Maryland) January 15, 2011) 5 p.

[“Annual surveys, such as the National Survey on Drug Use and Health (NSDUH), show widespread use of alcohol among adolescents and young adults under the legal drinking age of 21. For example, 2009 NSDUH data showed that more than one half (52.2 percent) of young people aged 12 to 20 reported that they had consumed at least one alcoholic drink in their lifetime, 44.6 percent had consumed alcohol in the past year, 27.2 percent had consumed alcohol in the past month, and 18.1 percent reported binge alcohol use (i.e., drank five or more drinks on the same occasion on at least 1 day in the 30 days prior to the survey).¹ In addition, 17.5 percent of underage drinkers reported that they had used illicit drugs within 2 hours of their last drinking occasion, a rate more than 3 times as high as that of drinkers aged 21 or older (5.0 percent). Among underage drinkers who reported illicit drug use within 2 hours of their last drinking occasion, marijuana was the most commonly reported drug used (16.9 percent).²

The use of alcohol in combination with illicit and other drugs is of particular concern given the potentially dangerous additive or interactive effects that may result.³ Research shows that the use of alcohol in combination with other drugs is associated with a variety of negative outcomes such as overdose, suicide, risky sexual behavior, alcohol dependence, depression, and social consequences such as legal, work, and health problems.”]

Full text at:

<http://oas.samhsa.gov/2k11/DAWN025/AlcDrugsCombo.htm>

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SUICIDE PREVENTION

“Adolescent Help-Seeking and the Yellow Ribbon Suicide Prevention Program: An Evaluation.” By Stacey Freedenthal, University of Denver. IN: *Suicide & Life Threatening Behavior*, vol. 40, no. 6 (December 2010) pp. 628-639.

[“The Yellow Ribbon Suicide Prevention Program has gained national and international recognition for its school- and community-based activities. After the introduction of Yellow Ribbon to a Denver-area high school, staff and adolescents were surveyed to determine if help-seeking behavior had increased. Using a pre-post intervention design, staff at an experimental school and comparison school were surveyed about their experiences with student help-seeking. Additionally, 146 students at the experimental high school were surveyed. Staff did not report any increase in student help-seeking, and students' reports of help-seeking from 11 of 12 different types of helpers did not increase; the exception was help-seeking from a crisis hotline, which increased from 2.1% to 6.9%. Further research with larger, more inclusive samples is needed to determine whether Yellow Ribbon is effective in other locations.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=56937876&site=ehost-live>

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“On-Line Support and Resources for People Bereaved through Suicide: What is Available?” By Karolina Krysinka, University of Queensland, Brisbane, Australia, and Karl Andriessen, Flemish Mental Health Centers, Ghent, Belgium. IN: *Suicide & Life Threatening Behavior*, vol. 40, no. 6 (December 2010) pp. 640-650.

[“The Internet is a potentially valuable source of information for the bereaved, but the current knowledge regarding the type and quality of online material on suicide bereavement is very limited. This study was designed to explore the types of online information and support available for people bereaved by suicide and the quality of such

resources. Four popular Internet search engines were searched using terms related to suicide bereavement and support. Although a wide range of Internet resources exist for people bereaved by suicide, these resources may not meet basic quality standards. It is unknown who uses these sites, how such material is used, and whether it helps people to cope effectively with grief after suicide.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=56937886&site=ehost-live>

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VETERANS

“Severe Pain Predicts Great Likelihood of Subsequent Suicide.” By Mark A. Ilgen, VA Serious Mental Illness Treatment Research and Evaluation Center in Ann Arbor, MI, and others. IN: *Suicide & Life Threatening Behavior*, vol. 40, no. 6 (December 2010) pp. 597-608.

[“Using data from the 1999 Large Health Survey of **Veterans**, **Veterans** Affairs' medical records, and the National Death Index (N = 260,254), the association between self-reported pain severity and **suicide** among **veterans** as examined, after accounting for demographic variables and psychiatric diagnoses. A Cox proportional hazards regression demonstrated that **veterans** with severe pain were more likely to die by **suicide** than patients experiencing none, mild, or moderate pain (HR: 1.33; 95% CI: 1.15, 1.54), after controlling for demographic and psychiatric characteristics. These results indicate that pain evaluations should be included in comprehensive **suicide** assessments and **suicide** prevention efforts.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=56937880&site=ehost-live>

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NON PROFIT RESOURCE CENTER-GRANT WRITING

[“Our mission is to enhance the resources and improve the management of nonprofit organizations, primarily within California's northern Central Valley and Sierra Nevada regions.

We invite you to visit us often to find resources that will help your nonprofit grow stronger and be more successful -- from information on training opportunities, consultation and technical assistance, to building connections with your peers.

The Nonprofit Resource Center...building a strong, vibrant nonprofit community.”]

More information about grant-writing at:

<http://www.nprcenter.org/>

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CONFERENCES, MEETINGS AND SEMINAR

**Personality and Temperament: The Building Blocks of Behavior. Annual Meeting
American College of Psychiatrists.**

February 23-27, 2011.

Fairmont Hotel

San Francisco, California

[“The American College of Psychiatrists’ Annual Meeting offers Members a chance to exchange information and participate in high-quality continuing medical education programs in a relaxed setting. More than 50 percent of the Members attend the Annual Meeting.

The College organizes each four-day Annual Meeting around a central theme. Typically, the program format includes large general sessions and smaller breakout courses. Faculty members are leading scholars, clinicians, and researchers drawn from The College and the profession at large.”]

For more information:

<http://www.acpsych.org/meetings-and-news/annual-meeting>

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**4th Annual Conference: Trading Secrets-Working Together for Individuals with
Dual Diagnosis Involved in the Criminal Justice System.**

March 9th, 2011

8:00am-4:30pm

Hilton Mission Valley

San Diego, California

In California, at least one in five persons with a developmental disability receiving Regional Center services also has a mental health diagnosis. Many individuals with a dual diagnosis (DD-MI) are dually or triply served by multiple service systems including the Criminal Justice System. Emerging Best Practice for persons with DD-MI indicates that cross systems collaboration is the key to providing effective services; Cross Systems collaboration reduces overlapping service costs for involved systems Cross Systems

collaboration increases a person's ability to live in their community and avoid a higher level of care. This statewide conference offers an opportunity to hear from all systems affected in providing care for this specialty population, discuss barriers and solutions, and identify key ways to improve cross system collaboration and identify resources for better services to the DD-MI criminally involved population.

For further information:

<http://www.mhsinc.org/classes/2011/03/09/4th-annual-conference-trading-secrets-working-together-individuals-dual-diagnosis>

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Caring for Veterans with Post Deployment Health Concerns: Past, Present, and Future.

March 30 and 31st . 2011

West Coast Location-To be determined

For further information and agenda:

<http://www.warrelatedillness.va.gov/WARRELATEDILLNESS/education/conferences/2011-mar/2011-03-30-31-conference-info.asp>

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9th Annual UC Davis Clinical Pharmacotherapy: Practical Information for Physicians, Nurses, and Pharmacists.

April 8-10, 2011

Napa Valley Marriott

Napa, California

REGISTER EARLY AS THIS CONFERENCE WILL SELL OUT.

For more information:

http://www.ucdmc.ucdavis.edu/cme/conferences/pdfs/PHARM11_4-8-11w.pdf

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