

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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More than 2100 behavioral health leaders, consumers and providers convened in Orlando, Florida last week for the National Council's 40th Mental Health and Addictions Conference. Presentations and discussions included health care reform, parity, state budget shortfalls, health integration, wellness, and workforce issues.
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Exclusive Report: National Council 40th Conference

Field urged to forge new partnerships, respond to challenges, new opportunities

From presentations and discussions surrounding the continuous debate on health care reform, to parity, to struggling state budgets, limited resources, and workforce challenges, it's no wonder the National Council for Community Behavioral Healthcare (National Council) marked its 40th conference last week with the aptly titled theme, "Fight for Our Future."

The National Council 40th Mental Health and Addictions Conference, held in Orlando, Fla. from March 15-17 brought together nearly 2,100 attendees. A Fight for the Future pledge board had been set up for conference attendees to

attach their business cards as a way to demonstrate their commitment to respond to action alerts, host a congressional staff member in their respective organizations to witness "good ideas at work," and to attend the National Council's 6th annual Hill Day from June 29-30.

Conference attendees also viewed the videotape "Working with a Dream," which featured stories from several National Council board members who spoke about their challenges and experiences involving the consumers and the communities they serve.

Linda Rosenberg, National
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Research endowment fund fits comfortably into R.I. psychiatric hospital's mission

A psychiatric hospital research fund that a national official said was groundbreaking at its inception last year has reached about three-quarters of its dollar goal during a period that hasn't offered the most ideal environment for fundraising. The success of Butler Hospital's Research Endowment Fund has helped to reinforce hospital officials' notion that contributing to knowledge about more effective treatments constitutes an integral part of its service mission.

"Our mission is not just to pro-

vide high-quality care with the treatments that exist, but to develop new knowledge," Steven A. Rasmussen, M.D., medical director of the nationally known psychiatric and addiction treatment facility in Providence, R.I., told *MHW*. "We've made significant advances in treatment in the past 20 to 30 years, but the drugs and therapies we have are far from perfect."

Formally announced in May 2009, Butler's Research Endowment Fund is seen as "seeding new research, funding translational research, and strengthening the infrastructure to support additional research," according to a statement from the hospital last year. Much of the intent behind establishing the endowment involves covering the difference between the overhead

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Bottom Line...

Butler Hospital has overcome a challenging fundraising environment in its effort to support inquiry into the next generation of effective mental health treatments.

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Council president and CEO, told conference attendees that it would take the 1,700 National Council member organizations, their respective boards, the 250,000 staff members who serve 6 million consumers, adults, children and families, to continue to advance the behavioral health care agenda.

“The economy is already introducing enough uncertainty and insecurity into your life,” Rosenberg told attendees. “Community mental health centers and substance abuse treatment centers nationwide are experiencing unprecedented demand, just as 48 of 50 states are cutting funding,” said Rosenberg. “States are squeezing services so hard.”

Rosenberg noted that although a decade has passed since the Surgeon General’s report that mental illness is treatable and in some cases, more treatable than physical illnesses, many who suffer still receive no care. Among the estimated 30 million indigent and uninsured Americans, some 7.6 million need behavioral health services and more than 5 million of the 7.6 million receive little or mostly no care at all, Rosenberg told conference attendees.

Rosenberg added, “While health care reform is not a panacea for people with behavioral health disorders, it would take groundbreaking steps in the right direction.”

Legislative wins

“Your effective advocacy emboldened Congress to support criminal justice diversion and reentry programs,” said Rosenberg. Additionally, advocacy also helped pass legislation that prompted the Veterans Administration (VA) to start contracting with community organizations, she added.

The behavioral health community is also fighting for the establish-

ment of federally qualified health centers (FQHCs) nationwide to provide coordinated and affordable care, she said. FQHCs will offer an opportunity to bring parity to public behavioral health, she said. “As essential providers in this nation’s health care safety net, it’s time to be on equal footing with hospitals and treatment centers,” Rosenberg said.

Rosenberg praised attendees for their e-mails, letters and phone calls to Congress which resulted in helping to convince the Senate to support a 6-month extension of FMAP (federal medical assistance percentage) until June 30, 2011 (see *MHW*, Feb. 22). FMAPs are used in determining the amount of federal matching funds for State expenditures for assistance payments for certain social services, and State medical and medical insurance expenditures.

Added Rosenberg, “Those of you who provide services know how vital that federal Medicaid match is to helping consumers keep their lives whole.” The behavioral health community is seeking a \$100 million increase to the mental health block grant and a \$210 million increase to substance abuse block grant, Rosenberg said. “The mental health block grant has not had an increase in 10 years and we’re determined to rectify that failing,” she told attendees. “We must protect the safety net.”

The National Council wants to ensure that the proposed Medicaid medical home state plan option does serve people with serious mental illness (SMI) and that behavioral health organizations can serve as medical homes, she said.

Health Information Technology (HIT) funding is also critical for the field. “We cannot be left behind,” said

‘Despite the challenges, you are spearheading efforts to improve things in every part of the country.’

Linda Rosenberg.

MENTAL HEALTH WEEKLY
Essential information for decision-makers

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Rosenberg. “Technology increases transparencies to consumers, reduces errors and connects all the parts and pieces of the health care system,” she noted. Acknowledging that many attendees have been forced to make difficult decisions in the face of severe budget shortfalls, Rosenberg urged them to “not shrink from the challenges ahead.”

Rosenberg added, “Despite the challenges, you are spearheading efforts to improve things in every part of the country,” such as helping women reclaim lives lost to trauma in Los Angeles, employing peer wellness coaches in Chicago, making business loans to consumers in Georgia, and teaching mental health first aid to police cadets in Rhode Island.

Challenges, opportunities

Suicide prevention, addressing homelessness, and trauma, health care reform, and the president’s fiscal 2011 budget — which includes \$233 million in new grant funding— are among the challenges and opportunities that exist in the behavioral health community, Substance Abuse and Mental Health Services Administration (SAMHSA) Administrator Pamela Hyde, told conference attendees.

However, state budget shortfalls, HIT issues, health reform, Medicaid, parity, integration, and the federal budget — all continue to keep the behavioral health community away from the focus on the people and the communities they serve, said Hyde, who outlined 10 strategic initiatives that SAMHSA will focus on over the next few years (see above right).

Hyde emphasized that a vast majority of people in the behavioral health care system have co-occurring disorders and they do not receive co-occurring disorder treatment. “We haven’t got it fixed yet,” she said. “We have to if we want to really help people get in recovery.” The number one message is that people in fact, do recover, said

SAMHSA identifies 10 priority initiatives

During last week’s National Council’s 40 National Mental Health and Addictions Conference and Expo (see story, page 1), Substance Abuse and Mental Health Services Administration (SAMHSA) Administrator Pamela Hyde outlined 10 priority areas:

1. Prevention of substance abuse and mental illness.
2. Violence and trauma.
3. Military families.
4. Housing and homelessness.
5. Jobs and economy.
6. Health insurance reform implementation.
7. Health information technology for behavioral health providers.
8. Behavioral health workforce — in primary and specialty care settings.
9. Data and outcomes — getting results.
10. Public awareness and support.

In four to six weeks SAMHSA will release a document with more details about each of the initiatives, and will solicit input from the field about these areas, said Hyde.

Hyde. “Early treatment reduces disability; it reduces recurrences, it reduces deaths,” she said.

Hyde added, “We know that recovery rates for people with mental illnesses are just as high as for people with physical illnesses.” She urged attendees to share the message with policymakers that recovery and prevention issues are critical for the field.

Suicide is one of the challenges, the field faces, she noted. “Last year about 1.1 million attempted suicide and more than 8 million seriously considered it,” she said. Veterans account for almost 1 in 5 suicides, she said.

Part of this challenge is that 90 percent of the individuals who die by suicide have a mental health disorder, said Hyde. About 40 percent had been to their primary care doctor within the month before, but the issue of suicide or mental health was not raised, she said. “Alcohol is a factor in about 35 percent of suicide deaths,” added Hyde.

“We need to save lives,” said Hyde. “We need practitioners who are all trained in trauma-informed care. We need to utilize peers and survivors on hotlines and in treatment settings.

New partnerships

One partnership the field should cultivate is with TRICARE, the health care program serving active duty service members, National Guard and Reserve members, retirees, their families, and survivors, said Hyde, who added that she will work with Rosenberg and SAMHSA’s defense partners to get more behavioral health care providers in the TRICARE system.

“Recovery happens; people recover and that is the goal,” said Hyde. “Stay focused on the new partnerships,” she said. “We have to do this. We can’t do it alone.”

Wraparound services and health care reform

Howard Dean, M.D., director of Democracy for America, who led Monday’s general session, told attendees that money is driving much of the health care debate. “Health insurance ought to be more than about counting dollars,” he said.

At press time, news reports indicated that the compromise health care bill drafted by top Democrats will cost \$940 billion over the next 10 years, according to a preliminary analysis released

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Thursday by the nonpartisan Congressional Budget Office.

"We're getting away from medicine," said Dean, former presidential candidate and chairman of the Democratic National Committee. "When you translate actually what goes on in the lives of our patients, in the things we do every day, it's so much harder to translate policy of delivery into the policy of finance."

"One of the models we have to figure out is how to integrate into

the new health care system wrap-around services and assisted living support," he said. "We have to figure out how to teach state government that investment in [wrap-around services] actually saves money," said Dean. "There is so little understanding among policymakers of what this is about for our patients," he added.

Dean noted that he is pleased with a provision in the Senate health care reform bill that a single person without health care can

receive Medicaid up to 133 percent of poverty. "That's not much, but it is a big step in the right direction," Dean said. "A lot of people we take care of [receive] Medicaid. We've got to increase the reimbursement rate; that's true across the board, with primary care providers and mental health professionals."

Dean acknowledged that he would like to see the health care bill pass. "Then the real work starts," he said. "The system we have now is broken; this doesn't fix it." •

Parity Special Series

MH, addiction parity session offers perspectives on regulations

Henry Harbin, M.D., health care consultant, offered some perspectives on the federal parity law and regulations during a session the National Council's Conference on Community Behavioral Health Care last week.

Harbin noted that the regulations supported by the statute did create a scope of services requirement within the six benefit classifications. "It stated very specifically that if a plan offers let's say outpatient services on the medical side and they choose to cover a condition they have to cover benefits in all six classifications in which they have a medical benefit," he said.

The benefit plans have the flexibility to determine what service or treatment category goes into each benefit classification, he told conference attendees.

Harbin posed the question, "Does the plan have the same range or scope of treatments within six benefit classifications?" He cited an outpatient services benefit plan that does cover depression and offers office-based treatment as their only alternative in the outpatient package for depression. For common medical procedures, the benefit plan covers a whole range of treatment services, including diagnostic services, intensive outpatient intervention services, chemotherapy for cancer

patients, or cardiac rehabilitation several times a week.

"Would that plan be in violation of parity if it didn't offer a similar range and scope and types of treatment within that outpatient classification for behavioral?" Harbin asked. "Our view is that regulations are not as clear as they could be, but the statute is reasonably clear that would be a violation of parity," he said.

Levels of care

According to Harbin, there are also multiple levels of care on the medical surgical side. These levels of care have complementary levels of care on the mental health/substance use disorder treatment continuum. For example, there are acute general hospitals for medical/surgical treatment as well as free-standing specialty hospitals for specific medical conditions. The same is true for the mental health and substance use disorder (MH/SUD) treatment continuum.

Sub acute hospital care is available for medical/surgical patients to be transferred to the next level of acuity or intensity when discharged from an acute hospital bed, e.g., rehabilitation hospitals. This level of care also exists for the treatment of MH and SUD conditions, noted Harbin. These facilities are called residential treatment centers for substance use disorders or for psy-

chiatric treatment.

Intermediate care facilities (hospitals) are inpatient facilities, which include nursing homes and skilled nursing facilities. This level of care compares to intensive 24 hour residential rehabilitation services for medical/surgical patients after discharge from acute or sub acute levels of hospital care, according to Harbin.

Meanwhile, questions continue to come up about the parity law and Medicaid managed care, noted Harbin. Everyone wants to know whether these recently released regulations apply to Medicaid managed care plans? The regulators said verbally that the regulations do not apply at this point, he said.

The Centers for Medicare and Medicaid (CMS) say they will come out with their own regulations to address how the statute applies, he said. Harbin noted that he and several of his colleagues have asked questions of regulators about how can one agency issue two sets of regulations that [define] the same law? "We're assuming the regulations apply" to Medicaid managed care, he said.

Implications of parity, opportunities for providers

Some of the implications of the federal parity law for providers include:

- More coverage may change

- role of “safety net” providers.
- Short-term, cost concerns may increase interest in carve-outs.
- Longer-term, potential for cost-offsets increases interest in integration of both primary health care and chronic disease management.
- Consumer-friendly, low-cost services — i.e., e-health, tele-health, etc.
- Services tailored to specific groups: dual eligibles; children

- in SCHIP (State Children’s Health Insurance Program).
- EHRs (electronic health records) and registries to help manage continuity and total cost of care.

Roles for state provider associations

- Clarify state-level regulatory authority for parity: Medicaid managed care, insurance commissioner, HMOs.

- Monitor pre-emption issues, influence implementation.
- Work with allies or coalitions with common interests.
- Anticipate opportunities and threats for community providers.
- Monitor implementation and unintended consequences.
- Monitor use of other efforts to control utilization and cost.
- Advocacy on interaction of parity and health reform. •

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costs that the hospital bears in hosting research and the grant amounts that young investigators traditionally receive in National Institutes of Health (NIH) and private foundation support.

Rasmussen said the institution already has reached about 70 percent of a two-year fundraising goal of \$1.5 million. While he says all institutions face an incredibly challenging time in raising funds right now, Butler’s effort has become strikingly broad-based, in that most donations have been in the \$5,000 to \$50,000 range and none have exceeded \$50,000.

By contrast, a former capital campaign for building projects at Butler raised half of its \$2 million amount from a sole donor, according to hospital officials.

Areas of emphasis

Rasmussen explained that the Research Endowment Fund is intended to reinforce efforts in the major areas of Butler’s research portfolio. Key subjects include research into affective disorders/depression, Alzheimer’s disease, obsessive-compulsive disorder and addictions. Rasmussen sees fairly equal attention to somatic treatments and psychotherapeutic interventions in Butler’s research aims.

Butler also has been a pioneer in innovative treatments for serious mental illness. It has introduced important efforts in both deep brain

‘We’ve made significant advances in treatment in the past 20 to 30 years, but the drugs and therapies we have are far from perfect.’

Steven A. Rasmussen, M.D.

stimulation, a pacemaker-like device in the brain that is used to address treatment-resistant depression and severe obsessive-compulsive disorder, and transcranial magnetic stimulation (TMS), a technique in which magnetic pulses are beamed through the skull to trigger electrical charges stimulating the brain.

Much of the research supported by the Research Endowment Fund seeks to leverage a young investigator’s interest in a particular scientific topic and make it relevant to typical practice settings. For example, Rasmussen said, a young psychologist working with the hospital who had an interest in cognitive-behavioral therapy (CBT) received a career development award for dissemination of CBT techniques to treat obsessive-compulsive disorder in community mental health settings.

For someone interested in a particular physiological process, Rasmussen said, research endowment money can fuel a broader inquiry into how that process might be linked to the pathophysiology of a specific mental health disorder.

When Butler’s ambitious fundraising effort was announced last

spring, the chief administrator of the National Association of Psychiatric Health Systems (NAPHS) praised the institution for taking a leadership role in this area. Mark Covall told *The Providence Journal* newspaper at the time that he was not aware of another hospital system that had launched a similar endowment effort supported by a fundraising campaign.

“Our board has been forward-thinking with this,” Rasmussen said. “This isn’t the first thing they have done to advance research. They see this as an integral part of the mission of the hospital.”

“The Butler Endowment Fund will ensure that mental health research continues to advance, offering hope for millions of people who suffer from these illnesses,” Butler president and CEO Patricia Ryan Recupero, M.D., said in a statement last year.

Supporting young minds

Rasmussen said it is important to conduct efforts intended to transform young researchers who are coming out of their residencies into

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full investigators. This involves helping to bridge the transition from career development grant awards, with overhead cost contributions that don't meet the full need for a hospital research program, to fully funded projects.

Butler's stated goals for revenue from the fund include:

- Helping to finance new computer labs for neuroscience.
- Expanding access to the most updated brain imaging technology available.
- Giving affiliated researchers and clinicians a leg up for

competitive federal grant funds by offering them pilot funding for projects.

- Allowing the institution to recruit promising researchers whose work is pivotal to the discoveries that will transform treatment.
- Attracting emerging researchers to Rhode Island, an activity that is expected to have a positive effect on the state's economy.

One significant advantage Butler carries into this type of effort involves its close ties to academic faculty at a university — in its case

to faculty at Brown University in Providence. "You do need a substantial infrastructure to start with," in order to make this kind of commitment to a research-focused initiative, Rasmussen said.

Butler's relationship with various departments at Brown contributes to the ability to merge the interests of academic researchers with the everyday challenges of practitioners. "This is exciting collaborative work, to develop new treatments," said Rasmussen, who along with his roles at Butler is an associate professor in Brown's psychiatry department. •

MHW publisher sponsors National Council Innovation Award

John Wiley and Sons, Inc., publisher of *Mental Health Weekly*, sponsored the National Council for Community Behavioral Health Care's Excellence in Service Innovation Award during last week's 40th conference in Orlando, Fla. (see story, page 1). This is the second time the publisher sponsored this award.

The award, which includes a \$10,000 grant, was presented to the Springfield, Mo.-based Burrell Behavioral Health for its "Journey Home" program. The community mental health center has more than 29 primary site locations throughout the state.

The Journey Home initiative, which commenced five years ago, has assisted nearly 500 homeless individuals and families struggling with mental illness and substance abuse problems. Besides housing, the program has aided families with follow-up services such as case management and therapy.

"We've helped a substantial number of families reintegrate into the community," Jim Rives, vice president of corporate development for Burrell Behavioral Health, told *MHW*. "We're helping them get involved in vocational services." Some of the families, while eligible

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The National Council 2010 Awards of Excellence Honorees

Excellence in Health Information Technology

- Northern Arizona Regional Behavioral Health Authority, Flagstaff, Ariz.

Excellence in Risk Management

- Institute for Community Living, New York, N.Y.

Excellence in Addictions Treatment and Prevention

- Hartford Dispensary, Manchester, Conn.

Excellence in Consumer and Family Advocacy

- Austin Travis County Integral Care, Austin, Texas

Excellence in Grassroots Advocacy (State)

- Association for Behavioral Healthcare, Natick, Mass.

Excellence in Grassroots Advocacy (Local)

- Colorado West Regional Mental Health Center, Glenwood Springs, Colo.

Up & Coming Leadership

- Rosa M. West, vice president for Specialty Programs and New Initiatives, Meridian Behavioral Healthcare, Inc., Gainesville, Fla.

Visionary Leadership

- Mary Anderson, board member, Newaygo County Mental Health Services, White Cloud, Mich.
- Howard Braco, Ph.D., president and CEO, Seven Counties, Inc., Louisville, Kentucky
- David Guth, CEO, Centerstone of America, Nashville, Tenn.
- Jay Reeve, president and CEO, Apalachee Center, Tallahassee, Fla.
- Richard Van Horn, president emeritus, Mental Health America of Los Angeles, Los Angeles, Calif.

Excellence in Public Service

- Pamela Greenberg, president and CEO, Association for Behavioral Health and Wellness, Washington, D.C.
- Carol McDaid, principle, Capitol Decisions, Inc., Washington, D.C.

For a complete list of 2010 honorees, visit www.thenationalcouncil.org.

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for Medicaid, have never made those contact, she said.

The Journey Home project has fostered partnerships with more than 20 local agencies, including the Homeless Parents Advisory Council, the Family Violence Center, Missouri Career Center and Homeless Parents Advisory Counsel.

In its application letter to the National Council, Burrell indicated that the agency needed community partners to reestablish key linkages that had been lost in homelessness — connections with health care, job counseling, educational help, housing supports, faith organizations, and other supportive services.

‘We’ve helped a substantial number of families reintegrate into the community.’

Jim Rives

“A lot of agencies refer families to us and they provide their own set of services,” said Rives. “We’re able to link people back to the services they need.”

“Our community in Springfield is a destination for homeless people,” said Rives. “We’re right along Interstate 44, one of the oldest and busiest interstate in the country.” The community has a lot of churches, many health care organizations and services, and a fairly low crime rate, he added.

Rives said Burrell is pleased to have received the grant from *MHW*. “We appreciate the award and we intend to put it to good use,” he said. •

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BRIEFLY NOTED

Federal vaccine court rules against mercury-autism link

The Office of Special Masters of the U.S. Court of Federal Claims (the “vaccine court”) ruled on March 12 in three test cases that the mercury-containing preservative thimerosal does not cause autism, the Los Angeles Times reported March 13. More than 5,300 parents have filed claims and are seeking damages because they believe that the measles-mumps-rubella (MMR) vaccine caused their child’s autism. The vaccine court already ruled against such causation a year ago. The recent ruling applied to three cases considered among the strongest, and thus poses a significant blow to the petitioners’ case. Special Master George L. Hastings wrote, “The overall weight of the evidence is overwhelmingly contrary to the petitioners’ causation theories.”

OptumHealth contributes to fund-raising for national MH memorial

OptumHealth, Inc. announced a \$50,000 donation and unveiled a “traveling fund-raising display” on March 15 in support of construction of the Gardens at Saint Elizabeth’s: A National Memorial of Recovered Dignity. The organization made the announcement at the National Council for Community Behavioral Healthcare conference last week. The memorial is slated to begin construction in 2011 in Washington, D.C. It will honor the estimated 300,000 people institutionalized with mental illness across the nation during the 19th and 20th centuries, who were buried in unnamed graves. OptumHealth’s traveling display is intended to raise awareness and funds.

Minorities have higher rates of dementia

African-Americans are twice as likely as their white counterparts to develop Alzheimer’s disease and other dementias, according to the

Alzheimer’s Association’s 2010 *Disease Facts and Figures*. The group reported March 9 that Hispanics also face a higher risk than whites. Possible contributing factors are health-related (diabetes and high blood pressure) and socioeconomic (lower levels of education and income). According to the group’s President and CEO, Harry Johns, because African-Americans and Hispanics are less likely to receive a formal diagnosis of Alzheimer’s, they are missing out on “available treatments and supportive services that can help them cope with the disease.” To view the full report visit www.alz.org/alzheimers_disease_facts_figures.asp.

STATE NEWS

Spate of suicides raises attention to MH at Cornell University, N.Y.

There have been four confirmed and two suspected cases of student suicide at Cornell University, in Ithaca, New York this year, reported the Cornell Daily Sun on March 17. Local authorities are still investigating a March 12 incident in which a student jumped from a local bridge. While the 2010 rate has been “unbelievable,” Assistant Dean of Students Casey Carr notes that Cornell’s five-year suicide rate is still below the national yearly average of 1.5 students per 20,000. (The university recorded no suicides between 2006 and 2008.) There has been an increase in calls to Ithaca’s Suicide Prevention and Crisis Service. Campus mental health groups have increased outreach efforts.

Arizona expands contract with Cenpatco Behavioral Health

The Arizona Department of Health Services has awarded an expanded contract to Cenpatco Behavioral Health of Arizona, L.L.C., a subsidiary of Centene Corporation, which reported the news on March 17. Effective July 1, the new

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contract expands Cenpatico's coverage to include 5,000 members in four new counties: Santa Cruz, Greenlee, Graham and Cochise. Cenpatico already covers more than 17,000 members in Yuma, La Paz, Gila and Pinal counties. Centene expects the expanded contract to generate an additional \$40-\$45 million in annual revenues.

Washington State: Telecare joins OptumHealth to offer MH program

In a new public-private partnership in Washington State, the Telecare Corporation will provide its Pierce County Evaluation and Treatment Program as a member of the OptumHealth Pierce County Regional Service Network. Telecare reported March 10 that through a contract with Washington State's Department of Social and Health Services, OptumHealth coordinates mental health crisis services through four providers, now including Telecare. The Telecare program provides acute inpatient evaluation and treatment on the campus of Western State Hospital. Jim Presson, M.Ed., Telecare's onsite administrator, said a "key component" of the program is providing appropriate

referrals upon discharge.

RESOURCES

The Substance Abuse and Mental Health Services Administration (SAMHSA) has announced the **Evidence-Based Practice (EBP) Knowledge Informing Transformation (KIT)** series, with first-generation EBP KIT topics including: Assertive community treatment; co-occurring disorders; integrated dual disorders treatment;

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In case you haven't heard...

"One of the most neglected areas of healthcare research is the effects of physical illness on an individual's mental health," according to King's College London (March 17), where researchers have completed a Cochrane Review of 51 studies comparing antidepressants to placebos. The studies included a total of 3,603 patients with physical illnesses such as stroke, Parkinson's, and cancer. Lead author Lauren Rayner said that overall, the findings indicated "a genuine benefit" of antidepressant therapy in these patients, although she notes these studies did not include the most seriously ill. Research suggests that physicians often don't think to prescribe antidepressants for their physically ill patients, believing they won't be beneficial. Read the study at www.thecochranelibrary.com/view/o/index.html.

Coming up...

The **New York Association of Psychiatric Rehabilitation Services (NYAPRS)** will hold its 6th Annual Executive Seminar on Systems Transformation, "Transforming Systems and Services: From Policy to Practice," on **April 21-22** in **Albany, N.Y.** For more information, visit www.nyaprs.org.

The **Depression and Bipolar Support Alliance (DBSA)** will hold its 2010 National Conference, "Celebrating 25 Years of Peer Support," on **April 29-May 2** in **Itasca, Ill.** Visit www.dbsalliance.org for more information.

The **American Psychiatric Association (APA)** will hold its 2010 Annual Meeting, "Pride and Promise: Toward a New Psychiatry," in **New Orleans** on **May 22-26**. For more information, visit www.psych.org.

The **National Alliance on Mental Illness (NAMI)** will hold its 2010 National Convention, "Recovery and Reform: The Road from Here," on **June 30-July 3** in **Washington, D.C.** Visit www.nami.org/template.cfm?section=convention for more information.

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NAMES IN THE NEWS

Illinois State Senator **John Cullerton** (D) was honored last week by the American Psychological Association Practice Organization (APAPO) "in recognition of his legislative accomplishments to increase the availability of mental healthcare services and to promote greater public well being." He received the APAPO's State Legislator of the Year Award.

John M. Oldham, M.D., was elected president-elect by members of the American Psychiatric Association. Oldham, a Texas psychiatrist, is senior vice president and chief of staff at The Menninger Clinic and a professor of psychiatry at Baylor College of Medicine.