

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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SPECIAL SUBSCRIPTION OFFER

TO NATIONAL COUNCIL MEMBERS

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— Karienne Stovell, Executive Editor, *Mental Health Weekly*

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Exclusive Report: National Council Annual Conference

Attendees urged to stay 'relevant' in face of economic and social changes

As the treatment and fiscal landscape has changed, behavioral health organizations have to adapt and become relevant, said Linda Rosenberg, president and chief executive of the National Council for Community Behavioral Healthcare, during their annual conference last week.

The National Council hosted its 39th annual conference with the theme, "Together We Can" in San Antonio, Texas with about 2,000 attendees. The accomplishments of 2008, most notably the federal parity law, the delay of "damaging" Medicaid regulations, the passage of Medicare parity; expansion of veterans services; and funding for alterna-

Key Points...

- Behavioral health field should adapt to new social media.
- New media can help consumers manage chronic illnesses.
- National Council achieves victory with authorization of a key provision Community Mental Health Services Act.

tives to incarceration, prompted the conference theme, said Rosenberg.

"Together we can' represents a series of pledges affirming the field's commitment to care that affords everyone the chance for recovery and full inclusion," said

See **CONFERENCE** on page 2

Members of Congress eye changes to longstanding IMD exclusion

Narrower bill may stand better chance

Having seen victorious efforts to remove inequitable provisions in Medicare policy for outpatient services and especially in insurance terms for mental health coverage, mental health advocates this year would like nothing more than to eliminate what they consider a highly unfair provision in Medicaid law. Yet many acknowledge that they face an uphill battle in retiring an Institutions for Mental Disease (IMD) exclusion that bars Medicaid coverage of inpatient psychiatric hospital care for many adults.

U.S. Rep. Eddie Bernice Johnson (D-Texas) earlier this year introduced a bill (HR 619) that

Key Points...

- Federal legislation to remove the IMD exclusion is introduced for second year in a row.
- Another bill would allow exceptions to exclusion for emergency services.
- Advocates say exclusion is antiquated and has left many with no care options.

would repeal outright the IMD exclusion, a provision that mental health advocates say has contributed to incarceration and homelessness for many individuals with serious mental illness who lack acute-care options. The exclusion prohibits use of federal Medicaid dollars to finance services for adults

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Rosenberg.

The field achieved another victory, she said, following the authorization of a key provision in the National Council's Community Mental Health Services Act — an integrated behavioral health/primary care program that would give behavioral health organizations the capacity to deliver and connect consumers to physical healthcare.

According to the National Council, the legislation is critical given the fact that patients with mental illness die on average 25 years earlier than the general population, largely due to chronic and unattended medical conditions.

Social networking

How does the field with its innovative and resourceful leaders move forward “in the face of economic doom and gloom?” asked Rosenberg. Audience attendees watched a short video that touched on a number of social media tools, including Facebook, LinkedIn, blogging and Twitter.

A social networking service site like Facebook is a free-access social networking website allowing users to join networks organized by city, workplace, school, and region to connect and interact with other people. People can also add friends and send them messages, and update

‘Staying relevant requires embracing new ideas. Staying relevant is also about tackling our complex, confusing health care system.’

Linda Rosenberg

their personal profiles to notify friends about themselves.

LinkedIn is an interconnected network of experienced professionals from around the world, representing 170 industries and 200 countries. Twitter is a social networking and microblogging service that enables users to send and read each other users' short text messages and updates called “tweets.”

The video reminded attendees that change is “constant and relentless,” said Rosenberg. “The pace of change only accelerates and irrelevance is a real and constant threat.”

Health care has been slow to embrace advances in communications technology, said Rosenberg. “But social media tools are finally making a presence.” She cited one consumer with diabetes who keeps a personal blog and “tweets” daily to dozens of people at a time updating them on her food intake and exercise schedule. In exchange, she receives messages from friends and followers encouraging her to stick to her health regimen, she noted.

The new media era is a “potentially powerful way for people to manage their chronic illnesses,” said Rosenberg. Organizations have to adapt and become relevant, she said. Social media tools are making a presence and starting to take hold in behavioral health care, she added.

Rosenberg noted that this year's conference also featured a social media lab to offer hands-on experience to attendees with Facebook, Twitter and blogs. “If we encourage consumers to use social media to manage their bipolar, depression or schizophrenia, will we be immune to irrelevance?” she noted. The answer she said is yes and no.

System change needed

“Staying relevant requires embracing new ideas,” said Rosenberg. “Staying relevant is also about tackling our complex, confusing health care system.”

She noted that the fundamental systems have let the field down. Rosenberg pointed to recent data obtained under the Freedom of



- Executive Managing Editor** Karienne Stovell
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Information Act that revealed in the last six years that the number of people with mental illnesses in nursing homes increased by 41 percent (see *MHW*, March 30).

“Almost 125,000 consumers are in nursing home, housed alongside elderly residents with dementia, in wheelchairs and incontinent — living in nursing homes despite the impressive successes of supported housing,” she said.

Meanwhile, rising vacancy rates in nursing homes have made them perversely-attractive discharge destinations for young and middle-aged consumers,” said Rosenberg. “How could this be happening when there’s Olmstead?” she said. “What about IMD [Institutions for Mental Disease]?” Is this simply another instance of someone bending the system for their own benefit and exploiting the weak?” she noted.

IMDs are inpatient facilities of more than 16 beds whose patient roster is comprised of more than 51 percent people diagnosed with mental illnesses. Federal Medicaid matching payments are prohibited for IMDs with a population between the ages of 22 and 64.

Legislation (HR 619) was recently introduced by Rep. Eddie Bernice Johnson that would repeal the IMD exclusion for Medicaid funding of inpatient psychiatric services for persons ages 22 to 64 (see story, page 1).

“We are relevant when we’re at the healthcare table with concrete strategies that seize the opportunity of healthcare reform, to build on what we know and preserve what works,” she said. Rosenberg added that it’s essential to develop new

approaches and produce better outcomes.

Rosenberg said that staying relevant is more than about embracing new technology. “In this era of healthcare reform we will stay relevant — fighting to eliminate the risks of disability and fighting to improve the lives of Americans with emotional and addictive disorders,” she said.

Public policy agenda

Rosenberg noted that the National Council’s public policy agenda includes a \$35 million expansion of the new integrated behavioral health/primary care grant program. They are also seeking a \$250 million Medicaid behavioral health disease management program built into healthcare reform.

Other policy agenda items include:

- Ensure reimbursement rates that support service excellence and incentivize practice redesign and measurement of outcomes.
- Obtain federal funding for the treatment of high need populations that incur high costs in multiple systems and are often uninsured.
- Establish eligibility for social security disability for people with addiction disorders.
- Secure funds to enable all behavioral healthcare organizations to adopt information technologies including electronic health records.

Rosenberg encouraged attendees to join the National Council for Hill Day, which will be held on June 9th and 10th.

Health care reform

David Gergen, director of the Center for Public Leadership at Harvard University, told attendees that he is sure that healthcare reform will occur this year. Gergen noted that House Energy and Commerce Committee Chairman Henry A. Waxman is committed to passing a health care reform package by the end of this year. “I think health care reform has a reasonable chance depending on how the economy does,” he said.

Gergen said he has worked with Bill Clinton on health care reform, which ultimately failed. “It was a major setback for public policy,” he said. The number of uninsured Americans was in the range of 30 plus million during Clinton’s presidency compared to 40 million plus now, Gergen, also CNN senior political analyst, noted.

In the quest to fix the health care system, preventive programs that work are key, particularly programs that will help young people avoid obesity, Gergen said. “How can we fix the health care system if we’re not getting people healthy?” Incentives are needed to promote better health, he said.

Mental health is vitally important to overall health care he said. He hopes that Health and Human Services nominee Kathleen Sebelius will pay attention to this issue. He said he is also hopeful that Michelle Obama will be supportive of mental health issues. “Michelle might well take this up,” Gergen said. “She represents a social conscience in the administration,” he said, noting her work on veterans’ family issues. •

N.M. BH collaborative: Facing challenges and learning lessons

The New Mexico Behavioral Health Purchasing Collaborative, a single statewide behavioral health delivery system of care, is facing resource and workforce challenges and still learning lessons, despite

being nearly midway into a 10-year transformation process, said Pamela S. Hyde, secretary for the New Mexico Human Services Department.

“We’re about four years or so into it,” Hyde told attendees during

the National Council’s annual conference in San Antonio, Texas last week (See story, page 1). “We have a lot more to do. We’re in transition right now.” The vision for the col-

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laborative is a focus on both recovery and resilience for families and children with behavioral health needs, she said.

The collaborative was created during the 2004 Legislature to allow most state agencies involved in behavioral health treatment and recovery to work as one in an effort to improve mental health and substance abuse services for adults and children in New Mexico. This cabinet-level group represents and creates a “virtual department” across 15 agencies and Governor Bill Richardson’s office (see *MHW*, June 28, 2004).

The goal of the ambitious collaborative was to create change at the entire state level, said Hyde. Despite the state’s limited resources, and the “insufficient and inappropriate balance of services and multiple disconnected advisory groups and processes,” it was important to develop a statewide system of behavioral health care, said Hyde.

The purchasing collaborative was created to address the fragmentation identified in the New Freedom Commission on Mental Health report, said Hyde. “We didn’t think we were maximizing resources across funding streams, especially with Medicaid,” she said. “We decided to carve behavioral health out of Medicaid and address the fragmentation issue.”

The “fragmentation” of the state’s behavioral system involved a multiple provider system, multiple service definitions and data systems, along with duplication of effort and infrastructure at state and local levels,” she said.

In 2005 the state selected ValueOptions as New Mexico’s first

Key Points...

- Collaborative addresses inappropriate, insufficient balance of services.
- Recovery and resilience key part of collaborative vision.
- Limited resources, workforce shortage fuel challenges.

single statewide entity to manage combined behavioral health funding. The existing contract ends June 30, 2009. In February, the New Mexico Behavioral Health Purchasing Collaborative selected OptumHealth New Mexico as the state’s behavioral health services contractor from July 1, 2009 through fiscal year 2010 (see *MHW*, Feb. 16).

‘We decided to carve behavioral health out of Medicaid and address the fragmentation issue.’

Pamela J. Hyde

Programs moving forward

The collaborative has worked on a number of service system development initiatives, including a peer specialist certification program and the piloting of a family specialist certification, noted Hyde.

Additionally, common service definitions have been established as a standard practice, she noted. New services that have been developed include 34 additional school-based centers; co-occurring disorders training and implementation of a practice model; and a jail diversion initiative.

“We came up with 21 performance measures that we are trying to stay focused on tracking,” Hyde said. The collaborative is developing a cultural competency plan for services. They have also created a consortium of Behavioral Health Research and Training to provide evaluation and training for collaborative initiatives, she said.

Pressing challenges

The state is faced with limited resources and a lack of psychiatrists and nurse practitioners, she said. “There are no new dollars for basic infrastructure, which is a huge issue for us,” said Hyde. “We have to keep going in the face of a lack of resources and lack of a workforce.”

Meanwhile, the state legislature is funding new programs and facilities, she said. “The legislature, however, is unwilling to fund existing infrastructure which is falling apart or basic services which are becoming more and more Medicaid only,” she said.

Collaboration is difficult and time consuming, noted Hyde. “Time and resource requirements are huge,” she said. “Everybody wants collaboration; nobody wants to pay for it.”

“A virtual organization is a constant challenge. It affects staffing, thinking, supervision, and roles,” said Hyde. “It’s been a very difficult lesson to learn.” Strong leadership is critical at all levels, she said. “We’re trying to keep the vision and direction clear,” Hyde said. “We’re trying to create a public system as one [entity].” •

For more information about the New Mexico Behavioral Health Purchasing Collaborative, visit www.bhc.state.nm.us.

MHW publisher sponsors National Council Innovation Award

John Wiley and Sons, Inc., publisher of *Mental Health Weekly*, announced its first-time sponsorship of the National Council of

Community Behavioral Healthcare’s Award of Excellence in Innovation.

The award, which includes a \$10,000 grant, was presented to the

Detroit, Mich.-based Southwest Counseling Solutions last week during the National Council’s 39th National Mental Health and

Addictions Conference in San Antonio, Texas (see story, page 1).

The National Council's Excellence in Innovation Award recognizes innovative programs with an emphasis on demonstrating outcomes, putting research into practice and serving the most vulnerable populations.

Southwest Counseling Solutions (SWCS) is being acknowledged for their development of supportive housing services, an innovative program that provides permanent supported housing to homeless and disadvantaged individuals in Detroit, many of whom live with a psychiatric disability. Over the past four years, the organization has helped more than 500 chronically homeless people and families obtain permanent housing.

SWCS conceived the idea for Southwest Housing Solutions in 2003 in order to renovate blighted housing in the neighborhood and provide affordable and safe housing for people with disabilities. Since then the organization has steered more than \$100 million into the community, resulting in a portfolio of 21 apartment buildings — one-third of which are occupied by SWCS clients.

Valerie A. Canady, managing editor of *Mental Health Weekly*, presented the award to Joseph Tardella, executive director of Southwest Counseling Solutions.

"It's affirming for us to receive this national recognition from such a prestigious organization," Tardella told *MHW*. "We've had great local support, strong funders that are partners, and tremendous outcomes, but this award helps us realize the efforts we and our partners have made."

Tardella added, "Some of the people served remain successfully housed, not only on our staff as peer support, but many are key players in their building and in their community. Our overall goal is to become an affordable housing

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The National Council 2009 Awards of Excellence Honorees

Excellence in Community Collaboration:

- The Center for Mental Health, Anderson, Indiana
Richie DeHaven, chief executive

Excellence in Use of Technology:

- Community Counseling Centers of Chicago, Chicago, Illinois
Tony Kopera, chief executive

Excellence in Consumer and Family Advocacy:

- Jason West, peer partner
Pacific Clinics, Arcadia, California

Excellence in Grassroots Advocacy, Community:

- Karl Wilson, Ph.D., chief executive
Crider Health Center, Wenstville, Missouri

Excellence in Grassroots Advocacy, State:

- Colorado Behavioral Healthcare Council, Denver, Colorado
George DelGrosso, executive director

"Rookie of the Year" Emerging Leader:

- Vanessa Sweeney
Jefferson Parish Human Services Authority, Metairie, Louisiana

Lifetime Achievement, Volunteer:

- Carmela Lunt, board president
Community Hope, Inc., Parsippany, New Jersey
- Geneive Hearon, member, Board of Trustees
Austin Travis County Mental Health Mental Retardation Center, Austin, Texas
- Norman Farberow, Ph.D., Member
Suicide Prevention Advisory Board, Didi Hirsch Community Mental Health Center, Culver City, California

Lifetime Achievement, Staff:

- Hubert Wirtz, chief executive
Ohio Council of Behavioral Health and Family Services Provider, Columbus, Ohio
- James McDermott, Ph.D., chief executive
Mental Health Mental Retardation of Tarrant County, Fort Worth, Texas
- Kathy Reynolds, chief executive (retired)
Washtenaw Community Health Organization, Ypsilant, Michigan

Excellence in Addictions Education:

- Nora D. Volkow, M.D., director
National Institute on Drug Abuse (NIDA)

State Legislators of the Year:

- Leticia Van de Putte, (D-San Antonio), Texas State Senate
- Giro Rodriguez, (D-San Antonio) U.S. House of Representatives

Continued from previous page

resource center that works with all people in the community who struggle to find safe and affordable housing, including former foster youth, veterans, and families suffering from domestic violence.”

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ages 22 to 64 in public and private inpatient psychiatric hospitals.

Johnson introduced similar legislation in Congress last year, but the bill failed to make it out of committee. Cost considerations are seen as a major stumbling block to the legislation’s passage, as no one to this point appears to have a good handle on how the removal of the exclusion would affect overall Medicaid spending.

While groups such as the National Alliance on Mental Illness (NAMI) and the National Association of Psychiatric Health Systems (NAPHS) continue to argue strongly for lifting the IMD exclusion, their attention also has turned to a second piece of legislation that is defined more narrowly and therefore might have better prospects on Capitol Hill.

Rep. Bart Gordon (D-Tenn.) has introduced the Medicaid Emergency Psychiatric Care Demonstration Project Act of 2009 (HR 1415), a bill that would allow states to bypass the IMD exclusion in a demonstration project for hospital emergency services. The bill’s \$75 million price tag for the three-year demonstration effort could prove more palatable to members of Congress than a more open-ended bill that would remove the IMD exclusion completely.

Exclusion’s history

Medicaid law considers Institutions for Mental Disease to be any inpatient facility of more than 16 beds that has a patient roster made up of more than 51 percent individuals diagnosed with mental illness. Facilities serving persons under age 22 or over age 64 may, at state

Tardella added, “We also want to make sure that stimulus resources are structured and spent in a way that makes the greatest difference for people who struggle with mental health issues, housing issues and homelessness.”

option, tap into federal Medicaid funds for services for those age groups, but use of federal Medicaid money for the 22-to-64 population is prohibited by federal law.

The exclusion for this population dates to a period during Medicaid’s enactment in the 1960s when states and counties housed large numbers of persons with serious mental illness in public facilities. Congress wanted to make sure at the time Medicaid was established that state and county govern-

‘We know a lot more about how to offer compassionate care for people. IMDs are not putting people in shackles.’

**Rep. Eddie Bernice Johnson
(D-Texas)**

ments would not see the new federal program as a vehicle for supplanting their own financial responsibility to house these individuals.

Of course, the service landscape has changed substantially in the decades since then, with fewer and fewer individuals with serious mental illness housed in public facilities for longer periods of time. Yet a vestige from that era, the IMD exclusion, remains on the books.

“IMDs have come a long way since the 1960s,” a staff member in Rep. Johnson’s office told *MHW* last week. “We know a lot more about how to offer compassionate care for

Southwest Counseling Solutions provides mental health counseling, advocacy, and support services to more than 3,600 individuals each year, and a continuum of care ranging from supportive housing to family literacy. •

people. IMDs are not putting people in shackles.”

Johnson herself has had some firsthand experience in understanding the needs of the inpatient psychiatric system: She is a former chief psychiatric nurse at a Department of Veterans Affairs (VA) facility in Dallas. “She didn’t come to this situation new,” Andrew Sperling, NAMI’s director of federal legislative advocacy, told *MHW*. “We’re going to continue to work with her.”

NAMI considers the IMD exclusion to be a stumbling block to improving inpatient psychiatric bed capacity at a time when communities have seen an erosion of capacity — a point NAMI stressed in its most recent Grading the States analysis. The advocacy organization also considers the provision to amount to discrimination vis-à-vis how federal policy treats other human-service sectors.

In a letter to Johnson expressing support for her bill, NAMI Executive Director Michael J. Fitzpatrick, M.S.W., wrote, “By denying ... Medicaid matching funds, the IMD exclusion codifies discrimination and leaves public mental health systems underfunded relative to other systems such as those serving beneficiaries with developmental disabilities.”

The exclusion also creates some other puzzling inequities. For example, if a Medicaid-eligible patient age 22 to 64 with psychiatric needs is housed in an IMD and ends up needing treatment for a medical disorder, that person has to be transferred to a medical hospital to have his/her Medicaid eligibility restored and then sent back to the IMD after treatment occurs.

Yet cost considerations associat-

ed with an outright removal of the exclusion pose the biggest obstacle to the bill's adoption. The Congressional Budget Office (CBO) has not formally assessed the cost impact of the move, and one of the challenges appears to be the absence of consensus on what exactly is spent at present on inpatient psychiatric services for adults ages 22 to 64.

This is why some observers right now see Johnson's legislation largely as a "message" bill that seeks a broader dialogue on inequity in Medicaid policy. Those who are monitoring the legislation say it is unlikely that it would be enacted on its own, and that its best hope would be for it to be attached to a broader legislative vehicle for Medicaid reform.

Emergency services

Gordon's newly introduced bill addresses one specific dilemma facing psychiatric facilities: a conflict between the IMD exclusion and a federal law (the Emergency Medical Treatment and Labor Act, or EMTALA) that requires the same facilities subject to the exclusion to stabilize

patients who are in an emergency medical condition.

HR 1415 would establish a three-year, \$75 million demonstration for freestanding non-governmental psychiatric hospitals, allowing them to use federal dollars to finance mandated emergency care that is now provided by the facilities without reimbursement. A letter from Fitzpatrick to Rep. Gordon states, "The Medicaid Emergency Psychiatric Care Demonstration Project Act marks an important step in addressing the growing psychiatric acute inpatient crisis, while creating fairness in the reimbursement structure for psychiatric hospitals under the limited circumstances required by the EMTALA law."

Sperling said more work needs to be done to correct the shortage of acute inpatient services, a problem that can be seen starkly at any emergency facility serving psychiatric patients.

"The wait times in ERs are alarmingly high," Sperling said. "When a patient is waiting 30 to 40 hours for a bed to open upstairs, that's when you see the horrendous outcomes. That's when the hospitals

feel they have no choice but to use restraints." •

Help Wanted

Coalition seeks director for rehabilitation and recovery

The Coalition of Behavioral Health Agencies seeks a Director for its Center for Rehabilitation and Recovery. The ideal candidate will be a highly motivated leader with excellent organizational and communication skills and proven experience in the mental health field as an administrator or educator.

Description: Primary responsibilities include overall guidance and administration of Center personnel and initiatives. These initiatives span education, special projects, systems and organizational change interventions, and community development efforts.

Qualifications: At a minimum, a Masters degree in public administration, social work, psychiatric rehabilitation or relevant field and at least 8 years of related experience in project development and management, and significant managerial responsibilities.

Applications: Please submit a cover letter and resume to Eugene Aronowitz, 90 Broad Street, 8th Floor, New York, NY 10004. For more information, please visit www.coalitionny.org/jobs/job.php?id=5361.

BRIEFLY NOTED

Routine depression screening for teens recommended

Adolescents, 12-18 years old, should be routinely screened for major depressive disorder (MDD) "when systems are in place to ensure accurate diagnosis, psychotherapy, and follow-up," according to a statement from the U.S. Preventative Services Task Force (USPSTF). Published in the April 2009 issue of *Pediatrics*, this statement is a revision of a 2002 statement, which found insufficient evidence to support routine MDD screening in adolescents or children. The current statement still does not recommend routine screening in children 7-11 years old.

Ned Calonge, M.D., M.P.H., USPSTF chair, and his colleagues found adequate evidence for the benefits of treating MDD in adolescents, but not enough data supporting clear benefits for children.

AACAP lauds bill to reauthorize Juvenile Justice Act

Senate Judiciary Chairman Patrick Leahy (D-Vt.) on March 24 introduced the Juvenile Justice and Delinquency Prevention Reauthorization Act (JJJPA), a bill to reauthorize and improve upon the original 1974 Act. The American Academy of Child and Adolescent Psychiatry (AACAP) responded last week by commending Sen. Leahy and his cosponsors. A National Center for Mental Health and Juvenile Justice 2006 report found more than 70

percent of children and adolescents in the juvenile justice system have a diagnosable mental illness. JJJPA focuses on programs to keep youth out of the criminal justice system and suggests that children should be treated in facilities dedicated to youth.

STATE NEWS

West Virginia passes Mental Health Stabilization Act

The West Virginia Legislature passed the Mental Health Stabilization Act of 2009 (SB-672) on April 8 in an effort to recreate Virginia's community-based mental health system, which the bill reads is in a "state of crisis" (see *MHW*, Feb. 2).

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In its legislative findings, the bill states, "There are not sufficient community resources to meet the needs of the state's population." Also, the incarceration of people with mental health needs "are at a level that is utilizing significant state resources (which) could be used in the provision of community mental health services..." The bill provides for an increase in reimbursement rates for behavioral health clinic and rehabilitation services.

Maryland first state to launch Network of Care for veterans

Maryland on March 31 became the first state to launch a "Network of Care" website exclusively for the state's veterans. Maryland launched a Network of Care site for behavioral health last year, Southern Maryland Online reported April 4. "Many veterans do not sign up for services through the VA, and their families don't know where to turn for help," said Department of Health and Mental Hygiene (DHMH) Secretary John M. Colmers. The portal brings together information on federal, state and local behavioral health services for veterans. Last year, Maryland set aside \$2.3 million for the Veterans Behavioral Health Initiative and introduced legislation this year that would expand this initiative. Visit www.mdveterans.networkofcare.org.

Memphis opens new crisis stabilization unit

A new crisis stabilization unit (CSU) in Memphis, Tennessee began providing services on April 3, reported the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) on April 6. To be operated by the Southeast Mental Health Agency, the CSU offers daily 24-hour short-term stabilization services for individuals with mental health and substance abuse issues, serving residents of Shelby, Fayette and Tipton counties. "A main goal of the CSU is to divert clients, when clinically appropriate, from

Coming up...

The **American Psychiatric Association (APA)** will hold its 2009 annual meeting, "Shaping our Future: Science and Service," on **May 16-21** in **San Francisco**. For more information or to register, visit www.psych.org.

Mental Health America will hold its Centennial Conference, "Celebrating the Legacy, Forging the Future," on **June 10-13** in **Washington, D.C.** For more information, visit www.mentalhealthamerica.net.

The **Coalition of Behavioral Health Agencies, Inc.** will hold its 2009 Leadership Awards Reception on **June 25** in **New York City**. Visit www.coalitionny.org for more information.

The **U.S. Psychiatric Rehabilitation Association (USPRA)** will hold its 34th annual conference, "Navigating the depths of psychiatric rehabilitation," on **June 29-July 2** in **Norfolk, Va.** For more information, visit www.uspra.org.

The **National Alliance on Mental Illness (NAMI)** will hold its 2009 National Convention, "Creating a Healthy Future for us All" in **San Francisco** on **July 6-9**. Visit www.nami.org for more information.

psychiatric inpatient hospitalizations and unnecessary incarcerations..." said Cindra Jones, TDMHDD director of Crisis Services. CSUs are located in Nashville, Chattanooga, Jackson, Knoxville and Cookeville. A CSU will open in Johnson City later this year.

CALL FOR APPLICATIONS

The **Substance Abuse and Mental Health Services Administration (SAMHSA)** is accepting applications for its FY 2009 Grants for Primary Behavioral Health Care Integration (PBHCI), with an expected \$22,000,000 in funding available for 11 grants for up to four years. The estimated annual award will be \$500,000 per grantee, to be administered by

SAMHSA's Center for Mental Health Services (CMHS). Community mental health and other community-based behavioral agencies are eligible. Applications are due May 27. For more information, visit www.samhsa.gov/grants/2009/fy2009.aspx for more information and to apply for grant SM-09-011.

Mental Health Weekly

welcomes letters to the editor from its readers on any topic in the mental health field. Letters should be no longer than 350 words.

Submit letters to: Valerie A. Canady, managing editor, Mental Health Weekly, 111 River Street, Hoboken, NJ 07030-5774; e-mail: vcandy@wiley.com. Letters may be edited for space or style.

In case you haven't heard...

Do you sometimes shout at your computer? Smash the keyboard? Slam the mouse? Don't feel so guilty — you're not alone. In a study shared April 1 at the British Psychological Association Annual Conference, John Charlton, Ph.D., of the University of Bolton in the U.K., administered questionnaires to 126 individuals inquiring how often they express "anger" at their computers. The majority said they become angry three to four times each month and 54 percent said they display verbal aggression toward their computer. A full 40 percent admitted to engaging in physical aggression. Although he believes that excessive anger may not be healthy, Charlton suggests "moderate outbursts of anger, in the form of shouting at a computer might actually be beneficial."