

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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Editor's note: *Mental Health Weekly* will not publish Monday, November 28. We wish all of our readers a Happy Thanksgiving. Publication will resume December 5.

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Union report suggests Kaiser Permanente fails to provide proper MH services

Kaiser Permanente, California's largest Health Maintenance Organization and the state's largest provider of mental health services, often violates California laws requiring HMOs to provide patients with "timely access" to appropriate mental health services, according to a scathing report released last week by the National Union of Healthcare Workers (NUHW).

According to the report, "Care Delayed, Care Denied: Kaiser Permanente's Failure to Provide Timely and Appropriate Services," clinicians

Bottom Line...

It's critical that the BH field mobilize efforts to ensure that federal parity regulations are fully enforced.

report that patients frequently endure waits of four weeks or longer for return appointments even though California law mandates a maximum wait time of 10 business days for both initial and return visits unless a licensed health professional has documented that a longer waiting time "will not have a detrimental impact on the health of the enrollee."

In a survey of 305 Kaiser mental health clinicians, practicing at 57 Kaiser facilities in Northern and Southern California, nearly 90 percent of the respondents reported there is insufficient staffing at their clinic to provide patients with timely return visits. More than 75 percent reported that they are either frequently or very frequently forced to

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Lack of funding mechanism seen as barrier to youth screening

Larry Epp, Ed.D., realized early in his career that as an adult treating adolescents, something might be lacking in the depth of the relationship he was forming with his clients. His discovery that youths likely would reveal more to a computer program than what they would disclose in a therapy session would eventually lead him to pilot use of a computerized version of the TeenScreen program at GUIDE Program,

Inc., a behavioral health services organization in Gaithersburg, Md.

Epp, GUIDE's director of school mental health services, believes computerized screening could revolutionize assessment and improve service delivery for young people in the behavioral health service system. He even wonders at one point during an interview with *MHW* whether tools such as the computerized TeenScreen eventually could replace the traditional psychiatric evaluation. But GUIDE's brief rendezvous with the computerized screening illustrates some of the barriers that remain to integrating such materials into a treatment organization's routine operations.

The combination of lacking a

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Bottom Line...

A director with GUIDE Program, Inc. has witnessed how computerized screening for youths reveals information that might take numerous therapeutic sessions to detect.

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schedule return visits further into the future than they feel is appropriate.

The report noted that more than 50 percent of Kaiser clinicians report that patients are either frequently or very frequently “assigned to group therapy even though individual therapy may be more appropriate.”

NUHW’s investigation, conducted during the summer of 2011, indicates that Kaiser’s lengthy wait times have persisted since the implementation of California’s new “timely access” rules in January of 2011. In September of 2011, a review of clinicians’ “next available” return appointments revealed the average wait time for patients to be 17 business days.

According to clinicians, the lengthy wait times are principally caused by inadequate staffing levels at Kaiser’s clinics. In addition, Kaiser requires clinicians to meet weekly quotas that further limit their ability to provide follow-up visits to patients, according to the report.

Leighton Akio Woodhouse, a spokesperson for NUHW, told *MHW* that the union is planning to submit a letter to the California Department of Managed Health Care (DMHC)

this week requesting an investigation into the findings described in the report. The DMHC regulates Kaiser’s HMO plans.

Kaiser response

Kaiser Permanente refused a request for an interview. Last week they released a statement stating that the report findings were inconsistent with its patient and provider survey and clinical data, and with regulatory and independent evaluations of the mental health services that their health care professionals provide. “The facts are that Kaiser Permanente regularly performs better than state of California standards for access to mental health services, and the quality of our services has been recognized by independent rating agencies, as well as the state itself,” they wrote.

“The suggestion by NUHW that clinicians and staff at Kaiser Permanente manipulate appointment records is not supported by any credible evidence, and if true, would be contrary to our policies and practices,” they wrote. “To the extent that NUHW has any information relating to any such violation, we urge them to provide it, so it can be fully investigated,” officials wrote, adding that the company has a confidential compliance reporting process, including a hotline, which any em-

ployee can use to report such violations — even anonymously.

Emily Ryan, a psychiatric social worker who provides mental health services for Kaiser, said she was not surprised by Kaiser’s response. One of the ways Kaiser Permanente measures its success is through its member satisfaction surveys, said Ryan. “They send patient surveys about how satisfied they are with the outcomes,” Ryan told *MHW*. “The survey questions are not asking about what mental health clinicians provide but only what an M.D. would do; it’s irrelevant to us,” she said.

“We’ve been complaining to management for years. We’re tired of saying anecdotally to management this is what’s happening,” she said. “We all care very much for our patients. That is our first priority.”

Ryan added, “We’re not asking for more benefits. We’re asking them to pay attention to the disparities in patient care.” In some instances, a patient may call in seeking an appointment and be told it could take up to four to six weeks.

Parity challenges

Until the Mental Health Parity and Addiction Equity Act (MHPAEA) becomes more clearly defined, situations such as the Kaiser Permanente may continue to surface, said Patrick Gauthier, director of AHP

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Healthcare Solutions, a behavioral health consulting firm, and division of the Sudbury, Mass.-based Advocates for Human Potential, Inc. “It underscores the importance of getting the final regulations out of Health and Human Services (HHS),” Gauthier told *MHW*.

The HHS, the Department of Labor and the Department of Treasury are responsible for enforcing MHPAEA and the Interim Final Regulations. “If the MHPAEA scope of services in the Interim Final Rules — covered diagnoses, covered providers, and covered services — were better defined, instead of leaving the details up to states and health plan policies, it would be much easier to argue that an individual with a diagnosis of depression, for example, is entitled to screening, assessment, individual counseling and medication management,” said Gauthier.

The behavioral health field needs to become very active and vocal about the level of care guidelines

‘If the survey results are determined to be true, the CPA’s concern is that it could compromise the delivery of mental health services to patients.’

Jo Linder-Crow, Ph.D.

when Accountable Care Organizations (ACOs) are forming, Gauthier said. “We need to be carefully and thoroughly integrated — reflecting the cutting-edge of mental health and substance use disorders science and research and not simple expediency,” he said.

The California Psychological Association (CPA) last week released a statement indicating it would support any efforts to closely examine the findings of the NUHW report, said Jo Linder-Crow, Ph.D., CPA executive director. “It’s a big concern, especially when there’s so much discussion about health care reform,” Linder-Crow told *MHW*.

While not a member of NUHW, CPA represents the interests of psychologists and the patients who use psychological services, she said. Following the release of the findings, NUHW issued a statement strongly encouraging that the proper organizations and entities look at the findings, Linder-Crow said. “If the survey results are determined to be true, the CPA’s concern is that it could compromise the delivery of mental health services to patients.” •

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Ga. advocates pleased so far with state’s progress on BH reform

Following last year’s landmark settlement agreement, Georgia officials have made important strides in transforming its behavioral health system, and moving consumers with developmental disabilities and mental illness from state hospitals and into the community. Mental health advocates, who say they are pleased with the state’s progress, have prepared a new report that outline some of the challenges that remain, including the need to reform children’s mental health care.

Under the agreement, over the next five years Georgia will increase its assertive community treatment (ACT), intensive case management, and case management, supported housing and supported employment programs to serve 9,000 individuals with mental illness in community. (See *MHW*, Nov. 1, 2010).

The Carter Center, a not-for-profit, nongovernmental organiza-

Bottom Line...

As the state complies with provisions cited in the last year’s settlement agreement, advocates are pushing for reform in addressing children’s mental health needs as well.

tion that advocates for improving mental health care, released a preliminary report, “Building a Vision for Community Services for Children, Adolescents and Adults with Behavioral Health Disorders,” and is making it available for public comment. The report provides recommendations for areas not addressed by the settlement such as children’s mental health services.

The Carter Center, the Department of Behavioral Health and Developmental Disabilities (DBHDD), and other state agencies and stakeholder partners convened in Cartersville, Ga. on Nov. 3 for the first of

three regional town hall meetings to discuss the Carter Center’s report.

Children’s MH needs

As the state continues efforts to comply with the settlement agreement, “we have a moral imperative to improve the child and adolescent system as well,” Cynthia Wainscott, board member for the National Alliance on Mental Illness (NAMI) and its Georgia affiliate, told *MHW*. “When youth with behavioral health challenges are identified earlier and have access to needed treatment and supports, they avoid a downward spiral of school drop-out and involvement with the justice system,” she said.

Wainscott added, “They will go on to live satisfying, productive lives and the adult system will not be flooded with a new wave of people in crisis.”

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The request for improvement in children's behavioral health services was not part of the settlement agreement, says Wainscott, because it was a CRIPA (Civil Rights of Institutionalized Persons Act) lawsuit, impacting adults who are in institutional settings. "We had no children in the state hospitals; this lawsuit was about adults whose civil rights were abridged," said Wainscott.

"We need to do more in schools and [in agencies where children are served], such as the child and welfare system," added Lei Ellingson, M.P.P., associate director for the Carter Center. "Coordinating [care] across agencies is a real issue for children's services."

Two more town hall meetings will be held in the state before the end of the year in order to solicit more feedback about the report from communities, said Ellingson. The report should be finalized by January 2012, she said.

Community program support

The state meanwhile has met or exceeded its goals in supported housing and supported employment, in the first year following the settlement agreement, said Tom Wilson, DBHDD spokesperson. "The goals for the first year were to move 150 people with developmental disabilities from institutions into community placements and to provide family supports to 400 families

us to close the hospital and invest those savings back into our behavioral health system," he said.

With a total of five crisis stabilization units now in Region 1, which represents the northern part of the state, and the capacity to serve 35 people at a time in community hospitals, the department can serve 141 people at a time in facility settings compared to the state hospital's 62 psychiatric beds, Wilson said. The state will eventually service 300 more consumers when the ACT teams reach their full capacity under the ACT model, he said.

Advocates supported the closure of the hospital, but it was important that the right services were up and operating, beforehand. "It's a great start," said Wainscott, about many of the new changes. "Region 1 is acting as incubator of innovation for our new system," she said.

"The DOJ settlement is providing Georgia with a remarkable opportunity to modernize our adult behavioral health system from one that is institution-based and crisis-focused, to one that is recovery-oriented and community-based," said Wainscott. •

'The DOJ settlement is providing Georgia with a remarkable opportunity to modernize our adult behavioral health system from one that is institution-based and crisis-focused, to one that is recovery-oriented and community-based.'

Cynthia Wainscott

While the report cites model programs around the country, there are number of promising practices across the state that address children's behavioral health needs, Ellingson said. A Juvenile Justice Court program in Clayton County involves work with the Department of Education and has been successful to keep adolescents out of the juvenile justice system and in school, she said.

to prevent hospitalization — and we met those goals," Wilson told *MHW*.

"We're able to provide housing support for more than 100 people across the state, many of whom were previously homeless at this point," Wilson said. State officials also added three Assertive Community Treatment (ACT) teams. "We also added two Peer Support Wellness Centers which weren't in the settlement, but were a good complement to the other community services we built in north Georgia," he said.

The state closed Northwest Georgia Regional Hospital, which wasn't required by the settlement, said Wilson. "Building and expanding the community services that were part of the settlement allowed

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reimbursement mechanism for the computerized screening and dealing with publicity around those who see widespread mental health screening of youths as cover for pushing psychiatric medications on a young generation resulted in GUIDE having to abandon the pilot after only about a year of implementing it.

"This is a passion for me, but I haven't been able to take it where I want to go," Epp said.

Ease of technology

In an article published in 2009 in National Council Magazine, Epp explained that his interest in computerized screening dated to his early-career work with pediatrician Michelle Horlein, M.D., who during her developmental pediatrics resi-

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dency administered a computerized risk assessment to several of Epp's patients. The result was that Epp heard for the first time about high-risk behaviors that some of the youths never had revealed in sessions with the therapist.

"The adult-adolescent therapeutic alliance is a cross-cultural encounter riddled with as much distrust and anxiety as any clash of two very different human beings," Epp wrote in the article. "The cultural rift is one of vast generational difference."

Epp found the technology fascinating and ultimately decided he would try to pilot a computerized screening effort at GUIDE, a community-based organization offering mental health, substance abuse and juvenile justice services. The computerized version of TeenScreen simulates an encounter with a professional but without the "interpersonal shame factor" that might stifle communication about sensitive topics, Epp said.

"We wondered, 'Could it be more accurate in assessing suicidal or homicidal ideation?'" he said.

Leaders at GUIDE believed that if they could uncover suicidal thoughts in young clients at an earlier point, they could place them more rapidly in an appropriate level of care, rather than wait for a therapeutic relationship to take shape and begin to dictate the course of treatment, Epp said.

Professionals in Maryland are assisted, Epp said, by a state law that considers youths ages 16 and up to be adults for health care program purposes, thus allowing screening at those ages to take place

without having to obtain formal parental consent. Yet financial barriers stood in the way of a long-term implementation of computerized screening at GUIDE, he said.

"As our economy has gotten really tight, there is no real reimbursement mechanism for this," Epp said. "For our staff it becomes an extra duty that remains uncompensated."

GUIDE turned to a private foundation as a possible vehicle for preserving the effort, but that's when another complication regarding implementation of youth screening kicked in. Epp said that a Washington Post article that was published around that time linked mental health screening to the prescription of psychiatric medications, "which was the last thing on anyone's mind here," he added. The foundation saw the article and the support did not ensue.

Concerns about whether widespread screening of youths would lead to an overdiagnosis of mental health problems and perhaps inappropriate use of psychotropic drugs in young people have hung over the process of implementing screening to some degree. Yet most of the mainstream mental health community sees school- and community-based screening efforts as beneficial.

The pilot effort at GUIDE would last only about a year. "I don't think we did more than 20 [screenings]," Epp said.

Hope for the future

Epp continues to see promise in a screening instrument that presents what youths would see as a non-judgmental alternative to a face-to-

face encounter. "It is a secret friend for them, almost," he said.

He wrote in the National Council Magazine article, "The computerized screening process removes the shame of disclosing socially unacceptable thoughts or symptoms. Clearly, today's youth see the computer as a resource for connection with others and not as a cold, impersonal technology, as my generation of therapists have."

Epp believes the integrated care movement in healthcare offers a ray of hope for screening to become a more widely applied strategy for prevention and early intervention. He has heard that Medicare is moving into encouraging more screening in the elderly population, and he hopes the same will happen with Medicaid for children and families.

This idea still has not taken hold in his home state, however, as fiscal concerns remain at the forefront. "There is a hesitancy," he said. "There is concern that if you identify more individuals, your costs go up."

TeenScreen was developed by Columbia University researchers in 1999 and was launched nationally in 2003. As of this summer the program had more than 2,000 active sites in the United States and internationally. TeenScreen is included on the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Registry of Evidence-Based Programs and Practices. •

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N.J. officials awaiting CMS approval for changeover to MBHO

As New Jersey officials await approval from the Centers for Medicare and Medicaid Services (CMS) to transition the state's behavioral health services under a full-risk managed behavioral healthcare organization (MBHO), the provider community is

hoping to continue to provide input as the process unfolds.

State officials submitted a comprehensive Medicaid waiver application to CMS in September. "To date, Medicaid and CMS representatives are engaged in the normal process

for waiver consideration; there is ongoing dialogue regarding the proposed initiatives," Nicole Brossoie, assistant commissioner of public affairs for the Public Affairs for the state Department of Human Services, told

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MHW. Officials do not have a timeline for when a final decision will be made by CMS, she said.

State officials submitted the comprehensive waiver to develop innovative delivery systems, such as an MBHO. The other goals, according to an application overview are to:

- Sustain the program long-term as a safety-net for eligible populations.
- Rebalance resources to reflect the changing healthcare landscape.
- Prepare the state to implement provisions of the federal Affordable Care Act in 2014.

Provider concerns

Debra Wentz, Ph.D., CEO of the New Jersey Association of Mental Health and Addiction Agencies, Inc., said providers strongly support many of the components of the waiver application.

When department officials first released the concept paper in May outlining plans for the waiver application, one of the components included a proposed \$25 copayment for Medicaid enrollees for non-emergent use of emergency rooms. Providers made a strong case against that provision, she noted. Many consumers showing up in the ER have behavioral health diagnoses and they may not be able to pay the copay, said Wentz. State officials did eliminate that proposal from the waiver, she said.

The state had initially proposed a reduction in eligibility level for parents in the New Jersey Family Care Program; however the providers convinced state officials to reject that proposal as well, said Wentz.

Providers are pleased that the state proposes to expand services for the dually diagnosed population, said Wentz. The waiver opens the door for specialized behavioral health services to be implemented for this population, she said.

Providers are also happy with

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Study finds increased health care costs for discharged patients with SMI

Re-hospitalization and pharmacy use are the main drivers of increased costs during the initial 60 days after patients with schizophrenia are discharged from the hospital, according to new analysis presented this month at the U.S. Psychiatric and Mental Health Congress Conference and Exhibition in Las Vegas.

The data, presented as a poster during the Nov. 7-10 conference, evaluated the health care costs after Medicaid-enrolled patients with schizophrenia were discharged. The study by Janssen Pharmaceuticals, Inc. researchers was supported by funding from the organization.

The retrospective longitudinal cohort study analyzed the MarketScan Multi-State Medicaid database for 2,541 Medicaid beneficiaries for the period between Jan. 1, 2004-Dec. 31, 2008. The data consisted of medical (e.g., inpatient, outpatient, physician office and ancillary services) and pharmacy claims and associated costs for Medicaid enrollees from 11 states.

According to the retrospective study, in comparison to the 61-120 day period following hospital discharge, considerably greater schizophrenia-related health care utilization and costs were observed among these patients during the initial 60 days. The findings suggest hospital-discharged schizophrenia patients are at an increased risk of re-hospitalization as they transition to the community setting, which in turn exerts a greater economic burden on the Medicaid system, noted researchers.

“Overall, we were trying to look at the management of patients, particularly as it relates to cost,” Larry Alphas, M.D., Ph.D., therapeutic area leader, for psychiatry in medical affairs for Janssen Pharmaceuticals, Inc., told *MHW*. “The biggest thing is that they’re re-hospitalized and they need medications to keep them stable.” The 60-day time period is a time to target in terms of reducing costs following the hospital discharge of patients with schizophrenia and other serious mental illnesses, said Alphas, study co-author and leader of the research team.

“We were surprised about how soon after hospitalization this burden arose,” said Alphas. “Knowing that time frame is helpful in targeting future research.” An important factor is that patients tend to be re-hospitalized and perhaps they weren’t completely stabilized for discharge, “but that’s only speculation,” Alphas said. The study was not designed to address that issue, he noted.

“We’re looking at quality measures for good mental health care,” said Alphas, who notes that the research will eventually be published in a peer-review journal.

The study, researchers acknowledge, has a number of limitations. Details on medications used during the inpatient stay were not available. Other limitations include use of claims codes to identify patients with schizophrenia, use of Medicaid paid amounts (but not out-of-pocket expenses) to estimate cost, lack of medication side effects reports, and requirements for continuous Medicaid enrollment.

When asked whether additional research might address how community providers can assist patients with schizophrenia and help reduce these costs when they transition to the community, Alphas said he and his colleagues are still determining what the follow-up research will include.

Continued from previous page

some of the innovative elements in the waiver component, including the integration of physical health care and behavioral health care, and the implementation and expansion of behavioral health homes, she said. "We're particularly pleased that Medicaid officials have allowed us to have a series of conversations about plans for behavioral health homes," she said.

The waiver application proposes that two behavioral health homes will be implemented in the state. One would include a fully integrated health home that is licensed to deliver behavioral health and primary

care services. The other is a partnership between a federal qualified health center (FQHC) and four behavioral health providers, she noted.

"We applaud those types of innovations that will optimize improvement of the quality of care and

health outcomes," she said. Wentz said the waiver is scheduled to be in place by January 2013. Massive changes are proposed over a short period of time, said Wentz. "We have a lot of open-ended questions," she said. •

‘We applaud those types of innovations that will optimize improvement of the quality of care and health outcomes’

Debra Wentz, Ph.D.

BRIEFLY NOTED

Supreme Court's health law review includes Medicaid expansion

The Supreme Court's announcement that it would review the health-care reform law was not a surprise, but the specific issues it will examine have triggered some shockwaves, Kaiser Health News reported last week. Supporters are reeling over the justices' announcement that they will consider a challenge to the extension of Medicaid to cover a greater number of the poor. Twenty-six states say the expansion amounts to an unconstitutional coercion of state governments, which provide part of Medicaid's funding. The Supreme Court agreed to decide the fate of the law in the coming year, charting a course that will undoubtedly have an impact on the 2012 election campaign, the law, the healthcare industry and the states.

Report: Americans increasingly turn to medications

More than one-in-five adult

Americans took at least one medication commonly used to treat a psychiatric or behavioral disorder in 2010, according to "America's State of Mind," a Medco Health Solutions, Inc. analysis of trends in mental health medication usage among approximately 2.5 million insured Americans, comparing utilization of antidepressants, antipsychotics, attention-deficit/hyperactivity disorder (ADHD) drugs and anti-anxiety treatments from 2001 to 2010. The report finds that women of all ages take more mental health medications than their male counterparts. While the actual prevalence of children on atypical antipsychotics is low (under one percent), the number doubled from 2001 to 2010. For more information, please visit www.medco.com/media.

VA introduces Make the Connection for veterans

Make the Connection, a new campaign launched by the Department of Veterans Affairs, is creating ways for Veterans and their family members to connect with the experiences of other Veterans, and ultimately

to connect with information and resources to help them confront the challenges of transitioning from service, face health issues, or navigate the complexities of daily life as a civilian. The campaign's central focus is a website featuring numerous Veterans who have shared their experiences, challenges, and triumphs. The website also connects Veterans and their family members with services and resources that may help them live more fulfilling lives. For more information, visit MakeTheConnection.net or VA's mental health services website at www.mentalhealth.va.gov.

STATE NEWS

Illinois lawmakers reject Governor's closure plans

Illinois Gov. Pat Quinn is backing away from a plan that would shutter seven state prisons and treatment centers facilities within months to save money as a bipartisan panel of lawmakers overwhelmingly rejected the idea in an advisory vote last week. Quinn's office says he needs help from legislators to reallocate money to fund the facilities, but key lawmakers don't expect a resolution until January. A Quinn adviser has unveiled a plan to close six facilities.

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Correction

In the Nov. 14 article, "SAMHSA creates regional administrator positions for HHS offices," we incorrectly spelled new SAMHSA Regional Administrator A. Kathryn Power's name. *MHW* regrets the error.

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Washington state announces grant to improve children's MH services

The Washington State Department of Social and Health Services last week announced it received a one-year, \$800,000 grant to improve mental health services for children across the state. The grant was awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). "We will develop a comprehensive strategic plan to improve, implement, expand and sustain the system of care principles and philosophy, with an emphasis on developing an infrastructure for state-level funding, policy and practice changes," said David Dickinson, director of the DSHS Division of Behavioral Health and Recovery. Washington. A System of Care (SOC) is an organizational philosophy and framework that is designed to create a network of effective community-based services and supports to improve the lives of children and youth with, or at risk of, serious mental health conditions and their families.

NAMES IN THE NEWS

Paolo del Vecchio has been appointed as acting director of the Center for Mental Health Services (CMHS). Del Vecchio currently serves as the CMHS associate director for Consumer Affairs where he manages SAMHSA's activities addressing consumer participation and education, consumer rights, and wellness and recovery. Prior to joining SAMHSA in 1995, del Vecchio worked for the Philadelphia Office of Mental Health in the areas of policy formulation and the planning of a comprehensive system of community-based

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Coming up...

The 2012 NASPA Mental Health Conference will be held **January 19-21, 2012** in **Atlanta, Ga.** For more information, visit www.naspa.org.

ACMHA-The College for Behavioral Health Leadership is hosting its 2012 Summit **March 21-23, 2012** in **Charleston, S.C.** Visit www.acmha.org for more information.

The **National Council for Community Behavioral Healthcare** 42nd Annual Conference will be held **April 15-17, 2012** in **Chicago, Ill.** For more information, visit www.thenationalcouncil.org/cs/chicago/conference_2012.

mental health services addressing homelessness, HIV/AIDS, and many other issues.

RESOURCES

SAMHSA introduces new online behavioral health tools

The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed several tools to support behavioral health, including links to SAMHSA's Store, a treatment facility locator with a map, and e-mail updates service, as well as information for website developers using application programming interfaces and links to other tools for specific SAMHSA programs, such as National Recovery Month and the National Suicide Prevention Lifeline. If you have a website or an e-newsletter, you can insert widgets that allow people to register at the SAMHSA Store, sign up for email updates, and find treatment facilities via SAMHSA's locators. Visit www.samhsa.gov/tools for more information.

CALL FOR PROPOSALS

Deadline for submitting proposals for 2012 Training Institutes extended to November 28

The National Technical Assistance Center for Children's Mental Health at the Georgetown University Center for Child and Human Development has extended the deadline for proposals for their July 2012 Training Institutes on improving mental health services for children and adolescents. For questions regarding the Call for Proposals process, please contact Scott Bryant-Comstock via e-mail at scott.institutes@gmail.com or phone at (919) 219-2342. The deadline for submissions is now November 28, 2011. Changes to the proposals may be completed online up until the deadline; however, no changes will be accepted after that date. Incomplete or PowerPoint submissions will not be accepted. Visit <http://bit.ly/uPvuLz> for more information on how to prepare a proposal.

In case you haven't heard...

A report appearing recently in the *American Journal of Epidemiology* found that low levels of exercise and watching lots of TV were each linked to a higher risk of depression compared to high levels of exercise and little TV viewing. Using data from the Nurses' Health Study, researchers from Harvard School of Public Health found a 13 percent higher risk of developing depression among women who watched 21 hours or more of TV per week compared to women who watched one hour or less. Previous studies have shown a clear link between higher levels of regular exercise and lower risk of depression. But now it's clear that television viewing is also linked with clinical depression risk, said researchers.