

MENTAL HEALTH WEEKLY

Essential information for decision-makers

Volume 22 Number 9

February 27, 2012

Print ISSN 1058-1103

Online ISSN 1556-7583

In This Issue...

Medicare recipients who receive psychotherapy outpatient services will be impacted by the new payroll tax cut extension signed into law by President Obama last week. The new law would mean a 5 percent loss in Medicare reimbursement for psychologists and other Medicare providers. *See story, top of this page.*

California insurer's outpatient review is subject of suit . . . *See page 3*

CARF releases accreditation standards for student counseling . . . *See page 4*

Michigan advocates push for MH inclusion in autism bill . . . *See page 5*

APA: Educated blacks less likely to seek mental health services . . . *See page 7*

Reform inspired by mass killing goes before D.C. Council . . . *See page 7*

Oklahoma clinics use new tool to reach rural clients . . . *See page 8*

Texas officer earns recognition for county jail program . . . *See page 8*

FIND US ON

facebook

mhwnewsletter

© 2012 Wiley Periodicals, Inc.
View this newsletter online at wileyonlinelibrary.com
DOI: 10.1002/mhw.20319

Payroll tax law does not bode well for Medicare mental health recipients

President Obama signed a payroll tax cut extension into law on February 22, a move that will result in no 5 percent restoration in psychotherapy reimbursement for psychologists and other Medicare providers.

Medicare Part B covers outpatient services for mental health diagnosis and treatment and therapy services for inpatients at state and private hospitals. Medicare also covers services provided by psycholo-

gists and other Medicare-approved providers. The 5 percent loss in reimbursements becomes effective March 1.

Advocates in the mental health field have been backing 5 percent psychotherapy payment restorations since 2007. The Centers for Medicare and Medicaid Services (CMS) slashed Medicare psychotherapy payment as part of its five-year review in 2006. Subsequently, four laws have passed that restored 5 percent of the payment for psychotherapy services under Medicare, including H.R. 3590, the Patient Protection and Affordable Care Act.

"While APA is disappointed that Congress did not extend the mental

See MEDICARE page 2

Bottom Line...

The field intends to work with Congress on a permanent system to reimburse psychiatrists, other physicians and psychologists fairly for their services under Medicare.

State Budget Watch

Alabama to close state hospitals in move to transform MH system



Shortly after learning that a proposed 25 percent cut in Alabama's FY 2013 mental health budget would leave more than 20,000 consumers without community-based services, advocates, providers and other stakeholders last week descended on the Alabama State House to rally against the proposal.

Zelia Baugh, commissioner of the state Department of Mental Health (DMH), subsequently announced plans to close four of the state's six mental health hospitals by the spring of 2013 in a move designed not only to transform the mental health system but to reinvest the savings from the closures to avoid eliminating community-based mental health services. The state's plan is based on the proposed 25 percent cut.

Baugh said in a statement that the DMH plans to move more patients from the institutional facilities to more customized community-based programs and that it will find

See ALABAMA page 6

Bottom Line...

To avoid CMHC closures and loss of services for consumers, Alabama advocates plan to remain active in pushing to prevent mental health cuts through rallies, and ongoing meetings with legislative leaders and mental health department officials.

MEDICARE from page 1

health add-on through the end of the year, this was never intended to be a permanent correction for undervaluation of such services," Nicholas M. Meyers, director of government relations for the American Psychiatric Association, told *MHW*. "We remain grateful for congressional support extending the add-on several times in prior years."

"The reimbursement rate paid to providers would create real financial concerns for a lot of health care institutions," Katherine C. Nordal, Ph.D., executive director for professional practice at the American Psychological Association Practice Organization (APAPO), told *MHW*.

The new law will not only hurt some of the most vulnerable consumers but it will also affect community behavioral health centers, partial hospitalization programs and private hospitals with behavioral health units, Nordal said. Clinical social workers, Medicare providers and practitioners in private practice all stand to be affected, she added.

Service access and the issue of high-quality care for vulnerable populations are cause for concern, Nordal noted. "Oftentimes, individuals with multiple chronic issues including mental health issues may be Medicaid/Medicare eligible," she said. "When the government reduces

debt, the obvious place they'll do it is [through] the Medicare and Medicaid system."

Nordal also noted workforce concerns related to the reimbursement issue. According to an American Psychological Association survey in 2008, 11 percent of psychologists reported that they dropped out of Medicare participation over several

'When the government reduces debt, the obvious place they'll do it is [through] the Medicare and Medicaid system.'

Katherine C. Nordal, Ph.D.

years, citing low reimbursement rates as a primary reason. The association estimates that 3,080 psychologists who once participated in Medicare have left the program, according to the survey.

Given the increasingly aging population, there is an even greater need for providers to be available to

care for them, said Nordal. Many people with mental health problems present in the primary care setting instead of a specialty setting where mental health professionals are available, she said.

The American Psychological Association has seen more of an emphasis on medication and less on psychotherapy as a stand-alone treatment in recent years, said Nardal. The fact that reimbursement rates are continuing to drop as well does not bode well for consumers with serious and persistent mental illness who need ongoing psychiatric and psychotherapy treatment, she said.

According to data collected by the Agency for Healthcare Research and Quality (AHRQ), there has been a large increase in the use of psychotropic medications (from 37 percent to 75 percent of patients) for mental health problems and a decrease in the use of psychotherapy (from 71 percent to 60 percent) from 1987-1997 and those trends have continued, Nardal noted. Additionally, for individuals receiving psychotherapy, the average number of visits per year decreased from 12.6 to 8.7 in that same time frame, according to AHRQ.

"It's not a pretty picture as we look at health care spending, which [continues] to be a huge problem,"

MENTAL HEALTH WEEKLY

Essential information for decision-makers

Executive Managing Editor Karienne Stovell

Managing Editor Valerie A. Canady

Contributing Editor Gary Enos

Editorial Assistant Elizabeth Phillips

Production Editor Douglas Devaux

Executive Editor Isabelle Cohen-DeAngelis

Publisher Sue Lewis

Mental Health Weekly (Print ISSN 1058-1103; Online ISSN 1556-7583) is an independent newsletter meeting the information needs of all mental health professionals, providing timely reports on national trends and developments in funding, policy, prevention, treatment and research in mental health, and also covering issues on certification, reimbursement, and other news of importance to public, private nonprofit, and for-profit treatment agencies. Published every week except for the second Monday in April, the second Monday in July, the first

Monday in September, the last Monday in November and the last Monday in December. The yearly subscription rates for **Mental Health Weekly** are: Print only: \$699 (individual, U.S./Can./Mex.), \$843 (individual, rest of world), \$5125 (institutional, U.S.), \$5269 (institutional, Can./Mex.), \$5317 (institutional, rest of world); Print & electronic: \$769 (individual, U.S./Can./Mex.), \$913 (individual, rest of world); \$5897 (institutional, U.S.), \$6041 (institutional, Can./Mex.), \$6089 (institutional, rest of the world); Electronic only: \$559 (individual, worldwide), \$5125 (institutional, worldwide). **Mental Health Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Subscription Distribution US, c/o John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; (888) 378-2537; e-mail: subinfo@wiley.com. © 2012 Wiley Periodicals, Inc., a Wiley Company. All rights reserved. Reproduction in any form without the consent of the publisher is strictly forbidden.

Mental Health Weekly is indexed in: Academic Search (EBSCO), Academic Search Elite (EBSCO), Academic Search Premier (EBSCO), Current Abstracts (EBSCO), EBSCO Masterfile Elite (EBSCO), EBSCO MasterFILE Premier (EBSCO), EBSCO MasterFILE Select (EBSCO), Expanded Academic ASAP (Thomson Gale), Health Source Nursing/Academic, InfoTrac, Student Resource Center Bronze, Student Resource Center College, Student Resource Center Gold and Student Resource Center Silver.

Business and Editorial Offices: John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; e-mail: vcanady@wiley.com.

To renew your subscription, contact Subscription Distribution US, c/o John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; (201) 748-6645; e-mail: subinfo@wiley.com.

said Nordal.

Medicare and Medicaid provide roughly 50 percent of hospital revenue, said Nordal. Public spending (Medicare, Medicaid, and other government funds) pay for 58 percent of mental health care in the U.S., she said.

Sustainable Growth Rate

Another area looming large for the field is the Sustainable Growth Rate (SGR), a complex government formula that sets payment to physicians for providing services. While the new payroll tax law offered “bad news” for the 5 percent reimbursement, Nordal said, the good news is that it averted a Medicare Sustainable Growth Rate payment cut of 27.4

percent. The SGR or the “doc fix” would mean a reduction in Medicare provider rates, including for psychotherapy and psychiatry services and other medical services, she said.

The SGR issue has been put on hold, said Nordal. Members of Congress are expected to take it up again in 2013, she said. Meanwhile, “Congress has to provide some sort of mandate to figure out a solution to the Sustainable Growth Rate problem,” Nordal said. “We need a better system to determine [how to approach] reimbursement under Medicare than what we have now.”

“[The American Psychiatric Association] members certainly appreciate congressional action to postpone a huge cut in Medicare physician pay-

ments through the end of 2012, but we are also mindful that another temporary postponement is no substitute for permanently fixing the SGR itself,” James H. Scully, Jr., M.D., the psychiatric association’s medical director and CEO, said in a statement.

Scully added, “We are also deeply concerned that the ‘doc fix’ is paid for by cutting bad debt and disproportionate share payments to those hospitals that care for the nation’s indigent patients.”

American Psychiatric Association officials said they plan to work with Congress to eliminate repeated short-term fixes in favor of a permanent system to reimburse physicians fairly for their services under Medicare. •

California insurer’s outpatient review is subject of suit

Legal activity surrounding the provisions of California’s Mental Health Parity Act continues at a healthy pace in the state, with Blue Cross of California presently facing a challenge to a two-year-old policy that subjects numerous plan members with serious mental illnesses to a pre-authorization review of sought-after outpatient treatment.

The California Superior Court class-action case of *Katz v. Blue Cross*, originally filed in December 2010 and amended in 2011, directly challenges the Behavioral Health Outpatient Authorization Program that was instituted two years ago by the insurer also known as Anthem Blue Cross. The lawsuit alleges that the insurer’s outpatient review is designed specifically to maintain outpatient behavioral health treatment use at artificially consistent levels across plan members, even those with the most serious mental health needs requiring more treatment visits.

In so doing, the plaintiffs in the case allege that Anthem’s review policy violates terms of California’s Mental Health Parity Act, which among its provisions enumerates specific mental health conditions for

Bottom Line...

Plaintiffs see Anthem Blue Cross’s pre-authorization requirement for outpatient mental health visits above a threshold level as violating California’s parity law.

which coverage must be provided at parity with general health coverage. The nine specified illnesses under the state parity law include schizophrenia, bipolar disorder, major depression and other serious mental health conditions.

An attorney representing the plaintiff class told *MHW* last week that Anthem’s policies offer “the illusion of providing services to people.” Instead, “What they do is discourage people from using mental health benefits,” said Michael Cohen, partner in the Los Angeles-based firm Cohen McKeon, LLP.

The California insurer generally does not comment publicly on matters involving pending litigation.

Outpatient restriction

Cohen said that the class represented in this lawsuit consists of Anthem Blue Cross members in pre-

ferred provider organization (PPO) plans, with coverage purchased in the individual market. The lawsuit does not apply to health maintenance organization (HMO) plans or to plans with provisions falling under the Employee Retirement Income Security Act (ERISA).

All of the individuals in the *Katz v. Blue Cross* class have one of the nine diagnoses spelled out in the state parity act, Cohen said. According to Anthem’s data, he said, the size of the class therefore amounts to just under 1,300 individuals. Plaintiffs currently do not have their own generated data on this; the lawsuit presently is in the discovery phase.

At issue in the legal action is Anthem’s Behavioral Health Outpatient Authorization Program, which the lawsuit says requires a prior authorization for plan members who seek more than 12 outpatient mental health visits per year. The plaintiffs argue that the policy is in place generally to restrict access to needed care for some of the most seriously ill plan members.

The lawsuit also alleges that Anthem coverage denials were issued

Continues on next page

Continued from previous page

by unqualified professionals who were biased against authorizing medically necessary treatments for serious mental health issues.

Cohen added that this type of restrictive activity is not specific to Anthem alone. "Health plans like members who pay premiums and don't use services; once you access services, you're considered a 'loss,'" he said. "These are for-profit companies."

The plaintiffs argue that these outpatient reviews violate the state parity law because the same restrictions are not in place for general health services.

In addition, the suit is challenging Anthem's prior authorization policy under California's Unruh Act, the state's principal anti-discrimination law. Attorneys for the plaintiffs say they believe this is the first state Unruh Act case involving disability in which the discriminatory conduct is in the form of a corporate policy as opposed to a restricted physical access for the physically disabled.

Other legal challenges

Activity in the courts that is designed to protect access to mental health services in California has been intense in recent months, in both the public-sector and private-sector arenas (see *MHW*, Jan. 30, 2012 and Sept. 5, 2011).

Last summer, an appellate court determined that Blue Shield of California was required under the state parity law to pay for residential treatment for eating disorders, even though its plan documents specifically excluded that level of care in several clauses. That case had been filed as *Harlick v. Blue Shield of California*. Blue Shield has filed a petition for the case to be reheard.

Then in January, a federal District Court judge applied the find-

interpretation of a contract policy. Our issue is not based on an interpretation of a contract, but on a particular program to screen individuals and require pre-authorization."

The nine illnesses spelled out in California's Mental Health Parity Act are schizophrenia, schizoaffective disorder, bipolar disorder, major depression, obsessive-compulsive disorder, panic disorder, eating disorders (anorexia nervosa and bulimia), autism (pervasive devel-

'Health plans like members who pay premiums and don't use services; once you access services, you're considered a 'loss'.'

Michael Cohen

ings of the Harlick case to the case of a woman who sued Blue Shield after unsuccessfully seeking services for major depression and other conditions. The judge in that case ruled that again, Blue Shield could not prohibit access to medically necessary residential treatment.

"The Harlick case is relevant [to the Katz case] in the sense that it was a judicial confirmation of the broad sweep of the parity act," Cohen said. "But that case was about Blue Shield's

opmental disorder), and serious emotional disturbance in children and adolescents.

Other recent Anthem Blue Cross efforts also have come under legal scrutiny. Last November, the group Consumer Watchdog sued the insurer and alleged breach of contract with policyholders, because Anthem changed policy renewal periods and subsequently increased plan members' insurance deductibles in the middle of a plan year. •

CARF releases accreditation standards for student counseling

In response to requests by community mental health services providers, CARF International this month released new standards to serve as a blueprint for providing student counseling services in higher education settings.

Student counseling programs

serve as the primary behavioral health resource for campus communities and their students, according to CARF officials. The services include individual, family, and/or group counseling; prevention; education; and outreach.

In addition to the work these programs do with students, program goals are realized through outreach, partnerships, and consultation initiatives with faculty, staff, parents, students' internship sites, or other educational entities or community partners, according to

CARF's 2012 behavioral health program description.

The student counseling standards can be applied on CARF surveys conducted after June 30, 2012. CARF released the accreditation standards for student counseling in the recently published 2012 Behavioral Health Standards Manual.

CARF officials noted that many mental health centers have begun to contract with university systems to provide their student counseling services. "We were finding that a number of community mental health

If you need additional copies of *Mental Health Weekly*, please contact Sandy Quade at 860-339-5023 or squadepe@wiley.com for discounted rates.

centers that already had accredited programs had been asked by universities to take over their student counseling services," although many institutions already provide on-site student counseling services, Nikki Migas, managing director of CARF's behavioral health accreditation area, told *MHW*.

Migas noted that entities that accredit student counseling programs on college and university campuses already exist; however, some were reluctant to provide accrediting programs for organizations, such as community mental health centers, that operate independently.

CARF officials observe a clear difference between school counseling programs and typical outpatient mental health programs, said Migas. "Outpatient programs tend to deal with a person who has a clinical behavioral health diagnosis and may need longer-term therapy," she said. Oftentimes students may experience

relationship problems or adjustment issues, and not necessarily require the service intensity of a typical outpatient program, Migas said.

Communication standards

Citing increasing threats and violence on campuses in recent years, Migas noted that a few of the standards relate to how to communicate with university officials if a threat has been identified. "The standards identify clear policy and procedures if a student identifies a threat to another person, themselves or to the campus," Migas said.

Migas added, "If a person comes in with real concerns and expresses the potential for harming, there should be a clear mechanism in place to communicate that concern."

An organization seeking accred-

itation for a student counseling program would need to apply the administrative standards in Section 1: *Aspire to Excellence* of the *2012 Behavioral Health Standards Manual*, as well as some of the standards outlined in Section 2: General Program standards, said Migas. However, the primary program standards begin in Section 3: Behavioral Health Core Program Standards, in the student counseling section, she said.

The new standards were drafted by a focus group and then submitted to CARF's International Advisory Council for review. CARF's approach to an inclusive standards development process culminated in a broad field review, which invited comment from interested professionals and the public prior to the standards' adoption, according to officials. •

The *2012 Behavioral Health Standards Manual* is available in electronic and print formats at www.carf.org/catalog. For more information, contact Nikki Migas at nmigas@carf.org or call 1-888-281-6531.

Michigan advocates push for MH inclusion in autism bill

Continuing an ongoing battle in the push toward a state mental health parity law, a Michigan coalition of 60 advocacy and health organizations last week called on Gov. Rick Snyder and state Senate leaders not only to mandate private insurance coverage for autism, which legislators are already considering, but also to include in the measure coverage for all mental illnesses, substance use disorders and developmental disabilities.

According to Michigan Partners for Parity, Senate lawmakers announced their intent to support SB 414 and 415, which would mandate improved private insurance coverage for autism spectrum disorders but would not encompass other neuropsychiatric disorders. The governor additionally proposed establishing a \$15 million state fund to assist in this effort, the coalition said in a statement.

Michigan Partners for Parity in-

cludes such groups as the Alliance for Mental Health Services, the Association for Children's Mental Health, and the Grand Rapids Children and Adults with Attention Deficit/Hyperactivity Disorders (CHADD).

'To leave out other neuropsychiatric disorders is foolish and naïve.'

Mark Reinstein, Ph.D.

The parity coalition undoubtedly wants to see improvements in private coverage of autism, but they'd also like to see similar improvement for other neuropsychiatric conditions, said Mark Reinstein, Ph.D., president and CEO of the Mental

Health Association in Michigan and a coalition member. "What most needs improving is ending higher out-of-pocket costs and the offering of fewer benefits for mental health compared to other medical conditions," Reinstein told *MHW*.

Reinstein added, "To leave out other neuropsychiatric disorders is foolish and naïve. It doesn't make sense. Everyone who is left out finds it to be discriminatory."

Michigan is one of only seven states that don't have a state parity bill, Reinstein said. Autism Speaks, a national autism science and advocacy organization, notes that there are 29 states with autism insurance coverage laws, he said. Of the 29 states, 25 had mental health parity laws in place first, he added.

"There can be a crossover between autism spectrum disorders and other neuropsychiatric conditions," said Leigh White, M.D., past presi-

Continues on next page

Continued from previous page

dent of the Michigan Psychiatric Society and member of Michigan Partners for Parity. "Children with the former have a greater chance than their peers of experiencing co-occurring mental illness," she said. "It is also not uncommon for an early diagnosis of autism to be changed subsequently to a mental illness diagnosis."

White added, "What happens to families in these situations? It makes no sense that treatment for their children's autism would be covered, but their conditions couldn't be addressed."

Avoiding comparisons

"Nobody wants to prevent better coverage for autism; mental health, substance use disorders and developmental disabilities are much more prevalent and overall costs [cause] more problems for society," said Reinstein. "We do not enjoy making those kinds of comparisons; our governor and Senate leaders are almost forcing us to make this comparison."

He added, "How would people react if there weren't yet coverage for all cancers? If, for example, the governor said there would be coverage for melanoma, the deadliest form of skin cancer, but coverage is not available for all other forms of cancer?"

House lawmakers are awaiting Senate action on the proposed autism bill, said Reinstein. The legislation might have a tough battle in the House, he said. Reinstein noted that as challenging a proposal as autism-only legislation is, the odds are even greater against achieving broader mental health parity at the same time. "But we're going to try," he said. •

Visit our website:

www.mentalhealthweeklynews.com
Renew your subscription today.

For more information on behavioral health issues, visit

www.wiley.com

ALABAMA from page 1

ways to maintain and improve the quality of care for individuals with mental health issues.

Department officials say they are working closely with community mental health centers (CMHCs) to determine what resources are available and what resources are needed for a successful transition to the new model of care, said Anthony Thompson, executive assistant to the DMH commissioner.

"Through partnerships with community providers our department's goal is to shift state dollars into local communities to fund the continuum [of care]," Thompson told *MHW*. "With this new invest-

'At the same time, we are assessing the resources available in each community so we can determine gaps in service.'

Anthony Thompson

ment in community care we will be able to leverage federal dollars to more adequately care for individuals, reduce readmission rates, and foster true recovery."

How much does the state anticipate in savings as a result of the hospital closures? "Savings is a misnomer," said Thompson. "We do not anticipate any long-term savings. We will, however, absorb any budget cut we may receive this year."

Thompson added, "Our plan is to reinvest every dollar we have available into the community continuum of care. This plan will allow us to continue current levels of funding to existing community-based services."

In preparation for a budget hearing, the DMH was asked by the

legislature to prepare a plan for how the department would handle a 25 percent reduction in state general funds from its 2012 appropriation, said Thompson. "A similar request was sent to all agencies that receive state dollars from the general fund," he said.

Budget impact

If the department were to reduce its budget by 25 percent, about 20,641 consumers would lose community mental health services, both outpatient and inpatient, and 359 individuals with intellectual disabilities would lose community residential services provided through a Medicaid waiver program, according to a budget report presented last week during a legislative hearing.

Additionally, the daily census at state psychiatric hospital would increase by 52 percent (from 850 individuals to 1,288 individuals per day, according to the report. Furthermore, many community providers of services to address intellectual disabilities, mental illnesses and substance abuse would close and all employees of these operations would lose their jobs, said DMH officials.

Officials want to serve individuals with mental illness in the least restrictive environment, said Thompson. "Our current plans are a continuation of those efforts," he said. "Part of that continuum is to move psychiatric acute care beds that now exist in large state hospitals to community-based programs."

Meanwhile, state officials are assessing each individual who receives services, both in the community and in a state institution, to determine the appropriate level of care needed for successful treatment and recovery, Thompson said. "At the same time, we are assessing the resources available in each community so we can determine gaps in service," he said.

Until the appropriate level of care is available in the community, individuals will remain in their current treatment program, said Thompson.

Push for more funding

"The budget is being hit so hard," Lt. Col. James Walsh, president of the National Alliance on Mental Illness (NAMI) Alabama Board of Directors, told *MHW*. "That's the bad news. The good news is that community-based services is the way to go and the way we would like to see it go all the time. We just need sufficient funding."

Walsh and more than 300 other advocates, consumers and providers rallied outside the Alabama State House to protest the mental health funding cuts just before the legislative budget hearings were held last week.

NAMI-Alabama is concerned about the more than 20,000 consumers who could lose mental health services if the cuts go through. The cuts would go into effect Oct. 1, 2012, the start of FY 2013, Walsh said.

The state's plan includes creating community capacity to include crisis stabilization and acute care beds, said Walsh.

Department officials have already begun to transition some of the hospital patients into the community, he said. DMH has enlisted the support of peer bridgers, a peer-to-peer system involving consumers who have experienced issues in mental health and have been trained to work with other consumers with mental health needs, he said. The system has been successful so far; only a few had to be readmitted, with most having accomplished the transition to the community, Walsh said.

Cuts and more cuts

Last year, the state experienced a 15 percent cut to its mental health budget and at the start of the FY 2012 last October, an additional 9 percent cut, said Tom Holmes, executive director of the Arc of Alabama, a volunteer-based membership organization made up of individuals with intellectual, developmental and other disabilities.

Intellectual disability providers

said they would go out of business if another 25 percent cut in mental health funding went through, Holmes told *MHW*.

While the state wants to provide more services in the community, no new services or new people would come under this plan, said Holmes. Closing mental health hospitals would allow services that were reduced last year to be restored for the intellectually and developmentally disabled, as well as for consumers with mental health needs, he said.

BRIEFLY NOTED

Association praises release of HHS draft for national plan

The Alzheimer's Association last week praised the Department of U.S. Health and Human Services' (HHS') release of the first draft of the National Alzheimer's Plan. Comprehensive in scope, the draft plan addresses issues that are important to the Alzheimer's community including developing new treatments that prevent and effectively treat the disease, delivering much needed support for families, and enhancing care quality and effectiveness, the association said in a statement. The Obama Administration earlier this month announced its intent to commit new resources to fighting the disease. The president's FY 2013 budget would boost funding for Alzheimer's research by \$80 million.

APA: Educated blacks less likely to seek mental health services

Young adult blacks, especially those with higher levels of education, are significantly less likely to seek mental health services than their white counterparts, according to a study published in the February issue of the American Psychological Association's (APA) journal *Psychological Services*, using data from the National Longitudinal Study of Adolescent Health. Stigma, lack of knowledge, trust and cultural under-

The Arc helped spearhead last week's legislative rally, which is an annual event. "Consumers with mental illness, substance abuse disorders and intellectual disabilities spoke about the importance of early intervention," Holmes said. Another legislative rally is planned for March 8.

The state's plan to transform its mental health system is contingent upon what the legislature does regarding the budget, said NAMI's Walsh. "It's going to be a waiting game," he said. •

standing were key barriers to using mental health services, according to previous research. The analysis also found that blacks who have previously used mental health services were less likely to receive additional services. Previous research suggests that blacks receive a lower quality of care when using mental health services and they report unpleasant experiences and unfavorable attitudes after receiving care.

STATE NEWS

Reform inspired by mass killing goes before D.C. Council

Nearly two years after the single deadliest shooting in the District in more than a decade, the D.C. Council is set to take up a massive youth mental health reform bill sparked by the tragedy, the Washington Examiner reported last week. Called the South Capitol Street Tragedy Memorial Act of 2011, the six-part legislation, introduced by At-Large Councilman David Catania, seeks to prevent youth violence by cracking down on truancy for the District's children starting in preschool. Catania introduced the legislation last March on the one-year anniversary of the mass killing and has since continued to work with advocates and D.C. Mayor Vincent Gray. The bill would create the "most comprehensive and sophisticated youth

Continues on next page

Continued from previous page

mental health screening system in the country,” said Catania.

Oklahoma clinics use new tool to reach rural clients

The Oklahoma City-based Variety Care group of family health clinics is expanding mental health care to rural areas well beyond the non-profit's physical presence, the Journal Record reported last week. Now it's possible to set up a videoconference between counselor and patient. The Variety Care system is the first community health program of its kind to be certified through the Oklahoma Health Care Authority, said officials. The Oklahoma Department of Mental Health and Substance Abuse has the largest telemedicine network in the nation in behavioral health, with 161 telepsychiatry sites statewide. Fourteen other states have requested technical assistance and are using Oklahoma as a model for their own telepsychiatry network.

Texas officer earns recognition for county jail BH program

Lt. Todd Calkins' efforts in helping to establish the Rockwall County Jail Behavioral Health Advisory Committee is earning local and national recognition, the Rockwall Herald-Banner reported last week. In November, Calkins was selected as the recipient of the National Alliance on Mental Illness (NAMI)-Dallas Chapter 2011 Crisis Intervention Training Excellence in Law Enforcement Award. The awards committee of the National Sheriff's Association recently selected Calkins to receive the first-ever Corrections/Jail Innovation of the Year Award.

Missouri awards Medicaid management to Centene Corp.

Centene Corp. announced last week it has won a major contract to manage health care for Medicaid beneficiaries across Missouri. The firm will share the business with two other companies, Missouri Care Inc.,

a subsidiary of Aetna Inc., and Health Care USA, a subsidiary of Maryland-based Coventry Healthcare Inc., state officials said. The firm will provide coordinated health care and behavioral health services to Medicaid patients. Missouri's managed care program, serving 427,000 Medicaid patients, spends \$1.1 billion annually, said Wanda Seeney, a spokeswoman for the state Office of Administration. The companies will compete for Medicaid patients during an annual open enrollment period, she said. Patients will choose among health plans

offered by the companies. Centene is the nation's fourth-largest Medicaid contractor and employs about 5,300 workers nationwide, including more than 900 in the St. Louis area. With the award of the Missouri contract, those numbers likely will grow, said officials.

Distributing print or PDF copies of *MHW* is a copyright violation. For additional copies, please contact Sandy Quade at 860-339-5023 or squadepe@wiley.com.

Coming up...

The 25th Annual Children's Mental Health Research & Policy Conference will be held **March 4-7** in **Tampa, Fla.** Visit <http://cmhtampaconference.com> for more information.

The **National Association of Psychiatric Health Systems (NAPHS)** will hold their annual meeting **March 12-14** in **Washington, D.C.** For more information, visit www.naphs.org/annmeeting/index.

The **N.Y. State Chapter of the National Association of Social Workers** will hold its Annual Power of Social Work Conference, "The Future of Social Work: Exploring the Challenges and Opportunities of Mental/Health Care System Transformation," **March 16** in **Albany, N.Y.** For more information, visit www.naswnys.org.

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

The **National Council for Community Behavioral Healthcare** is hosting its National Council Conference on Mental Health and Addictions **April 15-17** in **Chicago**. For more information, visit www.thenationalcouncil.org/Conference.

The **U.S. Psychiatric Rehabilitation Association (USPRA)** will hold its 37th Annual Conference **May 21-23** in **Minneapolis, Minn.** Visit <http://bit.ly/uSY1WO> for more information.

In case you haven't heard...

A segment airing February 19 on CBS's "60 Minutes" claiming there is no effective difference between antidepressants and placebos is, "...not just wrong, but irresponsible and dangerous reporting," said John Oldham, M.D., president of the American Psychiatric Association (APA). The story centers on a study conducted by psychologist Irving Kirsch, Ph.D., who claims that placebos are just as effective as antidepressants in the treatment of depression even though Kirsch's conclusions were widely discredited by the Food and Drug Administration (FDA), European Medicine Agency (EMA), and clinical psychiatrists. Jeffrey Lieberman, M.D., a psychiatrist and world-renowned expert on psychopharmacology, noted that, "[Kirsch] has communicated a message that could potentially cause suffering and harm to patients with mood disorders."