

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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Illinois health officials are changing the delivery of health care to seniors and consumers with disabilities through its new Medicaid Integrated Care program. Officials say the program will improve health care outcomes and decrease costs. Disability advocates, however, are worried the change might lead to limited access to specialists and eliminate choices for people with disabilities. ... See *top story, this page*

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New integrated program in Illinois to reform care delivery for disabled

Illinois health officials last week unveiled plans to reform the delivery of care to seniors and consumers with disabilities, controlling costs and in the process implementing the state's first-ever integrated health care program for this population under Medicaid.

The Illinois Department of Healthcare and Family Services (HFS) awarded the new managed Medicaid pilot program contract to Aetna and Centene-IlliniCare, an affiliate of the St. Louis-based Centene Corporation. The new five-year contracts will cost the state \$450 million annually. HFS officials estimate the new program will save the state an estimated \$200 million over the next five years, compared

Bottom Line...

Illinois disability advocates plan to work with stakeholder groups to ensure that disabled groups have choice and access to services as the state makes its first foray into managed care for this population.

to costs under the current fee-for-service delivery system.

Disability advocates, however, have raised some concerns, specifically about consumer choices for specialists under the new managed care system and fears that fewer resources will be spent on health care for this population.

Under the new program, Aetna

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Washington employer earns recognition for managing workplace MH disability

When an employee who suffers an impairing physical injury returns to work, the employer generally receives quantitative information about the worker's limitations, such as how much weight the person can safely lift. Understanding the possible limitations that a person with a mental health disability might experience can prove more elusive to an employer, especially since the trajectory of a person's mental health concern may be less predictable than is the course of a physical injury.

"Sometimes for the employee it is even hard for them to sort out what they can and cannot do at work," Jenny Haykin, the integrated leaves and accommodation consultant for Puget Sound Energy in Washington state, told *MHW*.

Puget Sound Energy, Washing-

Bottom Line...

Just as with a physical injury, it is possible to identify for persons with MH disabilities the capabilities needed to maintain success in the workplace.

ton's oldest local energy utility serving nearly 2 million customers in the western part of the state, is earning recognition for its disability case management approach that analyzes factors affecting workplace productivity for persons with mental disabilities. Puget Sound Energy is one of several employers cited in the employer innovations section of the Partnership for Workplace Mental Health website (www.workplacementalhealth.org) for creative approaches in the dis-

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and Centene-IlliniCare will manage the care of nearly 40,000 enrollees who live in suburban Cook, DuPage, Kane, Kankakee, Lake and Will counties. These Medicaid clients will have a choice of a medical home (doctor or clinic) with either of the two companies selected.

HFS had released a Request for Proposal (RFP) in February 2010 for qualified and experienced health maintenance organizations (HMOs) to enter into risk-based contracts that would provide the full spectrum of Medicaid-covered services for seniors and adults with disabilities.

The new contracts are expected to be completed by the end of the year, and the new program is slated to begin in early 2011, said officials. The integrated care program will bring together local primary care physicians, mental health providers, specialists, hospitals, nursing homes and other providers to organize care around a patient's needs.

"We're hoping for a better coordination of services, better access to these services and a good approach to [community] care teams with all health care professionals working together," Jim Parker, deputy administrator of medical programs for HFS, told *MHW*.

Of the 40,000 enrollees, about 40 percent or 8,000 currently

receive care in the state's community behavioral health care centers, Parker said. Depending on the varying needs of the consumer, the integrated team may include behavioral health specialists, nurses and case managers, he said.

Aetna and Centene-IlliniCare were both selected because of their approach to integration, and their understanding of consumers' needs as well as the non-medical needs of the patient, added Parker. "A lack of social services can impact people's health care and they have a good understanding of that dynamic," he said.

Additionally, the companies' computer system "can be alert to gaps in care," he said. The systems can recognize when a patient should be receiving service and isn't getting it for some reason, Parker noted.

"Aetna and Centene-IlliniCare were two of five bidders for the managed care contracts. The others included United Health Care; Meridian Health Plan, Inc., a subsidiary of Health Plan of Michigan; and WellCare Health Plans, Inc.

Pay-for-performance

The new contracts will include pay-for-performance measures that incentivize spending on care that produces positive quality-of-life outcomes, according to HFC offi-

cial. These pay-for-performance incentives and quality outcomes will be further developed and monitored in consultation with disability community advocates.

"We've had a number of discussions about potential health outcomes, particularly with developmental disabled groups," said Parker. "We want to make sure that everyone is being screened for mental health and substance abuse. For consumers with serious mental illness (SMI) we plan to look at issues of employment," he said. "We're excited about the ability to start testing new models and making sure to have a health care system that delivers high-quality care," said Parker.

Aetna is looking to achieve a number of outcomes for the Medicaid population, said Tom Kelly, head of Medicaid for Aetna. "We want to help them avoid acute episodes of illness and keep them out of hospitals and emergency rooms," Kelly told *MHW*.

The company is looking to obtain both subjective and objective measures, and determine if people are satisfied with their health status and are actively functioning, he noted.

State officials are fairly certain they will want to broaden this initiative at some point, said Kelly. "This is a significant undertaking by the state. It may take the state a few

MENTAL HEALTH WEEKLY

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years to collect the data” from the pilot program before moving forward, he noted.

Advocacy concerns

Disability advocates fear the new managed care system will limit their access to primary care providers and specialists, said Tom Wilson, community development organizer for health care at Access Living, a Chicago-based cross-disability organization governed and staffed by a majority of people with disabilities.

“We’re an independent living center,” Wilson told *MHW*. “We believe consumers ought to have a choice in their services. A choice of providers and doctors is an important choice people need to make. Will it be an informed choice?”

Wilson said Illinois health officials began working on the new integrated care program during the summer of 2009; however, advocates were not aware of the state’s efforts until last December. Although HFC officials have indicated that advocates and consumers are invited to help design and monitor the program, the lack of early input from adult consumers “was

‘A choice of providers and doctors is an important choice people need to make.’

Tom Wilson

not a good start,” Wilson said.

Wilson said he believes the state’s mission to save \$200 million over five years could mean fewer resources will be spent on health care for the disabled population. Access Living is part of a Community for All Coalition that includes such groups as Equip for Equality, Disability Advocates and others, who are pushing for more community services and less institutional care, said Wilson. “Illinois is less community-oriented in long-term care than many other states,” he said.

He is pleased that health officials are going to have the program evaluated by an outside entity. An independent evaluation of the Integrated Care Program will be conducted by the University of

Illinois and managed by the Illinois Department of Public Health.

“We hope consumer satisfaction [issues are addressed] in the evaluation,” Wilson said. Advocates would want to know how satisfied consumers had been with previous providers compared to their new providers under managed care, he said.

The state has a home service program for consumers with physical and psychiatric disabilities, he said. Through the program, consumers can hire and fire their home care workers, Wilson said. “With the managed care organization coming in, we do not want them introduced as intermediaries,” he said, adding concerns that the management function could be taken away from the consumers.

Advocates are interested in ensuring wheelchair access, sign language interpreters, etc., are all addressed under the managed care system and that officials understand the disability culture, Wilson said. Access Living and other groups will continue to be involved in helping to provide input into the integrated care program going forward, he said. •

Magellan, Arizona offer smoking cessation program for SMI

Arizona Department of Health officials and Magellan Health Services of Arizona this month announced a partnership to implement a tobacco cessation program for individuals with serious mental illness (SMI) — an initiative that parallels Magellan’s efforts to transition its own staff to a tobacco-free workplace.

The state Department of Health Services (ADHS) Division of Behavioral Health Services and Bureau of Tobacco and Chronic Disease and Magellan are aiming to reduce the use of tobacco by individuals with SMI and by the behavioral health staff who serve them.

The two-year initiative will begin in Maricopa County and parts

of Pinal County with Magellan, the Regional Behavioral Health Authority (RBHA) for that geographic area, before it expands to include state partnerships with other RBHAs across Arizona. The tobacco cessation program is funded by a grant from the Centers for Disease Control and Prevention (CDC) with monies designated by the American Reinvestment and Recovery Act of 2009.

Bottom Line...

A new program in Arizona, part of Magellan’s health and wellness clinical initiative, is helping behavioral health staff and their patients with support and tools to quit tobacco use.

Magellan officials cite as the impetus for this effort the well-known statistic that individuals with SMI on average die 25 years younger than the general population and that many of the causes of early death can be related directly or indirectly to tobacco use.

“This program is a key component of Magellan’s larger health, wellness and longevity clinical initiative,” said Richard Clarke, Ph.D., CEO of Magellan Health Services of Arizona. “Through this initiative, we will improve the length and quality of life of the people Magellan serves by creating programs and a mindset throughout the system to address

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mind and body health and wellness,” said Clark. “This involves developing a model of care that combines physical and behavioral health and focuses on strengthening the whole health of the individual.”

Nationally, about 75 percent of SMI consumers are tobacco-dependent, representing more than three times the rate of the general population, David Covington, Magellan’s chief of adult services, told *MHW*. Covington noted that in general, the smoking rate among Arizonans has dropped significantly — from 20 percent to 16 percent — since 2007, representing about 170,000 Arizonans, he said.

While 16 percent of the general population in Arizona smokes, the percentage of behavioral healthcare workers who smoke is more than double that rate, about 34 percent, he said. “That creates a challenge,” Covington said.

Covington added, “We approach [this initiative] with a positive, recovery-oriented focus.”

In support of the initiative, Magellan has worked with its provider network organizations to identify clinics and staff who want to become part of the initiative and who see tobacco cessation as a treatment issue and not a lifestyle choice. The new initiative will help ensure the well-being of staff and their clients, said Anita Barnas, vice president of Adult Services for Southwest Network, one of Magellan’s four provider network organizations that serve the SMI population. “We provide the SW network with resources, supports and skills counseling,” she told *MHW*.

The behavioral health staff at the designated facilities will actively incorporate tobacco cessation into individual service plans and will engage with the Arizona Smokers’ Helpline (ASHLine), which offers research-based tobacco cessation services to Arizona residents through personalized telephone coaching. Staff will refer clients to the

ASHLine, which assigns an intake specialist who will evaluate the client to determine readiness to quit. If the clients want services, they will be assessed for medication, which is one possible treatment. Other services could include coaching and counseling.

All clients and clinic staff will receive two weeks of free patch/gum/lozenge medication. After two weeks, those enrolled in the Arizona Health Care Cost Containment System (AHCCCS) may obtain additional medications and will

receive medication management assistance. Those not enrolled in AHCCCS will be referred to their primary care physician. All clients will have access to telephone and Internet “quit coaching” and counseling services.

Besides the health impact of smoking, the financial impact is also great, said Covington. In Arizona, a pack a cigarettes a day costs nearly \$4,000 a year, an enormous amount for people with incomes generally below the federal poverty level, he noted.

NAMI pushes for key issues in legislative discussions as elections near

As the November election draws near, the National Alliance on Mental Illness (NAMI) is calling on consumers to ask their candidates for public office about their intentions to address the country’s mental health crisis.

Housing needs, workforce issues, and more funding for mental health services are just a few of the concerns as states around the country continue to grapple with budget crises, said Mike Fitzpatrick, NAMI executive director.

“We have a fragile mental health system,” Fitzpatrick told *MHW*. “Elections are a good time for coming together to talk to people running for office.” Candidates should consider issues that include improving health care prevention for consumers with mental health issues and increasing resources, he said.

“We’d like to ask candidates: ‘How would you support an investment in mental health research?’” he noted. “This is a terrific time to get their attention and, in many cases, educate them for the first time on these issues.”

Fitzpatrick added, “We want to have a strong, non-partisan dialogue in every community.”

Of the approximately 60 million people who experience mental health issues in a given year, less than one-third receive the care they need, said Fitzpatrick. A shortage of mental health professionals is another concern, he added.

Even in a good economy, mental health stigma is a concern, along with the lack of services for consumers, he said. Advocates continue to seek a funding increase in the mental health block grant under the Substance Abuse and Mental Health Services Administration (SAMHSA).

NAMI officials also cited last year’s *Grading the States* report, which in its assessment of the overall public mental health system found the national average grade to be a D. According to the report, 21 states received Ds and six received Fs. Six states received a B grade.

The report painted a “grim picture” of state mental health systems. The next *Grading the States* report is scheduled for 2012, Fitzpatrick said.

A new study released last week by the American Lung Association found that states can benefit economically if their residents quit smoking. Pennsylvania State University researchers examined the cost and benefits of smoking cessation program for states, which are implementing the programs as part of healthcare reform. The American Lung Association says the study will be used as another tool in the group's efforts to sell cessation programs as not only a health benefit but a financial one.

Tobacco-free workplace

Magellan implemented its tobacco-free campus policy effective Aug. 1, 2010. As of that date, employees and visitors are no longer allowed to use tobacco products at any Magellan facility or property across the country. Magellan employees have access to the company's free tobacco cessation benefit. The program was first offered in August 2006.

"At least 550 Magellan employees have gone through the program because of our commitment as a

company to addressing integration," said Covington. •

For more information about the tobacco cessation initiative and Magellan's health, wellness and longevity clinical initiative, visit www.MagellanofAZ.com/Wellness.

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Survey: Suicidal ideation more prevalent among young adults

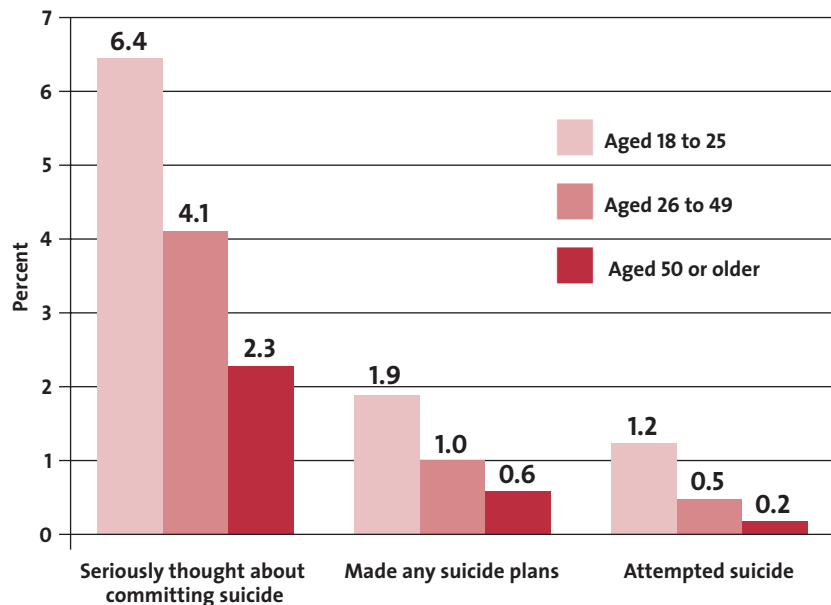
The rates of thinking seriously about committing suicide, making plans for suicide, and attempting suicide were higher among young adults ages 18 to 25 than the rates among other age groups, and higher among the unemployed than among those in other employment categories, according to a national survey released this month by the Substance Abuse and Mental Health Services Administration (SAMHSA).

SAMHSA's National Survey on Drug Use and Health (NSDUH) reveals that suicide continues to be a major public health problem in this country. Combined 2008 and 2009 data indicate that an estimated 8.4 million adults 18 or older (3.7 percent of the adult population) had thought seriously about committing suicide in the past year, and 2.3 million (1 percent) had made a suicide plan in the past year.

The NSDUH is a scientifically conducted annual survey of approximately 6,500 people throughout the country, ages 12 and older.

The annual survey also found that 1.1 million adults (0.5 percent) attempted suicide in the past year. There were no statistically significant changes in any of the suicide-related measures from 2008 to 2009. Of the 1.1 million adults who attempted suicide in the past year, 61.2 percent received medical atten-

Suicidal thoughts and behaviors in the past year among adults, by age group: 2008 and 2009



Source: 2008-2009 SAMHSA National Surveys on Drug Use and Health (NSDUH)

tion for their suicide attempt, and 43.9 percent stayed overnight or longer in a hospital for their suicide attempt.

Among adults who attempted suicide, adults ages 26 or older were about twice as likely as young adults ages 18 to 25 to have received medical attention (74.4 vs. 37.2 percent) or to have stayed in the hospital (54.3 vs. 25.4 percent)

for their suicide attempt.

The survey found that 6.4 percent of adults ages 18 to 25 had thought seriously about committing suicide in the past year, compared with 4.1 percent of adults ages 26 to 49 and 2.3 percent of adults age 50 or older (see graph, above). The rates of suicidal thoughts and attempts were slightly higher among

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females than among males.

Preventing suicide and addressing the health care needs of persons at risk for suicidal behavior require public health information-sharing efforts that not only highlight effective preventive interventions, but also attempt to identify and target risk factors, such as unemployment and young adulthood, that are associated with suicidal thoughts and behaviors, according to SAMHSA officials.

The study indicated that further research on these and other risk factors, such as mental illness and substance use disorders, is needed to help guide the further development

of screening tools and prevention and intervention programs.

National alliance formed

Earlier this month, on World Suicide Prevention Day (September 10), U.S. Health and Human Services (HHS) Secretary Kathleen Sebelius and Department of Defense Secretary Robert M. Gates announced an acceleration of efforts to respond to what is termed a preventable public-health tragedy in the nation. Together they announced the founding membership of the executive committee and public and private sector co-chairs of the National Action Alliance for Suicide Prevention.

As the Action Alliance moves

forward its focus will include:

- Updating and advancing the National Strategy for Suicide Prevention.
- Development of effective public awareness and social marketing campaigns, including targeted messages for specific segments of the population that can change attitudes and norms and reduce suicidal behaviors.
- Advancing suicide prevention among high-risk groups. •

For a copy of the NSDUH report "Suicidal Thoughts and Behaviors among Adults: 2008 and 2009," visit <http://oas.samhsa.gov>.

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ability management area.

Standardizing procedures

Haykin was hired at the utility about three years ago, when the company decided it would integrate complementary programs in areas such as short-term disability, workers' compensation and employee assistance. She had previously led a team in King County government that would facilitate mental health disability accommodations in the workplace by standardizing procedures to assess workers' capabilities and limitations.

This involved the creation of two important pieces of paperwork. First, a job analysis form was created to document the cognitive and behavioral requirements for specific jobs in the organization. Also, a capacities evaluation form was drawn up to assist the employee's healthcare provider in offering specific and useful information to the employer. These forms that were initiated in King County now have been integrated into operations at Puget Sound Energy.

"A lot of employers are paralyzed; they don't know what to do in these situations," Haykin said. "This is a blueprint for what to do."

Although a good percentage of workplace disability cases have some psychiatric element, a knowledge gap for many employees regarding mental health issues persists. Haykin said depression certainly is the top mental health-related cause of workplace disability, with anxiety and bipolar disorder

'A lot of employers are paralyzed; they don't know what to do in these situations. This is a blueprint for what to do.'

Jenny Haykin

also prevalent and even organic brain deterioration due to physical disease, an issue that merits employers' attention.

Supervisors often have a difficult time understanding the dynamics of illnesses where recovery does not unfold in the manner of a broken bone's healing.

"These are typically recurrent illnesses," Haykin said. "For most,

they are treatable, but there might be episodes where treatment doesn't work. Employers have to understand that a year later, their employee could have the same problems again. We try to provide education on that."

The goal is to identify problems early and to offer employees the help they need so that their work performance doesn't suffer, which could harm their long-term relationship with colleagues and supervisors.

"You hate to see employees dragging themselves to work and not behaving well, and eroding the trust of their co-workers, when maybe all they need is three weeks of leave so that they can have their medication adjusted," Haykin said.

The forms now used for Puget Sound Energy employees translate the same task-based approach used when evaluating physical disabilities into a cognitive and behavioral format. So instead of focusing on whether an employee can lift objects or bend, the factors that are examined include concentration, memory, multi-tasking, etc.

Employee education also is part of the process, Haykin said. Employees can become more attuned to what's going on in the workplace at the times when they

begin to feel worse, so that they can see these events as triggers and look for ways to cope with them. Perhaps their symptoms worsen when a customer yells, for example, or when they receive a negative performance appraisal from a supervisor.

Provider awareness

Haykin believes mental health professionals can and should play a role in identifying ways to keep mentally disabled workers productive. They need to put themselves in the employer's shoes, and realize that recommending a complete work restriction with no foreseeable return to the workplace isn't feasible for the typical company.

"There are certain things that employers can't accommodate," Haykin said.

Providers also should be familiar with the provisions of the Family and Medical Leave Act, which for most employees will provide an important opportunity to address issues that are affecting productivity while protecting one's job status.

Haykin said the Partnership for Workplace Mental Health recognized Puget Sound Energy shortly after she made a presentation earlier this year at the Disability Management Employer Coalition's behavioral risk conference. At that meeting she urged a standing-room crowd of employers at a breakout session to communicate to health providers about the types of performance issues they observe and about the demands of their jobs.

Asked whether she believes many other companies are taking a comprehensive approach similar to Puget Sound Energy's, Haykin said she believes a great number of employers have not yet integrated their disability services. Yet with compelling data available on the effects of depression and anxiety in the workplace, and employers seeking to identify any factors driving increased costs, companies such as Haykin's may see a lot of replication efforts by other employers in the future. •

BRIEFLY NOTED

HHS awards more than \$14 million for patient outcomes research

U.S. Department of Health and Human Services (HHS) Assistant Secretary for Health Howard K. Koh, M.D., M.P.H., announced the award of more than \$14 million to develop, implement, and test strategies to increase the adoption and dissemination of interventions based on patient-centered outcomes research among racial and ethnic minority populations. The Office of Minority Health (OMH) and the National Institute on Minority Health and Health Disparities (NIMHD) will jointly evaluate the scientific progress of the recipients of the grant awards following standard National Institutes of Health (NIH) policies and procedures. The evidence is generated from research studies that compare drugs, medical devices, tests, surgeries, or ways to deliver health care. The awards are part of the investments made under the American Recovery and Reinvestment Act of 2009 (ARRA).

Non-suicidal self-injury becoming more common in the young

A recent study on the mental health of college students, presented in August at the American Psychological Association (APA) meeting, found evidence that more young people are injuring themselves, LiveScience.com reported last week. Several recent studies have found some 17-28 percent of teens and young adults say they have engaged in the behavior. The "disorder" could also become official in the upcoming new edition of the *Diagnostic and Statistical Manual of Mental Disorders*, or *DSM-5*, due to

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arrive in 2013. Experts say most people engage in self-injury as a way to cope with their emotions, particularly negative ones. And most self-injurers report that it works — probably as a result of the release of endorphins, they said.

STATE NEWS

NJAMHAA expands to represent addiction providers

The New Jersey Association of Mental Health Agencies recently expanded to become the official trade association representing N.J. addiction treatment providers and added "Addiction" to its name, becoming the New Jersey Association of Mental Health and Addiction Agencies, Inc., (NJAMHAA). "We are delighted to be growing and becoming more powerful advocates for the non-profit organizations that serve New Jersey's adults and children with mental illnesses and addiction disorders," said Debra L. Wentz, Ph.D., CEO of NJAMHAA, noting that the organization has grown from 125 to 170 members. "This strategic move enables us to consistently reinforce to state and federal officials the value of treatment for both addictions and mental illnesses, and the importance of their support to ensure access to these invaluable, life-transforming services. We are confident that by building these partnerships, we will be more successful in rebuilding lives." For more information about NJAMHAA, visit www.njamhaa.org.

New York awards \$109 million for health information technology

Eleven health care organizations in New York state will receive a total of \$109 million in state grants to improve the coordination of health care through the use of health information technology to coordinate health care for patients with complex health problems. The

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funding is being provided by the New York State Department of Health (DOH) and the Dormitory Authority of the State of New York through Phase 17 of the Health Care Efficiency and Affordability Law of New York (HEAL NY) and the Federal State Health Reform Partnership, which support efforts that improve the efficiency and affordability of New York's health care system.

Oregon suicide rates outpace the national average

According to a new report, "Suicides in Oregon: Trends and Risk Factors," from Oregon Public Health, Oregon's suicide rate is 35 percent higher than the national average. The rate is 15.2 suicides per 100,000 people compared to the national rate of 11.3 per 100,000. Stresses such as from job loss, loss of home, loss of family and friends, life transitions and also the stress veterans can experience returning home from deployment (suicides of male veterans account for 27 percent of all state suicides) all increase the likelihood of suicide among those who are already at risk, such as the depressed. The report also details recommendations to prevent the number of suicides in the state.

NAMES IN THE NEWS

The American Psychiatric Association (APA) last week presented **Sen. Olympia Snowe (R-Maine)**, with APA's highest award in advocacy, the Jacob K. Javits Award for Public Service, in recognition of her ongoing efforts for those living with mental illness. One of her most significant accomplishments in mental health was joining forces with Sen. John Kerry (D-Mass.) to champion Medicare co-payment parity.

ValueOptions Inc. announced last week that **Heyward Donigan** will succeed Barbara Hill as the compa-

Coming up...

The **Center for School Mental Health (CSMH)**, in collaboration with the **IDEA Partnership**, will sponsor the 15th Annual Conference on Advancing School Mental Health, with the theme "School Mental Health and Promoting Positive School Culture," to be held **October 7-9** in **Albuquerque, N.M.** For information, visit <http://csmh.umaryland.edu>.

Hazelden, Behavioral Health of the Palm Beaches and **The Change Companies** will sponsor the "Heartland Conference on Behavioral Health and Addictive Disorders," with a special track on adolescents and young adults, **October 21-23** in **Chicago**. Visit www.usjt.com/chicago-conference2010 for more information.

The **American Academy of Child and Adolescent Psychology (AACAP)** will hold its 57th annual conference **October 26-31** in **New York, N.Y.** For more information, visit www.aacap.org.

The **Institute for Behavioral Health Informatics** will hold its 6th annual conference on the future of technology in behavioral health, "Technology for Competitive Advantage in an Era of Health Care Reform," **November 10-12** in **Baltimore, Md.** Visit <http://openminds.com/ibhi> for more information.

ny's next CEO. Since 2003, Donigan has served as executive vice president of Premera Blue Cross, the largest insurer in Washington and Alaska with more than \$3 billion in annual revenue. Prior to that, Donigan was the senior vice president of service operations at CIGNA.

RESOURCES

AACAP and APA release updated medication guide for depression

The American Academy of Child and Adolescent Psychiatry (AACAP) and the American Psychiatric Association (APA) last week announced the release of a newly revised, updated, and expanded version of "The Use of Medication in

Treating Childhood and Adolescent Depression: Information for Patients and Families," part of the *ParentsMedGuide* series of publications. The revisions are based on recent research on the effectiveness of various treatments for depression in children and adolescents. The guide now includes discussion of a range of medication and psychotherapy treatments, the potential risks of suicide, and what parents can do to help their children during treatment. A copy of the new guide is available at www.parentsmedguide.org.

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In case you haven't heard...

The Gulf oil spill has the potential to do mental health and addiction damage to individuals throughout the U.S., according to Mark Agresti, M.D., a psychiatrist in West Palm Beach, Florida. Studies of previous tragedies such as the Challenger explosion and 9/11 and disasters such as the Exxon Valdez spill have shown that even those unrelated to the events are affected by what they see on the news. Of course, those directly affected by the oil spill are the first concern. "We are surely going to see more depression, and even its after-effects, as we move outward from the Gulf," said Agresti. "Don't think you are immune just because you don't live on the Gulf Coast."