MENTAL HEALTH WEEKLY
Essential information for decision-makers

Volume 18 Number 11
March 17, 2008
Print ISSN 1058-1103
Online ISSN 1556-7583

Highlights...

The **American College of Mental Health Administration (ACMHA)** hosted its **annual summit** last week in **Santa Fe, New Mexico** for **behavioral healthcare leaders** to discuss **moving** the **mental health and substance use care agenda** into the **national debate** on **health care reform**. The **Santa Fe Summit** has been **held annually** since **1997**. *See story, top of this page.*

In an **exclusive interview** with *MHW*, **Magellan's new chief executive officer René Lerer, M.D.**, said **behavioral health** will **continue** to be an **integral part** of the company. The **company** has two of the **most watched public sector programs** in the country: **the Maricopa County contract in Ariz.** and its **TennCare program**. **Lerer replaced** former chief executive **Steven J. Shulman**, who will **remain** on **Magellan's board**. *See story, bottom of this page.*

Inside This Issue...

Summit addresses state activity on universal health coverage
. . . *See page 4*

Second Chance Act: Senate passes legislation to reduce recidivism
. . . *See page 5*

© 2008 Wiley Periodicals, Inc.
Published online in Wiley InterScience (www.wileyinterscience.com) DOI: 10.1002/mhw.20129

Exclusive Conference Report: ACMHA Santa Fe Summit

Annual summit calls for health care reform to be part of national debate

The American College of Mental Health Administration (ACMHA) last week convened its annual Santa Fe Summit with 186 behavioral health leaders, advocates and consumers engaging in discussions about moving the mental health and substance use care agenda forward into the national health care reform debate.

As the presidential campaign swings into high gear, summit attendees set their sights on building awareness of the candidates' position on health reform and behavioral health perspectives. This year's conference theme was titled *Impacting Healthcare Reform 08: Leadership in Moving the Mental Health and Substance Use Agenda.*

Prior to the event, organizers of the Santa Fe Summit sent attendees a summary of the 2008 presidential candidates health reform proposals and mental health/substance use perspectives.

They also received materials outlining key objectives and insurance strategies of state health care reform efforts to further explore and understand various coverage strategies and to engage in additional dialogue, planning and action around appropriate coverage of mental health and substance use treatment services.

During the opening session Ronald W. Manderscheid, Ph.D.,

See **ACMHA** on page 2

New Magellan CEO expects behavioral health to remain at core

Appointment of Lerer signals seamless transition

At a pivotal time for several major public-sector behavioral health programs, Magellan Health Services is ushering in a change in its top executive ranks. Magellan's appointment of former chief operating officer René Lerer, M.D., to replace outgoing chief executive Steven J. Shulman appears to indicate a commitment to continuity from the Magellan board, given that the two individuals have worked closely together since both arrived at the company nearly six years ago.

The board of directors for the nation's largest vendor in the Medicaid managed behavioral health business announced the appointment of the 52-year-old Lerer late last month, just days before reporting its fourth-quarter and full-year financial results for 2007. Lerer will have the titles of president and chief executive, while Shulman will continue to serve as Magellan's non-executive chairman of the board.

In an interview with *MHW* last week, Lerer said that while his experience at the company makes this a smooth transition, any leadership change offers inevitable opportunities to review operations and reflect on future strategy. He said that review for Magellan will encompass both an internal look at current business lines and an external examination of how presently

See **Magellan** on page 6

ACMHA from page 1
director of Mental Health and Substance Use Programs, at the Constella Group, LLC, and moderator of the summit, outlined three phases of the summit: increasing awareness, strategic planning and commitment to action.

As they facilitate discussions throughout the summit to consider whether the presidential candidates have adopted the three principles embraced by the Whole Health Campaign (see page 3).

Manderscheid charged attendees with thinking about the health care reform proposals outlined by the presidential candidates' position. He also asked them to consider whether their position addresses the three principles embraced by the Whole Health Campaign, a coalition of more than 40 organizations in the mental health and addiction communities working together to ensure that behavioral health issues become an integral part of the health care reform discussion in the presidential race (see *MHW*, Jan. 14).

Whole Health Campaign

William Emmet, director of the Campaign for Mental Health Reform and one of the leading organizers of the Whole Health Campaign, told attendees that the principles born out of the President New Freedom Commission and reborn out of the national health care debate are beginning to take shape. "Both elements are at play as health care reform continues to be debated," said Emmet.

Rep. Patrick Kennedy (D-R.I.) addressed summit attendees via satellite. Bringing the issues of mental health and substance abuse is very important and a "tipping point" in the national health care debate, Kennedy told summit attendees. "You can't talk about health care unless we talk about preventive care and about the whole person — emotional, spiritual and physical" in order to treat mental health care in this country, he said.

Kennedy's comments to summit attendees were taped one day following the historic mental health parity vote (see *MHW*, March 10). "We're excited about this victory," said Kennedy. "We must keep this momentum going forward. We've got to keep the parity bill rolling."

It's important that the substance abuse and mental health field work together to develop a comprehensive strategy to meet the holistic needs of mental health, substance abuse and physical health, he said. "I want to commend you for that effort," he told attendees.

Kennedy added, "This is an exciting time for our field. You save lives every day. You helped save my life. Without your dedication people might not be able to live full and productive lives."

Linda Rosenberg, president and chief executive of the National Council for Community Behavioral Healthcare, told attendees that the field has come a long way. "Treatments are effective, and the quality of life has improved for many. However, many remain dependent on public financed services, such as Medicaid," she said.

Up to two-thirds of homeless adults are chronic alcoholics, drug addicted or a combination of both, she said. Insurance premiums have doubled since 2000, she added.

"We don't have a health care budget in this country; it's a market driven, open system," said Rosenberg.

While managed care has kept costs down, "practitioners and consumers hated it and lived with it," she said. "Expenditures vary from region to region with no difference in outcomes. If the entire nation cut costs to match lower spending, regions could save 20 to 30 percent."

People who are on public assistance go untreated, she noted, and do not receive any of the supports and services they need to become productive members of society. Members of the National Council are businesses, said Rosenberg. They do not receive funding for research and development, she said. "There's no uniform

MENTAL HEALTH WEEKLY
Essential information for decision-makers

Executive Managing Editor Karienne Stovell
Managing Editor Valerie A. Canady
Associate Editor Sarah Merrill
Contributing Editor Gary Enos
Production Editor Douglas Devaux
Executive Editor Isabelle Cohen-DeAngelis
Publisher Sue Lewis

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.

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 first Monday in July, the first Monday in September, and the first and last Mondays in December. The yearly subscription rates for **Mental Health Weekly** are: Electronic only: $699 (individual), $3950 (institutional); Print and electronic: $769 (individual, U.S./Can./Mex.), $913 (individual, all other), $4345 (institutional, U.S.), $4489 (institutional, Can./Mex.) and $4537 (institutional, all other). **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. © 2008 Wiley Periodicals, Inc., a Wiley Company. All rights reserved. Reproduction in any form without the consent of the publisher is strictly forbidden. For reprint permission, call (201) 748-6011.

Mental Health Weekly is indexed in CINAHL: Cumulative Index to Nursing & Allied Health Literature (EBSCO).

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

standard of care in this nation," Rosenberg said.

Rosenberg cited the U.S. Chamber of Commerce, AT&T, the American Medical Association and the American Hospital Association as among the largest spenders in this country. "Where do we fall; we're not in this group," she said. "We're a country where money is power, money talks. We have lots of challenges and opportunities."

Supporting recovery

Tom Coderre, national field director of Faces & Voices of Recovery, recounted his own personal battles with alcohol and drugs and discussed how psychiatric services, detoxification and other supports and services aided in his recovery. "Long-term recovery is about so much more than not using alcohol and drugs," Coderre told attendees. "It's about creating a better life." The supports he received happened over time, but he got the help he needed, Coderre noted.

Faces and voices of recovery, he said, is changing the public's perception of addition recovery and demonstrating that recovery is working for millions of Americans.

The organization has been following presidential candidates at various venues, including presidential town hall meetings and launching voter registration drives and sponsoring candidate forums.

"We have to become a constituency of consequence," said Coderre. "In order to do that, we have to hold candidates accountable."

Transforming the system

Terry L. Cline, Ph.D., administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), gave the keynote speech during the luncheon on Thursday.

"The health care system is on an unsustainable trajectory," said Cline. "The system does not just need to be changed; it needs to be radically transformed."

Whole Health Campaign outlines key principles for candidates

The Whole Health Campaign, in its mission to ensure the health care debate includes both mind and body, have called on the presidential candidates to embrace the following three principles:

- **Ensure** equitable and adequate mental health and addiction treatment coverage in all public and private health care plans.
- **Support** policies that promote both individual and family recovery from mental illnesses and addictions as integral to overall health.
- **Commit** to investing in America's future through prevention, early intervention, and research on mental illnesses and addictions.

Cline said the field needs "to move upstream" and serve individuals at the front end of their illness, rather than wait until a consumer is in the throes of an acute illness.

"When we move upstream, it forces our attention to younger people in our country as well," he said. The National Survey on Drug Use and Health (NSDUH) reports that one in 10 adolescents between 12 and 17 will experience a major depressive disorder, said Cline. "Those individuals are twice as likely to use drugs as their non-depressed peers," he said. "We clearly need to move upstream."

Cline said it's important to ensure that issues and concerns in the behavioral health field are well represented in the national debate. He said he is optimistic about the field's ability to influence change.

Special populations

The Santa Fe Summit hosted a strategy and implementation work group session to maximize mental health and substance use presence and effect in the state universal coverage initiative debate. Participants in the work group discussed their own experiences and their work with special populations, which included children, veterans, substance use, and individuals in public systems, and providers.

Herminio Maldonado, peer advocate at the Bronx Peer Advocacy Center in New York, said it is difficult to watch veterans of all ages having difficulty finding employment, and experiencing drug use and homelessness. "Something's wrong with this picture," he said. "Something's not right. They come to us for services and it's not a good picture."

Harvey Rosenthal, executive director of the New York Association of Psychiatric Rehabilitation Services (NYAPRS), cited the importance of supported recovery efforts, including affordable housing, em-ployment and transportation for consumers with psychiatric disabilities.

NYAPRS members learned about the political power of their community, he said. "We don't have money, but we have votes and voices," Rosenthal told attendees. "We have used this power. We're a sleeping giant in so many ways. It's important to get peers at the table and weave their way through discussions on health care reform," he noted.

"Peers need to be at every table, and we need to look for flexible funding streams that are individualized and self-directed," he said.

Glenda Barrett of the Oklahoma Mental Health Consumer Council Oklahoma said that Oklahoma was one of the first states to train peer support specialists in mental health and substance use. "We have an array of advocates out there," she noted. She added that Mental Health Day was being celebrated at the state capital on March 13.

Barrett said that by the end of

Continues on next page

A Wiley Periodicals, Inc. publication www.interscience.wiley.com

Continued from previous page

the summit she would like to develop some action steps in order to move forward. "When we start working together, we do make a difference," she said.

Developing a strategy

ACMHA's mission over the course of the three-day summit is to develop, through a series of strategic work groups facilitated by behavioral health providers and consumers, a strategy to highlight mental health and substance use care in healthcare reform with an emphasis on specific populations such as veterans and children.

Other speakers scheduled include former Secretary Tommy G. Thompson, independent chairman of the Deloitte Center for Health Solutions and A. Kathryn Power, M.Ed., director of the Substance Abuse and Mental Health Services Agency (SAMHSA) Center for Mental Health Services. "We are excited to have such distinquished leaders participating in this year's summit," said Eric Goplerud, Ph.D., president of ACMHA and professor in George Washington University's Department of Health Policy.

Added Goplerud, "They will set the stage for the important work of the summit — developing concrete strategies for moving the behavioral health agenda at the local, state and national levels." •

Summit addresses state activity on universal health coverage

Many states have taken the lead in creating additional access to health care coverage through the use of federal mechanisms, such as Medicaid eligibility expansions, premium subsidies and SCHIP (State Children's Health Insurance Program). Organizers of the American College of Mental Health Administration's (ACMHA's) Sante Fe Summit last week prepared a matrix for attendees outlining key objectives and insurance strategies of state health care reform initiatives.

"We're working at the top level and figuring out what health care reform is," Martin D. Sellers, chief executive of Sellers and Feinberg, a healthcare consulting firm, told summit attendees. Sellers' firm served as lead consultant in several states' initiatives on health care reform, including Indiana, Michigan, Pennsylvania, South Dakota and Texas. "We think we're at another unique moment in time," he said.

Seller noted that according to Kaiser, 42 states now have some plan to expand access to health care coverage. "We believe there are solutions," he said. "There are some things states can do."

He highlighted some opportunities for attendees to consider as they discuss mental health and substance use being included in the national healthcare debate. "If you can access data to support your argument, it really helps," Seller said. He told attendees they can leverage existing uninsured data to identify the need and establish evidence-based coverage for reform.

Key players

Seller said that some of the key players and issues at the table for health care reform should include:

- Governor
- Legislature
- Insurers
- Consumers
- Insurance brokers
- Pharmacy companies
- Federal and local government
- Small businesses
- Health delivery systems
- Unions
- Financing
- Long term care

"The huge number of players is challenging," said Seller. "Be proactive, say what you do want," he said. "You'll find a lot of receptivity and I think you can make the difference."

Massachusetts

Barbara Leadholm, commissioner of the Massachusetts Department of Mental Health, said Chapter 58 is the law Massachusetts provides for health care reform. "It's about partnership and building coalitions," she said. "The key was shifting financing from bulk payments to safety net providers to health insurance for individuals," she said.

"Our goal is to get as close as possible to universal coverage," she said. "In Massachusetts it made sense to emphasize the individual mandate and assure affordability. We had a commitment to ensure providers participating in Medicaid were getting paid a good rate," she said.

More than 300,000 are currently enrolled in the state's health care plan, said Leadholm. The state had been concerned about the response from employers, she said. They did not want to drive businesses out of Massachusetts, Leadholm noted. "We looked at fair share contributions, which apply to employers with 11 or more employees."

Massachusetts enacted legislation that requires employers with 11 or more employee to provide health insurance coverage or pay a "fair share" contribution of up to $295 annually per employee.

California

Ruth Liu, associate secretary of health care policy at the California Health and Human Services Agency, told attendees that essential elements for reform included health and wellness, coverage for all, and affordability. Liu said that Gov. Arnold Schwarzenegger's goal was to improve people's health and wellness as part of health care reform.

A broad health and wellness campaign would incorporate such efforts as diabetes prevention and treatment, obesity prevention and

It is illegal under federal copyright law to reproduce this publication or any portion of it without the publisher's permission

tobacco cessation, said Liu.

"We believe an individual mandate was required if you had universal coverage," said Liu. "When you talk to people about the scope of benefits, the message is that if you try to cut out mental health you're really not saving much; it would cost much more in the long-term," she said. "We focused on cost-sharing where you can save more money," she noted.

In January the state Senate Health Committee rejected the Governor's plan that would have required employers to provide coverage or contribute a certain percent of payroll to the cost of their employees' coverage. They are continuing to advocate and refine their strategy, concluded Liu. •

Second Chance Act: Senate passes legislation to reduce recidivism

The U.S. Senate last week unanimously passed legislation — the Second Chance Act — designed to reduce the number of convicted felons who become repeat offenders and provide funding for mental health and substance abuse treatment, and academic and vocational educational programs. The House passed similar legislation in November 2007.

President Bush is expected to sign the bill into law. The aim of the bill is to work toward ensuring that former offenders successfully transition back into society by providing states and nonprofit prisoner-reentry organizations funding for job training, substance abuse treatment, mental health assistance and other support services to help ex-offenders reintegrate into the community.

The Second Chance Act of 2007 (S. 1060) was sponsored by Sens. Joseph Biden (D-Del.), Sam Brownback (R-Kansas), Patrick Leahy (D-Vt.) and Arlen Specter (R-Pa.).

The House bill (H.R. 1593) introduced by Reps. Danny Davis (D-Ill.) and Chris Cannon (R-Utah) received broad bipartisan support, passing the House 347-62.

The bill includes key elements of President Bush's Prisoner Reentry Initiative, which provides for community and faith-based organizations to deliver mentoring and transitional services. In addition to providing mental health and substance abuse treatment, the bill will also help connect people released from prison and jail to job training and placement services, and facilitate transitional housing and case management services.

"We're excited about this," Davis, chief sponsor of the House bill, told *MHW*. "A lot of people in America need a second chance. Most of them are mentally ill, but they are criminalized and rather than getting the help they need, they get incarcerated."

> **'A lot of people in America need a second chance. Most of them are mentally ill, but they are criminalized and rather than getting the help they need, they get incarcerated.'**
>
> Rep. Danny Davis (D-Ill.)

The Second Chance Act has received support from more than 200 local and national organizations, including a wide cross-section of civil rights, justice, faith-based and community organizations. "It took a lot of people all over the country to make this happen and a lot of cooperation in the House and in the Senate," he said.

This bill provides funding for programs that are designed to help individuals and hopefully prevent them from recidivating, he noted. "Research shows that if a person is released from prison about 67 percent will recidivate within three years," he said.

"The big problem is that we have more people per capita in prison than anyone else in the world, including Russia and China," said Davis. There are over 2 million people in jail and prison, he noted. About 95 percent will get out of prison and may likely become repeat offenders, said Davis.

Other provisions

The Reducing Recidivism and Second Chance Act of 2007 authorizes a total of $324 million to:

- Improve existing state and local government offender reentry programs by authorizing $50 million annually for the Department of Justice's State and local grant program, incorporating best practices from the reentry field, and requiring the measuring and reporting of performance outcomes.
- Create new competitive grants for innovative programs to reduce recidivism. The bill authorizes $110 million each year in new grants for state and local governments and private entities to develop and implement comprehensive substance abuse treatment programs, academic and vocational education programs, housing and job counseling programs, and mentoring for offenders who are approaching release or those who have been recently released.

Continues on next page

 A *Wiley Periodicals, Inc.* publication ***www.interscience.wiley.com***

Continued from previous page

- Strengthen the Bureau of Prisons' ability to provide reentry services to federal prisoners and establish an elderly non-violent offender pilot program.
- Authorize $2 million for grants for research and best practices relating to innovative drug treatment methods, causes of recidivism, and methods to improve education and vocational training during incarceration. •

MAGELLAN from page 1

volatile credit markets might affect financial and strategic issues for the company.

One factor that Lerer emphasized is that despite Magellan's relatively recent moves toward diversification of operations into areas such as radiology benefits management and specialty pharmaceutical management, he expects behavioral health care to remain the company's core business.

"Of our $2.6 billion in projected 2008 revenue, $2 billion is in behavioral health," Lerer said. "Behavioral health is an integral part of what we do and who we are. That won't change."

What may continue to develop, however, is the kind of creative thinking that could identify potential linkages between behavioral health and the company's other businesses, Lerer said. "Behavioral health management is not just for mental illness," he said.

Moreover, there even appear to be emerging similarities in how various health benefit programs can be managed. For example, Lerer said, several state governments have expressed interest in structuring public-sector radiology benefits in a fashion similar to how behavioral health carve-outs have been administered at the state level.

Behavioral contracts

Among its behavioral health contracts, Magellan finds itself immersed in two of the most watched public-sector programs in the country: the large Maricopa County, Ariz., contract and the ever-evolving TennCare program. It captured the Maricopa County contract last year after outdistancing former contract holder ValueOptions in the bidding process (see *MHW*, June 18, 2007), and Lerer last week marveled at the effort company staff undertook last year to prepare for the September 1 implementation date in Maricopa.

"It was an incredibly complex implementation in an extraordinarily short period of time," Lerer said.

Just a few weeks after the contract award was announced, Magellan had put in place an innovative governance committee for the Maricopa County regional behavioral health authority (RBHA). With 50 percent representation from Magellan staff and 50 percent from the provider, consumer and family member communities, the committee reflects the new Maricopa contract's emphasis on shared governance and its goal of building a fully recovery-oriented system of care.

"The provider and advocacy communities are actively involved in how business is done," Lerer said of the Maricopa implementation. "We have in place in the community a group of advocates whose goal is to counsel members based on their own experiences."

Magellan also is pursuing new contracts for the East and West regions under the TennCare managed care program. Proposals are due this month for an integrated medical and behavioral health contract in the two regions; Magellan is partnering on these bids with Coventry Health Care, a national company offering a range of managed care products in general health.

"This is a unique collaborative approach; it's not a situation where one of the entities is acting as a subcontractor to the other," Lerer said.

During a Feb. 29 conference call with investors and members of the media, Lerer explained that "in spite of our optimism associated with our Coventry partners, our best-case scenario, winning in both regions, would still result in a significant decrease in revenue for us, since we expect two winners per region, each sharing roughly half the population."

In his interview with *MHW*, Lerer said that the conventional wisdom about how to structure public-sector managed care contracts is that there essentially is no conventional wisdom. Both carve-out and integrated models can operate and are operating successfully. "The one key fact is that no matter which way you go, you have to protect the rights of patients with behavioral challenges," he said.

One state where managed behavioral health contractors are drawing protest right now is Vermont, where some mental health advocates and lawmakers are supporting legislation that would bar insurers in the state from subcontracting management of any of their covered services to an outside entity. That would remove out-of-state companies such as Magellan as players in a state where Magellan currently manages behavioral health benefits for Blue Cross Blue Shield of Vermont (see *MHW*, Feb. 25).

Lerer said Blue Cross remains very supportive of Magellan, and the two entities are working collaboratively to state their position on the legislation. "It's in the state's best interest not to place restrictions based on geography," said Lerer, who added that quality should instead be the primary factor in how managed care arrangements are structured.

Financial results

Magellan on Feb. 29 reported its

It is illegal under federal copyright law to reproduce this publication or any portion of it without the publisher's permission

financial results for the fiscal year ended Dec. 31, 2007, as well as its fourth-quarter results for that year. Net revenue for the year was $2.2 billion and net income was $94.2 million ($2.36 per diluted common share), compared with net revenue of $1.7 billion and net income of $86.3 million ($2.23 per diluted common share) in fiscal year 2006.

The company's segment profit (income from continuing operations before expenses such as stock compensation, depreciation and interest) in 2007 was $223.3 million, compared with $216.3 million in 2006. Magellan ended the fourth quarter with unrestricted cash and investments of $353.6 million, according to its financial statements.

Company officials cited strong performance in both the public-sector behavioral health and radiology benefits segments of its business as a major factor in the 2007 results. "Our behavioral health line of business again delivered strong financial results, with all three segments performing favorably," Magellan chief financial officer Mark S. Demilio said in a statement.

In the announcement of Lerer's succeeding Shulman as Magellan's CEO, Lerer stated that he will ask Demilio to take on a greater leadership as the company defines its strategic vision for the future.

For 2008, Magellan expects revenues in the range of $2.53 billion to $2.66 billion, net income of between $77 million and $96 million, and segment profit of $200 million to $220 million. Besides its efforts in behavioral health, the company is pursuing new risk contracts in radiology and is refocusing its specialty pharmacy efforts on the rebate business.

"In 2008, our focus will be on capitalizing on the positive momentum we generated in 2007 to generate growth in each of our business lines while continuing to execute well on our existing business," Lerer said in a statement.

Besides his work at Magellan, Lerer was a co-founder of a health care technology venture fund and is a former chief operating officer for Prudential Health Care. •

Briefly Noted

On the horizon: Blood test for bipolar disorder

Researchers believe they may have moved one step closer to being able to genetically test for mental illness, in developing a blood test that can detect the presence of ten specific genes that could one day provide information about disease state and severity and even guide treatment for bipolar disorder. Alexander Niculescu, III, M.D., Ph.D., a psychiatrist at the Indiana University School of Medicine said that such a blood test would "put psychiatry on par with other medical specialties." Some worry that such tests could raise ethical concerns around privacy and discrimination. MSNBC reported on February 25 that Niculescu and his colleagues took blood samples from 29 patients diagnosed with bipolar disorder and looked for differences in gene activity between those reporting "high" or "low" moods. Niculescu said that although more work is necessary, the blood tests could be available in as little as five years.

Epigenetic research reveals clues to psychosis

Epigenetic changes (chemical changes to a gene that do not alter the DNA sequence) in the brains of people with schizophrenia and bipolar disorder may be an important clue to understanding what causes major psychosis. Canada's Centre for Addiction and Mental Health reported on March 11 that scientists with its Krembil Family Epigenetics Laboratory, led by Arturas Petronis, M.D., Ph.D., have conducted the first epigenome-wide investigation. Petronis explained that while the DNA code for someone with schizophrenia often looks the same as that of a healthy individual, new technology has allowed scientists to observe changes in this "second code," particularly on genes involved in neurotransmission and brain development. The research, which confirms theories in development for a decade, is published in the March issue of the *American Journal of Human Genetics*.

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

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

State Watch

ASU launches family psychiatric nurse practitioner program

Arizona is home to only 134 practicing child psychiatrists, said Michael Rice, Ph.D., who co-directs the recently launched family psychiatric nurse practitioner program at Arizona State University College of Nursing & Healthcare Innovations. This shortage means that pediatric nurse practitioners are often left addressing behavioral and mental health problems in children, said Rice. NurseWeek reported on March 10 that the new ASU program, funded by a nearly $1 million federal grant from the Healthcare Resources and Services Administration, is only the 16th such program in the country. Starting this fall, students nationwide will be able to complete three degree options online. "The need is bigger than just (Arizona)," said Rice. According to American Association of Colleges of Nursing data, there are only 487 child family

Continues on next page

A **Wiley Periodicals, Inc.** publication **www.interscience.wiley.com**

Continued from previous page
psychiatric nurse practitioners in the entire country.

Mental health care in Kansas deserves more attention

Editorialist Mark McCormick suggests the topic of mental health care in Kansas deserves more attention. In his March 2 editorial in the Wichita Eagle he quotes Russ Scheffer, chair of the psychiatry department at the University of Kansas, who says he's one of only three child psychiatrists in Wichita and claims the city is the most underserved community in the country in this regard. While Wichita had at least seven psychiatric inpatient facilities in the 1990s it now has just one. Kansas mental health agencies face an over $15 million loss in funding in Gov. Kathleen Sebelius' proposed budget, said Marilyn Cook, executive director of Comcare of Sedgwick County. Cook's suggestions for how readers can make a difference include avoiding language that contributes to stigma; advocating for parity; and contacting legislators regarding proposed budget cuts. Most of all, writes McCormick, "Make sure psychiatric care remains a part of health care discussions."

Business

Netsmart purchases Therapist Helper from Nightingale

Nightingale Informatix Corporation, a healthcare software and service provider and an industry-leader in electronic medical records, announced on February 29 the sale of its Therapist Helper business to Netsmart Technologies for $12.3 million less any collected deferred revenue. Nightingale also entered into a perpetual license and reseller agreement with Netsmart for the provision of Nightingale's Secure-Connect™. Netsmart is a provider of enterprise-wide software and services for health and human services organizations.

Coming up...

Terry Cline, Ph.D., Administrator for the Substance Abuse and Mental Health Services Administration (SAMHSA) and Former U.S. Surgeon General David Satcher, M.D., Ph.D., will speak at a conference titled "Erasing Stigma" on **March 25** from 9am to 4pm in **Dearborn, Michigan**. Sponsors include the **State of Michigan Department of Community Health**, the **Detroit-Wayne County Community Mental Health Agency** and the **Statewide Anti-Stigma Committee**. To register, call 734-785-7793 or e-mail rsvp@vceonline.org.

The Society of Behavioral Medicine will hold its 29th annual meeting and scientific sessions, "Better Health through Behavior Change," on **March 26-29** in **San Diego**. The Early Bird registration deadline is February 22. Visit **www.sbm.org/meeting/2008** for more information.

The New Jersey Association of Mental Health Agencies, Inc. (NJAMHA) will present its annual conference, "Exploring the World of Mental Health," on **April 22-23** in **Iselin, New Jersey**. For more information, visit **www.njamha.org**.

The New York Association of Psychiatric Rehabilitation Services (NYAPRS) will hold its 26th annual conference, "Integrating Services, Integrating our Lives," on **September 24-26** in **Ellenville, New York**. For more information, visit **www.nyaprs.org**.

Names in the News

Jennifer Havens, M.D., has been appointed vice chair and associate professor of Child and Adolescent Psychiatry at NYU School of Medicine and the service chief and associate director of the Department of Child and Adolescent Psychiatry at Bellevue Hospital Center. Havens previously served as the deputy director and director of clinical and community services in the Division of Child and Adolescent Psychiatry at Columbia University and the Morgan Stanley Children's Hospital of New York Presbyterian.

Bruce G. Pollock, M.D., Ph.D., FRCPC, has been named president of the American Association for Geriatric Psychiatry (AAGP). He succeeds Gary S. Moak, M.D. In addition to being vice president of research at the Centre for Addiction and Mental Health (CAMH) in Toronto, Pollock is chair of neuropsychiatry at the Rotman Research Institute, and professor and head, Division of Geriatric Psychiatry at the University of Toronto, Faculty of Medicine.

Renew your subscription now. Call
888-378-2537

In case you haven't heard...

The lead author of a new study on bullying in the workplace compares the feeling of being the target of such aggression to being ostracized as a third grader. "It's a feeling of powerlessness," said Sandy Hershcovis, Ph.D., with the University of Manitoba, Canada. The aggression is often so subtle that the victim is hard pressed to prove anything, and there are no federal laws for protection. In this sense bullying can have a more profound impact than sexual harassment, the researchers found. ABC News reported on March 10 that Hershcovis re-analyzed data from 110 studies conducted over the past 20 years. She found that bullying in the workplace can lead to severe stress, anxiety, depression and anger. The findings were presented at the Seventh International Conference on Work, Stress and Health, March 6-8, co-sponsored by the American Psychological Association.