MENTAL HEALTH WEEKLY
Essential information for decision-makers

Volume 24 Number 20
May 19, 2014
Print ISSN 1058-1103
Online ISSN 1556-7583

In This Issue...

FIND US ON facebook
mhwnewsletter

View this newsletter online at wileyonlinelibrary.com
DOI: 10.1002/mhw.20426

Field hopes for bipartisan compromise on efforts to reform MH system

Bottom Line...
While some in the mental health field are still split over the merits of two recently introduced mental health bills, the hope is that lawmakers can negotiate one comprehensive bill.

Mental health advocates are encouraged about a mental health bill that makes new investments in prevention and early intervention, advances mental illness research and proposes a White House Office of Mental Health Policy. Despite competition from another proposal introduced five months earlier, advocates remain hopeful that Democrats and Republicans will compromise on comprehensive legislation.

The Strengthening Mental Health in Our Communities Act of 2014 was introduced by Rep. Ron Barber (D-Ariz.) during the National Council for Behavioral Health conference on May 5 in Washington, D.C. (see *MHW*, May 12). H.R. 4574 is sponsored by Barber along with Reps. Diana DeGette (D-Colo.), Doris Matsui (D-Calif.), Grace Napolitano (D-Calif.) and Paul Tonko (D-N.Y.).

Provisions in the new bill include the reauthorization of important services and programs under the Substance Abuse and Mental Health Services Administration (SAMHSA) and a White House Office of Mental Health Policy that is responsible for developing and implementing a national strategy for mental health. The proposal would ensure collaboration

See Bill page 2

Payment reform, ACA and parity prompt National Council, SAAS merger

Bottom Line...
As both organizations prepare for the official merger in the fall, preparations will include meetings, and discussions about cross-training issues.

Citing a need to work collaboratively in the era of health reform and parity, the National Council for Behavioral Health (National Council) and the State Associations of Addiction Services (SAAS) announced a merger during the National Council's plenary session on May 5 in Washington, D.C.

"It's a natural extension for both organizations," Linda Rosenberg, CEO of the National Council, told *MHW*. "Both organizations represent work at the state and local levels."

Many of the National Council's members deliver substance abuse services, and conversely, many of SAAS's members are getting into the mental health business, she said. "What would be better than coming together and pooling our resources, and uniting our voices?" she asked.

Providers are adapting to the new future in health care, said Rosenberg. "Everyone wants to get ready to the extent that they can position themselves and figure out what the next few years will look like," she said. Rosenberg said that the Excellence in Mental Health Act, which includes a new demonstration project for certified agencies,

See Merger page 6

Bill from page 1

between mental health programs and services across federal, state and local agencies.

Rep. Tim Murphy (R-Pa.) introduced mental health legislation last December aimed at reforming the mental health system. Although those in the field were pleased that the bill includes the reauthorization of suicide prevention programs and Mental Health First Aid, they were not pleased about the bill's proposal to cut back on the Protection and Advocacy (P&A) program for individuals with mental illness by 85 percent.

Some advocacy groups noted that Murphy's bill would also expand the use of involuntary treatment and ignore the rights of persons with mental health conditions to make their own decisions concerning treatment. Assisted outpatient treatment (AOT) should be used as a last resort, they said (see *MHW*, Dec. 23, 2013).

Bill provisions

Barber's legislation, which aims to fill significant gaps in the mental health care system, includes the following provisions:

- Reauthorizes the Garrett Lee Smith Memorial Act for suicide prevention;
- Emphasizes evidence-based practices that have been proven effective through empirical evidence;
- Authorizes mental health awareness training grants to improve mental health awareness;
- Creates a national media campaign to reduce the stigma associated with mental illness; and
- Requires a report on evidence-based mental health practices to better serve older Americans.

Barber said that he received letters from a number of organizations, including the American Psychological Association, about issues the groups felt were important in a mental health reform bill. "That was an important factor in designing the bill," Barber told *MHW*.

Barber was wounded along with then-Congresswoman Gabrielle Giffords in the shooting in Tucson in 2011 that left 13 wounded and six people dead. "At least two years prior to the shooting, the gunman, Jared Lee Loughner, displayed symptoms that we now know [revealed] deteriorating problems," said Barber.

"The police and school saw and no one ever put it together," he said. "If they had, this might not have happened." That's why Mental Health First Aid is so critical, said Barber. The legislation provides $20 million for the public education program.

Barber said he is continuing to seek co-sponsors for the bill. "We're hoping the Republicans will join us," he said. "Any attempt to make this a partisan issue is a mistake."

Advocates weigh in

"I know that there are some folks who [view] Barber's bill as an alternative to Murphy's bill," Ron Honberg, national director of policy and legal affairs for the National Alliance on Mental Illness (NAMI), told *MHW*. "We see it a little bit differently. Hopefully, the legislation could be viewed as a potential framework for a compromise or a 'meeting of the minds' among lawmakers," he said.

"To pass a bill in Congress you need Republican and Democratic support," Honberg said. "The goals of Murphy and Barber's bills are very much in synch. There are sincere efforts on everybody's part to improve mental health services in this country. Everyone agrees the mental health system is broken."

NAMI is very pleased about the proposal to coordinate all levels of federal funding and services, said Honberg. The bill also expands health insurance technology (HIT) to providers, he said. The legislation extends Medicare and Medicaid reimbursement for the use of electron-

MENTAL HEALTH WEEKLY
Essential information for decision-makers

Managing Editor Valerie A. Canady
Contributing Editor Gary Enos
Editorial Assistant Kara Borbely
Copy Editor James Sigman
Production Editor Douglas Devaux
Executive Editor Patricia A. Rossi
Publisher Margaret A. Alexander

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: Print only: $695 (individual, U.S./Can./Mex.), $839 (individual, rest of world), $5787 (institutional, U.S.), $5931 (institutional, Can./Mex.), $5979 (institutional, rest of world); Print & electronic: $765 (individual, U.S./Can./Mex.), $909 (individual, rest of the world), $6658 (institutional, U.S.), $6802 (institutional, Can./Mex.), $6850 (institutional, rest of the world); Electronic only: $555 (individual, worldwide), $5787 (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.

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.

WILEY

ic health records (EHRs) to mental health professional facilities, and makes mental health and addiction treatment providers eligible for HIT for Economic and Clinical Health Act technical assistance.

Honberg said he is also pleased about the provision that would eliminate the 190-day lifetime limit on inpatient psychiatric hospital care under Medicare. "It creates an exception to the IMD [Institutions for Mental Disease] rule," he said. Currently, the IMD exclusion prohibits Medicaid from making payments to IMDs for services rendered to Medicaid beneficiaries aged 21 to 64.

Barber's legislation is a "very person-centered bill rather than an institutional one," Debbie Plotnick, senior director of state policy for Mental Health America (MHA), told *MHW*. The bill emphasizes important provisions for individuals, families and whole communities, she said. "People need a safe place to live," said Plotnick. "They need coordinated supports and something meaningful to do, such as supported employment, and access to community-based services in a timely manner."

The legislation also delves further into parity, said Plotnick, citing the provision that requires a Government Accountability Office (GAO) study on mental health and substance use disorder parity enforcement efforts. Additionally, Barber's bill requires the Secretary of Labor to coordinate with the secretary of the U.S. Department of Health and Human Services (HHS) to prepare annual detailed reports of parity compliance activities in each state.

"Individuals with mental illnesses and intellectual disabilities are residing in state institutions because there is no infrastructure for community-based programs and they have to live in restrictive settings," said Plotnick. P&A programs provide a very important function for these kinds of issues, said Plotnick. "It's very important for P&A [systems] to continue to do the exemplary work they've been doing," she said.

'We're hoping the Republicans will join us. Any attempt to make this a partisan issue is a mistake.'

Rep. Ron Barber (D-Ariz.)

"We're very much in favor of a White House coordinator for all agencies and departments, such as SAMHSA, HHS, HUD [Housing and Urban Development], DOJ [U.S. Department of Justice] and the Veterans Administration, to create an overall strategic plan," said Plotnick.

Barber's bill places an emphasis on peer support, mobile crisis services and other programs for individuals with a mental illness before they reach a point where they're spending hours in an ER or cycling in and out of prisons and jails, Plotnick said. "Ultimately, everybody hopes that both parties can find common ground," she said.

Opposing concerns

DJ Jaffe, founder of Mental Illness Policy Org, told *MHW* that Barber's legislation "strips out provisions that help people with a serious mental illness. It's a mental health bill, not a mental illness bill. It gives more money to the mental health industry without requiring that any of it is spent on people with a serious mental illness."

Jaffe said families of consumers with a serious mental illness lined up in support of Murphy's bill. "The current bill is probably well intended," he said. "This [Barber's] bill drives funding away from programs that help people with an SMI," said Jaffe.

"Barber's bill increases reimbursement rates for marriage counselors, but not for treating people with schizophrenia," said Jaffe. "The legislation does little for the 4 percent of people with a serious mental illness." •

Prevention, public health approaches key in health reform era

Public health interventions can create major improvements in fostering mental health and reducing the burden of mental illness, according to a new report that identifies relevant components of a public health framework and the positive impact that this approach can have on improving the mental health of the population.

The report was released May 12 by the National Association of State Mental Health Program Directors (NASMHPD).

Bottom Line...

State behavioral health authorities (SBHAs) will need to find partners within other state agencies and within the local communities with whom they can work to develop holistic and integrated public and personal health initiatives.

The report, "Reducing the Burden of Mental Illness: The Role of Preventive Activities and Public Health Strategies," is the third in a series of eight on the Affordable Care Act (ACA) implementation.

Historically, health promotion and prevention research and services have been under-funded, the report stated. However, funding has been made available under the ACA for

Continues on next page

Continued from previous page
states to focus more on 22 preventive activities that benefit behavioral health outcomes, along with the integration of community-based programs and primary and specialty care.

"We wanted to make the state behavioral health directors aware of the benefits that can be derived from a preventive, public health approach to care and the heightened emphasis on such initiatives at the federal level, including resources for a portion of these efforts under the ACA," Robert Glover, Ph.D., executive director of NASMHPD, told *MHW*.

"Public health interventions designed to influence personal behaviors and encourage a sense of self-responsibility for health status will produce positive behavioral and physical health status and outcomes," Glover said. "Further, structured and focused public health interventions can yield additional insights regarding best practices for maintaining mental health and addressing mental illness."

'Public health interventions designed to influence personal behaviors and encourage a sense of self-responsibility for health status will produce positive behavioral and physical health status and outcomes.'

Robert Glover, Ph.D.

According to the report, education of the health care and mental health workforce is important. The training needs of the public health, mental health, and health care provider workforces (as well as other professionals such as school teachers likely to encounter mental health issues) require collaborative identification and development.

The report notes that these professionals need to be made aware of the signs, symptoms, and treatability of common mental disorders and their relevance to physical health, which can foster earlier identification and support. They also should be trained to recognize the importance of preventive measures and strategies for mental health promotion.

Public health interventions

For public health interventions to be effective, it is essential that the public health system clearly define population disparities, set goals for improvement, focus on community-based research, and educate the community about the effects of social determinants of health on mental health and mental illness.

"For the mental health field it will be critically important to think about how we can make quality improvements in behavioral health through public health interventions and educating stakeholders about the social determinates on health on mental health and mental illness," Joel Miller, executive director and CEO of the American Mental Health Counselors Association (AMHCA) and lead author of the report, told *MHW*.

The interaction of the three elements—social determinants of health, health outcomes, and public health interventions—can yield central insights for maintaining positive mental health and fostering improvement for populations who have a mental illness, Miller said.

There are different ways to categorize preventive measures. A commonly-utilized framework within public health relates to the goals of a practice according to "stages of disease," with a continuum across primary, secondary, and tertiary prevention.

Primary prevention consists of those activities that take place prior to the onset of a disorder. An example of a primary prevention intervention type that now receives support via program funding under the ACA is home visitation for pre- and post-natal parents.

Secondary prevention aims to reduce the progression of a disorder, typically through screening and early identification. By identifying problems very early on, individuals can be offered services and supports to address their needs, which may help to reduce more rapid or severe progression of an illness.

Tertiary prevention focuses on improving functioning, minimizing the impact of an illness, and helping to prevent or delay further complications. Outreach, coordinated care, and linkages to services and supports can help persons with mental illness to be more fully and successfully engaged in their communities and can enhance positive functioning in the different areas of their lives.

"Studies show that prevention and early interventions in mental illness—such as through education, behavioral therapies, and positive and responsive family and peer supports—delay the onset and reduce the duration of crisis episodes and lead to earlier recovery, while at the same time avoiding the occurrence of the physical comorbidities that so often accompany and complicate the onset of mental illness and complicate its treatment," Glover said.

SBHAs will need to focus on finding partners within other state agencies and within the local communities with whom they can work to develop holistic and integrated public and personal health initiatives, Glover said. The state Medicaid agency should be the first entity approached, but SBHAs should also be prepared to work with health plans operating within the state's exchange, and advocacy organizations

representing individuals with mental illness or substance use disorders, as well as county and city health departments (if those linkages don't already exist), he said. •

The report, "Reducing the Burden of Mental Illness: The Role of Preventive Activities and Public Health Strategies," can be found at www.nasmhpd.org/Publications/NASMHPDPublications.aspx.

Partnership to help clinicians reduce suicide, improve care

Netsmart and the Action Alliance for Suicide Prevention (Action Alliance) announced on May 5 a partnership to transform health systems to reduce suicide and improve care. The partnership aims to integrate suicide-reduction technologies into electronic health records (EHRs) to guide clinical decision making and to potentially serve as a national model, said company officials.

"The use of an electronic health records that has alerts built in with standardized screening tools and questions that pop up that the clinician must ask the client will mean that more people are asked, identified and getting help," Julie Goldstein Grument, Ph.D., director of prevention and practice for the Suicide Prevention Resource Center, told *MHW*. "Standardized tools, embedded in EHRs, are helpful in that patients who are asked about suicide will be consistent."

"It's surprising that many clinicians have never received education about how to care for somebody at risk for suicide," she said.

Most graduate programs in psychology, social work, and counseling do not offer semester-long courses in the care of suicidal individuals, said Grument, including medical schools. "Therefore, while many clinicians will encounter someone at risk for suicide in the practices or clinics, they often have not had formal education in care and treatment for patients at risk for suicide," she said.

"We want to ensure that people get the best possible care," Denny Morrison, Ph.D., chief clinical officer at Netsmart, told *MHW*. "We want to identify the risk and treat them appropriately. As we move into EHRs, our thing is to see to it that clinicians get the right information at the right time, changing the trajectory of treatment in real time for their clients."

Clinicians may think there is nothing they can do to prevent a person from thinking of suicide, said Morrison. "That's not what the research says," he said. Morrison noted that his first exposure to the suicide prevention field did not occur during his graduate school training but during a subsequent suicide and risk internship.

"We're kind of a delivery mechanism and we partner with folks who are experts in certain areas," said Morrison. "Our job is to deliver suicide prevention information [content via an EHR] and show how the industry can use that information," he said. "We're the medicine; they're the syringe," Morrison said.

'This is not about building a product but about changing the practice patterns of this industry.'

Denny Morrison, Ph.D.

Suicide prevention alerts

According to officials, the two organizations will also develop and deliver suicide prevention alerts and reminders. These tools will help to disseminate strategic suicide prevention communications via clinical social media and e-learning channels to Netsmart clients and Action Alliance partners nationwide.

Alerts will be used to remind clinicians of information he or she may not know about in adjunct to their decision making about a patient, said Morrison. At intake, for example, a reminder might appear that says "Don't forget to conduct a suicide risk assessment" or it may indicate that a more comprehensive assessment is required because of information gleaned from a previous visit, Denning said.

That reminder or request to do something for a patient could be an alert or a part of an organization's protocol, where they're asking everyone that question about a suicide risk, he said.

Those kinds of questions can be built into the intake system, he said. By asking a client about any potential suicide thoughts, a clinician might uncover people who gave no previous indication that it was even an issue. "By the virtue of asking about it, that's like giving them permission to talk about it," said Morrison. A person may feel more comfortable discussing suicidal thoughts because a clinician broached it first, he added.

The protocol is for a clinician to ask everyone about suicidal thoughts, said Morrison. "We're saying it's a best practice," he said.

"The analytics available as a result of this partnership will include the ability to determine rates of patients identified as at-risk for suicide and noted as at-risk for suicide in the EHR," said Grument. "As more patients are asked about suicide, it might come as a surprise to the organization that higher numbers of patients have thought of or attempted suicide than previously assumed or known to them."

Grument added, "This can lead the organization and management

Continues on next page

Continued from previous page
to focus available resources to train their work force."

Creating a 'zero suicide' culture

The goal of the Action Alliance is to create a zero suicide culture, which is a commitment to suicide prevention in health and behavioral health care systems and also a set of specific tools and strategies. It is both a concept and a practice (see *MHW*, May 5).

Organizations can download various types of tools to use and create a work plan about how to identify and screen patients and provide evidence-based practices for somebody in the organization's care, said Grument. "We have national organizations using a zero suicide approach," she said.

Once the EHR model has been created, the organization will share it with other groups, added Morrison. "We believe we have an opportunity and obligation to reach out to the public," said Morrison. "This is not about building a product but about changing the practice patterns of this industry. We fully intend to publicize the protocol and what we learned from it."

Morrison added, "This is a huge need. We're talking about people's lives. We in this industry have not done what we need to do to address this problem." •

Young adults with BH conditions have school, work issues

Older adolescents and young adults with emotional and behavioral health conditions are much more likely to have significant problems with school performance, employment and housing stability, according to a new report released May 6 from the Substance Abuse and Mental Health Services Administration (SAMHSA).

According to the findings, nearly 8 percent of older adolescents (ages 16–17) with co-occurring depression and a substance use disorder do not have a stable place to live, moving three or more times in the past year.

Among older adolescents with depression and substance use disorder enrolled in school, 13.5 percent have academic difficulties, with a grade average of "D" or lower. These challenges make it difficult for older adolescents with mental and substance use disorders to successfully transition into adulthood.

Young adults (18–25) with co-occurring serious mental illness and substance use disorders are less likely than those without co-occurring disorders to be high school graduates. However, young adults with serious mental illness who received treatment were more likely to graduate high school than their peers who did not receive treatment.

According to the report, having a high school diploma makes a tremendous difference in a young adult's ability to get a job and earn a living wage. According to the report, young adults with co-occurring serious mental illness and substance use disorders are 1.4 times more likely to be unemployed than their peers without these disorders. When these young adults are able to gain employment, they still have difficulty maintaining a job.

The data show young adults with serious mental illness are 1.7 times more likely than their peers without mental illness to have had more than three employers within the past year.

"This new report demonstrates the critical need for treatment and other services that focus on older adolescents and young adults with mental and substance use disorders," said SAMHSA Administrator Pam Hyde. "A new SAMHSA grant program called 'Healthy Transitions' — part of President Obama's Now is the Time initiative — will provide $79.2 million over five years to 16 states, tribes and territories to improve access to treatment and support services for youth transitioning into adulthood who experience serious mental and co-occurring substance use disorders." •

MERGER from page 1
will be another model that will be helpful for providers going forward, she said.

"Overall, the merger is to address all the changes that are happening due to the implementation of the ACA [Affordable Care Act] and health care reform in a more effective and collective manner," Constance Peters, president of the SAAS board of directors, told *MHW*. Both the fields of addiction and mental health have a lot of these initiatives in common, said Peters, who is also vice president for addiction services at the Association for Behavioral Healthcare in Natick, Mass.

SAAS is composed of representatives from the state addiction trade associations, said Peters. "The National Council membership is structured very differently and they have a much broader reach and many more members," she said. Both organizations began strategic planning discussions over the past few years and then began working through various components of how a merger might work, Peters said.

The brand for the first year will be the National Council for Behavioral Health and State Associations of Addiction Services — Stronger Together, Peters said. "After the first year, we will just be known as the National Council for Behavioral Health, but at that time we will also add a new tagline to indicate that the National

Council represents both mental health and addictions," she said.

SAAS is merging into the National Council to become one very large advocacy voice for people with mental health and/or substance use disorders across the nation, added Peters.

As both organizations move forward to implement the ACA, the common initiatives will include health homes, the integration with primary health care, and payment reform, she said. "Payment reform is certainly one of the key issues that was a driving force for SAAS to merge with the National Council," said Peters.

Peters added, "It is a huge health care issue that will determine how all health care providers, including behavioral health providers, will be paid for their services in the future. Everyone is trying to determine what this might look like for different levels of care."

"Also, there are other common issues not related to the ACA such as addressing stigma," she said. "We need to change public policies around how we treat people with a mental health and/or substance use disorder. We need to treat addiction as a chronic brain disease instead of as a moral failure."

Common past

SAAS and the National Council have been working together for quite a long time on a number of policy issues, Jeff Walter, chair of the National Council's board of directors, told *MHW*. "At the same time, Rosenberg has been increasing the focus on substance use disorders as an area we need to build some capacity in," said Walter.

The National Council has a lot of members who are substance use treatment providers exclusively, he said. Many of them also have programs that address the needs of individuals with co-occurring disorders, Walter said.

Walter, president and CEO of the Rushford Center in Glastonbury, Conn., said his own organization began as a prevention treatment organization that later merged with a community mental health organization 13 years ago to offer a wide range of prevention, treatment, recovery and support services to individuals with psychiatric and substance use disorders, he said.

Walter said there is an overlap in the mission of both organizations and that devotion to recovery and to promoting recovery is what connects both mental health and substance use communities. "We're in the process of amending our bylaws," said Walter. "We're making the changes to clear the way for this merger."

'The National Council membership is structured very differently and they have a much broader reach and many more members.'

Constance Peters

Mental health and the addictions community needed to work together to have more collaboration, Walter said. "It makes a whole lot of sense," he said.

New board structure

Negotiations included the creation of a vice president for addiction services at the National Council and an addictions advisory committee, said Peters. The chair of that committee will also sit on the executive team of the National Council's board of directors.

Peters explained that the Legal Action Center, which provides public policy services to SAAS under contract, has already negotiated the terms of its contract to continue its work under the auspices of the National Council, to provide public policy support for the field of addictions as well as mental health.

SAAS will have four seats appointed to the National Council board for three years to assist with the transition, according to SAAS. Additionally, Becky Vaughn, current CEO of SAAS, will become vice president for substance use services at the National Council.

A new addictions/substance use disorder committee will be established at the National Council and will be composed of current SAAS board members to discuss addiction policy and help guide the merger. The chair of the new addictions committee will sit on the executive team of the National Council's board of directors, Peters noted.

SAAS will start moving staff resources over to the National Council and obtaining legal advice and guidance about how to complete the merger over the next several months, said Peters. "We're hoping to schedule a meeting between the CEOs and other key staff of the National Council and SAAS soon to develop a time line and work out all the details."

The first expanded board meeting with SAAS and the National Council will commence in October, said Rosenberg. The groups plan a celebration of the merger in the fall and will invite other members of the mental health and substance use communities to attend, she said. •

Briefly Noted

Medicare Fraud Strike Force finds $260 million in false billings

Attorney General Eric Holder and U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced May 13 that a nationwide takedown by Medicare Fraud Strike Force operations in six cities has resulted in charges against 90 individuals, including 27 doctors, nurses and other

Continues on next page

Continued from previous page

medical professionals, for their alleged participation in Medicare fraud schemes involving approximately $260 million in false billings. This coordinated takedown is the seventh national Medicare fraud takedown in Strike Force history. The Medicare Fraud Strike Force operations are part of the Health Care Fraud Prevention & Enforcement Action Team (HEAT), a joint initiative announced in May 2009 between the Department of Justice and HHS to focus their efforts to prevent and deter fraud and enforce current anti-fraud laws around the country. Since their inception in March 2007, Strike Force operations in nine locations have charged almost 1,900 defendants who collectively have falsely billed the Medicare program for almost $6 billion. In addition, the Centers for Medicare & Medicaid (CMS), working in conjunction with HHS-OIG [Office of Inspector General], has suspended enrollments of high-risk providers in five Strike force locations and has removed over 17,000 providers from the Medicare program since 2011.

Coming up...

The **Psychiatric Rehabilitation Association (PRA)** is hosting the Recovery Workforce Summit: PRA 2014 Annual Conference **June 22–25** in **Baltimore, Md.** Visit **www.psychrehabassociation.org/events/recoveryworkforce-summit-pra-2014-annual-conference** for more information.

The **American Mental Health Counselors Association (AMHCA)** will host its annual conference, "Thriving in the New Era of Healthcare Reform," **July 10–12** in **Seattle, Wash.** Visit **www.amhca.org/member/annual_conference.aspx** to register and for more details.

Mental Health America (MHA) is hosting its annual conference, "Parity and the Affordable Care Act: Bridging Gaps to Advance Mental Health," **Sept. 10–12** in **Atlanta, Ga.** Visit **www.mentalhealthamerica.net/annualconference** for more information.

Visit our website:
www.mentalhealthweeklynews.com

State News

N.C. mental health officials see new law as step forward

In the wake of tragedy, Virginia legislators are scrutinizing and revising the state's mental health laws, specifically emergency custody orders, the *News Virginian* reported May 15. In April, Gov. Terry McAuliffe signed an omnibus mental health bill that Sen. R. Creigh Deeds (D-Bath) championed following the tragedy that befell his family last November. Deeds was stabbed multiple times on Nov. 19 by his son, Austin "Gus" Deeds, who then shot himself to death, just 13 hours after being released from an expired emergency custody order. Both the Va. House and Senate unanimously approved the legislative package, but the biggest compromise involved the duration of emergency custody orders, which currently expire after six hours, which is what happened with Gus Deeds. Deeds and the Senate wanted a 24-hour time limit, while the House wanted eight hours. Under the compromise, beginning July 1, someone could be held in emergency custody for up to 12 hours, but state mental hospitals would be required to accept them for temporary detention after eight hours. That 12-hour limit could be scaled back to eight after four years if a study shows it to be unnecessary. Law enforcement and mental health officials mostly see the new laws as a positive step forward.

In case you haven't heard...

People who grew up with a parent who abused alcohol may be 85 percent more likely to attempt suicide than people whose parents did not abuse alcohol, according to research published by the American Psychological Association (APA). Furthermore, having divorced parents increased the risk that a person would try to take his or her own life by 14 percent when compared to people whose parents did not divorce, the study found. But putting those two factors together did not increase suicide attempts, according to the study, coming out in the May issue of APA's *American Journal of Orthopsychiatry*. The study was the first with a nationally representative sample to examine whether having divorced parents or a parent who abused alcohol affects the likelihood of suicide attempts.

Resources

Spanish-language mental health resources available

SAMHSA and HHS released new resources for Spanish-language speakers and professionals who work with Latinos. These resources were developed following the June 2013 National Conference on Mental Health to encourage partners and communities across the country to work together to address mental health issues. The Toolkit for Community Conversations About Mental Health includes an information brief, discussion guide, planning guide, and "Mental Health in My Community" information graphic. MentalHealth.gov en Español has resources and information about prevention, treatment, and recovery. Visit http://espanol.mentalhealth.gov for more information.