

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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The field's response to police interactions with people with mental illness continues. New York state officials are working with localities across the state to develop CIT programs. The Restoration Center in Bexar County offers integrated care and works closely with community partners. Officers can also drop off individuals with mental health and substance use disorders at the center rather than to jails or ERs.
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New York, Texas tackling community crises via CIT, restoration center

Second of two parts

A recent analysis in *The Washington Post* about the number of fatal shootings in the first half of 2015 involving the police and people with mental illness has sparked an important conversation in the field about the need for more police training on how to interact with people living with mental illnesses and increased collaborations involving law enforcement, advocacy and mental health communities.

The *WP* compiled a database of every fatal shooting by police, including shootings involving people with mental illness. In response to the *WP* analysis, "Distraught People, Deadly Results," a subsequent *WP* article, pointed out that police in the

Bottom Line...

Crisis intervention training, jail diversion and restoration centers are helping individuals avoid jails and ERs and receive needed treatment.

United States kill a person with mental illness every 36 hours (see *MHW*, July 27).

Legislation to address these challenges is starting to take hold. Pennsylvania Gov. Tom Wolf recently signed a new law requiring district judges and police to receive training in mental health, autism and intellectual disabilities, all of which can affect a person's behavior and interactions with law enforcement, the *Pittsburgh Post-Gazette* reported

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CMS takes uncommon step in revoking hospital's Medicare certification

In a move that is carried out rarely because of hospitals' opportunity at numerous intervals to correct detected deficiencies, the federal Centers for Medicare & Medicaid Services (CMS) has moved to decertify a large North Texas psychiatric health system from the Medicare and Medicaid programs.

Timberlawn Mental Health System, a facility of nearly 150 beds that as of 2013 was receiving about one-third of its overall revenue from Medicare and Medicaid, has been the target of regulatory scrutiny since late last year when a female patient hanged herself from a type of doorknob that presents a known safety risk. After several months passed without the hospital com-

Bottom Line...

A months-long process of uncovering health and safety deficiencies is costing a north Texas psychiatric hospital its access to Medicare and Medicaid funding, and is placing it in jeopardy with state regulators as well.

pleting a number of requested improvements, the facility failed a final inspection in late June, triggering the move to cease Medicare and Medicaid payments to the hospital as of this month.

A CMS regional administrator confirmed last month to *The Dallas Morning News* that the hospital, which is part of the national Univer-

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July 21.

While crisis intervention training (CIT) has picked up across the country since its inception in Memphis, Tenn., in 1987, it is not enough. The National Alliance on Mental Illness (NAMI) estimates there are 2,800 CIT programs nationwide and 18,000 law enforcement agencies across the country.

Don Kamin, Ph.D., director of the newly formed Institute for Police, Mental Health and Community Collaboration in New York, is working to implement CIT programs across the state. “The funding [for the programs] was allocated by the state legislature that began in last year’s budget and was continued and increased in the current state budget,” Kamin told *MHW*.

The Institute officially opened in the fall of 2014, he said. “There were several localities across the state that had developed CIT programs,” said Kamin, adding that he helped develop one in Rochester, N.Y., in 2004. “Despite that, however, New York had and still has far fewer than many other states that have state-wide CIT initiatives,” he said. “Nevertheless, I am so pleased that we have begun the task of bringing New York state up to the standard that is being set by other states.”

“I am a strong proponent for

CIT, but it isn’t the cure-all,” said Kamin. “People get focused on police training and oftentimes CIT gets overly simplified for police training. Training is absolutely necessary, but it is not sufficient.”

Collaboration is essential between all stakeholders — including law enforcement, the mental health community (both providers and overseers, like county officials), fam-

‘We do not want to set up a system where we’re relying on the police to be the de facto mental health worker.’

Don Kamin, Ph.D.

ily members, advocates and consumers of services, said Kamin. An important goal is “making the mental health system more understandable and accessible,” he said.

Kamin added, “While CIT training for law enforcement is an integral part of improving responses to citizens with mental illness, it is only by continuing the collaborative dialogue

between law enforcement, mental health system representatives, and consumers and advocates that systems will continue to improve and reach their maximum effectiveness.”

The numbers cited in the *WP* analysis are very concerning, said Kamin, a psychologist. “From my perspective, it’s important to note that police respond appropriately to mental health crises all day long; we just don’t hear about that,” he said. “Some of the criticism is well-deserved.”

Kamin explained that the Institute is currently working on a systems mapping exercise — a structured exercise where all the stakeholders are present and discuss (and literally map) the emergency services system that exists in each locality. It’s usually done on a county-wide basis to respond to those in mental health crises, he said.

“It’s an important tool for identifying each stakeholder agency’s role within the larger system, and to identify the strengths and challenges within the system,” Kamin said. To date, the Institute has completed two separate one-week trainings (i.e., in two different localities). “We have another scheduled for the end of August and three more already scheduled for the fall, with another two localities to be scheduled this fall,” he said.

“We need to understand what’s working well and what isn’t,” said Ka-

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- Managing Editor** Valerie A. Canady
- Contributing Editor** Gary Enos
- Copy Editor** James Sigman
- Production Editor** Douglas Devaux
- Executive Editor** Patricia A. Rossi
- Publisher** Amanda Miller

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min. “We do not want to set up a system where we’re relying on the police to be the de facto mental health worker. The big part of the issue is that we need to have more [people] accessing evidence-based practices or programs that we know work.”

An integrated approach

The field points to restoration centers as an emerging trend and helpful alternative sites for people in crisis. Dan Abreu, senior project associate for Policy Research Associates, which operates the Substance Abuse and Mental Health Service Administration’s GAINS Center, told *MHW* that it’s very cost-effective to have a facility set up like a restoration center.

One of the earlier adaptors of restoration centers, Abreu said, is Bexar County in San Antonio, Texas. The center’s crisis unit allows officers to drop off people with mental health or addiction disorders and be back on the street within a half hour, as opposed to being in the ER for

hours, said Abreu.

Leon Evans is president and CEO of the Center for Health Care Services (CHCS) that runs The Restoration Center, an integrated clinic that provides psychiatric care, substance abuse services, transitional housing and primary care services. The center is open 365 days a year, 24 hours a day.

CHCS also provides a jail diversion program and CIT. “The program is training officers to recognize the signs and symptoms of mental illness in highly emotional situations,” Evans told *MHW*. If officers think a person has a mental illness or an addiction, they can bring them to the center for treatment rather than jail, he said. “Police officers are given additional skills they can use to make our communities safer,” said Evans.

A component of the training involves psychiatrists and other mental health experts instructing officers about mental illness-related issues. There’s also role-playing, Evans said. “Rather than tackle someone, they’re

taught to step back and listen to the kids and use a lower voice,” he said. “If you don’t pass role play, you do not receive a certificate.”

After training, officers receive a refresher course every two years, Evans said. CIT has been so successful, said Evans, that the sheriff has incorporated it into the Bexar County Sheriff’s Academy, he said. “Most communities do not like to take the time with law enforcement training,” Evans said.

Evans said the center works effectively with the community, including churches, health care providers, families and consumers, and with NAMI, local and national. The strong community partnership has resulted in positive outcomes for the community, he noted. Bexar County boasts an 85 percent reduction in homelessness and a 50 percent reduction in emergency rooms visits, he said. Additionally, the county has seen about \$50 million in savings to the community since 2008, according to the CHCS website. •

Coalition addresses ADHD meds misuse among college students

The misuse, abuse and diversion of attention deficit hyperactivity disorder (ADHD) medication among college students has prompted a flurry of activities to tackle the problem, among them a recently formed coalition; its first-ever national summit on July 14–15 in Washington, D.C.; and research to measure awareness of the issues.

The Coalition to Prevent ADHD Medication Misuse (CPAMM) launched in August 2014 to be a trusted source on the issue of prescription stimulant medication misuse, and to identify ways to prevent the misuse of ADHD medication on campus.

CPAMM members include Children and Adults with ADHD (CHADD), the Jed Foundation, the

Bottom Line...

A report by the recently formed CPAMM on recommendations and actionable steps is expected to be released this fall. The coalition is also planning to recruit more members.

American Academy of Family Physicians (AAFP), NASPA — Student Affairs Administrators in Higher Education, the BACCHUS Initiatives of NASPA, Shire and student advisors.

One of the key points realized during the summit is that there’s a misperception about how much misuse is actually going on, Ann Quinn-Zobeck, senior director of the BACCHUS Initiatives of NASPA, told *MHW*. “We need to make students realize that it’s not the majority of students doing this,” she said.

The lives of students with ADHD are already complicated by their con-

dition, Quinn-Zobeck said. “[Now] they’re dealing with the pressure of other students asking for their medications. In some cases, they’re even hiding their medication,” she said.

The recent summit was very successful, said Quinn-Zobeck. Attendees included students, researchers, the National Institute of Mental Health, and representatives from the Substance Abuse and Mental Health Services Administration and the Drug Enforcement Administration. “It brought together what is current and has helped us begin to start framing where we want to go,” she said.

The summit also sought to address the high risks involved with misuse of the medications and look at what might be an effective strategy to reduce the misuse, she said. The recommendations from the na-

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tional summit will be released in early fall, Quinn-Zobeck said.

An ongoing problem

The issue of ADHD stimulant misuse had been ongoing for more than a decade, said Ruth Hughes, Ph.D., former CEO of CHADD and currently special advisor to the CHADD board. However, the issue had not been addressed broadly, she noted. "It's not like this is a street drug," Hughes told *MHW*. "Stimulants can be addictive if taken in massive amounts."

Hughes added, "Even prescription abuse campaigns are mostly about opioids." The issue of stimulant abuse was only touched on as an afterthought, she said.

The idea for the coalition began to take shape a few years ago, Hughes said. "Everybody was struggling over how to address this," Hughes noted. CHADD was very concerned about the abuse and hearing that students with ADHD are asked all the time to share their medication, she said. "Everybody in the dorms, friends, fraternities or sororities wants to have some stimulant medication," she said.

Hughes added, "For many people it almost feels like bullying." Students can hear comments like "you're a wimp if you don't share."

"So CPAMM came together, addressing this from two directions," Hughes explained. "We're concerned about two populations: The first concerns students with ADHD who are asked to share their medications, and that they're finding it harder to obtain services." They're also being stigmatized, she said. "So many people are suspicious of young adults with ADHD," said Hughes.

The second focus will be on students who don't have ADHD but are misusing the drug under the guise of finishing a report or trying to lose weight, she said. "We wanted to debunk the idea that it's okay to do that," Hughes said. Many students

Continues on next page

Survey results shine light on use, as well as misuse, of ADHD medications

The Harris Poll conducted a survey commissioned by the newly formed Coalition to Prevent ADHD Medication Misuse (CPAMM) to be used to inform the coalition's educational efforts to raise awareness about the misuse and abuse of ADHD medications among college students. Findings from the survey were presented to attendees of the coalition's first National Summit on July 13–14 in Washington, D.C.

The survey was conducted between May 15 and June 11, 2014, among 2,056 U.S. college students (full-time, 91 percent; part-time, 9 percent) ages 18 to 24 who were enrolled and seeking a degree at a four-year college or university and had attended at least some in-person classes.

According to the survey, college students consider taking ADHD prescription stimulant medications that were not prescribed to them to be unethical (75 percent), a form of cheating (when used for schoolwork) (59 percent) and extremely/very harmful (73 percent).

According to the survey, 88 percent of college students have heard of and are familiar with ADHD, and 72 percent of the students agree ADHD is a serious medical condition.

The survey found that 80 percent of students felt it was a "big deal" if someone who doesn't have ADHD uses prescription stimulants, with 65 percent likening the misuse of ADHD prescription stimulants to do schoolwork to athletes who use performance-enhancing drugs. However, almost one in four students (24 percent) do believe it is okay for someone who doesn't have ADHD to use prescription stimulants for schoolwork, and 48 percent believe that students who misuse are just doing what they have to do to keep up with the pressures of college.

A common occurrence

The Harris Poll revealed that college students believe misuse is somewhat common among college students and that ADHD prescription stimulants are easy to obtain without a prescription. Some even agree that misuse can help students without ADHD get better grades.

The survey found that 87 percent of college students believe that others who misuse ADHD prescription stimulants obtain them from friends who have a prescription. In comparison, 67 percent believe students get them from someone who illegally sells drugs, 48 percent believe they get them from a health care provider by pretending to have ADHD and 32 percent believe they get them through theft.

Other key findings

Forty-three percent of college students agree that using ADHD prescription stimulants can help students get better grades even if they don't have ADHD.

College students perceive their peers who misuse prescription ADHD stimulants to be poor decision-makers, stressed and driven to misuse more by academic pressures rather than the desire to stay out longer or to party or to lose weight.

The two most commonly perceived reasons students cited for misuse of ADHD prescription stimulants among other college students are: needing to stay awake to study or do schoolwork (80 percent) and to improve concentration (72 percent). Fewer believe it's used to have fun (33 percent) or lose weight (20 percent).

For more information, visit www.cpamm.org.

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believe that using ADHD medication is helping to improve their grades,” she said. “Ask any college student [abusing the drug] and they swear that it does; it’s a myth that’s becoming problematic.”

During the summit or “working meeting,” attendees learned that students going off to college are not forewarned that other students will want their medication. “They’re caught by surprise and finding it difficult to say ‘no,’” said Hughes. CPAMM wants students to be prepared ahead of time, she noted.

Service access unavailable

Students with ADHD going to colleges are finding it harder and harder to access the health care they need, said Hughes. “More than one-half of universities and colleges and health centers are refusing to treat students with ADHD,” said Hughes. “That means students have to go off campus.” Students leaving home for college are often transitioning from pediatricians to having to find a new primary care or family doctor who sees adults, she said.

Hughes added, “A lot of family practitioners will not treat young people with ADHD. They’re worried about stimulant abuse.”

Some CPAMM partners are embarking on initiatives to address the problem. AAFP is conducting research and developing materials for family physicians to attain a better understanding about an ADHD diagnosis and what to tell students who are going off to college, Hughes said.

Fraternities and sororities appear to be one of the places of the highest misuse, she said. “NASPA is developing a training program using peer education in fraternities and sororities about stimulant abuse,”

ed a survey on behalf of CPAMM to evaluate how different segments of the college student population vary in their views on ADHD prescription misuse. (See sidebar on page 4.)

“At this point we’re doing everything we can,” she said. “We want to develop a proactive strategy on how all of us can come together and address this effectively.” Previously, almost nothing had been done, she noted. “Now it’s time to open up and recruit more groups,” she said.

CPAMM may begin to meet in

‘A lot of family practitioners will not treat young people with ADHD. They’re worried about stimulant abuse.’

Ruth Hughes, Ph.D.

Hughes said.

Stimulant misuse is also occurring in team sports, college and professional sports and highly competitive activities, said Hughes. “It’s happening among young adults who don’t go to college but not nearly as much as it does with college students,” she said.

Last year the Harris Poll conduct-

person twice a year, Hughes said. Otherwise, meetings are held bi-monthly by phone, she noted. “We’re bringing everybody together to generate new ideas,” said Hughes. “We want to test what’s new in the conversation.” •

For information about CPAMM, visit www.cpamm.org.

New eating disorders program offers in-home alternative

A new evidence-based program in Connecticut aims to provide in-home services for adolescents and young adults at risk of or diagnosed with eating disorders. The program is based on a national model of family-based outpatient treatment that has demonstrated efficacy in reducing hospitalization and assisting patients to a full recovery.

The Plainville, Conn.-based Wheeler Clinic’s In-Home Behavioral Health Services-Eating Disorders Program provides a local, in-home alternative to residential eating disorder treatment centers. The innovative program is for Anthem Blue

Cross and Blue Shield-enrolled youths and young adults ages 10–24, said program officials.

“The program is an evidence-based program model used in other states,” Kim Nelson, LCSW, vice president of outpatient and community-based services at Wheeler, told *MHW*. “It’s the first program of its kind in Connecticut.” The program, which has already started, is a family-based therapeutic model, she said.

“The goal is to prevent hospitalizations and keep kids at home and returning to their normal function and to become unencumbered by their eating disorder,” she said. “The

program we’re opening is an alternative to higher levels of care like residential programs.” Nelson noted that the program will also reduce the need for length of hospital stay for inpatient admissions.

Maudsley treatment model

The eating disorders program is modeled after the Maudsley family-based outpatient treatment for anorexia nervosa, an alternative to costly inpatient or day hospital programs. Multiple studies have demonstrated the efficacy of the program, said Nelson. About 75 to 90 percent of anorexia nervosa patients

Continued from previous page

are fully weight-recovered at the five-year follow-up, according to the studies, Nelson said.

This family-based treatment was conceived by a team of child and adolescent psychiatrists and psychologists at the Maudsley Hospital in London and has come to be known as the Maudsley Approach or family-based treatment for anorexia nervosa, according to the program's website.

The program builds on the suc-

cess of another in-home Wheeler service launched in 2013 — the Intensive In-home Behavioral Services (IIBHS) program “for Anthem members between the ages of 3 and 24 who are at high risk or have a history of emergency department, inpatient and/or residential admissions,” according to a Wheeler Clinic press release.

The IIBHS program has demonstrated significant reductions in both inpatient utilization and emergency department visits, with a 24 percent

lower rate of inpatient admissions in comparison to a control group, according to officials.

Professionals in Wheeler's eating disorders program will be trained and receive weekly supervision and consultation, Nelson said. The 20-session program will be delivered in the youths' homes. The program will be monitored for outcomes. “We're working very closely with the model developers who maintain fidelity of the model and receiving ongoing consultation,” she said. •

APA joins AMA task force to address opioid crisis

Recognizing the urgency and serious impact of the opioid crisis on the health of hundreds of thousands of patients across the country, the American Psychiatric Association (APA) on July 29 announced that it has joined the American Medical Association (AMA) and other medical organizations to address the growing epidemic.

Opioid abuse is a serious public health problem that has reached crisis levels across the United States, with 44 people dying each day from overdose of opioids, and many more becoming addicted, officials said in a press release. The AMA Task Force to Reduce Opioid Abuse comprises 27 physician organizations, including the APA, the AMA, the American Osteopathic Association, 17 specialty and seven state medical societies, and the American Dental Association.

Task force members are com-

mitted to identifying the best practices to combat this public health crisis and move swiftly to implement those practices across the country, said officials. APA CEO and Medical Director Saul Levin, M.D., M.P.A., has specialized in substance use treatment, notably in previous posts at the Substance Abuse and Mental Health Services Administration and as the head of the D.C. Department of Health and Addiction Prevention and Recovery Administration.

“As experts in the diagnosis and treatment of substance use disorders, psychiatrists play an important role in curbing this epidemic and helping our medical colleagues participate in the prescribing part of the treatment plan,” said Levin.

The new initiative seeks to significantly enhance physicians' education on safe, effective and evidence-based prescribing. This in-

cludes a new resource Web page that houses vital information on prescription drug monitoring programs (PDMPs) and their effectiveness for physician practices. The site also includes a robust national marketing, social medical and communications campaign to significantly raise awareness of the steps physicians can take to combat this epidemic and ensure they are aware of all options available to them for appropriate prescribing.

“PDMPs vary greatly in efficacy and functionality from state to state,” said AMA Board Chair-elect Patrice A. Harris, M.D., M.A., a Georgia psychiatrist. “Alone, they will end this crisis but they can provide helpful clinical information, and because they are available in nearly every state, PDMPs can be effective in turning the tide to end opioid abuse in the right direction.” •

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sal Health Systems family of facilities, will not have additional opportunities in the immediate term to show compliance for the purposes of seeing federal funding restored. It essentially would have to reapply from scratch for Medicare and Medicaid certification, in a process that likely would take many months to unfold.

State officials also may take their own action against the hospital,

where problems have included long wait times for nursing care as well as suicidal patients' exposure to unsafe objects that could be used in a suicide attempt.

“The issues have been egregious and incredibly disheartening,” Texas Department of State Health Services spokesperson Christine Mann told *MHW*. “We are looking at the full range of penalties, including license revocation.”

Rare steps

Mark Covall, CEO of the National Association of Psychiatric Health Systems (NAPHS), confirms it is rare for a facility to reach the stage that Timberlawn Mental Health System now faces at the federal and state levels.

“Reviews are not uncommon, but in most cases a corrective action plan is developed by the hospital, and that would then get reviewed,”

Covall told *MHW*. “The idea of having a hospital lose its Medicare certification, not a lot of that goes on. There are a lot of opportunities to make changes.”

Timberlawn is a member of NAPHS. Covall said the actions being taken against it do not affect the facility’s membership status in the organization; that is also true with some other professional associations in the behavioral health industry. “Our view is that there are oversight organizations that are responsible for enforcing health and safety,” Covall said.

The challenge of remaining in compliance with Medicare conditions of participation and other regulatory requirements likely is intensifying, Covall believes, based on the tenor of conversations he has

been trending in a more intensive direction. That means that, in general, facilities that in the aggregate offer millions of days of care per year are doing a good job of correcting problems that are uncovered and avoiding major sanctions, he said.

State’s perspective

“Our inspectors have been in and out of the facility since February, citing issues and not seeing progress,” the Department of State Health Services’ Mann said in regard to Timberlawn. “It has turned into a critical situation.”

CMS surveys of Timberlawn began at the same time, finding numerous compliance problems as well as instances where safety issues remained even after the hospital had

dress whether the federal action taken against Timberlawn will have a pronounced effect on mental health service capacity in the North Texas region. •

BRIEFLY NOTED

Medicare celebrates 50th anniversary

As Medicare and Medicaid celebrate their 50th anniversary protecting the health and well-being of millions of seniors, people with disabilities and low-income individuals, the Centers for Medicare & Medicaid Services (CMS) on July 28 released updated Medicare state-by-state enrollment numbers, showing that more than 55 million Americans are covered by Medicare. In 1966, approximately 19.1 million Americans were covered by Medicare. In 2012, there were nearly 52 million beneficiaries covered by Medicare. The current enrollment numbers represent a three-million-person increase during the last three years as the baby boom generation has started to retire. CMS also releases state-by-state Medicaid enrollments on a monthly basis. As of May 2015, over 71.6 million individuals were enrolled in Medicaid and the Children’s Health Insurance Program, with 12.8 million more gaining coverage since 2013.

‘Our inspectors have been in and out of the facility since February, citing issues and not seeing progress. It has turned into a critical situation.’

Christine Mann

had with NAPHS members. “The acuity of patients today is much higher,” he said. “The standard for medical necessity for inpatient care has been tightened based on the actions of payers. It’s an acutely ill population.”

Much of this, Covall says, reflects the decline in state-run psychiatric hospitals’ treatment of short-term acute-care patients, as the focus of state facilities has moved to a longer-term forensic population. That has in turn functioned to change the patient mix at private psychiatric facilities, he said.

Covall said that beyond the periodic surveys hospitals undergo, any complaints against facilities generally trigger a review by The Joint Commission and CMS. For a number of years now, he said, reviews have

stated that all were corrected. According to local media reports, CMS had been told at one point that all patient rooms were free of ligature risks, but the agency found that faucets in the youth wing of the facility posed a suicide risk (that section housed patients deemed at risk of harming themselves). A recent inspection found that a staff member had falsified notes after an incident involving a patient.

It is uncertain when the state itself may take any action against the facility, such as possible license revocation. “We can’t really offer a timeline for any enforcement actions, but we are moving quickly to evaluate our options,” Mann said.

The Texas chapter of Mental Health America did not return a phone request from *MHW* to ad-

STATE NEWS

N.C. governor’s MH task force plans lauded by hospitals

Citing an effort to improve care, Gov. Pat McCrory announced intentions to establish a North Carolina Mental Health and Substance Use Task Force, a panel that will make recommendations to improve the lives of those with mental illness and substance use disorders, the *Triangle Business Journal* reported July 16. “Our goal is to improve collaboration between health care, jus-

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tice and safety professionals using existing resources,” McCrory said. “If we improve these linkages, we offer the best hand up to those in need — especially our young people.” According to the N.C. Hospital Association, “Community hospitals are the safety net for behavioral health; every three minutes, a North Carolinian experiencing a behavioral health crisis arrives at a hospital emergency department. Not only are these visits and admissions expensive, but they are not providing the appropriate level of care for the patients.” The task force will submit its findings and strategic recommendations to the governor by May 1, 2016.

New Mexico expands mental health crisis hotline

New Mexico Gov. Susana Martinez announced July 28 the expansion of the state’s mental health crisis hotline, a phone line established in 2013 that provides New Mexicans access to local assistance and resources during a mental health crisis, the *Ruidoso News* reported. The

expansion of the New Mexico Crisis Line (NMCAL) includes additional funding and certified peer counselors, which will help improve access to treatment and care to New Mexicans or their loved ones experiencing mental health or behavioral health crises. The NMCAL coordinates with local provider agencies, respite care services, warm lines,

emergency rooms, law enforcement agencies and correctional facilities. Last year alone, NMCAL counselors were able to support and create safety plans for 92 percent of the more than 2,000 people who called to report that they — or a loved one — were considering suicide. Proto-Call Inc. operates the crisis line with 80 clinicians to provide patient-centered, best practice clinical services.

Coming up...

The **New York Association of Psychiatric Rehabilitation Services** is holding its 33rd annual conference, “Recovery at the Crossroads: The Choices and Challenges Ahead,” **September 16–18 in Kerhonkson, N.Y.** For more information, visit <https://rms.nyaprs.org/event/?page=CiviCRM&q=civicrm/event/info&reset=1&id=17>.

The **National Association of County Behavioral Health and Developmental Disability Directors** is hosting the 56th annual National Dialogues on Behavioral Health Conference, “Preventing the Criminalization of Persons with Mental Illness: Solutions and a Call to Action,” **November 8–11 in New Orleans.** For more information, visit <http://nationaldialoguesbh.org>.

Children and Adults with Attention-Deficit/Hyperactivity Disorder will be hosting its 27th annual International Conference on ADHD **November 12–14 in New Orleans.** For more information, visit www.chadd.org/Training-Events/Annual-International-Conference-on-ADHD.aspx.

In case you haven’t heard...

Can your phone tell if you’re depressed? Researchers from Northwestern University’s Feinberg School of Medicine tracked certain behaviors — including the number of hours spent in certain locations and hours spent using a smartphone — of 28 individuals between the ages of 19 and 58 from around the country, *USA Today* reported July 23. With 86 percent accuracy, they were able to determine whether or not an individual was depressed. According to Sohrob Saeb, Ph.D., the study’s lead author, individuals who were more depressed had less mobility through geographical space, had a more irregular daily routine and used their mobile phones more. “Our main motivation for this and the following studies is to find out if we can rely on objective information collected from individuals’ mobile phone sensors to detect whether they are depressed, and to estimate the severity of their depressive symptoms,” Saeb said. The study — which was published in the *Journal of Medical Internet Research* — first allowed participants to self-report depressive symptoms through the Patient Health Questionnaire (PHQ)-9. Of those surveyed, 14 did not show any signs of depression, whereas the other 14 did, with symptoms ranging from mild to severe depression. Researchers then compared the results of this test over a two-week period with objective information collected from a mobile phone sensor. “The take-home message is that we are able to use mobile phone sensors to detect and track symptoms of depression,” Saeb said. “However, to find out which exact behaviors and sensor information are related to depression, we need to cross-validate these findings on a much larger sample.”

NAMES IN THE NEWS

The National Association for Rural Mental Health (NARMH) announced July 31 that former **Rep. Patrick Kennedy** is the recipient of the historic and prestigious Victor I. Howery Memorial Award. The award is given each year by NARMH to an individual who has made significant and sustained contributions to the rural mental health field. Kennedy has “emerged as a singular national leader who is urgently seeking fundamental change in our national mental health and addiction systems,” NARMH officials stated in a press release. Officials also cited Kennedy’s creation of the Kennedy Forum, which takes on key current issues confronting behavioral health, including difficult issues in rural America.