Mental Health America (MHA), has for the first time released a national snapshot of mental health status and access among children and adults across all 50 states and the District of Columbia. The report points to the continued need for early identification and early intervention on behalf of anyone with mental health concerns, according to MHA advocates who say the report is good for policy and program planning and analysis.

Federal program to help N.M. county rebuild BH community

Prescriber education needed for early schizophrenia care

CMS’s new proposal on ACOs to improve care, reduce costs

Nebraska advocates seek reform in treatment of prisoners

Leaders in northeast Louisiana intensify care coordination effort

Improved coordination of care continues to be a prevalent theme in the high-need communities of northeast Louisiana, as the region’s community behavioral health coordinating agency and a safety-net hospital system seek to put the finishing touches on a formalized interagency agreement. Also this week, health and law enforcement officials in the region have scheduled a meeting to discuss protocols for assisting individuals in crisis who come into contact with local police officers.

The Northeast Delta Human Services Authority (Northeast Delta HSA), which oversees the operation of community-based mental health and addiction treatment services in 12 parishes, has been working with University Health Conway to improve coordination in order to reduce strains on other entities in the region, such as rural hospitals and the criminal justice system. Closer integration of behavioral health and primary care services has been another priority topic for some time in the area, which has a high Medicaid-eligible and indigent population.
— more than parity — is the rule.”

Data for rankings were gathered from the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Education (DOE).

MHA developed guidelines to identify measures that were most appropriate for inclusion in its ranking. Such indicators included data with definitions for mental illness that best represented individuals who have a mental health concern, and data that could be collected over time to allow for analysis of future changes and trends.

“We’re trying to get a snapshot of where things are and looking at how ACA and parity are making changes,” Debbie Plotnick, senior director of state policy for Mental Health America, told MHW. “We will be tracking over time the increase in the number of people that report they have insurance, the number that can access services and the number that report they are receiving satisfactory services. This is really a baseline rather than a report card.”

The report reveals some of the highest mental health needs are emerging from the southern states, which also have the lowest access to care, said Plotnick. Part of the reason could be due to those states not expanding Medicaid, she noted. “That can be especially problematic; many people are left uninsured,” Plotnick said.

According to the report, 27 states (plus the District of Columbia) have expanded Medicaid, 19 states have chosen not to expand Medicaid, and four states (Indiana, Utah, Tennessee and Wyoming) may expand Medicaid within the next year. Alabama, Florida, Georgia and Texas have the lowest access to care and have not expanded their Medicaid programs, said Plotnick.

Access to care is really dependent on what state you live in, said Plotnick. “Medicaid is the biggest issue in terms of where you live,” she said. “We can see states in terms of high needs report lower access to care overall.” Alabama, for example, has the lowest percentage of children with emotional behavioral disabilities, Plotnick said.

What really jumped out, said Plotnick, is that of all the people who reported having a mental illness, only 41 percent actually received treatment. “That’s about one in five adults reporting they have a mental illness,” she said. “Many felt they were not getting the type of services they needed.”

Even in the highest-ranked state, Vermont, only 57 percent of individuals with a possibly diagnosable mental illness reported that they received treatment. In the 10 lowest-ranked states, only 30 percent of individuals who have a mental illness receive treatment.

Other report highlights

The report found that the highest percentages of uninsured adults with mental illness are in the Southern and Western states. The lowest percentages of uninsured adults with mental illness are generally in the Midwest and Northeast.

It was no surprise that Massachusetts had more access to care through the ACA longer than other states, said Plotnick. More people had access to mental health care and felt that their needs were better met, said Plotnick.

The report noted that in Massachusetts only an estimated 1 percent of adults have a mental illness and are uninsured (48,000 individuals), but an estimated 20.4 percent of adults with a mental illness report having an unmet need (174,000 individuals). Even though relatively many people in Massachusetts have access to insurance, a significant number of (presumably insured) people nevertheless report barriers to treatment.

Massachusetts was among the states with the lowest prevalence of mental illness and highest rates of
access to care, which also included Vermont, Maine, North Dakota and Delaware. States with the highest prevalence of mental illness and lowest rates of access to care include Arizona, Mississippi, Nevada, Washington and Louisiana.

States with the lowest prevalence of mental illness and highest rates of access to care for adults included Massachusetts, New Jersey, Hawaii, Maryland and Connecticut. For youth, those states include Vermont, North Dakota, Wisconsin, Iowa and Maine.

The highest rates of emotional behavioral developmental (EBD) issues among youth occur along states just to the west of the Appalachian Mountains. This area also has some of the highest rates of poverty and social inequality, the report stated. Five of the 10 states with the highest rates of both substance use and depression among youth are in the West.

“It will be interesting to see how over time the snapshot today will change with more states expanding Medicaid and more parity awareness,” said Plotnick. “Even when there’s good access to services, people aren’t feeling that all their needs are met. People need to receive comprehensive care and not wait until a crisis occurs, especially with youth,” she said.

“We’re helping to identify mental illness and stepping in early,” Plotnick said. “All major mental health conditions are manifested by adolescence and in early adulthood,” she said. “Early identification and intervention can have a large impact on the disabilities people face.”

For a copy of “Parity or Disparity: The State of Mental Health in America 2015,” visit www.mentalhealthamerica.net.

Editor’s note: Mental Health America has also released a second report, “Behavioral Prescription Drug and Services Coverage: A Snapshot of Exchange Plans.” The findings of this new report will be featured in the Dec. 15 issue of Mental Health Weekly.

Federal program to help N.M. county rebuild BH community

Although provider shortages, uncertainty and fraud allegations continue to plague New Mexico, Doña Ana County is looking to rebuild its behavioral health system following its selection as one of 10 communities across the country to participate in a new federal pilot initiative designed to help communities identify and share best practices for benchmarking community behavioral health.

The Community Assessment and Education to Promote Behavioral Health Planning and Evaluation (CAPE) project commenced in early 2014 and is funded by the Substance Abuse and Mental Health Services Administration. The federal partnership includes the U.S. Department of Agriculture’s National Institute of Food and Agriculture and the Regional Rural Development Centers (RRDC).

The CAPE project’s goals were to assess how local decision-makers obtain and use information about community behavioral health trends and to assemble a toolkit to help improve use of available data and community-level interventions to address pressing issues.

National CAPE officials selected nine other communities to participate in the community behavioral health benchmarking exercise: Finney County (Kansas), Orleans Parish (Louisiana), Garrett County (Maryland), Pettis County (Missouri), Clark County (Nevada), Blount County (Tennessee), Chittenden County (Vermont), New River Valley (Virginia) and Kanawha County (West Virginia).

The program is operating in four phases, said Courtney Cuthbertson, Ph.D., postdoctoral research fellow of the CAPE project and north central regional coordinator at Michigan State University.

“The goal of Phase 1 was to identify and share best practices for benchmarking community behavioral health, through understanding from where and how community leaders receive their information or data about a variety of behavioral health issues,” Cuthbertson told

Bottom Line…
Program participants can use a database to find programs and interventions to address their county’s respective behavioral health issues.

Continues on next page
Continued from previous page

Additionally, the first phase aims to help community leaders prioritize those behavioral health issues, she noted.

The CAPE project conducted a survey of community leaders, and in addition to the findings from the survey, also compiled secondary data from sources like the Behavioral Risk Factor Surveillance System and Google Trends to create behavioral health snapshots and longer extended profiles for each community, Cuthbertson said.

In Doña Ana County, the top behavioral health priorities were alcohol abuse, child abuse and neglect, and adult depression, she said. Clientele/stakeholders were the primary source of data or information for the top nine behavioral health issues in Doña Ana County, said Cuthbertson. (The other behavioral health issues for the county include: child neglect and anxiety, stress, post-traumatic stress disorder [PTSD], physical abuse, illegal drug use, mental abuse by domestic partner and suicidal thoughts.)

Competitive process

Valois Pearce, business operations specialist for the New Mexico State University Mental Health and Wellness Center, said the process to participate in the program was very competitive. “We’re a border town in a rural area with a very high level of poverty. We’re very pleased they chose us,” Pearce told MHW.

The fraud allegations that rocked the state affected four area community health centers in the county. “That really was dramatic for this small area. We had a very active mental health and addiction system,” she said. “People lost jobs and were humiliated in the process,” she said. “Our community members were hurt by this.” The businesses had been in the area some 15 to 20 years, she added.

As a rural community, community members were very tight, said Pearce. “Everything is based on trust and relationships,” she said. The new CAPE project will help to rebuild the community, added Pearce. “That really was dramatic for this small area. We had a very active mental health and addiction system.”

New Mexico’s behavioral health system has been under a glaring spotlight for the past year following allegations of fraud against 15 of the state’s largest behavioral health organizations. Human Services Division officials froze payments to providers, and five Arizona agencies were subsequently brought in to take over behavioral health management (see MHW, July 15, 2013; Sept. 16, 2013).

The four health centers, including two in Doña Ana County (Southern New Mexico Human Development and Southwest Counseling Center), were managed by Rio Grande Behavioral Health. The other two in southern New Mexico and under the same management were Border Area Mental Health Services and Counseling Associates, Inc.

“We are still adjusting to this major change,” Pearce said. La Frontera, an Arizona-based company, has since taken over operations. “People lost jobs and were humiliates in the process,” she said. “Our community members were hurt by this.” The businesses had been in the area some 15 to 20 years, she added.

As a rural community, community members were very tight, said Pearce. “Everything is based on trust and relationships,” she said. The new CAPE project will help to rebuid the community, added Pearce.

Identifying the major issues affecting the county allowed them a reason to connect with the community, Pearce said. “This [survey process] allowed us to have a dialogue,” she said. “I can’t say whether we’re going to fix all the problems, but we’re approaching this issue as a community, not just as one provider.”

Thirty people in the behavioral health community will be asked a series of questions to help determine important trends as part of phase one, said Pearce. The project is helping to show that the community “doesn’t have to wait for data entities to tell us what’s going on in our community,” Pearce said.

The second phase of the project, if Doña Ana County is accepted for that phase, will have community...
Prescriber education needed for early schizophrenia care

Treatment guidelines suggest distinctive medication strategies for first-episode and multiepisode patients with schizophrenia. However, a new study examining the medication prescription patterns for people with first-episode schizophrenia found that nearly 40 percent received treatment inconsistent with recommendations for first-episode patients.

The study, released Dec. 4, was published online by the American Journal of Psychiatry at AJP in Advance, its online-ahead-of print website. The findings are from the Early Treatment Program of the Recovery After an Initial Schizophrenia Episode (RAISE-ETP) of the National Institute of Mental Health (NIMH).

The study, “Prescription Practices in the Treatment of First-Episode Schizophrenia Spectrum Disorders: Data from the National RAISE-ETP Study,” is the first national report of U.S. community mental health center medication treatments for the crucial early phase of schizophrenia.

RAISE-ETP compares NAVIGATE — a coordinated specialty care treatment program for first-episode psychosis that includes medical management guided by a decision support system, individual therapy, family psychoeducation, and supported employment and education — and community care in which treatment is determined by clinician choice.

Researchers set out to assess what medication treatments are currently used in community settings and what factors are associated with choice of medication strategy. “We were trying to find out the standard community treatment across the U.S. for this population,” Delbert G. Robinson, M.D., professor of psychiatry and molecular medicine at Hofstra North Shore-Long Island Jewish Medical Center, and lead study author, told MHW.

Robinson added that past research has found that first-episode patients have a different medication requirement than people with multiple episodes. Given these very busy clinics, researchers wanted to determine if clinicians were modifying the medications for the first-episode population, he said.

Study details

Study participants included 404 patients from community treatment centers in 21 states who arrived through referral from inpatient units, other clinicians or self-referral. The majority of participants were male, and the sample had diverse racial backgrounds. Approximately half met DSM-IV criteria for schizophrenia; the next most common diagnoses were schizophreniform disorder and schizoaffective disorder.

Most patients received prescriptions for antipsychotics, and approximately one-third of patients received prescriptions for antidepressants. The RAISE-ETP data analyzed in this study were collected between July 2010 and July 2012.

Robinson and his colleagues identified 159 patients (39.4 percent of the sample) who he said might benefit from prescription modifications. Of these, 14 (8.8 percent) were prescribed antipsychotic medications at higher than the recommended dosages, 51 (32.1 percent) were prescribed olanzapine (Zyprexa) at high dosages, 37 (23.3 percent) received more than one antipsychotic medication and 58 (36.5 percent) received an antidepressant without clear indication of depression.

Additionally, 16 patients (10.1 percent)
Continued from previous page  

percent received psychotropic medications without an antipsychotic, and five (1.2 percent) had received a stimulant medication, said Robinson. All of the aforementioned prescriber practices were not recommended for first-episode patients, he said.

According to the study, practice guidelines with specific first-episode recommendations and first-episode research data support (1) the need for antipsychotic treatment, (2) the use of low antipsychotic dosing and (3) the need to minimize side effects, especially metabolic ones, during early-phase treatment.

Researchers asked whether community clinicians followed these core principles, and noted that the need for antipsychotic treatment was widely recognized. Only 16 patients did not receive prescriptions for antipsychotics who clearly had been evaluated for psychiatric problems, as evidenced by the prescription of a psychotropic agent, the study stated.

Antipsychotic prescriptions were mostly concordant with recommendations, according to the study. An exception was the relatively common use of olanzapine (17 percent of antipsychotic prescriptions). “We considered the possibility that this agent was prescribed for patients who had not improved with other antipsychotics, but the data do not support this,” they wrote.

Given olanzapine’s more frequent adverse metabolic side effects, especially with first-episode patients, the Schizophrenia Patient Outcomes Research Team (PORT) guidelines recommend that this agent not be used for first-episode treatment.

**Prescriber education, training needed**

About 115 of the 404 patients were given antidepressants even if they had no depressive symptoms, said Robinson. He said it wasn’t clear why women in particular received more antidepressant medication without a clinical indication for depression. “They were given the medication in the community before they entered the study,” said Robinson.

Training to improve clinicians’ ability to diagnose schizophrenia spectrum disorders as distinct from mood or anxiety disorders is warranted, especially for female patients, given researchers’ finding that women are more likely to receive antidepressant medication, according to the study.

Researchers noted that aside from educational efforts for prescribing clinicians, changes in reimbursement models or care delivery may need to be considered to facilitate evidence-based treatment during the crucial early phase of schizophrenia.

“People with private insurance were treated better for this condition than people who had public insurance,” Robinson said. Policymakers need to think about structural issues and the role insurance played in determining what medicines people received, he added.

Antipsychotic medications, he noted, are divided into first and second generations with first-episode patients. “People who had no insurance were more likely to get first-generation medications than people with public or private insurance,” said Robinson. “People who had private insurance were much less likely to have two or more antipsychotic [medications] than people with public or with no insurance.”

Robinson added, “One of the challenges for the field is to [pursue] education efforts for busy clinicians in the community about the first-episode treatment principles. Going to conferences, developing practice guidelines and learning more about first-episode treatment principles would go a long way in education efforts, Robinson noted.

---

**Coordination from page 1**

(see MHW, April 14).

In a relatively sparsely populated region, “We face issues of poverty, transportation, insufficient professional capacity, a lack of proper coordination and a lack of resources,” Monteic A. Sizer, Ph.D., the Northeast Delta HSA’s executive director, told MHW. “Because of our significant challenges, there is a willingness to coalesce and focus on a central vision.”

**Improving quality of handoffs**

Sizer says the agreement that is being negotiated between the HSA and University Health Conway has two main components. It formalizes a referral relationship between the two entities that has existed traditionally but that can tend to ebb and flow with changes in organizational leadership. Also, it seeks to fill any gaps in service that can ensue when hospitalized patients with mental health needs are discharged back into the community.

Patients who are discharged from University Health Conway, which among its safety-net hospital services operates 26 inpatient psychiatric beds and 8 beds for emergency psychiatric care, can expect a mental health appointment in the community within two weeks. But of course that represents a precarious
CMS’s new proposal on ACOs to improve care, reduce costs

The Centers for Medicare & Medicaid Services (CMS) on Dec. 1 released a proposal to strengthen the Shared Savings Program for Accountable Care Organizations (ACOs) through a greater emphasis on primary care services and promoting transitions to performance-based risk arrangements.

CMS officials say the proposed rule reflects input from program participants, experts, consumer groups and the stakeholder community at large. Officials want to ensure that the Medicare Shared Savings Program ACOs are successful in providing care and reduce costs helped improve care and reduce costs helped reduce hospital readmissions in 330 ACOs in 47 states caring for nearly 5 million beneficiaries through the Medicare Shared Savings Program. CMS officials recently announced first-year Shared Savings Program results that indicated that 58 Shared Savings Program ACOs held spending below their benchmarks by a total of $705 million and earned shared savings payments of more than $315 million.

Officials say that other Affordable Care Act (ACA) initiatives to improve care and reduce costs helped reduce hospital readmissions in...
Improved re-entry and transition to society, it is essential to provide that since almost all inmates return with mental illness. The group, citing planning and care for the inmates behind bars, and improve discharge and quality improvements have resulted in saving 15,000 lives and $4 billion in health spending during 2011 and 2012.

Improving Medicare program
CMS is seeking comment on a number of adjustments to improve the Medicare Shared Savings Program, including:
- Providing flexibility for ACOs seeking to renew their participation in the program,
- Encouraging ACOs to take on greater performance-based risk and reward,
- Emphasis on primary care,
- Alternative methodologies for benchmarks, and
- Streamlining data sharing and reducing administrative burden.

The proposed rule will be published in the Federal Register on Dec. 8 and available online at http://federalregister.gov/a/2014-28388.
Comments may be submitted at: www.regulations.gov.

For more information on behavioral health issues, visit www.wiley.com

Nebraska advocates seek reform in treatment of prisoners
Disability Rights Nebraska is calling on the state to reform solitary confinement in state prisons, provide better mental health care behind bars, and improve discharge planning and care for the inmates with mental illness. The group, citing several studies on the subject, said that since almost all inmates return to society, it is essential to provide adequate “re-entry” and transition programs to better prepare prisoners with mental illness for their eventual release. Omaha.com reported on Nov. 28, about one in three current inmates in Nebraska prisons have a diagnosed mental disorder, and improved re-entry and discharge plans are needed for inmates who suffer from mental illness.

Florida mental health providers report staggering funding need
Florida’s mental health and substance abuse treatment system is chronically underfunded and demands the attention of lawmakers in the upcoming session, according to providers who carry out these services across the state, jacksonville.com reported Nov. 28. Providers told the Florida Department of Children and Families the amount of money they would need to fully cover the services currently offered as well as the additional dollars needed to treated everyone in need was a staggering $683 million, which would be in addition to the $970 million already spent on mental health and substance abuse problems. The additional $683 million needed would have to be weighed against other priorities such as schools, the environment and tax cuts.

The American Group Psychotherapy Association annual conference will be held February 26–28, 2015 in San Francisco, Calif. The conference topic is “Promoting Secure Attachments through Group Therapy.” For more information, visit www.agpa.org/home/continuing-ed-meetings-events-training/annual-meeting.

The 28th Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health will be held March 22–25, 2015 in Tampa, Fla. For more information, visit http://cmhtampaconference.com.

In case you haven’t heard...
The U.S. Court of Appeals for the 5th Circuit issued a stay of execution December 3 for Texas death-row inmate Scott Panetti, who was scheduled to be executed later in the day, “pending further order of the court to allow us to fully consider the late arriving and complex legal questions at issue in this matter,” the National Journal reported. Panetti’s case has drawn considerable attention and controversy in recent weeks, as mental health experts and death-penalty opponents have said he is too mentally ill to be executed. The convicted murderer of two has been repeatedly diagnosed with psychotic disorders over the past several decades; the first diagnosis was made 14 years before he killed his in-laws. Mary Giliberti, executive director of the National Alliance on Mental Illness (NAMI), on December 3 issued the following statement: “NAMI is grateful to the Federal Fifth Circuit Court of Appeals for staying tonight’s scheduled execution of Scott Panetti, a man who has lived with severe schizophrenia for more than 30 years. The delusions and severe symptoms Panetti experiences every day have been unremitting since before his crime and have impacted profoundly on the course of this case. … NAMI urges that the death penalty should be taken off the table once and for all in this tragic case.”