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Essential information for decision-makers

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Florida Medicaid managed care beneficiaries with a serious mental illness will be provided with integrated behavioral and physical health care courtesy of a new first-of-its kind specialty plan administered by Magellan Complete Care of Florida. The new plan features a complete care model along with a coordinated team of integrated care case managers, health guides, primary behavioral health providers, pharmacists and peer support specialists.

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Magellan contract will offer specialty integrated care for Florida consumers

In a move to shift Medicaid beneficiaries into a managed care plan, Florida officials on Sept. 23 announced the selection of Magellan Complete Care of Florida to launch a Medicaid specialty healthcare plan — considered by Magellan to be the first Medicaid specialty plan focused on providing coordinated mental and physical healthcare to Medicaid beneficiaries with a serious mental illness (SMI).

Magellan's proposals were ac-

cepted in eight Florida regions, which include 40 of the state's 67 counties. Approximately 5.9 percent of the population in any of the eight regions would be eligible to participate in the specialty plan, meaning about 120,000 members per county.

Participation is subject to customary contract negotiations, final rates and contract execution, said officials. Implementation is expected to begin in 2014, according to state timetables. Meanwhile, Magellan began enrolling members in June 2013 in its Medicaid HMO plan in Broward County.

As part of Florida's Medicaid reform bidding, a number of other managed care organizations won ei-

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Bottom Line...

The specialty plan will allow a team of physicians, counselors, family and caregivers to coordinate care for Medicaid beneficiaries with SMI.

Maine psychiatrists step up to plate for strategy to address shortage

Maine's geography and its concentration of residents virtually guarantee that there never will be enough psychiatrists to meet mental health treatment needs in the northern tier of the state. That leaves it to primary care physicians to manage mental illness in the state's most remote rural communities, but a small group of dedicated psychiatrists in Maine have made themselves available to ensure that these generalist physicians don't have to go it alone.

The Maine Association of Psychiatric Physicians (MAPP) and the Maine Academy of Family Physicians collaborated nearly 10 years ago to create The Consultation Project, under which a primary care practice is matched with a consulting psychiatrist who is available for

Bottom Line...

The Consultation Project in Maine borrows from a model common in the primary care world to offer psychiatric support to generalist physicians who carry a heavy burden in mental health treatment.

guidance on prescribing practice and other aspects of treating mental illness. Around 25 psychiatrists volunteer their time for the effort, and while organizers sometimes regret that participating medical practices don't use the service more, they believe the effort has contributed a great deal to the cause of integrating care in Maine.

"This has been a demonstration

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ther general plan bids or specialty plan bids, which included such areas as HIV/AIDS, cardiovascular disease and diabetes, and child welfare. Magellan was the only health plan that focused on serious mental illness, said officials.

A spokesperson for the Florida Agency for Health Care Administration (AHCA) said the agency has received some formal protests but that none had been filed against Magellan's contract. "Detailed work with the selected plans to bring the contracts to execution has not begun, and details regarding reasons for plan selection are not available at this time," Shelisha Coleman told *MHW*.

Coleman added, "The procurement process was rigorous, and we are confident that all plans selected are top-caliber plans." All contracts awarded under the Managed Medical Assistance Program will be in effect for a period of five years, she said.

In 2006, Broward and Duval Counties served as the test sites for a statewide implementation of a groundbreaking Medicaid managed care program that would provide beneficiaries with a wide choice of health plans that offer differing ranges of services (see *MHW*, Sept. 11, 2006). During that time the behavioral health community tried to persuade state officials to consider creating spe-

cialty health plans to give focused attention to behavioral services.

The "reform pilot project" was a starting point for the legislature to move toward statewide Medicaid managed care, said Manuel Arisso, CEO of Magellan Complete Care of Florida. "It was part of the legislative action and review that enacted legislation, which allowed for the creation of specialty plans — with the

'Our goal was to revamp the system of care [to produce] the highest-quality outcome.'

Manuel Arisso

understanding that certain populations need different resources," he noted. Many of the services for the population with serious mental illness were siloed and "lacked true integration," he said.

Magellan officials began working with the state in 2011 to look at where it was headed and how to embark on changing the Medicaid managed care system. "Our goal was to revamp the system of care [to pro-

duce] the highest-quality outcome," Arisso told *MHW*. In creating this specialty plan, Magellan hosted a series of focus groups and heard from advocates, providers and consumers to address the gaps in services, he said. "A specialty plan was the only type advocates and providers wanted to hear about," Arisso said.

"In the first year or as soon as statistically viable data is available, we will be creating a baseline on several national, AHCA and internal performance measures — driving towards better outcomes and experiences for our SMI members," he said.

John Bryant, co-vice president of the Florida Council for Community Mental Health (FCCMH), said the council is pleased about a specialty health plan for behavioral health consumers. "We've worked pretty closely with Magellan to define what the behavioral health benefit should be," Bryant told *MHW*. "We have a good rapport with the [Magellan] leadership; however, we haven't had a chance to review the proposal in detail."

Model of care

Magellan's plan model centers around a care coordination team that will work with members to set goals for beneficiaries to enjoy a healthier life. The team will also include a dedicated health guide who, when

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needed, will help by scheduling appointments, and arranging transportation to appointments, and assist with adhering to treatment plans.

The care coordination team will include an integrated care case manager, who is either a registered nurse or a licensed mental health professional working with the treating providers and other members of the team to put together a care plan. Other team members could include a primary behavioral health provider, a peer support specialist, a pharmacist, or family members, caregivers or representatives to help with a member's care.

"Care Coordination Team (CCT) meetings are virtual because they are done via teleconference with

team members together at different sites and reviewing documents as needed electronically," said Arisso. "These meetings are based on a members' need based on their current health status and situation."

Also taken into account are any gaps in care and communication that may exist among the members' various providers, he said. As a result, goals are set by the member in conjunction with the CCT that are documented, tracked and reviewed as part of the members' care coordination plan, Arisso said.

Additionally, conference calls among team members and consumers and in-person calls will also be available. "Our goal is to have medical homes co-located with mental

health settings and in primary care settings as well," said Arisso.

Arisso said he is hopeful that Magellan's contract will be executed in mid-to-late December. A number of items are still outstanding, such as ensuring adequate rates for the program are enforced, he said. State officials will also need to determine which of the eight regions will be selected to go first.

Magellan's Medicaid program is considered groundbreaking, Arisso said, adding that he hopes the program is closely watched by other Medicaid programs around the country. "We want to do what's best for the community. We're all about moving quickly and bringing innovation to the state," he said. •

Shutdown raises concerns about MH funding, services

Congress' failure to pass an appropriations bill has triggered a much-feared government shutdown with no end in sight, as members of the mental health community express concern about its overall impact on mental health services. The shutdown commenced Oct. 1, the day enrollment launched for the health insurance exchanges.

House and Senate lawmakers continue to bicker over a budget bill. House Republican leaders' attempt to delay the Affordable Care Act (ACA) by one year had been rejected by the Senate. However, a subsequent proposal delayed certain provisions of the reform law, but that too was rejected by the Senate.

Most services offered through the Department of Veterans Affairs will continue, according to the U.S. Department of Health and Human Services (HHS). Veterans would still be able to visit hospitals for inpatient care, get mental health counseling at vet centers or get prescriptions filled at VA health clinics. Crisis hotlines will continue to be staffed.

The National Alliance on Mental Illness (NAMI) issued an alert to its

Bottom Line...

The mental health community will continue to keep a watchful eye on the shutdown, say that it could seriously impact access to key services for consumers with MH and addiction disorders and for those newly insured under ACA.

membership outlining the negative impact of the shutdown. Areas that could be affected include funding for new research at the National Institute of Mental Health (NIMH). Additionally, vital housing programs funded through the Department of Housing and Urban Development (HUD), such as Section 8, Section 811 and the McKinney-Vento Homeless Assistance Act, will be restricted.

Medicaid-financed services will continue because the program is not subject to annual appropriations, said Rebecca Farley, director of policy and advocacy for the National Council for Behavioral Health. However, it is not known whether the shutdown will delay Medicaid payments to states, she said.

"Without a budget, there's obviously no new money coming into

SAMHSA," Farley told *MHW*. As a result of the shutdown, SAMHSA will be unable to monitor grants and contracts, she said. However, staffing for SAMHSA-related activities, such as the suicide prevention lifeline and the treatment referral lifeline, will continue, she said.

Farley pointed to a notice from the Social Security Administration that indicates that Supplemental Security Income (SSI) payments will continue uninterrupted and field offices will remain open with limited services.

"This is not the first time we've come close to a shutdown," said Farley. "There have been several near-misses that started four years ago when the government came to the brink of a shutdown." The first shutdown occurred in 1995, she said.

Health reform

Health reform is not subject to annual appropriations and should go forward as planned, Farley said. "There have been a variety of opinions about the ACA; people oppose or support it to varying degrees," she said. Tax credits paid to eligible

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individuals who purchase insurance on the insurance exchange is going forward, she said.

“The funding to operate the health insurance exchanges was already appropriated a while ago,” Farley said. If the government shutdown would go on for months on end, what would happen to these functions? she said. However, many of the government-related functions to operate the exchange will likely continue, said Farley.

What’s certainly key about the ACA is the extension of mental health parity to new kinds of plans, she said. “It’s estimated that 62 million will gain access to mental health and addiction services at parity under the ACA,” Farley said. However, if implementation is delayed by one year, that is cause for much concern, she noted.

Farley noted that there still has not been enough time for the field to fully understand all the implications. “We’ll be monitoring very closely what the ramifications will be for mental health and addiction providers and consumers as well. We’d all like to see an end to this shutdown, but at what price will it reopen?”

What’s also problematic besides the 2014 budget and the shutdown is the Continuing Resolution (CR) that Congress is debating. CRs, which are typically used as stopgap measures to buy further time for negotiations on the appropriation bills, would only fund the government for

45 days, she noted.

“We would still need to have this debate all over again,” she said. The approaching debt-ceiling deadline on Oct. 17 raises concerns over whether the country will pay its bill in full and on time, noted Farley. “We also need to figure out a way to raise the debt ceiling or the government will default,” she said. “All of these fiscal challenges are confronting us even after a shutdown is resolved.”

‘There’s a marketplace for health insurance that just went online; there needs to be a marketplace for compromise and reason.’

Julio Abreu

Services impacted?

The advocacy community has long stated that the House approach to appropriations for 2014 does not allow for the appropriate services and supports for people living with addiction and mental illness, Julio Abreu, senior director of government affairs for Mental Health Amer-

ica (MHA), said. “We much prefer the Senate package, which is more generous in its ability to address those issues [related to] capacity to treat people with mental health and substance use conditions,” Abreu told *MHW*.

The health of millions of Americans will be impacted, particularly those with critical healthcare needs, he said. “It’s impossible to say how programs will be impacted,” Abreu said. “You can’t administer services and supports without funding the government. The longer the shutdown goes on, the greater likelihood there is that people with acute and long-term needs will be denied services and care. They’re playing with fire.”

There has never been a more important time to address the need for mental health and substance use conditions, said Abreu. “If you ever have an opportunity to gain traction to address these issues, it has to be now,” he said.

“It’s one thing that a public park like the Grand Canyon has closed, but when you have potentially life-or-death services and supports that could be disrupted, you’re in a position to appreciate the magnitude of what’s at stake,” said Abreu.

Advocates are encouraging Congress and the administration to draft a plan that allows for investments in behavioral health, he said. “There’s a marketplace for health insurance that just went online; there needs to be a marketplace for compromise and reason,” he said. •

FDA approves new drug to treat major depressive disorder

The U.S. Food and Drug Administration (FDA) on Sept. 30 approved Brintellix (vortioxetine) to treat adults with major depressive disorder (MDD).

Six clinical studies — conducted in the United States and other countries — in which adults with MDD were randomly assigned to receive Brintellix or placebo demonstrated

that Brintellix is effective in treating depression, according to FDA officials. An additional study showed Brintellix decreased the likelihood of participants becoming depressed again after treatment of their MDD episode.

“Major depressive disorder can be disabling and can keep a person from functioning normally,” said

Mitchell Mathis, M.D., acting director of the Division of Psychiatry Products in the FDA’s Center for Drug Evaluation and Research. “Since medications affect everyone differently, it is important to have a variety of treatment options available for patients who suffer from depression.”

The mechanism of the antidepressant effect of Brintellix is not

fully understood, officials from Takeda Pharmaceutical Company Limited and H. Lunbeck A/S, co-marketers of Brintellix, said in a statement. Brintellix is an inhibitor of serotonin (5-HT) reuptake, which is thought to be a mechanism of its action, according to Takeda and Lunbeck officials. It is also an agonist at 5-HT_{1A} receptors, a partial agonist at 5-HT_{1B} receptors and an agonist at 5-HT₃, 5-HT_{1D} and 5-HT₇ receptors.

The contribution of each of these activities to Brintellix's antidepressant effect has not been established, officials stated. It is considered to be the first and only compound with this combination of pharmacodynamics activity, said company officials, who added that the clinical relevance of this is unknown.

Brintellix is a daily, standard antidepressant medication that will be available in a range of 5 to 20 mg tablets, Michael Thase, M.D., professor of psychiatry at the Perelman School of Medicine at the University of Pennsylvania, told *MHW*. "Ten is the most common milligram dosage," he said.

Thase said that he had consulted with Takeda and Lunbeck officials on this new drug since 2007. The most recent clinical trial was earlier this year, he said.

The most popular antidepressants are selective serotonin reuptake inhibitors (SSRIs); however, those drugs have one predominant effect, said Thase. Brintellix is made up of one of the more effective serotonin receptors that previously had not been a target of psychiatry treatment, he said.

Clinical studies

In clinical studies, Brintellix had no significant effect on body weight as measured by the mean change from baseline in six-to-eight-week placebo-controlled studies. In the six-month, double-blind placebo-controlled phase of a long-term study of a patient who had responded to Brintellix during the initial

12-week, open-label phase, there was no significant effect on body weight between Brintellix and placebo-treated patients.

Brintellix has not been associated with any clinically significant effects on vital signs, including systolic and diastolic blood pressure and heart rate, as measured in placebo-controlled studies, company officials stated. The most common side effects reported by participants taking Brintellix in clinical trials included nausea, constipation and vomiting.

The recommended starting dose of Brintellix is 10 mg once daily without regard to meals, according to company officials. The dose should then be increased to 20 mg/

day, as tolerated, because higher doses demonstrated better treatment effects in trials conducted in the United States. The available doses provide flexibility for physicians to help address the variability of patient needs, company officials stated.

One of the six clinical studies was directed at the elderly population, added Thase. The medication improved cognition in severely depressed older adults, he said.

Another medication on the horizon for MDD treatment may be milnacipran (savella, ixel, dalcipran, toledomin), a serotonin-norepinephrine reuptake inhibitor (SNRI) already used in the clinical treatment of fi-

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Community, entertainment leaders honored at SAMHSA Voice Awards

The Substance Abuse and Mental Health Services Administration (SAMHSA) on Sept. 25 honored former Representative Patrick Kennedy, U.S. Army General Peter Chiarelli and Academy Award nominee David O. Russell, along with community leaders and television, film and documentary screenwriters and producers, for helping to educate Americans that people recover from mental and/or substance use disorders.

Now in its eighth year, the Voice Awards program — held during National Recovery Month — brings together representatives from the behavioral health community and entertainment industry to improve the public awareness about mental health and substance use issues. The event was hosted by actors Mehdad Brooks of USA Network's "Necessary Roughness" and Max Burkholder of NBC's "Parenthood" and held at Paramount Studios in Hollywood.

"This year's theme — Giving a Voice to Recovery — reflects SAMHSA's focus on the great impact that individuals and communities can have when they support and give a voice to people with mental and/or substance use disorders," said SAMHSA Administrator Pamela S. Hyde, J.D.

Joseph Rogers, a mental health advocate from Philadelphia, Pa., received a lifetime achievement honor for his impactful leadership to advance the recovery movement. "Call Me Crazy: A Five Film," a Lifetime film, was honored in the Television Productions category for addressing a variety of mental disorders, peer and family support, and recovery. Other honored shows included HBO's "The Newsroom" and Showtime's "Homeland."

The 2013 Voice Awards individual and entertainment industry honorees included a career achievement award for Russell, screenwriter and director of "Silver Linings Playbook" and "The Fighter," for his efforts to educate film audiences about the real experiences of people with behavioral health problems.

For a complete list of award winners and the organizations involved in this year's effort, visit www.samhsa.gov/voiceawards.

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bromyalgia, he said. The medication is available in other parts of the world for antidepressant treatment, Thase said.

The number-one risk of any medication is that it won't work, said

Thase. "Depression is a heterogeneous condition," he said. Some people may not always be responsive to medication treatment, he said. "Even the best medications may not help," he said.

Analyses show that the nonre-

sponse rate for people receiving depression treatment is about five out of 10, he said. "It is always good to have new options [available] for a patient. There's a great need for alternative or different medication treatments," Thase said. •

NAMI-NYC anti-stigma campaign encourages social media use

The National Alliance on Mental Illness-NYC Metro (NAMI-NYC Metro) on Oct. 1 launched a video-based, social, anti-stigma campaign intended to transform popular social media networks into a community of support.

Timed to coincide with Mental Health Awareness Week, which began Oct. 6, The "I Will Listen" campaign challenges negative stereotypes which keep many from seeking treatment by encouraging the public to make videos pledging

affiliate, educational materials, and advice on how to best support those with mental health needs. The "I Will Listen" campaign will be supported with digital billboards and online advertising.

"I would love this campaign to really change society's perceptions about mental illness," Wendy Brennan, executive director of NAMI-NYC, told *MHW*. "In our over 30 years of work, we've found that there is gross misunderstanding and judgment towards individuals and

nan. "Although NAMI-NYC has held events like our NAMI-NYC Metro NAMIWalks program and the Seeds of Hope Gala in NYC, "I Will Listen" is by far the most far-reaching campaign to date," she said. "It's the first time we've used social media in such a big way to help to transform popular social networks into a community of support," added Brennan.

"One of the most unique aspects of the campaign is that instead of targeting our community, those directly affected by mental health either personally or through a loved one, we are asking the rest of the nation to get involved by listening to those with mental illness with an open mind," said Brennan. "You can't reduce a stigma solely by talking to those affected by it. One out of four people will experience a mental health disorder in any given year, four out of four can make the promise to listen and encourage change." •

'It's the first time we've used social media in such a big way to help to transform popular social networks into a community of support.'

Wendy Brennan

to listen to those affected by mental illness without judgment.

"I Will Listen" videos, tweets, Instagram photos, and Facebook posts can be uploaded to and viewed at the NAMI-NYC Metro Facebook page, which acts as the hub for all "I Will Listen" user-generated content.

Redesigned to support the campaign, the page offers local NAMI Helpline details, guidance on how visitors can find their closest NAMI

families impacted by mental illness which has been detrimental to them seeking and obtaining proper treatment and support."

Brennan added, "Mental illness affects so many, but is also the top stigmatized disease in the country. The goal of the campaign is to see the larger national conversation about mental illness change for the positive and by just letting others know you will listen, that you'll be there for them, you can begin to change the dialogue."

The NAMI-NYC Metro chapter is the largest affiliate in the country and offers over 20 different support groups and a Helpline, said Bren-

nan. For more information about the "I Will Listen" campaign or to make the "I Will Listen" pledge, visit <http://bit.ly/16ndp9V> or <http://bit.ly/16JRagH>.

CONSULTANTS from page 1

by psychiatrists that they want to be of help — it's a selfless kind of thing," David Moltz, M.D., a member of MAPP's executive council and a key founder of The Consultation Project, told *MHW*.

And to the knowledge of those involved with the initiative, the effort does not appear to have been

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duplicated in other states with similar challenges in access to mental health specialists. Moltz said professionals in several other states inquired about Maine's initiative in its early days, but momentum never seemed to build toward replicating the program.

Origin in psychology debate

The idea for The Consultation Project originated when Maine state legislators were mulling the possibility of allowing psychologists in the state to prescribe medication, as a strategy for responding to the shortage of psychiatrists in the state. Moltz recalls the thought of that as "scary" to him and many fellow psychiatrists, so the suggestion was made instead to have psychiatrists act as consultants to primary care physicians who had to do the bulk of psychotropic medication prescribing.

"The model is a very simple one," Moltz explained. "Informal consultations go on all the time in general medical practice. A doctor will call a dermatologist and talk about having a patient with an unusual rash, for example."

The state's discussion of allowing psychologists to prescribe waned, supplanted by legislators' resolving to examine issues of health-care service access in the state more broadly. At that point, MAPP and the state Academy of Family Physicians joined forces to bring the consultation idea to life, and the organizations were able to receive start-up funding from the American Psychiatric Association (MAPP is Maine's APA affiliate).

The associations were able to subsist on this initial money for some time, since their expenses were largely limited to compensat-

ing a coordinator for a few hours of work per week and organizing an annual spring conference with curricular content of importance to both psychiatrists and primary care physicians.

Then, a few years into the project and as money was starting to run out, the effort was able to continue on with modest and ongoing funding support from the state Department of Health and Human Services, Moltz said. "This became part of their plan to integrate mental health and primary care services," he said.

How process works

Neither the primary care practice nor the consulting psychiatrist receives any fees under the arrangement, unless the consultant is invit-

'The worst thing for a consultant is to take a call and then never hear back from that person again.'

David Moltz, M.D.

ed to conduct a formal in-service training. The physician initiates the contact with The Consultation Project, usually because he/she has perceived the need for more mental health expertise but sometimes in cases of an urgent situation arising with a particular patient.

The physician signs an agreement that delineates what the consultation arrangement does and doesn't do, and is then matched with a psychiatrist. Moltz said sometimes this is a random assignment, and on other occasions the pairing is guided by geographic factors or a specific specialty being sought by the physician.

The psychiatrist and the physician jointly determine how the arrangement will unfold, in terms of

whether contact will occur by phone or e-mail and what kind of response time will be anticipated. Moltz said the project operators urge that in all cases, the psychiatrist should visit the primary care practice at the outset to establish a closer tie.

Evaluating success

Moltz said that as the program has matured, MAPP has largely been able to coordinate it on its own. He considers the main strength of the initiative to be the ongoing relationship that it fosters, so that feedback and follow-up are possible. That of course is not the case with something such as a toll-free telephone service, where the professional seeking guidance will receive advice from whoever happens to pick up the phone at that moment.

"The worst thing for a consultant is to take a call and then never hear back from that person again," Moltz said.

Perhaps the biggest weakness of the project is that the participating psychiatrists tend to hear from the physician partners quite rarely. Moltz believes this probably stems from several factors, including the inability to bring about face-to-face contact between the psychiatrist and the patient, as well as the overall busy schedule of the typical primary care office.

"Even if we deliver a fast response, it probably isn't going to be when the patient is actually in the physician's office," Moltz said.

When The Consultation Project files its periodic reports to the state agency that funds it, its leaders focus on the number of consultations that have been delivered and the success of the annual conference it sponsors, Moltz said.

He added that even those primary care practices that have never proceeded to contact their appointed psychiatrist for guidance like the idea of having that service available.

"We've really sent a message to primary care that we're here," Moltz said. •

BRIEFLY NOTED

National Council now accepting 2014 nominations

The National Council for Behavioral Health is accepting nominations for the 2014 National Council Awards of Excellence. The awards include the Inspiring Hope awards sponsored by Eli Lilly and Company, the Advocacy Leadership Awards supported by Sunovion, and the Impact Awards. There is no entry fee. Amounts ranging from \$5,000 to \$10,000 are donated to a nonprofit of the honoree's choosing. The application deadline is Oct. 31. Visit www.thenationalcouncil.org for more information.

STATE NEWS

Tenn. UnitedHealthcare grants \$1 million to expand MH housing

UnitedHealthcare Community Plan of Tennessee (UHCPT) announced Sept. 27 that it's allocating \$1 million in grant funding to increase housing options for Tennesseans who suffer from mental illness. The funding will help support development of appropriate housing for people who need a place to live after having been discharged from a mental health facility. "Without a place to call home, people who suffer from mental illness can get caught in a pattern of staying in hospitals, shelters and even the criminal justice system," said Scott A. Bowers, CEO of UHCPT. Many of them are homeless and survive on low incomes. UHCPT estimates that 16 spaces will become available in 2013, and 24 in 2014.

Wisconsin task force studies mental health system

Spurred by recent tragic shootings at a Connecticut elementary school and the Navy Yard in Washington, D.C., a task force composed of seven Republicans and four Democrats will soon recommend several changes to Wisconsin's mental health

Coming up...

The **Department of Child & Family Studies at the University of South Florida** will host the 27th Annual Children's Mental Health Research & Policy Conference **March 2–5, 2014** in **Tampa Fla.** Visit <http://cmhconference.com> for more information.

The **National Council for Behavioral Health** is hosting its annual conference **May 5–7, 2014** in **Washington, D.C.** Visit www.thenationalcouncil.org for more information.

system. The task force plans to recommend changes to medical record privacy, emergency detentions and court sentencing options for those with mental illness. The task force is also urging the state to investigate regional, rather than county, mental health service models. It also recommends incentives for doctors and psychiatrists to practice in rural areas. Task force co-chairs Rep. Erik Severson, (R-Star Prairie) and Rep. Sandy Pasch, (D-Shorewood), a psychiatric nurse, started talking about a mental health task force two years ago.

signed to help clinicians, admissions staffs, employee assistance directors, school counselors, nursing homes staffs, librarians, legal system personnel, and others who must quickly identify sources of help for individuals with psychiatric and addictive disorders. Copies of the directory are available from NAPHS for \$35 (which includes shipping and handling). D.C. residents add 6 percent sales tax. To order, go to www.naphs.org and click on Resources/Directories.

RESOURCES

NAPHS releases 2014 membership directory

The National Association of Psychiatric Health Systems (NAPHS) has published its 2014 Membership Directory. The NAPHS directory is a comprehensive referral source de-

Mental Health Weekly

welcomes letters to the editor from its readers on any topic in the addiction field. Letters should be no longer than 350 words. Submit letters to:

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In case you haven't heard...

Being unable to recognize Oprah, Elvis or Princess Diana or any other famous face could signal early onset dementia, according to a new study published in *Neurology*. Scientists developed a test for identifying a certain type of early dementia — mental decline that occurs between the ages of 40 and 65 — that involved identifying celebrities, the *New York Daily News* reported Oct. 4. The study involved 30 people with an average age of 62 who had primary progressive aphasia, a type of dementia that affects communication and language function, such as the ability to express thoughts or find the correct word, and a group of 27 people without dementia. All were asked to identify black-and-white photos of famous faces by name — or if they couldn't name them, to provide at least two relevant details about them. Those with dementia were only able to name the faces 46 percent of the time and provide some details 79 percent of the time, while those without dementia averaged 93 percent and 97 percent, respectively.