MENTAL HEALTH WEEKLY

Essential information for decision-makers

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HIGHLIGHTS...

Oregon became the **36th state** to offer some **form of parity between mental health and physical health coverage** following the governor's signing of parity legislation last week. The new law, to take effect **Jan. 1, 2007,** requires that mental illness and substance abuse disorders be treated like any other health condition. State officials estimate that approximately **1.3 million Oregonians will benefit** from the new law. *See story, this page.*

A national study has found that **health plans are struggling to identify and treat employee depression.** According to **Ensuring Solutions to Alcohol Problems,** a research firm, this is the **first study of its kind to investigate the link between coverage and quality in the field of depression.** *See story, this page.*

A California-based **dual diagnosis recovery program** has been credited with **reducing costs, decreasing hospitalization and emergency** psychiatric visits. The **CHANGES Dual Recovery Program** was designed for individuals with a history of difficulty staying connected to traditional mental health services. *See story, page 3.*

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Oregon gov. signs MH parity law

State joins 35 others to require MH insurance parity

Oregon Governor Ted Kulongoski last week signed into law mental health parity legislation that would require group health insurers to provide coverage of mental illnesses the way they would physical illnesses. The move positions Oregon as the 36th state to offer some form of parity between mental health and physical health coverage.

The parity legislation, SB 1, requires that mental illness and substance abuse disorders be treated like any other health condition.

According to the legislation, SB 1 is a group health insurance policy providing coverage for hospital or medical expenses and provides coverage for expenses arising from treatment for chemical dependency, including alcoholism, and for mental or nervous conditions at the same level, and subject to limitations than those imposed on coverage or reimbursement of expenses arising from treatment for other medical conditions.

Although Oregon law currently requires coverage of mental health and substance abuse treatment, the problem, is that current law allows for insurance plans to put arbitrary and unequal limits on mental health and substance abuse treatment compared to other health conditions, according to a report on parity prepared by the National Alliance for the Mentally Ill (NAMI) in Oregon.

The new law takes effect Jan. 1, 2007. State officials estimate that

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Study: Health plans struggle to identify, treat employee depression

Health plans are doing a poor job of identifying and treating employees diagnosed with depression, according to research conducted for a national business coalition on health and released earlier this month. Although approximately 9 percent of adults covered by a commercial health plan suffer from depression, only about 3.8 percent are diagnosed, the study indicated.

Ensuring Solutions to Alcohol Problems, a research organization based in Washington, D.C., prepared the study for the National Business Coalition on Health (NBCH). Ensuring Solutions researchers analyzed the behavioral health data for mental health disorders from eValue8, an electronic survey tool developed by NBCH, which captures voluntarily reported data from 250 health plans nationwide.

This is the first study of its kind to investigate the link between coverage and quality in the field of depression, according to Ensuring Solutions.

The systemic failure to address depression begins with a failure to adequately identify employees with mental health problems according to the eValue8 findings. Once patients receive a diagnosis, health plans also need to do a better job at immediate follow up care, according to the study.

"Increasing the rates of identification and treatment for mental health and alcohol use disorders is key," said Eric Goplerud, Ph.D., director of Ensuring Solutions.

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approximately 1.3 million Oregonians will benefit from the parity legislation. Currently, about 600,000 Oregonians do not have health insurance, said officials and advocates.

"Senate Bill 1 is one of the most important pieces of legislation to pass out of this session and will deliver one of the greatest returns to the citizens of Oregon by making mental health services more affordable, accessible and available earlier — which will improve the health of our citizens and prevent more costly responses from the state in the future," said Kulongoski, who signed the bill Aug. 15.

Mental health parity is a critical first step in the state's plans to redesign the Oregon State Hospital and create a statewide plan for its entire mental health system, said Kulongoski.

The new parity law is estimated to affect 1.3 million people with health insurance, Anna Richter Taylor, spokesperson for the governor's office, told *MHW*. "The legislation would require insurance companies to provide parity to the services one would get under their health plans the same as physical treatment."

'Stabilizing' MH system

"We see this as one more brick in the foundation of a good mental health system in the state," Madeline Olson, deputy assistant director for the Office of Mental Health and Addiction Services at the state Department of Human Resources, told *MHW*. "It moves us forward to beginning to stabilize the mental health public treatment system."

Olson added, "More people would have access to a treatment for mental health and substance abuse disorders. It will be an important point of ending stigma associated with both these disorders."

According to Olson, state data over the course of 12 months revealed that the cost for providing equal coverage for mental health and substance abuse and physical health treatment is minimal — the cost increase is less than 1/2 of 1

NAMI-Oregon advocates for increasing health, reducing disability

Oregon last week became the 36th state to offer mental health parity. A report by the National Alliance for the Mentally Ill (NAMI)-Oregon revealed that untreated mental illness costs.

The report, *SB 1 (Parity): Fair Coverage for Mental Health & Substance Abuse Treatment* found that too many individuals with chronic and serious mental illness end up in hospitals, in the custody of child welfare, on disability, or worse, homeless or in the state's criminal justice system. According to the report:

- Suicide is the second leading cause of death for Oregon's youth, ages 10-24.
- School failure — about 50 percent of students with a mental disorder ages 14 and older drop out of high school, which represents the highest dropout rate of any disability group.
- Custody relinquishment — inadequate health care coverage is the leading cause of custody relinquishment for youth. Thousands of youth are placed each year in child welfare or juvenile justice systems due to unmet intensive mental health needs.
- Criminal justice involvement — 59 percent of Oregon youth authority juvenile offenders have a diagnosed mental health disorder and about 20 percent of Oregon's prison inmates suffer from a severe mental illness.

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percent. The data proved useful in discussions with parity opponents who argued that parity "would drive insurance costs up," said Olson.

Olson cited the efforts of the governor's mental health task force, created by executive order in September 2003, as helping to move the parity issue forward. The task force released a report before the legislative session last September with mental health parity as their number one priority, said Olson.

Strong grassroots support from mental health advocates and consumers was also key, said Olson. "You had forces converging from all different directions — family members, state leadership, including [lawmakers] and the governor's office and mental health associations," said Olson. "NAMI members had a complete grassroots effort to contact every legislator in Congress — not just once, but several times.

"NAMI and family members shared their stories and it became clear that effective treatment is available and often out of reach for people," said Olson. "In Oregon it was time for this to end."

Advocates encouraged

Mental health advocates in Oregon, who said they had advocated for mental health parity for many years, are encouraged by the new law. "We're ecstatic," Dave Gallison, executive director of NAMI-Oregon, told *MHW*. "We're basking in this significant victory for many people pushed to the limit with children who have bipolar disorder or others with mental illness who have exhausted their mental health coverage."

NAMI had advocated for parity for nearly 20 years, said Gallison. Consumers have been stretched to the limit to obtain the mental health coverage needed for loved ones who had reached their benefit limit in dollars and in the number of hospital visits, he said.

The current law had limits to control costs like the number of hospital stays, number of physician visits and sometimes dollar caps on coverage that in the cases of people with severe mental illness weren't adequate, said Gallison. •

Dual-diagnosis recovery program reduces costs, decreases hospitalization, emergency psychiatric visits

A comprehensive recovery-based program in California which serves individuals who are dually diagnosed with serious mental illness (SMI) and substance abuse problems has been credited with reducing psychiatric hospitalizations and emergency room contacts, according to an internal outcomes study released last week.

The CHANGES Dual Recovery Program of evidence-based and innovative practices is designed for individuals dually diagnosed who have a history of difficulty staying connected to traditional mental health and substance abuse services.

The CHANGES program provides all community-based services to county-referred mental illness and substance abuse clients who have had three or more psychiatric emergency visits over one year. The program is structured with three distinct teams to serve clients at each stage of change: Outreach, service, and self-help, staffing, clinical approaches and outcomes are adapted in each unit to enhance effectiveness, said officials.

The CHANGES initiative began June 2001 as a joint project between Oakland-based Alameda County Behavioral Healthcare Systems and Telecare Corporation. Alameda, Calif.-based Telecare, which conducted the analysis, is one of the nation's largest providers of services and supports to adults with SMI.

Individuals with co-occurring disorders in the Alameda County Behavioral Healthcare Systems were not receiving effective support, and as a result, experienced frequent crises and relied heavily on psychiatric emergency services, acute care, locked non-acute inpatient services, jails and other county resources, according to Telecare.

A recent evaluation of the CHANGES Dual Recovery Program found that psychiatric hospitalizations of the program's first 142 enrolled clients decreased by 40 percent, psychiatric emergency room contacts decreased by 35 percent, and admissions to IMD's (Institutions for Mental Disease) decreased by 34 percent.

The internal study found that these outcomes yielded savings of nearly $900,000 for Alameda County during the one-year study period, as compared to data before the program was initiated. These savings amounted to 32 percent lower costs per client in the CHANGES program.

CHANGES had been designed to address problems identified by the Front Door Project, a comprehensive system analysis that evaluated Alameda County's high rates of involuntary crisis service usage and acute psychiatric hospitalizations. The study identified a number of system problems, including a lack of ongoing services for many of the highest utilizers of acute care.

The program opened with three main goals: decrease clients' frequent and inappropriate use of psychiatric emergency services; decrease overall system costs, including jail costs; and empowering clients to regain control of their lives and reach their full potential.

According to Telecare, CHANGES' recovery focus fully integrates treatment, but de-emphasizes the two disorders and provides a sin-

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gular, holistic approach supporting individuals' recovery of their life roles. The program structure operates on the belief that each individual's experience is uniquely his or her own, and each has the ability to recover and be resilient.

"The people weren't connecting with the mental health or substance abuse system," Stephen Wilson, M.D., medical director of Telecare Corporation, told *MHW*. "They were utilizing a lot of expensive services such as psychiatric emergency room and inpatient services."

Telecare designed a program the clients could feel really good about, said Wilson. The program's success has to do with the way the program is structured, which is more focus on a client-centered approach rather than a provider-oriented approach, said Wilson. Many programs view people with co-occurring or complex health disorders as difficult, unmotivated, uncooperative and noncompliant with medications and treatment, said Wilson. "This program focuses on them as unique individuals with a complex set of problems."

Wilson added, "The program realizes they have had services that failed them — not that they failed themselves — and treats them as unique individuals."

Alameda County

"The program has had some pretty stunning results," Marye L. Thomas, M.D., director of Alameda County Behavioral Health Care Services, told *MHW*. "We're real excited about it." Whenever the county embarks on evidence-based programs of this type, officials always conduct an assessment and evaluation to make sure they're on target, said Thomas. "This one has produced very good results."

One of the challenges the county faced a few years ago was the high utilization and inpatient services rates of people with co-occurring disorders, said Thomas. Alameda county and Telecare officials met to address putting in place the kinds of services that could help get people engaged in treatment and help reduce the high utilization of psychiatric emergency services, said Wilson.

The CHANGES program of evidence-based practices is a reflection of the direction California is heading, said Thomas. "The state is moving toward evidence-based and outcome-oriented treatment kinds of programs," said Thomas. The county, which is located east of San Francisco, and consists of 17 cities, including Oakland and Berkeley, has 1.4 million residents. The county has 160 providers contracted to community-based organizations, said Thomas.

The county's behavioral health budget is $240 million, said Thomas. Thomas said the county may have the opportunity through the state's Mental Health Services Act, to use the revenue from the initiative to fund CHANGES and other mental health programs. The county is a diverse one, and officials are looking at other evidence-based programs to implement, said Thomas.

> **"The main thing is helping people make choices in their lives and reduce the amount of harm."**
>
> Stephen Wilson, M.D.,

California officials, last November, approved Proposition 63, a statewide initiative to establish a 1 percent tax on personal income over $1 million to expand mental health programs and services for children, adults and seniors with mental illness (see *MHW*, Nov. 15, 2004).

Innovative elements

The program includes data-supported decision-making elements. Reports are generated and used with clients to make decisions, discuss trends, and reinforce successful choice making or to provide a context for clients to consider other life choices. According to Telecare, the clinical risk of a client is measured using Telecare's Risk Assessments, which cover seven domains of concern to public sector entities including: suicide, violence, self-neglect, and barriers to medical services and victimization.

According to Telecare, staff works with clients to help them understand that the choices they make can bring what they want, or, harm. Effective choices can reduce the harm in life, increase personal strengths, and bring what they want into their lives. The focus is on learning the skill of making choices, said Wilson. "The main thing is helping people make choices in their lives and reduce the amount of harm," he said.

In order to assess the effectiveness of the CHANGES program, Telecare studied the first 142 clients who completed one year of service. The primary diagnosis of those in the study was schizophrenia (51 percent), followed by depression and bipolar disorder (18 and 17 percent respectively).

The report found that among the clients served at CHANGES there was a:

- 7 percent improvement in functioning,
- 11 percent reduction in harm,
- 30 percent increase in clients living independently, and
- 57 percent decrease in the number of clients living in homeless shelters.

Moving forward, the short-term results of the CHANGES model have been positive and it will take time to see the full impact of the long-term model, according to Telecare. Meanwhile, Telecare is looking for opportunities to expand, said Wilson. "Based on reports we've had significant interest," said Wilson. •

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Research suggests certain fruits and vegetables can cut risk of Alzheimer's

A new observational study could get more baby boomers seriously interested in eating right.

Older adults who ate at least the recommended dietary allowance (400 micrograms) of folates had a 55 percent reduction in risk of developing Alzheimer's, suggests a recent study from the University of California at Irvine. Folates are B-vitamin nutrients found in foods such as bananas and oranges, leafy green vegetables, asparagus, broccoli, liver, and many types of beans and peas.

The study appeared in the inaugural issue of the quarterly journal *Alzheimer's & Dementia: The Journal of the Alzheimer's Association*.

The study was conducted using data from the Baltimore Longitudinal Study of Aging and it looked at the diets of 579 mostly white, mostly well-educated people age 60 and older, none of whom had dementia at the start of the study. Over the course of up to 14 years (with a mean follow-up of 9.3 years) 57 of them developed Alzheimer's.

"Because this was an observational study, it is possible that other factors may be responsible for the reduction in risk, said Maria Corrada, Sc.D., assistant professor of Neurology at Irvine and author of the study. "Although folates appear to be more beneficial than other nutrients, the primary message should be that overall healthy diets seem to have an impact on limiting Alzheimer's disease risk."

In another important finding, the researchers noted that most of the study participants who did get the recommended level of folates did so by taking supplements of folic acid, the synthetic form of folates. This indicates, they said, that many people are not getting enough folates in their diet.

Folic acid is probably best known for preventing birth defects. The federal Centers for Disease Control and Prevention estimate that 50 to 70 percent of spina bifida and anencephaly could be prevented by all women taking 400 micrograms per day before and during pregnancy. One recent study also indicated it may lower the risk of hemorrhagic stroke.

Some medical studies have recommended taking a daily vitamin pill and many daily vitamin pills do have folic acid in them. •

New grants offered to allow community providers to conduct MI research

It's time to let community providers show the researchers what they know, or what they would like to find out, about good practice, a grant program from the National Institutes of Health (NIH) indicates.

The National Institute on Drug Abuse (NIDA) is committing about $1.9 million for 8-12 new grants for community-based providers of drug abuse prevention or treatment services, including services for people with co-occurring mental disorders, for preliminary or pilot studies in practice improvement research.

Under the funding, providers with sufficiently large operations can examine the systems-level structures, policies, strategies, methods, and tools that facilitate practice improvement, according to NIDA. The projects are supposed to serve as foundation for more in-depth health services research to be done later by the providers.

NIH stated that the studies may be on current therapeutic or business practices that have not been studied to prove their effectiveness. Or they may examine the adoption, implementation and sustained use of science-based therapeutic and business innovations.

One possible target for the research is the effect of pay-for-performance systems. One question reviewers will judge applications on is whether the proposed studies would benefit from unique, real-world practice contexts, such as the provider's clients, providers or systems.

The National Institute of Mental Health (NIMH) and the Substance Abuse and Mental Health Services Administration (SAMHSA) are also supporting the program.

An applicant must be a community-based provider. That is defined as an organization or agency or an association or coalition of organizations or agencies (at a national, state or regional level) that deliver these services in a nonacademic setting. They must have "sufficient number of sites, and sufficient site size and diversity to study system-wide assessment."

The agencies say that since 1998 when an Institute of Medicine (IOM) report urged better translation of science-based practice to services, they have focused on that goal. But it has not worked as well as hoped. Some providers, according to NIDA, find it difficult to select or sustain the new practices. Others see no reason to change.

According to NIH, their focus has changed from targeting only a "one-time linear transfer" for moving innovation from science into practice. Instead, they are looking at practice improvement as a "complex, multidirectional process involving many individual- and system-level factors."

So this funding, they say, is to help providers do research geared to their needs, wherever they are in the process of improvement.

The studies can look at, for example, organizational readiness and capacity; systems-level factors

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that facilitate or impede efforts; and cost or cost-effectiveness analysis of improvement.

Examples of study targets are:

- Capacity to provide coordinated or integrated services, to target services to specified subpopulations, or to support continuous recovery management.
- Methods to enhance an organization's readiness to embrace new therapeutic and business practices.
- Quantification of the training, expertise and performance of staff to find ways to enhance career development policies.
- Methods of synthesizing information for decision-making.
- Tools for assessing provider performance (such as the Washington Circle performance measures or the Network for the Improvement of Addiction Treatment (NIATX).
- Intervention guideline adherence and quality of care across sites.
- The degree of support for performance-based incentives.
- Effectiveness of current research dissemination strategies and how well they support implementation of science-based practices.

NIH also indicated that cost and cost-effectiveness are key in the study of practice improvement. Examples of possible studies are:

- Relative cost and distribution of prevention or treatment services across delivery sites and systems for tracking changes.
- Flow of money into and out of organizations, across sites, how it varies over time and how it affects selection and implementation of practices.
- Cost-efficient strategies for continuously upgrading quality and professional standards for employees.
- Strategies for a results-based reimbursement (such as pay-for-performance).
- Effects of pay-for-performance contracts on elements such as employee training, science-based practices and efficient information systems.
- Impact of single versus multiple financing sources on maintenance of service delivery.

Providers who don't have enough research capacity for these studies can partner with universities, research institutes, or others. The projects may be up to three years, with direct costs of up to $150,000 a year.

For more information visit http://grants.nih.gov/grants. Search on "Enhancing Practice Improvement." The application deadline date is Dec. 19. •

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However, the responsibility not only lies with health plans, but physicians and employers need to continue to work to ensure that mental health and chemical dependencies are identified and treated in the same way as diseases such as diabetes, heart disease and asthma."

The health plans responding to the analysis included Oxford, PacifiCare, Aetna, Blue Cross Blue Shield, Cigna, Kaiser Permanente and UnitedHealth Care. According to the study, 63 percent of health plans contract with a managed behavioral health organizations (MBHO) for behavioral services. In addition, 94 percent of the health plans have a depression management program.

Analysis of the eValue8 Request for Information (RFI) data was conducted in July 2005 from data obtained from the health plans between February and March 2005. Health plans were asked about health plan performance in 2004.

While all of the 250 health plans responded to the behavioral health section of the eValue8, only 64 Health Maintenance Organization (HMO) plans had verified responses, Laura Jacobus-Kantor, senior research associate at Ensuring Solutions to Alcohol Problems, told *MHW*. NBCH verified the responses and submitted the data to Ensuring Solutions, she said.

The study found that 3.8 percent of commercial plan members are diagnosed with depression annually. The 3.8 percent reflects figures reported in the Health Plan Employer Data and Information Set (HEDIS 2004), which covers the 2003 calendar year, said Jacobus-Kantor, adding that this was the most recent data available.

Appropriate screening tools

Analyses of the data indicate that many plans are failing to use recommended screening tools, said Jacobus-Kantor. To increase the diagnosis of depression, health plans should require that providers use screening tools such as the Patient Health Questionnaire (PHQ-9) or the General Health Questionnaire (GHQ), she said.

The percentage of plans that recommend primary care providers use at least one of these tools is 64 percent, said Jacobus-Kantor. The percentage of plans that recommend that behavioral health providers use at least one of these tools is even lower: 55 percent.

"Depression is a devastating disease that is difficult for patients to discuss and difficult for healthcare providers to diagnose," said Jacobus-Kantor. "Currently, less than half of the estimated cases of depression are being identified by health plans. This relatively low rate of diagnosis may be related to the fact that many health plans fail to recommend that providers use appropriate screening tools, she said.

"It's really important to look at what tools and guidelines health plans use for screening and treatment of depression," said Jacobus-Kantor. While providers will be conducting the actual screening, health

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plans have a large role in recommending and providing specific tools and guidelines to providers, said Jacobus-Kantor. "It's important to look at what plans are recommending, and then how well providers are following those recommendations," she said.

"It is also very important for plans to assess whether or not recommendations are being followed," said Jacobus-Kantor. "Only 56 percent of plans are assessing whether or not primary care providers are screening their patients using a standardized instrument and 73 percent of plans are assessing whether this screening occurs in a behavioral health setting.

"Simply diagnosing a patient with depression is certainly not enough to ensure quality treatment," said Jacobus-Kantor. "When an employee is identified as being depressed, it's important to follow up. Clearly, plans should make a greater effort to encourage adherence to mental health treatment once a diagnosis has been made. Are patients remaining on an antidepressant?"

Less than half of all plans reported providing follow-up to patients who had failed to comply with scheduled services, said Jacobus-Kantor. According to the report, only 39 percent of health plans are providing reminders, such as mail, e-mail and automated phone messages to patients diagnosed with depression who have missed scheduled services, she said. "There's still a lot of work to be done on the mental health side."

Depression collaboration

The study found that 53 percent of plans report participating in any collaborative activity, such as behavioral guidelines, clinical data depository, and practitioner reporting system and member educational materials.

Generally, health plans do not collaborate with other local health plans on behavioral health guidelines, said Jacobus-Kantor. "The study found that major health plans and local plans are not working together," she said. "The numbers are pretty low."

"Collaboration reduces inefficiencies," said Jacobus-Kantor. "If both health plans are doing the same thing, it makes sense [for them] to work together and pull their resources together."

According to Ensuring Solutions, examination of the eValue8 Request for Information (RFI) data will provide businesses with consistent, standardized information about the health plans they use and enable companies to make better decisions about the value of the health care options they provide.

Developed by leading business and health coalitions and employers, the eValue8 RFI is managed by NBCH and its member coalitions. The eValue8 initiative measures performance for eight domains including behavioral health, disease management, health information technology, and provider measurement incentives and rewards.

For more information see www.ensuringsolutions.org. •

Behavioral Health: Member Identification

Intervention	Depression
Reminders for services based on condition	58%
Reminders for services based on missed appointments	39%
Interactive disease specific personalized web support	42%
Live outbound calls	72%

Source: Ensuring Solutions to Alcohol Problems
The George Washington University Medical Center

Briefly Noted

Reconsidering adult antidepressant use

Prescribing of antidepressants has increased 253 percent over the last 10 years, according to the authors of a paper published in the July 16 issue of *British Medical Journal*. Mental health experts Joanna Moncrieff and Irving Kirsch suggest a need to reexamine current recommendations for prescribing antidepressants to adults, particularly in light of the continuing concern that selective serotonin reuptake inhibitors (SSRIs) may increase the risk of suicidal behavior in children. Their paper questions the widely accepted recommendation to use antidepressants as the first line of treatment, explaining that review data from the National Institute for Health and Clinical Excellence (NICE) suggests that SSRIs show no clinically meaningful advantage over placebo. "Since antidepressants have become society's main response to distress," they conclude, "expectations raised by decades of their use will also need to be addressed."

Illinois insurance plans to cover PTSD

Illinois insurance companies whose plans are required to cover treatment services for the mentally ill will soon have to include post traumatic stress disorder (PTSD), the Wall Street Journal reported as Gov. Rod Blagojevich recently signed a bill to this effect. According to a Department of Veteran's Affairs investigation, 2.8 percent of Illinois veterans are considered completely disabled from PTSD, and the state's disability pay for PTSD and other mental disabilities is the least comprehensive in the nation. The governor's office reports that close to 30 percent of veterans who have served in a war experience PTSD.

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Business Notes

Boston Scientific brain stent approved

Boston Scientific, Corp., based in Natick, Mass., saw its share value jump 45 cents upon announcing that the Food and Drug Administration (FDA) has granted its Wingspan brain stent a humanitarian device exemption (HDE) approval. Such HDE approvals allow makers of medical devices to demonstrate safety and benefit for those who lack treatment alternatives, reported Reuters. Designed to treat intracranial atherosclerotic disease, the buildup of plaque in the brain that can lead to stroke, the Wingspan stent is the only device available in the U.S. for this indication. Its safety was tested at 12 sites in Europe and Asia before receiving HDE approval.

Call for Applications

Case studies on collaboration

The American College of Mental Health Administration (ACMHA) is calling for proposals for case study presentations for its 2006 Santa Fe (NM) Summit, to take place March 15-18. Studies should address the question of how creative solutions can build on the expertise of multiple fields (mental health and criminal justice, or addictions and primary healthcare, etc.). Eligible applicant organizations are those entities with innovative cross-systems for collaborations, and case studies should illustrate examples of successful collaborative projects. The deadline for submissions is Sept. 15. For more information and the online application, visit www.acmha.org.

Resources

Recruiting for cognitive therapy study

The University of Texas (UT) Southwestern Medical Center is one of two sites recruiting over 500 individuals to participate in a study of cognitive behavior therapy (CBT) for the treatment of major depressive disorder (MDD). The study is led by Robin Jarrett, Ph.D., professor of psychiatry. Eligible participants must be 18 to 70 years old and have experienced at least two episodes of MDD, with no current history of alcohol or drug dependence. Participants will receive 16 to 20 sessions of CBT over a 12-week period at no cost. Some will receive further "booster" treatments of CBT or antidepressant medication. The study is funded by the National Institute of Mental Health. For more information, call (214) 648-5351. •

Coming up...

America's Health Insurance Plans (AHIP) will hold Medicare and Medicaid Conferences on **Sept. 11-15 in Arlington, Va.** For more information, visit www.ahip.org.

The Commission on Accreditation of Rehabilitation Services (CARF) will present Behavioral Health/Child and Youth Services 101 on **Sept. 13 in Greensboro, N.C.** and a Behavioral Health Update on **Sept. 19 in Columbus, Ohio.** For more information, visit www.carf.org.

The Latino Behavioral Health Institute will present its 11th annual conference on **Sept. 20-22 in Universal City, Calif.** The conference is themed "Transformation: Towards Access and Quality in Latino Behavioral Health." For more information, visit www.lbhi.org/2005conference.html.

ADD Resources will sponsor the 3rd annual conference on attention-deficit/hyperactivity disorder (ADHD), **Oct. 8-9 in Seattle.** To register, visit www.addresources.org or call (253) 759-5085.

The **National Partnership for Juvenile Services,** in conjunction with the **Virginia Council on Juvenile Detention,** will hold a joint conference on **Oct. 16-19 in Richmond, Va.** For more information, visit www.npjs.org.

The **Institute for International Research (IIR)** will present the 10th Annual Disease Management Congress on **Sept. 21-23 in Orlando, Fla.** The focus for this year's Congress is "Driving change to achieve sustainable outcomes," and over 100 speakers will present the expertise specific to employers, health plans, providers, public sector and academics. To register, e-mail register@iirusa.com or call (888) 670-8200. For more information or to download the agenda, visit www.diseasemanagementcongress.com.

In case you haven't heard...

According to theories put forward in a new book by Harvard psychologist. Susan Clancy, Ph.D., those who believe that they've been abducted by aliens deserve to be taken as seriously as anyone else harboring similarly unconventional beliefs. Clancy's book explores the "psychology of transformative experiences," reported the New York Times. *While she both contests and defends the veracity of abduction stories, Clancy feels that understanding why people harbor alternative ideas is crucial to learning about humans in general. In interviewing dozens of "abductees," she found that a complicated blend of elements is responsible for the creation of such memories, including memory tricks, emotional investment and an experience called "sleep paralysis" — a sort of hallucination that can take place during dream-rich REM sleep.*