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Essential information for decision-makers

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In This Issue...

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National Council 42nd Annual Meeting

Field urged to be on front line of revolutionary change in health care

As the fundamental shift in the way health care is delivered in this country continues — whether it be in the form of accountable care organizations (ACOs) or person-centered health and medical homes — the integration of behavioral health care and physical health care, a critical component, is at its core. The behavioral health field needs to be front and center among these changes, attendees heard during the National Council for Community Behavioral Health Care's Mental Health and Addictions Conference in Chicago April 15–17.

This year's National Council conference, with the theme, "Leading the Revolution," drew more than 3,000 attendees.

Speakers and presenters included Sen. Tom Daschle (D-S.D.); David Satcher, M.D., Ph.D., former U.S. surgeon general; and Thomas R. Insel, M.D., director of the National Institute for Mental Health. Prevention and recovery, health information technology, health promotion, finance, children and youth, addiction, and trauma-informed care were among the featured session tracks.

"Health care has changed becasue health care is always changing," Linda Rosenberg, president and CEO of the National Council, told attendees during the opening session.

See Conference page 2

Downtown Tucson café serves up meaningful work opportunities

Bottom Line...
Individuals with mental illness who work at Café 54 flourish in a highly competitive business environment.

Café 54 bustles with a lunchtime buzz that reflects its rejuvenating surroundings in downtown Tucson, Arizona. But beneath the attractively restored space and an eclectic menu that appeals to hungry professionals, something very different is happening on a daily basis at this restaurant.

Open since 2004, Café 54 pays homage to the untapped but very real potential of individuals with serious mental illness to become productive and fulfilled members of the workforce. The lunch-only restaurant is managed by a nonprofit task force that also operates the clubhouse program in town.

"We've learned not to have preconceived notions of people's abilities," Mindy Bernstein, the 20-year director of the Coyote Task Force, told *MHW*. "I cannot express to you the gratitude that our trainees have to be working."

Bernstein last week traveled to Chicago to enjoy some national recognition for Café 54, as the project received a Reintegration Award in the employment category at the annual conference of the National Council for Community Behavioral Healthcare (see story, above).

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Conference from page 1

"The understanding that even individuals with the most serious mental and substance use conditions recover changed healthcare."

"Consumers are moving toward treatment on demand," said Rosenberg. "When, where and how a consumer wants it will become the norm. This is the Facebook generation and they want to educate themselves."

Rosenberg added, "The revolution that could pass us by if we're not prepared to join it is a consumer-directed, technology-driven revolution in the way we receive, process, and use information." Social network sites are used for recruiting staff, marketing services and engaging consumers, said Rosenberg.

"As our behavioral health system embarks on change, behavioral health providers are faced with antiquated payment and regulatory structures," said Rosenberg. To address those issues, the council is urging its members to join them on Hill Day, June 25–26 in Washington, D.C., to support a new federal definition for the establishment of federally qualified behavioral health centers (FQBHCs) (see story, page 5).

Business of integrated care

In the presentation "Making the Business Case for Integration" on April 16, session leaders discussed a number of key strategies on how to address the behavioral health and physical health care needs of their patients — from outreach to federally qualified health center (FQHC) partnerships to one-stop shopping services.

The core vision of The Providence Center is providing a behavioral health system in which every individual receives an array of services in order for his or her "unique needs" to be met, Dale Klatzker, Ph.D., president and CEO of The Providence Center in Rhode Island, told session attendees.

"It's a comprehensive approach," said Klatzker. "We view ourselves as a one-stop shop." The Providence Center has six Assertive Community Teams (ACTs) — a service-delivery model that provides comprehensive, locally based treatment to consumers with a serious and persistent mental illness — and an onsite pharmacy and medical clinic. The center, which provides housing support, is also an In Shape provider.

"We believe in wellness," said Klatzker, who pointed to a recent study that indicated that obese people are at 55 percent more risk of developing depression. "The numbers are pretty staggering," he said. "If you're not dealing with someone's medical condition, you're really not dealing with the consumer."

The Providence Center has also hired a director of integrated services, noted Klatzker. "It's expensive, but critical," he said. "If you add [that position] onto an existing position, you'll have less success than if the position were a full-time job," he said.

Providers of the current system of care for consumers with chronic conditions aren't reimbursed well, said Klatzker. Integration is a "moving target" for payers, he said. "Focus on the coordination of care for high-cost consumers."

The behavioral health field has to "embrace" integration, Klatzker added. "You have to believe in recovery; it can work and it does."

Collaborative care

Missouri's efforts to identify and reach out to consumers who are chronically ill is a key part of the state's collaborative care initiative, said Joseph Parks, M.D., medical director of the Missouri Department of Mental Health.

Missouri has pioneered a program for Medicaid beneficiaries with

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severe mental illness that is based in community mental health centers (CMHCs) and provides care coordination and disease management to address the "whole person," including those with mental illness and chronic medical conditions.

In the state's Chronic Care Improvement Program (CCIP), the aim is to enroll the "sickest people," said Parks. A typical enrollee is a 47-year-old male with mental illness who likely has a major cardiovascular diagnosis and diabetes, he said. The enrollee may have typically experienced a major cardiac event, Parks said.

The goal is to find consumers and ensure they receive appropriate health care services, said Parks. The old business model involves a client, family or health care referrals for consumers seeking services, and they have to be evaluated for eligibility to receive services, he noted.

The new model is high-cost, high-risk outreach to selected consumers that the payer has selected for services, noted Parks. The target population has a diagnosis of schizophrenia, bipolar disorder, schizoaffective disorders or recurrent major depression. Also the individual has not been a consumer of the public mental health system in the previous 12 months.

"We select high-risk people and go looking for them," said Parks. "We go knocking on doors, and [go to] pharmacies," he said. "We've been able to engage 50 percent of the people we're looking for."

Statewide, community mental health centers (CMHCs) have approved 10 percent of the health care home plans of care in the state's Medicaid program, said Parks. More than 70 percent of patients have had a primary care visit within a 12-month period, according to claims, he said.

Enrollees with coronary artery disease in the CCIP program received recommended treatment with beta blocker medications at nearly twice the rate of non-enrollees, he noted. The outcomes review of the Missouri Psychiatric Rehabilitation programs indicate substantial cost savings for the overall health care cost after admission to the program, Parks said.

In an analysis of Medicaid costs for 6,757 people, actual pharmacy services decreased by $9.2 million, or 23 percent, said Parks. "We had the biggest reduction in pharmacy," he said. "It's not what you'd expect in care management." Actual general hospital services decreased by $1.5 million, or 6.8 percent, he said. Primary care services increased by $774,000, or 21 percent, Parks noted.

'If you're not dealing with someone's medical condition, you're really not dealing with the consumer.'

Dale Klatzker, Ph.D.

"Your CMHC can do the same kind of disease management," said Parks. "It's an ongoing development effort. We do it as a partnership with CMHCs, Medicare, Medicaid and the Department of Mental Health."

Community-based organizations

Peter C. Campanelli, Psy.D., founding president and CEO of the Institute for Community Living, Inc., in Brooklyn, N.Y., told attendees his interest in collaborative care stems from the need to provide services that people need in order for them to be stable in the community.

The Institute, a not-for-profit agency, provides rehabilitation, housing, vocational and support services to over 9,000 New Yorkers with serious mental illness and/or developmental disabilities in all five boroughs. The consumers also may be homeless, have HIV or experience chronic comorbid conditions. "We link them to the community and stabilize them," Campanelli told session attendees.

The Institute for Community Living, Inc., a community-based organization (CBO), integrates supportive services and primary care, and provides client access to a network of services, Campanelli said. In his discussion to make the case for safety-net CBOs, Campanelli said the organizations can help foster development of ACOs, and reduce high-cost Medicaid and Medicare services.

CBOs are essential because they can help improve health care integration for high-cost users and lead to community stabilization, Campanelli said. The Institute has also launched a health home in New York City, he said. Campanelli said he and his staff are talking to colleagues to get them interested in joining his network for collaborative care. They are also developing partnerships with FQHCs, he said.

"If you're thinking about [working with FQHCs] in your agency, it's quite an investment," he said, adding that attendees should seek out the services of a national consultant. "Find out HRSA's [the Department of Health and Human Services' Health Resources and Services Administration's] priorities and gear your application [appropriately]; for us, it was the homeless populations," said Campanelli.

The financial case for collaborative care involves the reduction of emergency department and inpatient use. It also involves the reinvestment of shared savings into more community-based ambulatory and social support resources, said Campanelli.

Working with consumers to address or coordinate their behavioral health and physical health care needs is essential in moving forward in an era of new health care delivery systems, session leaders said. •

Ill., Ky. moving forward with health information exchanges

Ensuring that behavioral health data are part of health information exchange (HIE) is essential to improved outcomes and integrated behavioral health and physical health care, and the continuity of care among all health care providers, session attendees heard during "Health Information Exchanges: You Can't Afford to Be Left Out" in the April 16 session at the National Council for Community Behavioral Healthcare Mental Health and Addictions conference in Chicago (see story, page 1).

The Office of Health Information Technology was created by the governor's office to transform the health care delivery system in Illinois, according to its director, Laura Zaremba.

Health information technology (HIT) goals in Illinois include improved health outcomes, better care coordination among providers, reduced medical errors, controlled health care costs, and reduced health disparities, said Zaremba. "HIE is a critical component of the administration's agenda," she said.

Zaremba defined electronic health records (EHRs) as real-time records of health-related information on an individual that conform to nationally recognized interoperability standards and can be managed and consulted by authorized clinicians across multiple care organizations. "A critical component is sharing information across the continuum of care," she said.

Health information exchange is the electronic movement of health information among organizations according to nationally recognized standards, she noted. HIE participants include patients, providers, payers, pharmacies, labs and diagnostic technicians, said Zaremba. "It's everyone who has input and output from the health care delivery system," she said.

Officials intend to maximize federal stimulus funding for Illinois' HIE initiative, said Zaremba. Other key components of the initiative are to ensure that every provider has access to EHRs, and to ensure strict adherence to privacy and security to maintain public trust, she said.

Zaremba pointed to the Health Information Technology for Economic and Clinical Health Act (HITECH Act), which requires providers to adopt electronic medical records and use the records to report required fields of data. The goals of the incentive program are to improve the quality, safety and efficiency of the country's health care system.

The pros of the HITECH Act for behavioral health providers include the widespread adoption of EHRs, she said. "EHR systems are designed specifically for behavioral health providers who have been federally certified," Zaremba said.

> **'Your HIE is a key part of helping you meet 'meaningful use' and getting those meaningful use dollars.'**
>
> Karen Chrisman

One of the cons of the HITECH Act is that most behavioral health providers are not eligible for EHR incentives under Medicare or Medicaid, Zaremba added.

Behavioral health integration

Behavioral health data is vital to improving patient care, said Zaremba. "We have the HIE provider community engaged in this work," she said. "Behavioral health use cases are essential to supporting the effective evolution of HIE."

The Illinois Behavioral Health Integration Project, federally funded through the National Council, is designed to accelerate HIE between behavioral health and primary health care providers, said Zaremba. Behavioral health providers also receive training and technical assistance regarding HIE, Zaremba said. "We convene providers and consumers for dialogue and strategy to address technical and legal barriers," she said.

Among the key strategies in moving this integration initiative forward is developing legislation by September to ensure a more "robust" HIE between behavioral health and physical health care providers, said Zaremba. Program officials also intend to develop standardized consent forms, data-sharing agreements, policies and protocols, she added.

Kentucky HIE efforts

The Kentucky Health Information Exchange (KHIE) network was also authorized by state statute, noted Karen Chrisman, staff attorney for the Kentucky Governor's Office of Electronic Health Information. Gov. Steve Beshear issued an executive order in August 2009 establishing the Governor's Office of Electronic Health Information in the Cabinet for Health and Family Services to oversee the advancement of health information exchange in Kentucky, said Chrisman.

"We are developing a statewide HIE using the same definition provided to us by the ONC [the Office of the National Coordinator for Health Information Technology]," said Chrisman. The ONC is the principal federal office coordinating nationwide efforts to implement and advance health information technology and the electronic exchange of health information.

The KHIE will support statewide exchange of health information among health care providers and organizations, according to nationally recognized standards, she said. "In Kentucky, we're just getting

started," Chrisman told attendees. The exchange program will allow providers to embrace a full, robust HIE and connect to public health information and an immunization registry, as well as with other health care providers, she said.

The KHIE will help providers receive additional information about a patient's medical history and can be used as an effective means to achieve continuity of care, Chrisman said. A record locator service will also be available to enable providers to query information about a patient, and allow them to receive information in a reasonable amount of time, she said.

"We're working to make behavioral health information available on our health information exchange," said Chrisman. The KHIE has established a consent workgroup to ensure that behavioral health information about a patient is available on an HIE, she said. "We plan to train behavioral health staff in the consent process on the KHIE web portal to access records," she said. To date, "two community behavioral health centers have adopted electronic health records for behavioral health in Kentucky," she said.

'Meaningful use'

"Your HIE is a key part of helping you meet 'meaningful use' and getting those meaningful use dollars," said Chrisman. According to the U.S. Department of Health and Human Services (HHS), for providers to achieve "meaningful use" of EHR technology, they must use the technology in a manner that improves quality, safety and efficiency of health care delivery; reduces health care disparities; and engages patients and families.

Providers must also use EHR technology to improve care coordination; improve population and public health; and ensure adequate privacy and security protections for personal health information. •

For more information about the Illinois Health Information Exchange, visit www.hie.illinois.gov.
For information about the Kentucky Health Information Exchange, visit http://khie.ky.gov.

National Council members urged to support FQBHC definition

Without a new federal definition for the establishment of federally qualified behavioral health centers (FQBHCs), community mental health and addiction providers are subject to "antiquated" payment and regulatory structures, attendees heard April 15 during the National Council for Community Behavioral Healthcare conference (see story, page 1).

Unlike federally qualified health centers (FQHCs), community behavioral health organizations are unable to receive minimum nationwide reimbursements that reflect the cost of actually delivering services, said Chuck Ingoglia, senior vice president of public policy and practice improvement during the standing-room-only National Council Town Hall Meeting: "FQBHCs, What Next?"

There is relief in sight, noted Ingoglia, with the re-introduction of the Excellence in Mental Health Act (S. 2257) this month by Sens. Debbie Ann Stabenow (D-Mich.) and Jack Reed (D-R.I.) (see *MHW*, April 16). The legislation would create a new federal definition and standards for FQBHCs. It would also identify administrative requirements, minimum core services and the population of patients served.

In their pursuit of a federal definition, National Council officials met with lawmakers who inquired about the total number of mental health and addiction providers around the country, said Ingoglia. "We couldn't answer that," Ingoglia said. "FQHCs have a federal definition; we have none. We can't say how many."

FQHCs can tell "compelling stories" about the vaccination rates they've administered by ZIP code in their service area and about the percentage of primary care services delivered in their area," said Ingoglia. FQHCs can also note, for example, the percentage of primary care services they delivered versus services delivered by other entities, he said. "They can tell those kinds of stories but we can't," Ingoglia added.

According to the National Council, community behavioral health organizations receive an average of 43 percent of their revenues from state and county funds for indigent care. By contrast, community health centers receive most of their funding from federal grants and contracts.

"The field only has a 'left-over' definition of CMHCs which is only used in Medicare," said Ingoglia. "The vast majority of Congress also has no idea what a community-based mental health center is." The definition for FQBHCs had been developed with the support of the Judge David L. Bazelon Center for Mental Health Law and Mental Health America.

The legislation creates criteria for FQBHCs, as entities designed to serve individuals with serious mental illnesses and addiction disorders that provide intensive, person-centered, multidisciplinary, evidence-based screening, assessment, diagnostics, treatment, prevention and wellness services.

Legislation investments

Organizations with federal definitions are more easily included in major spending legislation, according to the National Council. The American Recovery and Reinvestment Act of 2009 included $1.5 billion in construction and $500 million in expansion for FQHCs. The Affordable Care Act (ACA) also in-

Continues on next page

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cludes $1.5 billion in construction and $9.5 billion in expansion monies for FQHCs. Community mental health and addiction providers received no extra funds in the ACA or the American Recovery and Reinvestment Act.

The ACA establishes health insurance exchanges that offer contracts with community health providers, he said. "We're not considered essential community providers," Ingoglia said.

Ingoglia was quick to point out that providers are not asking for FQHC money, nor are they trying to infringe on the services FQHCs perform in their communities. "Some FQHCs are listed as a mental health provider; that's the reality," Ingoglia said. "In some ways, I think health home status could be a short-term solution to some of this."

"We need to reinvent ourselves," said Ingoglia. Without a federal definition and structure, providers will not have access to pricing structures or other benefits, he said. The benefits would include enhanced Medicare and Medicaid reimbursement, access to loan guarantees and opportunities to receive Section 330 federal grant opportunities for organizations to provide care to underserved populations.

'Some FQHCs are listed as a mental health provider; that's the reality.'

Chuck Ingoglia

Although many Republicans who were mental health champions have since retired, including Reps. Pete Domenici (R-N.M.), Jim Ramstad (R-Minn.), and Gordon Smith (R-Ore.), the National Council is working on new ways to encourage Republican support for the legislation, Ingoglia said. The National Council is hosting its 8th Annual Public Policy Institute and Hill Day on June 25–26 in Washington, D.C. Hill Day attendees should meet with their representatives, senators and someone from their governor's office, he said. •

Suicide prevention program recognized for service innovation

The Central Arizona Programmatic Suicide Deterrent System, a suicide prevention and intervention initiative that trains behavioral health professionals to recognize the signs and symptoms of suicide of consumers with serious mental illness, last week was honored with an Excellence in Service Innovation award during the National Council for Community Behavioral Healthcare annual conference in Chicago (see story, page 1).

The Excellence in Service Innovation award was sponsored by John Wiley & Sons, Inc., publisher of *Mental Health Weekly*, and includes a $10,000 grant. The award recognizes provider organizations that are operating innovative and effective programs and services to meet the mental health and addiction treatment needs of the communities they serve, with an emphasis on demonstrating outcomes, putting research into practice and serving the most vulnerable populations.

The National Council Awards of Excellence recipients are determined by an independent panel of mental health professionals. The Central Arizona Programmatic Suicide Deterrent System, which launched in November 2009 in Maricopa County, Arizona, was created by Magellan Health Services of Arizona and is administered by the Arizona Department of Health Services' Division of Behavioral Health Services (ADHS/DBHS).

Magellan and department officials formed a community collaborative of public policy, law enforcement and mental health leaders to work to intervene with consumers at risk for suicide, and create a clinical care and intervention framework to address this major public health problem, according to program officials.

The initiative aims to eliminate the prevalence of death by suicide among the individuals enrolled in central Arizona's behavioral health system. Arizona ranks seventh in the nation for suicide per capita, according to the National Center for Health Statistics, a division of the Centers for Disease Control and Prevention (CDC).

The Central Arizona Programmatic Suicide Deterrent System addresses multiple issues:

- Behavioral health workers' lack of skills and confidence to intervene — Applied Suicide Intervention Skills Training (ASIST).
- Lack of connectedness for those contemplating suicide — attempt survivor support groups, family engagement, and community integration.
- Need for risk identification and stratification — clinical care and intervention.

"The program has evolved from a training initiative for behavioral health professionals to a comprehensive national model for addressing a growing, but previously overlooked, challenge facing our most vulnerable population — individuals diagnosed with mental illness at risk of suicide," David Covington, vice president of adult and child/youth services for ADHS' regional behavioral health authority contractor, Magellan Health Services of Arizona, told *MHW*.

"The program is not a mandate from Magellan," he said. "It's a shared collaboration of these groups coming together. We're all deter-

mined. Suicide is preventable." Magellan of Arizona, Inc., has managed behavioral health services for the general Medicaid population and integrated behavioral and physical health care for recipients with serious mental illness in Maricopa County since October 1, 2007. "We've had a suicide prevention program from the day we started," said Covington, adding that the more formalized program commenced two years later.

Historically, mental health providers have not considered suicide prevention and intervention as a core area of their business due to fear around the subject and lack of appropriate training skills and supports, said Covington. This initiative has helped to change the mind-set about suicide prevention, which traditionally has been seen as a peripheral activity of specialty providers, he said. "We're building it into the heart of the system," he said. "Suicide care is everyone's business." Magellan Health Services is working to replicate the success of the Phoenix model, added Covington. •

Café from page 1

"For many of our employees, the café is one of the first jobs they've ever had, or they're re-entering the workforce after many years of unemployment," Bernstein said.

Fulfilling a dream

At the time Bernstein was hired to be executive director of the nonprofit, she didn't know a payable from a receivable, she admits. But she already was dreaming big, having envisioned establishing a restaurant that would offer significant work opportunities for people with disabilities.

The partner that helped translate this vision into action was the Community Partnership of Southern Arizona, the regional behavioral health authority (RBHA) for the area that includes Tucson. Neal Cash, the organization's CEO, told *MHW* that in the early 2000s the RBHA began to focus more heavily on recovery and thus sought to align more closely with consumer-run organizations.

Cash said the Coyote Task Force was already operating the clubhouse and a downtown Tucson thrift store, and an opportunity arose to purchase a neighboring building to establish the restaurant operation that Bernstein had envisioned for some time. Community Partnership assisted the task force with the purchase of the warehouse-like site, and the RBHA continues to serve as the main funder for Café 54's operating costs.

"Neal trusted me; he believed in what I was talking about," Bernstein said.

The "54" in the restaurant's name refers to the number in the business's street address, but Bernstein says it also harks back to the old television series "Car 54, Where Are You?" and the storied Studio 54 club of the disco era in New York City. Bernstein says she visited trendy restaurants in New York to try to capture the vibe she looked to create at Café 54.

With its high ceilings and exposed brickwork, the restaurant has an urban, noisy feel during peak times. But it is not difficult for customers to sense that this is more than a typical downtown lunch spot.

'People understand that this is an opportunity for people with mental illness to learn a marketable trade.'

Neal Cash

"All of our table markers have pictures, names and bios of famous people in recovery from mental illness," Bernstein said. "I'd say that about 80 percent of the people coming in know about what we're doing."

Cash, a regular Café 54 diner himself, said, "People understand that this is an opportunity for people with mental illness to learn a marketable trade."

In fact, regular customers often take a particular interest in the progress of the men and women who greet them at the door, take their orders and bus their tables. Trainees in the supported employment program learn several aspects of the business, and also work in tandem with some employees who are not in the mental health system.

"We do try to select [nonconsumer] employees who have experience with mental illness, such as having a family member with mental illness," Bernstein said.

In all respects, the tasks performed by clients of the mental health system are by no means "make-work" functions. Expectations for work performance are high, and Bernstein said she has had to suspend workers from time to time.

In instances where a trainee might not seem particularly suited to restaurant work, the program will refer the individual to other potential job opportunities in the community, Bernstein said. She added that the program sometimes has a wait list for slots, although if someone is particularly motivated to start working at that time, it will try to identify a couple of available shifts so that the person doesn't lose momentum.

"The café is a safe place where people can come in and start working," Bernstein said. "The environment is stressful, but they do great. They just need somebody who believes in them," just as she said she encountered when she was hired at the nonprofit and later when she re-

Continues on next page

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ceived the startup funds for the restaurant project.

Looking ahead

Café 54's menu includes such favorites as sous chef Jon's roasted beet salad and job coach Bright's black bean burger; all items on a menu posted last week on the café's website cost under $10. Bernstein said the effort to break even in the business is "still a journey," although hope lies in a continued rebirth of Tucson's downtown business district.

Tips received at the café and an associated catering business that it operates help support ongoing employee training as well as an art scholarship fund. The restaurant is adorned with artwork from individuals with mental illness who received art materials courtesy of the scholarship fund.

"We're big on promoting the arts as a way toward recovery," Community Partnership's Cash said.

He added, "We have a strong commitment to continue to fund them on an annual basis." Regarding the importance of employment, he said, "Employment is good, but we really want to put the word 'competitive' in front of employment. We want to see jobs that provide quality in a person's life." •

Briefly Noted

CMS announces establishment of 27 accountable care organizations

The Centers for Medicare and Medicaid Services (CMS) announced this month the formation of 27 new Accountable Care Organizations. These ACOs, made possible under the Affordable Care Act, will take responsibility for the quality of care furnished to people with Medicare in return for the opportunity to share in savings realized through improved care. Participation in an ACO is purely voluntary for providers, and Medicare beneficiaries retain their current ability to seek treatment from any provider they wish. The first 27 Shared Savings Program ACOs will serve an estimated 375,000 beneficiaries in 18 states. This brings the total number of organizations participating Medicare shared savings initiatives to 65, including the 32 Pioneer Model ACOs that were announced last December, and six Physician Group Practice Transition Demonstration organizations that began in January 2011.

Coming up...

The **American Psychiatric Association's (APA)** 2012 Annual Meeting, "Integrated Care," will be held **May 5-9** in **Philadelphia, Pa.** For more information, visit **www.psych.org/MainMenu/Newsroom/Annual-Meeting-Newsroom.aspx**.

The **U.S. Psychiatric Rehabilitation Association (USPRA)** will hold its 37th Annual Conference **May 21-23** in **Minneapolis, Minn.** Visit **http://bit.ly/uSY1WO** for more information.

The **National Association of Social Workers (NASW)** will hold its 2012 conference, "Restoring Hope: The Power of Social Work" **July 22-15** in **Washington, D.C.** For more information, visit **www.professionofhope.org**.

State News

Texas county concerned about state funding decline

State funds funneled to the local level are dwindling, and the worst is likely yet to come, said Ill. Gregg County Judge Bill Stoudt, news-journal.com reported last week. Stoudt expects even more belt tightening at the state level in the next session as lawmakers shift more financial responsibility in all areas from the state to cities and counties. "The mental health picture in Texas is a train wreck coming down the track," he said. "The state is eliminating more and more beds at state institutions." Stoudt said the county's budget for attempting to meet local mental health needs has grown from about $100,000 a few years ago to about $400,000.

Names in the News

Core Solutions, a leading provider of Electronic Health Record solutions for the behavioral health and human services industry, has announced the appointment of **Charles Curie** to Core Solutions' Board of Directors. Curie is the former administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA). He is the principal and founder of The Curie Group, LLC, a management consulting firm specializing in supporting leaders in the mental health and substance use treatment and prevention areas.

In case you haven't heard...

When young girls live in a stressful home they are more likely to become obese by age five, compared to girls raised in more stable homes, according to research in the May issue of *Pediatrics*. While studying the records from the Fragile Families and Child Wellbeing Study, researchers found that almost 60 percent of the preschoolers had experienced at least one of the following stressors: domestic violence, hunger, moving frequently or living in a shelter, a father in prison, a depressed mother or one who abused alcohol or drugs. The study did not find the same obesity patterns in boys, perhaps because they may cope with stress, in part, by being more physically active, said researchers.