

Mental Health

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Essential information for decision-makers

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Private operation of Fla. state hospital hailed as success

When Atlantic Shores Healthcare Inc., a subsidiary of the Florida-based Wackenhut Corrections Corp., reached an agreement with Florida officials in 1998 to assume operations of South Florida State Hospital, the agreement marked the first and to date the only public/private partnership for a state psychiatric hospital.

By all accounts, the partners' efforts to incorporate the opinions of those who count the most — consumers and advocates — have been a key to the innovative arrangement's rousing success.

As evidence of its continued success, South Florida State Hospital this month received re-accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

The transformation of South Florida State Hospital, which serves individuals with serious mental illness, has been considered such a success by advocates that earlier this year, the Florida Statewide Advocacy Council sent a letter to Florida Gov. Jeb Bush supporting the idea that the public/private model for psychiatric hospitals be replicated elsewhere in the state.

In the letter, the advocacy council outlined the following improved outcomes at South Florida State Hospital since Atlantic Shores' takeover of operations:

- Significantly reduced average lengths of stay, from eight years to less than one year.
- Reduction in use of seclusion and restraint, to less than one

incident per month from an average of more than 15 per month when the state was running the facility.

- The elimination of a waiting list, resulting from the fact that more clients are being served.

The dramatic improvement in outcomes stems from a change in philosophy at the hospital once Atlantic Shores took over.

"We essentially changed the mission of the hospital from one of custodial care to one of very active treatment," Dale W. Frick, vice president of business development at Atlantic Shores, told *MHW*. "As a result, we're serving a larger number of people than prior to the

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Consumer TA centers fight another attempt to pull funding

It appeared last week that for the second time this year, five national technical assistance centers for mental health consumers had barely avoided the loss of their current-year federal funding, an action that would have threatened the imminent closure of the operations. But as *MHW* was going to press, no official word had been received from federal officials, leading some advocacy groups to doubt whether the centers are completely out of the woods.

Several advocates and organizers of the technical assistance centers told *MHW* last week that according to federal officials, fiscal 2002 funding for the centers will be released any day now. The total alloca-

tion for the five centers apparently will be slightly less than the \$1.8 million originally appropriated in the fiscal 2002 budget.

Earlier this month, consumer advocates generated an outpouring of protest after it was learned that the Bush administration was again seeking immediate termination of the centers' current-year funding. Ironically, this kind of protest is one of the very activities that the five centers facilitate with their federal money — in that one of their main roles is to organize grassroots involvement by consumers in mental health program planning.

While the apparently imminent

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privatization of the facility.”

Frick said that the first important step in changing the hospital’s mission was involving the community, including advocates, consumers and other stakeholders. This has included creating a consumer drop-in center on the grounds of the hospital that provides advocacy for clients and serves as a grievance resolution program.

Staff and volunteers from the Florida Statewide Advocacy Council also have offices at the hospital, and have what Frick terms “carte blanche” access to the hospital’s facilities. They also are involved in the admissions process and the hospital’s ethics committee, and Atlantic Shores has implemented a consumer satisfaction survey.

“We felt that if they participated with us, they would accept ownership for the hospital as well,” Frick said of advocates. “There has not been an adversarial relationship since the first few months we took over the facility.”

Carol M. Brown, president of Atlantic Shores, added that advocates were part of the negotiations with the state and were instrumental in adding performance measures and standards into the government contracts.

Brown told *MHW* that Atlantic Shores is operating the facility with the same amount of funds used by the state prior to the transfer of operations. Atlantic Shores has been able

to make a profit through its ability to manage efficiencies and operating costs, she said.

In addition, Atlantic Shores has constructed a new state-of-the-art facility that it credits with helping to improve services and make the operation more efficient.

“The state did not have to come up with one additional dollar,” said Brown. Only recently did Atlantic Shores receive a 3 percent cost-of-living increase from the state in its contract to operate the hospital.

Atlantic Shores is operating South Florida State Hospital under a five-year agreement, with the state holding three five-year renewable options. The contract is up for renewal on July 1, 2003.

Frick describes Atlantic Shores as “not administratively heavy.” He said, “We put quality professionals into the treatment aspects of the operation more so than the administrative side. We reduced duplication of efforts ... there was a tremendous hierarchy of persons before. We are much more streamlined and very responsive.”

Advocates agree with Frick’s assessment. Tom Lane, national director of consumer affairs at the National Alliance for the Mentally Ill (NAMI), told *MHW* that Atlantic Shores has been willing to integrate support and education within the treatment milieu and is one of the few state hospitals in the country to have a consumer drop-in center.

“They’ve had an extraordinary receptivity to consumer input,” said Lane. “They’re willing to listen to peer advocates as persons who very much value choice and self-determination.”

Lane credits Atlantic Shores with successfully developing community partnerships as part of their focus on re-integrating people into the community. Lane noted Atlantic Shore’s willingness to provide aftercare services to those discharged for up to 60 days beyond what they are contractually required to do so.

Lane termed the difference between the old South Florida State Hospital and the facility as it is run by Atlantic Shores “like night and day.” He added, “It is an environment where people are trying to rehabilitate ... the level of respect demonstrated to people is like night and day.”

Lane added that Atlantic Shores does tremendous work on career development for patients, including providing minimum-wage jobs within the facility.

Phillips Ketchum, a member of the Florida Statewide Advocacy Council, told *MHW* that in this instance, the profit motive has worked very well. “People are now interested in productivity, where before it was how much can I get paid and how little work can I do,” said Ketchum. Ketchum added that the facility is “lean and mean,” with no extra employees.

Brown said that Atlantic Shores has reduced the number of full-time

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equivalents. She said that under state operation the hospital had about 700 full-time equivalents, while Atlantic Shores has reduced the staffing level to about 460, some of whom are retrained state employees.

Frick added that there is not a lot of bureaucracy and that issues get addressed almost immediately.

Ketchum said that he does not have to force the hospital to do anything — employee policies are adhered to strictly, and inappropriate behavior can result in a dismissal after a proper investigation.

Treatment success

Brown said that the state has put together a very strong contract with performance measures that Atlantic

Shores has met after overcoming some bumps in the first year.

Atlantic Shores uses the model developed at the Center for Psychiatric Rehabilitation at Boston University, and had some of its staff trained by the center's staff. It is a recovery model based on the notion that people have the potential to improve themselves and their behavior and to reintegrate into the community, said Frick.

Brown said that this model is augmented by the use of antipsychotic medications, which have had a "big role in significantly improving treatment."

Atlantic Shores has seen low re-admission rates (1.2 percent after 30 days vs. 6.4 percent for the national

average); reduced seclusion and restraint use (only once in the past 11 months, with a goal of becoming seclusion-free); greatly increased discharge rates; and elimination of a waiting list.

Expanding the concept

Atlantic Shores is interested in expanding its model in Florida and around the country. "We wanted to wait strategically until this facility was fully operating with a successful track record," said Brown.

She said Atlantic Shores has been considering for some time the idea of taking its data and presenting it to other states.

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New cost data fuels evidence for affordable MH parity bill

New data released last week by the American Managed Behavioral Healthcare Association (AMBHA) revealed that 85 percent of billed mental health claims submitted by providers of mental health care are for the treatment of serious mental illnesses (SMI).

Proponents in support of pending mental health parity legislation hope this evidence will document that the cost of parity coverage for less serious disorders is miniscule.

"These data should help persuade members of Congress that passage of a broad-based mental health parity bill covering needed treatment for all mental health disorders is affordable," said Pamela Greenberg, M.P.P., executive director of AMBHA. "This analysis refutes the assertion of those who argue that requiring parity for disorders other than serious mental illnesses would be costly."

According to AMBHA, covering non-SMI diagnoses adds minimal cost, decreases administrative burden, and provides fair and equitable coverage for all mental illnesses.

AMBHA's 2001 data from mul-

tiple managed behavioral healthcare organizations (MBHOs) represent almost 60 million covered lives, approximately 13 million mental health claims, and over \$3 billion in mental health claims.

"We weren't surprised by the numbers," Greenberg told *MHW*. "We hope this press release will be used as people talk about compromises on Capitol Hill."

The Mental Health Equitable Treatment Act of 2001 (S.543) and the companion House bill (H.R. 4066) would require health plans that provide mental health benefits to do so on a par with the benefits extended for medical and surgical conditions (see *MHW*, June 3).

The bills would prohibit differences in coverage pertaining to inpatient days and outpatient visits, as well as copayments and deductibles. The legislation specifically allows health plans to use a range of techniques to assure that treatment is appropriate and medically necessary.

According to the Congressional Budget Office (CBO), if the legislation, which covers all mental health

conditions listed in the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV), is enacted, it would result in an average 0.9 percent increase in premiums for group health insurance.

"The difference is 15% of 0.9% ... a minimal amount of cost," said Greenberg. "Why pick and choose for that small cost difference?" Greenberg said

The AMBHA data excludes approximately 70 mental health disorders and conditions listed in DSM-IV, even though most clinicians recognize the excluded disorders as having clinical significant and functional impairment.

For example, the AMBHA analysis excluded adjustment disorders, sleep disorders, gender identity disorders, and substance abuse. These data represent claims from both parity and non-parity benefits

The vast majority of employers and health plans contract with MBHOs to manage their mental health and substance abuse benefits.

"These data correspond to the

experience of MBHOs over the years; people with less serious mental disorders are not usually heavy users of the system,” Greenberg said. “In fact, treating less serious mental illnesses will save money in the long run.”

Greenberg added, “Many less serious mental illnesses, especially those affecting children, can become chronic or severe if left untreated. As we have learned in general healthcare,

early intervention makes both health and economic sense.”

The Surgeon General estimated in 1999 that the direct business cost attributable to lack of parity coverage of mental illness was at least \$70 billion per year.

Based on current experience, AMBHA members report that it would take more time, paperwork and money for employers, health

plans and providers to determine what disorders are covered and at what rate if policies are allowed to continue to discriminate between mental illnesses.

In July, AMBHA released data that showed that claims for treatment of certain DSM-IV disorders singled out by parity opponents (including jet lag) are rare and have no significant impact on the overall cost of mental health care.

(Consumers, from page 1)

release of the fiscal 2002 funds comes as welcome news to consumer leaders, prospects for fiscal 2003 remain uncertain. The Bush administration included no funding for the centers in its proposed fiscal 2003 budget, and while advocates say the Senate has called for \$2 million for the centers next year, the House has not even drafted a corresponding budget bill yet.

There remains concern among advocates that individuals who oppose federal funding of consumer initiatives are continuing to gain influence in the Bush administration.

Both in this most recent fight and in a similar threat to the centers' funding earlier this year (see *MHW*, April 22), advocates alleged that psychiatrist and author Sally L. Satel, M.D., an outspoken critic of the mental health consumer movement, has exerted influence with high-level policy-makers in the administration. Satel is a member of the Center for Mental Health Services' (CMHS's) National Advisory Council.

Funding decreases?

The five consumer centers that have been receiving federal funding are the Consumer Organization and Networking Technical Assistance Center (CONTAC) in Charleston, W.Va.; the National Empowerment Center in Lawrence, Mass.; the National Mental Health Consumers' Self-Help Clearinghouse in Philadel-

phia; the National Consumer Supporter Technical Assistance Center at the National Alliance for the Mentally Ill (NAMI) in Arlington, Va.; and the National Consumer Supporter Technical Assistance Center at the National Mental Health Association (NMHA) in Alexandria, Va.

Joseph Rogers, president and chief executive of the National Mental Health Consumers' Self-Help Clearinghouse, told *MHW* that from what he was hearing last week, at least three of the five centers will see slight decreases in their current-year funding when it is released.

Although no official documents had been distributed at press time, Rogers said he has heard that his center's share of funding would decrease from a previously stated \$400,000 to \$350,000. He added that the National Empowerment Center and the center at the NMHA face cuts of a similar magnitude, while he has heard that CONTAC will receive level-funding and he has not heard anything about funding levels for the center at NAMI.

While a restoration of funding would keep Rogers' center from facing imminent closure, he said a drop in funding levels could interfere with plans to conduct more face-to-face consumer training sessions in the states.

“We do a lot of our work at national meetings, but the thing consumer organizations really want from us is training in the states,” Rogers

said. “That is where the growth of the movement is.”

Paul Seifert, director of government affairs at the International Association of Psychosocial Rehabilitation Services (IAPRS), told *MHW* that when attendees of this month's annual meeting of IAPRS's New York affiliate heard that the centers' funding was in danger again, a new round of alerts to advocates and phone calls to federal officials began.

While some advocacy groups have stated in their alerts that the Bush administration unilaterally opposes funding for consumer organizations, Seifert believes voices such as Satel's have met with dissent within the administration as well.

“I think there is support [for consumer initiatives] in the administration,” Seifert said. “The effort to pull the funding has met with opposition both inside and outside of the government. I hope this will make people realize that this [program] is not a ripe target.”

Rogers said that ultimately, the issue goes beyond whether the federal government will continue to fund five technical assistance centers. “We're not fighting for incremental funding for us — we're fighting for funding for consumers,” he said.

Rogers said he would like to see the federal government launch a competitive grant program for a comprehensive consumer initiative. Under that scenario, the existing centers may or may not be involved, he said.

SAMHSA announces funds to serve Sept. 11 public-safety workers

Public-safety workers affected by the events surrounding the Sept. 11 terrorist attacks will be assisted with \$2.4 million in federal grants for mental health services, U.S. Department of Health and Human Services (HHS) Secretary Tommy G. Thompson announced last week.

The Substance Abuse and Mental Health Services Administration (SAMHSA) will administer the grant program. The effort is designed to provide needed mental health services to firefighters, search and rescue workers, emergency medical personnel, law enforcement personnel, emergency services personnel, public-health workers, construction workers and transportation workers who were directly involved in recovery work and the search for victims' remains following the attacks.

"These funds will directly support the provision of mental health services for the thousands of fire, police, rescue workers and other workers who responded to the Sept. 11, 2001 terrorist attacks," Thompson said. "These heroes deserve as much help as they need to go on with their lives following the devastation they witnessed."

Grantees will provide community-based mental health services that promote healthy coping behaviors in response to traumatic exposure and grief.

"Trained to cope with fear and stress and to act effectively in emergencies, rescue workers are more familiar with the danger and loss of life than many," said SAMHSA administrator Charles G. Curie. "Our experience with the 1995 Oklahoma City bombing warns they are also among the most vulnerable to long-term emotional and substance abuse problems."

SAMHSA is planning to award an additional \$4 million for 40 grants intended to promote readiness and to enhance state-level capacity for a

coordinated response to mental health and substance abuse service needs in the aftermath of large-scale emergencies, both natural and human-caused.

The programs funded under the public-safety initiative are:

- **St. Vincent Catholic Medical Centers**, New York (\$370,000) — to provide mental health outreach and identification, assessment and treatment to public-safety workers and other workers directly involved in Sept. 11-related rescue and recovery efforts.
- **Fire Department of New York** (\$273,165) — to implement Stay Connected, a program designed to provide case management and develop treatment plans for retirees and to help them through the transition period into retirement. This program will provide mental health treatment and emotional support to all employees and family members of the city Fire Department.
- **Safe Horizon**, New York (\$370,000) — to provide outreach and mental health services targeting New York City safety workers and their family members.
- **South Nassau Communities Hospital**, New York (\$370,000) — to implement a community program on Long Island to reach responders through the use of peer counselors, in an effort to support the mental health needs of emergency workers from Nassau and Suffolk counties.
- **Mental Health Association of Westchester County Inc.**, New York (\$318,721) — to provide community-based mental health services for public-safety workers involved with the recovery efforts. This program will focus on services that have proven effective in promoting health coping strategies in response to such disasters.
- **Mt. Sinai School of Medicine**, New York (\$369,891) — to provide ongoing psychiatric services to public-safety workers from Ground Zero. Services will include mental health and substance abuse screening, as well as family therapy.
- **Arlington County Community Services Board**, Arlington, Va. (\$299,223) — to increase both interim and long-term community-based mental health treatment services to public-safety workers. Services will be culturally competent and will promote healthy coping behaviors in response to traumatic exposure and grief.

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Names in the News

Connie DiCocco has joined **Screening for Mental Health** (SMH) as assistant director. DiCocco most recently served as director of seminar operations at Ceridian Lifeworks Services. The former assistant director, **Joelle M. Reizes**, will become director of special projects at SMH. **Nancy Vineburgh** has been appointed marketing director with continued oversight for SMH's Interactive Screening Program's Workplace Response and Community Response program.

CIGNA Behavioral Health Inc., has appointed **Michael Jones** chief information officer. Jones previously was director of telecommunications and financial services for e2i, a European-based technology and management-consulting venture of Morgan Stanley.

Magellan Behavioral Health has named **Craig Harriger** corporate compliance officer. Harriger most recently served as corporate compliance officer for Washoe Health Systems in Reno, Nev.

Resources

Psychology.com offers therapy gift certificates

Psychology.com is offering gift certificates redeemable for online therapy at the company's Web site, www.psychology.com. The Web site offers professional advice from licensed therapists online. Online therapy removes the stigma often associated with therapy and may help people who are hesitant to seek traditional therapy, according to Michael Callans, president of Psychology.com. The service is completely confidential and can be used according to a person's individual schedule so "no one has to know," Callans said.

The gift certificates are available in denominations of \$25 for one session, \$65 for three sessions or \$100 for five sessions. They are good for one year and can also be redeemed for books at the company's online

bookstore. Gift certificates can be bought at www.psychology.com and mailed or e-mailed to the recipient. For more information, contact Michael Callans at (800) 935-3277; e-mail mcallans@psychology.com.

Listserv will provide disability information

The National Council on Disability (NCD) has created a listserv to disseminate disability-related information. The information will include NCD's monthly newsletter, *NCD Bulletin*, as well as news releases and media advisories on NCD activities and current issues before the administration, Congress and the Supreme Court.

Subscribers will receive about five e-mails a month. To subscribe, send a blank e-mail to addbulletin@list.ncd.gov. For more information, visit www.ncd.gov or contact Mark Quigley at (202) 272-2004.

Web site provides information on PMDD

The Web site, www.PMDD.FactsForHealth.org, is offering comprehensive information on premenstrual dysphoric disorder (PMDD), including a free CME course for clinicians. The site offers consumers and clinicians information and resources including a free PMDD screening test, a downloadable diary to help patients track their symptoms, links to other online resources, and a list of technical and nontechnical books.

Clinicians who complete the online CME course will receive two hours of category I CME credit from the University of Wisconsin-Madison and have the option of adding their name to the site's online directory of clinicians. Clinicians can register for the course at the Web site.

Institute offers course for counseling gamblers

The North American Training Institute is offering a training course, "Counseling the Pathological Gambler," online at www.nati.org/oll. Covered topics include diagnosing and

assessing the problem gambler, providing individualized treatment, developing an effective treatment program and effective features of problem gambling prevention programs.

The course is designed for psychologists, mental health care providers, physicians, social workers and addiction professionals. The 60-hour course is divided into two 30-hour blocks. Tuition is \$1,500 for 60-hours or \$825 for 30-hours. For more information, call (888) 989-9234 or e-mail info@nati.org.

Software helps guide interventions

Civerex Systems Inc., a manufacturer of decision-support software for healthcare and law enforcement, has announced new workflow management technology for use with CIVER-PSYCH and CIVER-MED healthcare products. CiverORDERS will allow users to put patients on disease-specific "pathways of care" which guide interventions from admission to discharge according to industry/hospital/agency preferred practices.

The system is able to detect when one intervention is complete and automatically post an order for the next required intervention, according to Civerex. Clinicians can also enter a direct order at any stage. "Policies, administrative procedures and preferred practices can be implemented at the individual patient transaction level with CiverORDERS, such that patients receive the best possible level of care according to available staff, equipment and approved practices," said John Becker, R&D manager for Civerex.

Pocket guide provides treatment information

SLS Health, a residential treatment and wellness clinic in Brewster, N.Y., has published *The SLS Health Pocket Guide to Behavioral Health Treatment*. This general reference booklet includes information tables on psychotherapies, suicide potential, psychopharmacology, major medication side effects, addiction withdrawal

symptoms, psychometric instruments, references and other mental health topics.

Copies of the guide are \$9.95 each and quantity discounts are available. For more information, call (845) 279-5994.

Safe School Initiative findings published

The U.S. Secret Service and the U.S. Department of Education have published *The Final Report and Findings of the Safe School Initiative*. The Safe School Initiative examined 37 incidents of targeted school shootings and school attacks that occurred between 1974 and June 2000. The findings suggest that some future attacks may be preventable if those responsible for safety know what questions to ask and where to find the information needed to intervene before an attack occurs.

For a copy of the report, go to www.ed.gov/offices/OESE/SDFS/preventingattacksreport.pdf.

Briefly Noted

Cephalon looks at Provigil for treating ADHD in children

Cephalon Inc., has announced positive results from a study of Provigil (modafinil) tablets in children with attention-deficit/hyperactivity disorder (ADHD). In a four-week, investigational, multi-center study, children who were treated with Provigil showed a reduction in ADHD symptoms. Insomnia was the most frequently reported side effect. The complete study data are expected to be presented at a medical meeting in 2003.

The study involved 248 children, ages 6 to 13, who were assigned to one of four dose regimens of Provigil daily or placebo. Provigil was launched in the United States in 1999 and is approved in more than 20 countries for the treatment of excessive daytime sleepiness associated with narcolepsy. The most common adverse events associated with Provigil are

headache, infection, nausea, nervousness, anxiety and insomnia.

Behavior associated with television-viewing time

The amount of time a child spends watching television may be associated with problem behavior, according to findings in the *Archives of Pediatrics & Adolescent Medicine*. Researchers found that television-viewing time was positively associated with social problems, delinquent behavior, aggressive behavior, externalization and total problem scores on the Child Behavior Checklist (CBCL). Television viewing had a negative correlation with social and school achievement.

Older age, male gender, decreasing social subscale and increasing attention problem subscale scores on the CBCL increased the risk of watching more than two hours of television daily, the researchers reported. Researchers sent the parents of 888 second- and third-grade students the CBCL and a questionnaire on how much time their children spent watching television and engaging in other activities. The students were from two different grade schools, one in a high-income area and the other in a low-income district.

DCF removes children from Conn. psychiatric hospital

The Connecticut Department of Children and Families (DCF) is terminating its contract with St. Francis Care Behavioral Health and removing all children from the Portland, Conn.-based psychiatric hospital, reported the Associated Press. The children are being moved because of safety concerns, including increases in reported assaults and arrests and reports of employees assaulting children, patients running away and sexual activity among patients, said DCF.

St. Francis has been under a DCF corrective action plan and representatives had been working with DCF staff to develop a mutually satisfying program, but the two parties were unable to reach an agreement, DCF

commissioner Kristine Ragaglia said. DCF is in the process of contracting with other private providers and expects to transfer all children from St. Francis to other programs by the end of the year, according to Ragaglia.

Widowhood may increase suicide risk among young adults

Widowhood may be a risk factor for suicide among young adults, according to findings in the *American Journal of Public Health*. Researchers found an approximately 17-fold increase in suicide rates among widowed white men, ages 20 to 34, and a nine-fold increase among young widowed African American men. They found lesser increases among young widowed white women compared with their married counterparts.

The data suggest that as many as one in 400 white and African American widowed men, ages 20 to 35, will commit suicide in any given year, compared with one in 9,000 married men in the general population, the researchers concluded. The results are based on U.S. national suicide mortality data compiled from 1991 through 1996. Suicide rates were broken down by race, five-year age groups, sex and marital status.

Study dispels link between psychosis, violence

Patients with psychosis may contribute little to the violence in society, according to findings reported in the *British Medical Journal*. Researchers from Guy's King's and St. Thomas's School of Medicine in London found that less than 10 percent of serious violence can be attributed to psychotic illness. Psychosis, like that seen in schizophrenia, involves a break with reality and may include disturbed thinking and perceptions, hallucinations and delusions. Violence is not a common feature of psychotic illness, the researchers said.

The researchers report that more violence can be linked to substance abuse, poverty and personality disorders. They cite recent studies showing that people with psychotic illness have a "modest" increase in the odds

of violent behavior, but that drug abuse and poverty are stronger contributors to violence. A recent U.S. study indicated that 16 percent of low-income men, ages 18 to 24, had committed violent acts, presenting a "far greater risk than all people with schizophrenia in the sample," noted the researchers.

Cost cutting helps MCOs post higher earnings

Managed care organizations that were able to control cost and slim down had the best second quarter earnings performances in 2002, Managed Care Wire reported. UnitedHealth Group utilized cost management initiatives and posted record earnings in the second quarter. Aetna shed unprofitable plans, including Medicare plans, and reported quarterly earnings that were ten times those reported a year ago.

An increase in PacificCare Health Systems Inc.'s premiums canceled out a drop in membership, while improved cost controls and pricing led to a 33 percent increase in second quarter earnings. WellPoint Health Networks Inc., Health Net Inc., Humana Inc., Anthem Inc., Coventry Health Care and First Health also had strong earnings reports, Managed Care Wire reported.

Hazelden's psychology internship receives APA accreditation

Hazelden's Psychology Internship Program received three years of accreditation from the American Psychological Association (APA) on July 31, making it the first and only APA-approved internship in the nation to emphasize addiction and Twelve Step recovery, according to a company announcement. The internship, offered by Hazelden's Mental Health Centers in Minnesota, is a one-year, full-time program for pre-doctoral students in psychology.

The internship is designed to develop competencies in assessing and diagnosing alcohol and drug dependence; assessing and diagnosing dual disorders; treatment of disorders; consultation and the role of psychol-

ogy in the multidisciplinary team; crisis intervention and teaching. Thirteen interns have completed the program since it began in 1996.

Study: No increase in employer-sponsored coverage

The recent economic boom only suspended a steady decline in employer-sponsored health insurance, according to a new Center for Studying Health System Change (HSC) tracking report. The proportion of Americans in working families covered by employer-sponsored health insurance remained almost flat between 1997 and 2000. Increases in public health insurance enrollment rather than expansion of employer-based insurance drove the slight decline in the proportion of uninsured in this group, according to the report. "These findings tell us that relying on economic growth alone to reduce the number of uninsured won't work,"

said Paul B. Ginsburg, Ph.D., president of HSC, adding that a major public investment will likely be needed.

The report also showed improvements in coverage of children in low-income working families. The proportion of uninsured children dropped from 20.4 percent in 1997 to 15.5 percent in 2001. Enrollment of children in public health programs rose 10.3 percent, while the percentage of low-income children in working families with employer-based coverage dropped 4.4 percent, according to the report. The findings indicate that the State Children's Health Insurance Program (SCHIP) helped reduce the number of uninsured children, but that some substitution of public for private coverage also occurred, said researchers. The report was based on results from HSC's Community Tracking Study Household Survey.

Coming Up

The **Alliance for Children and Families** will hold its 2002 annual conference, "United to Succeed," **Oct. 15 to 18 in Philadelphia**. For more information, contact Maggie Skarich at (414) 359-1040, ext. 3664; e-mail mskarich@alliance1.org; or visit www.alliance1.org.

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) will hold its 14th annual international conference, "Partners in Progress: 15 Years of Giving Hope, Changing Lives," **Oct. 17 to 19 in Miami Beach, Fla.** For more information, visit www.chadd.org.

The **Institute for International Research** will present "Health-Based Risk Assessment and Adjustment for Managed Care Organizations" **Oct. 21 and 22 in Minneapolis**. For more information, call (888) 670-8200 or visit www.iirusa.com/healthrisk.

The **National Conference of State Legislatures** will hold its sixth national Health Policy Conference **Nov. 17 to 19 in New Orleans, La.** For more information, visit www.ncsl.org, or contact Joanne Stroud at (303) 830-2200, ext. 206.

In Case You Haven't Heard ...

The voices that about 70 percent of people with schizophrenia hear are still not particularly well-understood by researchers. An Australian professor is testing the theory that patients who hear voices may be experiencing a form of disconnection within the brain's memory circuits. If this proves correct, says Alex Sergejew of the Mental Health Research Institute of Victoria, interventions to improve patients' quality of life could be identified. Other theories about voices state that they result from a malfunction in the brain's auditory system, or are inner thoughts mistakenly believed to be coming from somewhere else.