

THE BULLETIN

NEW YORK STATE PSYCHIATRIC ASSOCIATION

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Are We There Yet?

By Barry Perlman, M.D.

"Are we there yet?" is a question all parents have heard their kids ask throughout the course of a long trip. Oddly, it was a question which came to my mind when reviewing the proposed elimination of the mental health funding from the Families Health Plus program as part of this year's NYS Executive Budget proposal. As we all now know, those funds were ultimately restored as part of the budget agreement between the Governor and the NYS legislature when they enacted the first on time budget in more than 2 decades. To me it was the temerity of calling for the elimination of mental health coverage rather than a broad proportional reduction of funding for the entire program which grabbed my attention. It made me realize that while we have made gains we still have a long way to go on our way to achieving a parity mental health insurance benefit and destigmatizing mental illness.

Just think of it. We began the struggle to gain a parity mental health benefit in NYS many years ago and have been working to pass "Timothy's Law," its latest iteration, for the past 3 years. The parity bill has gained broad support in the NYS Assembly



Barry Perlman, M.D.

for many years and support for it has grown in the Senate with each passing year. To date thirty-six states have enacted parity legislation. The public long ago, as evidenced by a survey conducted by and published in Parade Magazine in 1993, demonstrated a concern with mental illness and its treatment. The survey found that

98% of Americans believed that health insurance should cover medication and/or therapy for persons with mental illness. Despite all of that, those involved with budget making in NYS still seem to believe that it is acceptable to single out mental illness and its treatment from among all illnesses and treatments for severe cuts. The perceived freedom to treat mental illness differently tells us that too many policy makers either do not understand mental illness and its treatment or do not really take it seriously. Their action tells us that we have not gotten there yet! It is ironic that policy makers would propose to eliminate funding for mental illness from Families Health Plus, a Medicaid based program with oversight within the DOH, as part of an Executive budget proposal which increased funding for many of

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Commissioner Carpinello Receives Distinguished Service Award

By Liz Lipton, M.A.

Commissioner of the New York State Office of Mental Health, Sharon Carpinello, R.N., Ph.D., was honored Saturday, April 2, 2005 with NYSPA's Distinguished Service Award at the Spring Area II Council Meeting in East Elmhurst, NY. Presenting the award was NYSPA President, Barry Perlman, M.D., who explained that "Each year the award is bestowed upon an individual who has made a significant contribution to the care provided to New York's mentally ill." Perlman went on to praise the Commissioner for her hard work and dedication to issues that are of concern to NYSPA, such as quality of care and access to services. "Clearly, Commissioner Carpinello is committed to providing increased access and higher quality services to New York's mentally ill. This is evidenced through her focus on suicide prevention, the promotion of evidence based practices, and perhaps most importantly, her receptivity to open communication with stakeholders such as NYSPA" noted Dr. Perlman.



Sharon Carpinello, R.N., Ph.D.

health system. Carpinello went on to outline OMH's strategic priorities she felt would begin to address these challenges, citing such initiatives as "Improving access to adult state psychiatric center inpatient services, recruiting and maintaining a qualified state and local work force, improving access to safe and affordable community housing and community based services to children."

In addition, Commissioner Carpinello discussed the importance of having the collective voice of the mental health community represented in the budget process, assuring attendees that she did in fact bring that voice to the table, pointing to a \$64 million dollar increase in base funding that wasn't there before and a \$24 million increase in Medicaid revenue to be used for Article 31 clinics, including a statewide rate enhancement, increases to children's clinics providing evening and weekend services, and other targeted enhancements.

Carpinello went on to highlight additional measures being employed by her administration in an effort to strengthen New York's mental health system, such as the reorganization of the Office of Quality Management. "The new director, Jayne Van

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New York Attorney General Eliot Spitzer Receives APA Javits Award

By Seth Stein, Esq.



Jeffrey Borenstein, M.D., C. Deborah Cross, M.D., Attorney General Eliot Spitzer, Barry Perlman, M.D., Seth Stein, Esq., and James Nininger, M.D.

On June 15, 2005, Attorney General Eliot Spitzer received the 2005 APA Jacob K. Javits Public Service Award. Each year the Javits Award is given to a public official whose service in office has had a significant, positive impact on the field of psychiatry and the quality and accessibility of mental health care. The Javits Award is named for the late United States Senator Jacob K. Javits who represented New York from 1957 to 1981 and dedicated his decades-long public service career to issues ranging from civil rights to health care. Senator Javits also served as New York State Attorney General before being elected to the U.S. Senate.

"The public and the APA are indebted to Attorney General Spitzer for his work to give people greater access to information on the safety and effectiveness of medications," said Tom Noyes, M.D., chair of the APA's Council on Government Relations (CGR), which bestows the award. "Through the power of his office, Mr. Spitzer has helped physicians and patients - in New York and all across the country - make more informed treatment decisions. Mr. Spitzer's actions benefit

patients no matter what illnesses they confront."

The award was presented by Barry Perlman, M.D., NYSPA President, together with Deborah Cross, M.D., NYSPA Vice-President, James Nininger, M.D., former NYSPA President and former APA Assembly Speaker, Jeffrey Borenstein, M.D., Editor of the Bulletin and Seth P. Stein, NYSPA Executive Director. In making the presentation, Dr. Perlman recognized Attorney General Spitzer's efforts on behalf of patients:

"The Javits Award is presented to you in recognition of your having brought suit against GlaxoSmithKline and others under consumer fraud statutes for concealing clinical data relevant to the prescribing of antidepressants for children. We believe your action served as a catalyst for a broad based movement on the part of medical societies, including the APA, journals and lawmakers to make more transparent the finding of clinical trials of medications. Once fully realized, this movement towards transparency, we believe, will greatly

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NYSPA Lawsuit Challenging New Regulations for Licensed Psychoanalysts

By Seth Stein, Esq.

On Friday, May 27, 2005, NYSPA together with the NYS Psychoanalytic Confederation, Inc., filed a lawsuit in State Supreme Court, Albany County, challenging regulations adopted by the Board of Regents implementing a new state law enacted in 2002 that regulated the practice of psychotherapy in this State and created four new mental health professions including the profession of licensed psychoanalysis.

The challenged regulations address the requirements for psychoanalytic training programs and the coursework required in a psychoanalytic training program.

The lawsuit argues that regulations regarding the credentialing psychoanalytic institutes include provisions rejected by the Legislature when the statute was enacted and the provisions regarding the coursework requirement fail to include coursework specifically required by the statute. NYSPA was joined in the lawsuit by the New York State Psychoanalytic Confederation, Inc., a not-for-profit corporation consisting of seven psychoanalytic institutes and societies that have for many decades provided education and training of licensed professionals (physician-psychiatrists, psychologists and social workers) seeking additional psychoanalytic education and training beyond what was required for the professional licenses. As stated in its bylaws, the Confederation was formed for "the improvement of legislation and regulatory policies governing the licensing of psychoanalysts in New York State in order to bring the requirements for licensing into alignment with prevailing education standards in the profession of psychoanalysis."

Credentialing of Psychoanalytic Training Programs

The statute requires that an applicant for

licensure as a licensed psychoanalyst must complete a program of study registered by the Education Department in a psychoanalytic institute chartered by the board of regents or the substantial equivalent of a chartered and registered program as determined by the Education Department.

The new regulations permit an applicant to attend a program offered by an institution only authorized to confer degrees (but not chartered as a psychoanalytic institute), a program in psychoanalysis that is accredited by an acceptable accrediting agency, or a program in psychoanalysis that is substantially equivalent to an accredited program. The lawsuit asserts that all three alternatives to the statutory language (a chartered and registered program or the substantial equivalent) were dropped by the Legislature from earlier versions of the final law or are in conflict with the statute.

Coursework Required in a Psychoanalytic Training Program

The statute required that applicants for licensure have a master's degree (in any field whatsoever) and have completed a program of study at a psychoanalytic institute. In addition to the coursework in psychoanalytic theory and practice, the statute required coursework that is "substantially equivalent to coursework required for a master's degree in a health or mental health field of study."

This provision was added at the urging of NYSPA and MSSNY because there is no statutory requirement regarding the area or field of study in which the applicant has obtained a master's degree. For example, an applicant could have secured a master's degree in geology and then decide to pursue training as a psychoanalyst. The statutory language requiring the program of study including coursework equivalent to

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Information for Contributors
The Bulletin welcomes articles and letters that NYSPA members will find timely, relevant, and compelling. Articles should be between 750 and 1500 words (three to five double-spaced manuscript pages) and letters no more than 750 words. All submissions must be made electronically, preferably by email to the editor. All authors are encouraged to also provide a photograph of themselves which will be printed alongside their article.

Information for Advertisers
The Bulletin welcomes advertisements from both NYSPA members and commercial enterprises. Total circulation averages 5,500 copies per issue. *The Bulletin* is received by members of the American Psychiatric Association who belong to a district branch in New York State. *The Bulletin* is also sent to the leadership of other district branches across the United States and to New York State legislators, medical libraries, and science writers. *The Bulletin* is published quarterly. Both classified advertisements and display advertisements are available. Please contact the editor for current rates and media requirements. NYSPA members receive a discount of 50% off the basic classified ad rate.

The opinions expressed in the articles or letters are the sole responsibility of the individual authors, and may not necessarily represent the views of NYSPA, its members, or its officers.

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FROM THE EDITOR'S DESK... By Jeffrey Borenstein, M.D.

This edition of the *Bulletin* highlights a number of ongoing legislative and public policy issues as well as NYSPA's advocacy on behalf of our patients and profession. The Albany report focuses on key legislative issues including the budget and the restoration of mental health benefits to Family Health Plus in the final budget as well as restoration of funding for substance abuse services. We also report on the status of Timothy's Law, Kendra's Law and the Medicaid Preferred Drug Program (PDP). We report on the new NYSPA Task Force which is reviewing the feasibility of including psychotropic medications in a Medicaid PDP, including identifying procedures to protect patient access to medically necessary medications.



Jeffrey Borenstein, M.D.

We report on the Spring Area II Council Meeting, including NYS Office of Mental Health Commissioner Sharon Carpinello, R.N., Ph.D., receiving NYSPA's Distinguished Service Award and the Commissioner's address to the Council regarding OMH's strategic priorities. The President's Column focuses on the status of the struggle to gain a parity mental health benefit

on both the state and federal level. The Area II Trustee Report provides a summary of APA initiatives on the national level. We report on NYSPA's lawsuit challenging regulations for licensed psychoanalysts.

We also report on the presentation of the APA Jacob K. Javits Public Service Award to New York Attorney General Eliot Spitzer. We

have an article about the Treatment Recommendations for the Use of Antipsychotics for Aggressive Youth (TRAAY) project, an NIMH-funded initiative working with clinicians in over 30 public and private facilities. We also report on the Queens Psychiatric Society Residents' Scientific Paper Contest and encourage other DB's to share their experiences with special programs and initiatives.

In addition, we have a list of the 2005 contributors to the NYSPA PAC; the PAC is key to the continued success of NYSPA's advocacy for our patients and profession. Finally, we are pleased to report that the *Bulletin* has again received national recognition in the APA's Newsletter of the Year Competition. I want to thank all the contributors to the *Bulletin* for their ongoing professionalism and excellence. I also want to thank our readers for your feedback and support. ■

President's Message continued from page 1

the programs overseen by OMH. Our state's seeming piecemeal approach to the part of the budget making process which addresses issues related to mental illness might well benefit if there were an opportunity for the incorporation of a global perspective on all programs impacting the area regardless of agency.

I believe that at the Federal level it can also be said that we have come some part of the way but are not yet there. The passage of the Mental Health Parity Act of 1996 (MHPA) represented an important first step towards establishing a parity mental health benefit by prohibiting lower annual or lifetime benefits for mental health coverage than for physical health coverage. Ultimately the impact of the law benefited those with younger family members with severe mental illnesses, but passage of legislation to broaden the parity law has remained elusive. I suspect again that the failure of most legislators to understand mental illness or take the issue seriously, in the sense of its not being viewed as politically critical, represents an important obstacle.

The data on the prevalence and impact of mental illness and its treatment are extensive. Unfortunately, those data seem to have only limited power to move the parity agenda. To this day, the champions of

parity legislation have been individuals whose families have felt the pain of having affected loved ones. Deborah Sontag wrote in a *New York Times Magazine* article entitled, "When Politics is Personal" (9/15/02) about how Senator Pete Domenici, a social and fiscal conservative, became the Senate's leading advocate for the mentally ill as a consequence of having a daughter with schizophrenia. As will be recalled he joined with Senator Paul Wellstone, whose brother suffered with schizophrenia, to champion the Mental Health Parity Act. In their effort they received bipartisan support from Senate colleagues Alan Simpson and Harry Reid each of whom had experienced the suicide of close relatives. Today, in the wake of Senator Wellstone's untimely death, Senator Edward Kennedy has become the Democratic cosponsor of the Mental Health Equitable Treatment Act (MHETA) along with Senator Domenici. After Wellstone's death, the bill was named in his honor. Perhaps because those who support this legislation are often personally engaged by the issue, their concern is not easily embraced by those without the personal experience. Despite broad and bipartisan co-sponsorship of the MHETA in the Senate and House, parity legislation has stalled because of adamant business opposition

to adding "another mandate" to their labor costs. Absent a clear perception by Congress that parity is a major political priority, there is little pressure on the leadership to move the bill. This is also true of Medicare where, despite considerable data about the impact of depression on the country's seniors, APA-supported legislation to end the discriminatory 50% coinsurance has been held up due to its cost and lack of vocal demand from major seniors groups to pass it.

For APA, NYSPA and other advocacy groups for persons with mental illness to realize our goal of equitable treatment it remains critical that we pursue the parallel paths of education and legislation. Only through education will a broad swath of the population come to better understand mental illness and its implications as well as the potential its treatment brings for recovery. Such understanding may facilitate the voicing of concern in the body politic and thus may serve as the lubricant for passage of legislation such as Timothy's Law or the MHETA. Completing the circle, the passage of parity laws serves as the formal acknowledgement by our society that the matter of mental illness has become better understood and taken seriously. It is the sign that, "we are almost there". ■

QUEENS PSYCHIATRIC SOCIETY RESIDENTS' SCIENTIFIC PAPER CONTEST

In a close contest the winners were:

First Place

Marie Pierre-Louis, M.D.
Jamaica Hospital Medical Center
"Physical Aggression in Inpatient Unit"

Second Place

Khatija N. Paperwalla, M.D.
The Zucker Hillside Hospital
"Smoking and Depression"

Third Place

Omer Stupac, M.D.
Jamaica Hospital Medical Center
"Does Hypomagnesemia Associate with Acute Agitation?"

Honorable Mention

Javaid Rashid, M.D.
Elmhurst Hospital Center
"Transient Global Amnesia Following a Transoceanic Flight"



From left to right: Richard Deucher, M.D., Associate Chairman, Department of Psychiatry at North Shore University Hospital; R. Viswanathan, M.D., D.Sc., Director of Consultation Liaison Psychiatry at Downstate Medical Center; Barry Perlman, M.D., President, New York State Psychiatric Association; Jeffrey Borenstein, M.D., President, Queens County Psychiatric Society; Javaid Rashid, M.D., Honorable Mention; Khatija Paperwalla, M.D., Second Place; Omer Stupac, M.D. (background), Third Place; Marie Pierre-Louis, M.D., First Place and Seeth Vivek, M.D., Founder, Residents' Scientific Paper Contest.



Ann Sullivan, M.D.

The Board Meeting in March was a busy one, focusing on issues of membership, public affairs, advocacy and a key position statement on Same Sex Civil Marriage. This position statement was forwarded to the Assembly for review, discussion and approval. The APA is increasingly fiscally sound, and has been able to fund major initiatives in advocacy, public affairs, and district branch programs. The new initiatives and ongoing activities of the APA outlined below reflect the hard work and commitment of the members, governance and staff.

HIGHLIGHTS

Budget:

Financially, the APA is getting stronger. The budget remains balanced and a surplus of about 5 million is currently projected. The plan is still to move the majority of the surplus into the reserves, to bring us closer to the needed 25 million. There have been some moderate increases in the budget this year to accommodate the legislative advocacy day, the new public affairs initiative, increase in staff medical coverage costs, and grants to the DB's for new initiatives. It is hoped these will be able to be continued next year.

APA Award from pg. 1

improve the care provided by psychiatrists and other physicians for their patients." While NYSPA did not endorse the merit of the suit, it endorsed the need for transparency of clinical research findings as a necessary condition for the ethical and efficacious practice of psychiatry and all medicine. Within days of the announcement of Spitzer's action, newspaper articles announced an astounding series of "aftershocks." The AMA adopted a resolution, with the strong support of the psychiatric delegates to the House of Delegates, calling for the creation of a database of all clinical drug trials undertaken in this country.

The editors of several prestigious medical journals, members of the International Committee of Medical Journal Editors, announced that they were considering a requirement that pharmaceutical companies register clinical drug trials at their inception as a precondition to their publication in the journals. Leading Democratic Senators were said to be considering legislation which would require the creation of a national database in which trials would be registered and the results of which would be publicly available. Remarkably, a major pharmaceutical company, Merck, announced support for the creation of a federally supported drug trial database.

In 1986, the APA established the Jacob K. Javits Public Service Award to honor the legacy of a U.S. Senator from New York, Jacob K. Javits. First elected in 1956, Senator Javits served 24 years, using his position on the then Labor and Public Welfare Committee to spearhead health related legislation, achieving multiple successes on behalf of the mentally ill and on substance abuse issues.

Past recipients of the Jacob K. Javits Public Service Award include U.S. Senator Pete Domenici, U.S., Senator Paul Wellstone, New York State Senator Nicholas Spano, U.S. Senator Harry Reid, and Connecticut Attorney General Richard Blumenthal. ■

Membership:

Membership is on the upswing! Overall Membership, including dues paying members, continues to slowly increase. Dues collection increased over last year by almost \$400,000 dollars.

In order to involve the Membership more actively in APA, \$300,000 in grants is available to the District Branches for special projects or initiatives focused on areas such as membership retention and recruitment, education, outreach, prevention and public affairs. The deadline for grant requests is July 1, 2005 and the info can be obtained at <http://www.psych.org/members/dbsagrant.cfm> Be sure to apply!!! The Board Certification process may change. The American Board of Psychiatry and Neurology is in the process of making major changes in the board certification process, which could include: taking part one of the boards in the fourth year of residency; elimination of the live patient interview; and the development of a new format for discourse on patient evaluation and treatment between the examiner and the applicant. There has also been a decrease in applications for subspecialty certification and recertification, which is being looked into by the ABPN.

The Texas Study of Psychiatric Profession (TSPP) and the Board of Trustees continue to negotiate as of the March Meeting.

Public Affairs:

The public's image of a psychiatrist is still quite unclear! In response to suggestions from members, the APA is launching a major public affairs campaign focusing on the role and image of psychiatry to the general public. The campaign is budgeted at 100,000 for this year, and includes the consultant work of the firm of Porter/Novelli. Focus groups of women who are "friendly" to the idea of utilizing mental health services were held to gather information on attitudes and beliefs about psychiatry. Most participants clearly knew that psychiatrists had medical training and prescribed medication. While they saw psychiatrists as having superior training and experience, they also saw us as "white coat" males, distant and to be seen only if you are seriously ill and in need of medication or hospital care. Psychologists and social workers were seen as more approachable, "counselors", someone you could

talk to about your problems.

In response, the campaign will "brand" psychiatry as a profession that promotes "healthy minds/ healthy lives " and will use that as the starting point to describe who we are. It is a different and complimentary approach to the "medical model" that would expand our role in the public's eye. Further details can be obtained from the new communications director, Ms. Lydia Sermons-Ward.

Advocacy:

Advocacy remains a major focus of the APA. Psychologist prescribing legislation was successfully prevented this year in three states: Hawaii, Wyoming and New Hampshire. The APA and local DB's continue to try to influence the regulations being written in New Mexico and Louisiana.

Major federal legislative initiatives involve ending discrimination in coverage for the mentally ill - the Mental Health Equitable Treatment Act and the Medicare Equitable Co Payment Act. It will be difficult to get these passed this year.

The APA strongly lobbied for the Smith-Bingaman bill to halt the present plan to cut Medicaid benefits and establish a bipartisan commission to look carefully at the problem and make suggestions. This was passed in the Senate and has slowed the rush to cut Medicaid!! The APA will be lobbying, with a coalition of consumers, to maintain necessary benefits.

The APA is actively lobbying to reverse the negative impact of the Medicare Drug Benefit Rules on the dually eligible patients.

CMS is also proposing a "payment for performance" approach to incentivise physicians to adopt "best practices" and monitor outcomes. "Poor" performance could mean less reimbursement. APA will monitor this and be active in trying to prevent any negative impact.

Finally, Advocacy Day was held March 13-16 and was well attended and quite successful!! The above issues and more were brought directly to the legislators. A yearly Advocacy Day will be proposed on an ongoing basis.

Policy:

The JRC requested more time to develop the position statement on Same Sex Civil Marriage. It was recommended that this be reviewed widely throughout the membership district branches, and

especially in the Assembly. The Board will send policy on Same Sex Civil Marriage for review, discussion and approval to the Assembly in May.

Position Paper:

The Board approved an excellent paper on the Use of Medication in Treating Childhood and Adolescent Depression: Information for Patients and Families. It can be accessed on the website.

Governance:

The Medical Director has essentially functioned as the CEO (Chief Executive Officer) of the APA. The Board approved amendments to the by-laws to make the CEO the medical director, as well as job descriptions for the President and Medical Director. These will be forwarded to the Assembly for ratification.

New Components:

Suicide on college campuses has been recognized as a major public health issue. The Board approved a Task Force to develop guidelines for the prevention and services needed on our campus communities. The Task force will work with representatives across the nation and report back in the fall of 2005.

Information Systems:

The Association Management System is being implemented on a fairly close timeline, and should start to be rolled out to the DB's this fall. So far, the project has been meeting goals and will hopefully be a real asset when added for the District Branches.

Medical Director Goals:

Dr. Sully has outlined 5 goals that he wants to achieve in the next year. These goals demonstrate his commitment, as well as the positive synergy between the Medical Directors office, the governance and members. These goals include: 1. Effective budget management in financially tough years, 2. Improved services to District Branches and members, 3. Implementation of the Associations Management System on time, 4. Continued development of Advocacy-communication plan and Advocacy Day, to further our effectiveness, and 5. Development of a strategic plan for the work of the office of Minority and National Affairs.

Once again thanks for all your support!!!!!! All suggestions/ideas welcomed and have a great summer!! ■

ann.sullivan@mssm.edu

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The Spring 2005 Area II Council Meeting was held on Saturday April 2, 2005, at the LaGuardia Marriott Hotel in East Elmhurst, New York. Barry Perlman, M.D., President of NYSPA, moderated the event.

The meeting featured a presentation by Sharon Carpinello, R.N., Ph.D., the Commissioner of the New York State Office of Mental Health. Dr. Perlman presented NYSPA's Distinguished Service Award to Commissioner Carpinello. For more information, please see the article on page 1.

Richard Altesman, M.D., NYSPA's Secretary, spoke briefly about the minutes from the November 2004 Area II Council Meeting at the APA Fall Assembly Meeting. A motion to approve these minutes was approved. Seeth Vivek, M.D., the Treasurer, reported that NYSPA's income is slightly better than last year. Expenses are relatively flat. A motion to accept the Treasurer's report was approved.

NYSP-PAC, Inc.

The Co-Chairs of NYSPA-PAC, Inc., Harvey Bluestone, M.D., and Edward Gordon, M.D., urged members to contribute to the New York State Psychiatric Political Action Committee, Inc.

Dr. Perlman noted that Vivian Pender, M.D., NYSPA's representative to the APAPAC, encouraged members to contribute to the APAPAC.

NYSPA President Barry Perlman, M.D.

Dr. Perlman announced that NYSPA member Michael Blumenfield, M.D., the Recorder of the Assembly and a candidate for Speaker-elect, was named as the first holder of the Sidney E. Frank Distinguished Professorship in Psychiatry and Behavioral Sciences at New York Medical College. "That's just a wonderful tribute to Michael and what he has accomplished professionally," said Dr. Perlman. For more information, please see the article about Dr. Blumenfield on page 2 of the Spring 2005 issue of *The Bulletin*.

Dr. Perlman also noted several administrative changes: Dr. Bluestone asked to be relieved of his appointments as Chair of the Awards Committee and Co-Chair of NYSP-PAC, Inc. Dr. Perlman thanked Dr. Bluestone for his service to NYSPA: "We thank you for all you've done. You'll always be welcome at our meetings." Aaron Satloff, M.D., will serve as Chair of the Awards Committee. Dr. Gordon will continue as Chair of NYSP-PAC.

Dr. Gordon, a past president of NYSPA, will be relinquishing his position as the delegate to the MSSNY House of Delegates. Glenn Martin, M.D., has been appointed to that position. "I thank Glenn for his continuing willingness to serve," said Dr. Perlman.

Lewis Opler, M.D., Ph.D., the Interim Chief Medical Officer of NYS OMH, will serve as OMH's liaison to NYSPA. William Tucker, M.D., who previously served as the liaison no longer works for OMH. Dr. Perlman said, "Having known Lew and had the opportunity to work with Lew for many years, I appreciate his willingness to act as liaison and know he will serve both OMH and NYSPA well."

Dr. Perlman announced the results of the election for MIT Deputy Representative. Emily S. Stein, M.D., was elected.

He announced that Michael Sharp, M.D., has been appointed as Chair of the ECP Committee. The ECP committee recommended Lawrence Dopkin, M.D., for the position of ECP Deputy Representative. A motion to designate Dr. Dopkin as ECP Deputy Representative was approved.

NYSPA PDL Task Force

Dr. Perlman addressed the issue of whether NYSPA should continue to demand that psychotropic medications be excluded from New York State's Medicaid preferred-drug List. Dr. Perlman wrote about this issue in his previous "President's Column."

Dr. Perlman announced the formation of the "NYSPA Task Force to Review the Inclusion of Psychotropic Medications within New York State's Medicaid Preferred-Drug List." If the task force decides that psychotropic medications should be included in the PDL, "then it is requested that they consider what parameters would be necessary to assure that persons with serious and persistent mental illness are well and ethically served by that formulary," he explained.

The members of the task force—none of whom are receiving money from the pharmaceutical industry—are Jack Gorman, M.D., Chair of the Department of Psychiatry at Mount Sinai School of Medicine, who will serve as Chair of the group; Mantosh J. Dewan, M.D., Professor and Chairman of the Department of Psychiatry and Behavioral Sciences at SUNY Upstate Medical University; Carl Cohen, M.D., Professor of Psychiatry and Director of Geriatric Psychiatry at SUNY Downstate Medical Center; and Laura Fochtman, M.D., a Professor in the Departments of Psychiatry and Behavioral Sciences, Pharmacological Sciences, and Emergency Medicine at Stony Brook University School of Medicine. Dr. Perlman will participate ex officio. The task force will present their first report at the Fall Area II Council Meeting.

Following Dr. Perlman's announcement, Manoj Shah, M.D., Chair of the Committee on Children and Adolescents, suggested that a child/adolescent psychiatrist should be included on the task force. Dr. Perlman agreed and said he will try to locate such an expert.

Richard Gallo, NYSPA's Legislative Consultant, spoke about a number of key issues. Please see the "Albany Report" on Page 1. Seth Stein, Esq., the Executive Director and General Counsel, provided information about a number of important topics. Area II Trustee Ann Sullivan, spoke about a number of key topics. To read a summary of her remarks, please see "Area II Trustee's Report" on page 3. The Assembly Update was given by James Nininger, M.D., APA Speaker, Joseph Rubin, M.D., APA Speaker-Elect, and Dr. Blumenfield, APA Recorder. Jeffrey Akaka, M.D., and Gary Weinstein, M.D., candidates for APA Recorder, addressed the council and answered questions.



Barry Perlman, M.D. and Lester Shapiro, M.D.

Lester Shapiro, M.D., Distinguished Service Award

Area II selected Former NYSPA President Lester Shapiro, M.D. as the winner of NYSPA's Distinguished Service Award. Dr. Shapiro, who is 90-years-old and in good health, still practices psychiatry three days a week.

Dr. Perlman said that it was his special pleasure to present Dr. Shapiro with this award. The association is honoring him for one facet of his work: Two decades ago, Dr. Shapiro began warning the psychiatric community about its reliance on funding from the pharmaceutical industry.

Dr. Perlman reported that in 1991, Dr. Shapiro wrote, "It is because of these factors [the complex interrelations between the APA and the pharmaceutical industry] that constant vigilance is required to ensure that our ethical standards and our patients are not

compromised by APA's relationship with drug companies."

Having recently read an article about Sidney Wolfe, M.D., Director of Public Citizen, a leading critic of the FDA and the drug industry, Dr. Perlman said "As I read the piece, I thought to myself, Dr. Lester Shapiro is certainly our Sidney Wolfe. He is a man who early on raised his voice to warn of the potentially corrosive impact of the pharmaceutical industry on our profession, its ethic, and how we care for our patients. For this we are grateful and say thanks with this plaque," said Dr. Perlman as he handed the award to Dr. Shapiro.

Dr. Shapiro said, "Thank you all so very much. I am at a lost for words. ... All I can tell you is that as I look back over the years... this plaque says so much to me in terms of things I have stood for and things that I have preached about and things that I have hoped for over many years."

He added, "I also want to give a word of thanks to my wife...who is sitting back there. This August we will celebrate our 65th Wedding Anniversary."

C. Deborah Cross, M.D., NYSPA's Vice President and Chair of the Public Relations Committee

C. Deborah Cross, M.D., NYSPA's Vice President and Chair of the Public Relations Committee, recently attended a meeting of the APA's Assembly Committee on Planning on behalf of Dr. Perlman.

Dr. Cross reported on one of the important topics that was discussed at this meeting: In past years, the APA used a formula-based method to return a portion of NYSPA's dues to the state association and its district branches. This is being replaced by a competitive grant process, which will be conducted through the Council on Member and District Branch Relations. The Board of Trustees will approve decisions.

The deadline for submitting grants is July 1, 2005. For more information, please see the March 31, 2005, memo that district branches received from Lori A. Klinedinst, Program Manager, Office of Ethics and District Branch/State Associations Relations. To obtain a copy of that memo, contact Ms. Klinedinst at <lklinedinst@psych.org> or (703) 907-8662. To access the forms for the grants, log into the Members' Corner and then click on this link: <<http://www.psych.org/members/dbsagrant.cfm>>.

The idea of competitive grants "may scare a lot of people off," Dr. Cross said. "Don't be scared because it's not as complex as it seems."

In other news regarding funding, Dr. Cross said, "There continues to be a stream of funding [for advocacy] from the Committee on Advocacy and Litigation Funding."

Additionally, the district branches can request funding from the APA for computers, special events, programs, etc. She explained, "There are certain monies available to the district branches that only require sending a letter to the APA."

At the district branch level, Dr. Cross noted the recent accomplishments of several Public Affairs Committees:

The Public Affairs Committee of the Mid-Hudson Branch

At the Mid-Hudson District Branch, the Public Affairs Committee is chaired by Madhu Ahluwalia, M.D. As members of a local mental health parity coalition, psychiatrists participated in several educational programs—one of which was attended by approximately 200 individuals.

Additionally, the committee members participate in an educational program for elementary school children; whereby, high school students perform skits on mental health topics. These performances are followed by a discussion period. The committee members are also planning a mental health walk.

The Public Affairs Committee of the Queens District Branch

At the Queens District Branch, Dr. Vivek is the Chair of the Public Affairs Committee. On April 12, 2005, the branch will host a residents' research paper competition and dinner. Information about this event will be featured in the local newspaper thanks to the public relations efforts of Jeffrey Borenstein, M.D., the Branch President and the Editor-in-Chief of *The Bulletin*.

Dr. Cross noted that APA provided funding for this special evening.

At their annual dinner, the district branch will honor New York City Councilman David Weprin (23rd District), for his work in passing a NYC Council Resolution that called upon the NYS Senate to enact Timothy's Law. Additionally, the Public Affairs Committee is working with NAMI to educate small business owners about Timothy's Law.

New York County District Branch Public Affairs Committee

At the New York County District Branch, Vivian Pender, M.D., Chairs the Public Affairs Committee, which is considered an "umbrella committee." Dr. Cross explained, "All the committees interact with the Public Affairs Committee and the Public Affairs committee supports all of the activities in New York County."

APA Office of Communications and Public Affairs

Lydia Ward-Sermons, the Director of APA's Office of Communications and Public Affairs (OCPA) is doing a great job, said Dr. Cross.

OCPA sends out a weekly email with information about recent stories relating to the APA and mental health issues. To read more about this and learn how to sign up, please see Dr. Cross' article on page 3 of *The Bulletin's* spring issue.

OCPA has a Media Experts Database. When the office receives a call from a reporter, the staff contacts the appropriate expert, who in turn speaks with the reporter, said Dr. Cross. Psychiatrists who would like to participate can contact OCPA at 703-907-8640 or <press@psych.org>.

Lenore Engel, M.D., Committee on Children and Adolescents

Lenore Engel, M.D., who reported for the Committee on Children and Adolescents, said that the state is planning to close almost all the Residential Treatment Centers except five. It has not been decided which five will remain open. The committee also discussed the issue of the Preferred Drug List. The group felt strongly that an expert in child psychiatry should be on the task force. And as noted previously in this article, Dr. Perlman agreed and will try to locate such an expert.

Richard Altesman, M.D., The Committee on Economics Affairs

ICD Codes: Include the Fifth Digit

Richard Altesman, M.D., who reported for the Economic Affairs Committee, said that some insurance companies are rejecting payment until they receive ICD codes with a fifth digit.

Unfortunately, according to Dr. Altesman, the rejection letter concerning this matter "is very difficult to understand" and does not clearly state why the claim has been rejected. "So some people have been writing back five-page replies when all they really needed to do was add one number and send it back," he said.

The committee suggested that NYSPA alert members to this new requirement, which may be linked to HIPAA and standardized coding.

Patients Suddenly Can Not Access Their Psychiatric Medications

Some pharmacy benefit management poli-

[Continued on next page]

cies now require that patients obtain pre-authorization for certain psychiatric medications. In some cases, pre-authorization is even required for medications that patients have been taking for several years, Dr. Altesman reported.

Unfortunately, according to Dr. Altesman, some patients may not find out about this requirement until they arrive at the pharmacy, and the pharmacist informs them that their medication will not be dispensed until they obtain pre-authorization. What can they do if they don't have any medication left and/or if this happens Friday evening?

No provision exists requiring that an emergency supply of medication must be given to these patients while their appeal is being decided, he noted.

There was a discussion about this matter. And it was decided that Mr. Stein would research this issue.

Forge-Proof Prescriptions

Additionally, Dr. Altesman spoke about the "Official New York State Prescription Form Program," which is being administered by the Bureau of Narcotic Enforcement within the Department of Health. Free forge-proof prescriptions for both scheduled and non-scheduled medications will be issued.

Prescriptions must be written on these forms. Some medical professionals were concerned that the state would collect more data via these prescriptions; however, Dr. Altesman reported, this is not the case. At this time, the only data that will be collect-

ed is the same information that was obtained via the triplicates.

Jeffrey Feola, M.D., Committee of Early Career Psychiatrists

According to Jeffrey Feola, M.D., Chair of the ECP Committee, the committee will hold a seminar on April 14, 2005, at a restaurant in Manhattan. The event will feature presentations by four ECPs who started private practices. NYSPA will provide some funding for the event. Additionally, the committee has requested funding from the APA.

Edward Herman, M.D., Committee on Psychiatry and the Law

Edward Herman, M.D., who reported for the Committee on Psychiatry and The Law, said they discussed the new state law on licensed psychoanalysis and Kendra's Law. The committee will be submitting several recommendations about Kendra's Law to NYSPA's Central Office including the need for research funding and the possibility of expanding the law to authorize involuntary administration of medications.

ACTION PAPERS:

Marvin Koss, M.D., led the discussions on the action papers:

1.) The Council endorsed the following paper: "Extending the charge to the new Corresponding Committee on Electronic Medical Records (CCEMR) and changing its name to include other matters concerning IS/IT (information systems and

technology)."

The intent of this paper is the following: "To enable APA involvement and input into the evolving national trends toward the development of a highly centralized healthcare IS and IT infrastructure, including electronic medical records (EMR), transmission and prescribing, a national healthcare database to monitor and improve quality of care, telepsychiatry, and other related IS/IT matters.

It was submitted by Herb Peyser, M.D., NY Co. DB Assembly Rep; Molly Finnerty, M.D., NY Co DB Assembly Rep; Ann Sullivan, MD., Area 2 Trustee, and Bertram Warren, M.D., NJ Psych Assoc. Rep.

The Council also endorsed the following paper: "Assembly Committee on Membership Recruitment and Retention."

The intent of the paper is the following: "To increase recruitment of members into APA, facilitate their retention, and increase their satisfaction and contribution."

It was submitted by Ramaswamy Viswanathan, M.D., DSc. DFAPA, Representative, Brooklyn Psychiatric Society; Charles S. Price M.D., Representative, Nevada Psychiatric Association; and Kimberly Nordstrom, M.D., J.D., MIT representative Area 7.

The following action paper was presented for information only: "Establishing a Board-Assembly task force to review the situation involving APA's professional lia-

bility program."

The intent of the paper is the following: "In light of the recent problems involving Maurice Greenberg and the A.I.G., whose companies provide APA's members with professional liability insurance, to look into the program and report back to the Board, Assembly and membership."

The paper was submitted by Herb Peyser, M.D., NY Co DB Assembly Rep.

Following the discussion of the Action Papers, the council also endorsed the following APA Position Statement: "Position Statement in Support of the Legal Recognition of Same-Sex Civil Marriage" which was prepared by the Committee on Gay, Lesbian, and Bisexual Issues; Revised by the Committee on Gay, Lesbian, and Bisexual Issues, and revised and endorsed by the Council on Minority Mental Health and Health Disparities.

The paper's intent is the following: "The American Psychiatric Association (APA) should expand its current Position Statement on Same Sex Civil Unions and support legal recognition of same-sex civil marriage."

Additionally, Gilberto DeJesus, M.D., MIT Representative and Chair of the Committee on MITs spoke about five MIT action papers that will be reviewed by the Assembly at their Annual Meeting. ■

Commissioner Carpinello continued from page 1

Bramer took on her new role in September of 2004 and she is definitely shaking things up. For instance, prior to her arrival, OMH had not performed unannounced visits to licensed providers in years; we have recently, however, re-implemented this vitally important procedure. We are also working to streamline the processing of PAR applications as a direct result of provider feedback."

In yet another attempt to seek provider feedback, Carpinello pointed to her work with the recently developed Committee of Downstate Physicians, spearheaded by Jeffrey Borenstein, M.D., CEO of Holliswood Hospital in Queens, New York and Editor in Chief of NYSPA's *Bulletin*. "The committee's goal is to improve the process of transferring patients to inpatient state psychiatric beds and although the process has not yet reached the potential that Dr. Borenstein and I believe it has, I do think it's moving in the right direction."

One initiative that Commissioner Carpinello clearly heralded a success is the reinvestment of \$7 million dollars into Orange and Sullivan counties as a result of the Middletown Psychiatric Center closure. In reporting that the legislature had approved of the Governor's proposal to close the psychiatric center, Carpinello noted her approval of such a measure and the manner in which it was done, "I am

particularly happy about this. It is a model for the future and it is unheard of. I am told that never before have we closed a hospital and kept the beds in the community. We have now set a precedent and I believe it will be quite difficult to step away from a model where you take the dollars and reinvest in the community."

Before concluding her presentation, the Commissioner graciously answered a number of questions from attendees. Dr. Perlman, President of NYSPA and Director of Psychiatry at Saint Joseph's Medical Center in Yonkers, New York, inquired as to how advocates can best impact the Executive budget process and deliver the message that "You've not only got to look at the OMH budget, but look at the global impact of all the agencies in the state on mental health concerns." Carpinello responded by explaining that the Governor had recently reorganized his cabinet staff to combine Health and Human Services. "That reorganization also took place in the budget and as a result of this reorganization...budget things are incredibly improved."

Carpinello went onto answer a question posed by NYSPA Vice President; C. Deborah Cross, M.D. who sought the Commissioner's comments on a budget proposal that seeks to create a panel that will consider closing a number of Article

28 hospitals and redirect those funds to existing hospitals. "What thought has been given to assure that such a panel has an adequate understanding of the psychiatric infrastructure of the hospitals and what measures will be taken to preserve the mental health infrastructure when this panel makes its recommendations?" asked Cross. Carpinello reported that although the creation of such a commission had been tabled for further discussion, she was aware of NYSPA's concerns and in response to those concerns has recommended that an OMH appointee be directly involved with such a panel should it come to fruition. She went on to say "If this commission is established and it recommends closing hospitals with psychiatric beds, the mental health community has to be careful that these closures don't take place in areas where there is already a lack of bed capacity."

Aaron Satloff, M.D., NYSPA's Representative from Genesee Valley and a psychiatrist in Rochester, New York, sought input from the Commissioner regarding the OMH supported Western New York Care Coordination Program for the counties of Monroe, Erie, Onondaga, Wyoming, Genesee, and Chautauqua, by asking "How will this program differ from the Special Needs Plan (SNP) of a few years ago (other than this new program's more limited

scope) and would there be the possibility of expanding the scope of this program if it is successful?" Carpinello responded by saying that "The state does offer support and funding for the Western New York Care Coordination Program and OMH has learned a lot from it." She went on to suggest that attendees read about the program's outcomes which include a decrease in inpatient utilization. Further stating that "OMH is moving forward with the implementation of PROS (Personalized Recovery-Oriented Services) and I think a lot of what we see in the Western Care Coordination Project will really come to light as we move forward with this program." For additional information regarding PROS, log onto www.omh.state.ny.us

In closing, Seeth Vivek, M.D., Director of Psychiatry at Jamaica Hospital in New York and NYSPA's Treasurer inquired as to what the status was of an effort to move SSI recipients into managed care. The Commissioner explained the state would begin this effort by encouraging SSI eligible individuals to voluntarily enroll in managed care; however, the Commissioner was quick to point out that individuals with serious mental illness will remain exempt. She concluded her presentation with a request that NYSPA remain in close contact with her regarding this issue and any other areas of concern. ■

New NYSPA Task Force to Consider Preferred Drug List by Seth P. Stein, Esq.

A new task force, approved by the NYSPA Council at its Spring 2005 meeting, will review the feasibility of including psychotropic medications in a Medicaid preferred drug program (PDP) and, if it is determined that a PDP is clinically feasible, identifying those procedures that should be adopted to protect patient access to medically necessary medications. The Task Force includes a distinguished panel of respected clinicians and academicians: Jack Gorman, M.D., who will act as Chair, Mantosh Dewan, M.D, Laura Fochtmann, M.D., Carl Cohen, M.D., Flemming Graae, M.D., and Barry Perlman, M.D., NYSPA President.

The Task Force was created in response to the inclusion in the 2005-2006 NYS Budget of a requirement that NYS Medicaid implement a PDP for medications paid for by the Medicaid program. Under the PDP, the Medicaid program will identify "preferred" drugs in each class of medications - these drugs would be covered automatically. The state would use this preferred status as a means to negotiate reduced prices from drug manufacturers and suppliers.

As a result of advocacy by NYSPA and patient organizations certain atypical antipsychotics (Clozaril, Risperdal, Zyprexa, Geodone, Seroquel and Abilify)

and all anti-depressants were exempted and will be included as "preferred" drugs. However, other classes of psychotropic medications will be included and access to the entire range of drugs commonly prescribed by psychiatrists to patients covered by Medicaid will be restricted. However, the law does permit a physician to apply for an exemption and "over-ride" the preferred drug list based upon a showing of medical necessity.

Because of the significant cost of atypical antipsychotics and SSRIs, there may be pressure to include these medications in the Medicaid PDP. The new Task Force will consider whether a PDP might be

appropriate for these now exempted medications and what provisions might be necessary to protect patients' access to medically necessary medications. At the Council meeting, Dr. Perlman identified the following examples of such provisions - exempting patients already stabilized on a medication not on the "preferred" list, not requiring a patient to "fail first" on a "preferred" drug before covering a non-preferred drug, and adopting streamlined and physician-friendly procedures for securing approval for non-preferred medications. The Task Force will submit its recommendations at the Fall 2005 NYSPA Council Meeting. ■

Treatment Recommendations for the Use of Antipsychotics for Aggressive Youth (TRAAAY) By The TRAAAY Cooperative Group

A first-of-its-kind project currently underway across the Northeast is generating a great deal of excitement and attention. While its specific aims are to assist physicians by providing evidence-based treatments for aggressive youth, it also seeks to increase understanding of clinicians' decision-making processes. As such, the initiative has potentially far-reaching implications that may ultimately help improve outcomes for a great many children and adolescents in need.

Severe externalizing behavior problems account for nearly 75% of child and adolescent referrals to psychiatric outpatient and inpatient settings. (788 Weisz, J. R. 1999; 1246 Gutterman, E.M. 1998); These youth often present with a confusing array of diagnostically nonspecific but concerning problems such as severe impulsivity and maladaptive aggression. Although such clients are among the largest consumer groups of child and adolescent mental health treatment services, there is surprisingly little data to help clinicians optimize their treatment practices. These youth pose significant treatment challenges not only because they typically carry multiple diagnoses and are on multiple medications, but also because physicians are often unprepared for the complicated treatment demands these patients require in terms of assessment and monitoring. The need for carefully-orchestrated treatments in the face of greater and greater demands on physician time may exacerbate an already difficult situation.

Recent pharmacological treatment advances, particularly the development of atypical antipsychotic medications, may offer new hope to these patients and families. (673 Schur, S. B. 2003; 1251 Pappadopulos, E. 2003; ; 1331 Pappadopulos, E.A. 2004; 1345 Weisz, J.R. 2004); The body of literature on the efficacy and safety of these medications is growing. That said, though, much research remains to be done, especially in light of the severe side effects that can result from the use of atypical agents. Until these

treatment approaches are more extensively tested and published, relying on the current sparse literature to help physicians optimize their treatment practices seems a grave disservice to these youngsters.

In an attempt to address these issues, The Center for the Advancement of Children's Mental Health at Columbia University (CACMH), under the direction of Dr. Peter S. Jensen, the Office of Mental Health, New York State, and national leaders developed the Treatment Recommendations for the Use of Antipsychotics for Aggressive Youth (TRAAAY) (Pappadopulos et al). The TRAAAY are systematic guidelines based upon the best data available and the collective consensus wisdom of a broad range of local and national clinical and research experts who work directly with the target population. Since the creation of the TRAAAY, a large dissemination effort has taken place across the country and, increasingly, around the world.

But simple passive distribution of guidelines and recommendations only goes so far. Research has shown that guidelines distributed without further support (i.e. via CME conferences alone or unsolicited mailings) usually fail to bring about the desired clinical changes (Davis & Taylor-Vaisey, 1997, Oxman et al., 1995). These findings are not surprising, considering the extraordinary demands placed upon clinicians on the "front lines" of pediatric mental health care, the finite amount of time in which to address these demands, and the tremendous amount of mailings and other solicitations with which clinicians are inundated. Given that best-practice guidelines such as the TRAAAY often contain information of tremendous clinical importance, though, the question of how to increase the likelihood and ease of their implementation remains a critical one indeed.

The current phase of the TRAAAY Project seeks to examine this question by testing an experimental intervention designed to facilitate clinicians' increased integration of the guidelines into their daily practice. At pres-

ent, this NIMH-funded initiative is working with clinicians at over thirty public and private facilities throughout the tri-state area. Staff at participating facilities are invited to attend a day-long CME-style conference featuring nationally-recognized experts reviewing the TRAAAY Project and the state of care for aggressive youth. Clinicians who agree to participate are assigned to a control group, an "active" control intervention, or the experimental intervention under examination.

Clinicians randomized to the control group receive all study materials (i.e. TRAAAY background information, standardized symptom/side effects measures, etc.) and are encouraged to contact study staff with any questions that may arise as they implement the TRAAAY.

Clinicians in the "active" control group are paired with a "Physician Interventionist", a study staff psychiatrist based at NY State Psychiatric Institute. Over a 12-month period, clinicians and Physician Interventionists engage in five one-hour educational telephone calls. These sessions, modeled after a traditional "Academic Detailing" format developed by pharmaceutical companies to educate physicians about new agents, consist of reviews of various aspects of the TRAAAY and the latest information regarding the treatment of aggressive youth.

The third experimental intervention condition is delivered in the same fashion. Critically different, though, is the fact that this novel intervention is directly informed by a number of well-established Basic Behavioral and Cognitive Science theories, specifically the Theory of Reasoned Action and the Theory of Planned Behavior (Fishbein & Ajzen, 1975, Ajzen, 1992) and a pair of recent theory extensions known as "Mental Contrasting" and "Implementation Intentions" (Gollwitzer, 1999). These theories, long utilized to encourage behavioral change in smoking cessation, study habits and other academic and health domains (Orbell 1997 Orbell, 2003), hold that last-

ing behavioral change is largely a function of an individual's a) perceived normative influences, b) belief in the relative value of the behavior change and c) belief in their ability to make the change (Ajzen & Madden, 1986). In the experimental condition, clinicians are coached by the Physician Interventionist to imagine the outcomes of utilizing the TRAAAY guidelines, list possible obstacles to their implementation, and generate "if-then" cognitive plans to surmount difficulties that arise.

Throughout their participation, clinicians in all conditions complete a series of five assessment packets designed to gauge their feelings and opinions regarding the guidelines and their applicability to their daily practice environment. Clinician patient charts are reviewed from one year prior to and one year after the active intervention phase in order to ascertain what changes, if any, have occurred.

The advent of atypical antipsychotic medications warrants great hope for the treatment of aggression. At the same time, though, the use of these powerful agents warrants reserve and caution. It is hoped that the TRAAAY will provide a useful tool to clinicians in their treatment decisions regarding aggressive youth. Ultimately, it is also hoped that this project will help elaborate our understanding of clinicians' decision-making processes, thereby streamlining educational efforts across medicine and improving their effectiveness as well.

For further information about the TRAAAY Project, please visit the CACMH website at www.kidsmentalhealth.org. Interested clinicians may wish to order from a variety of TRAAAY supportive materials, including "toolkits" composed of TRAAAY background literature, "Pocket TRAAAY" handbooks containing guideline summaries, atypical antipsychotic dosing strategies and side effect management charts, and a series of standardized symptom and side effect monitoring tools converted into a sticker format for easy transfer to patient charts. ■

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WIRTH, JAMES

March 31, 2005 marked a monumental day in New York as State Legislators broke a twenty-one-year cycle of late budgets. The last time this state saw an on time budget, Mario Cuomo was governor, Ronald Regan was president, and ET was trying to get home.

By New York standards, Legislators and their staff operated at warp speed during the last few weeks of March to hammer out the final details of an on time budget for fiscal year 2005-06 and although a number of items (totaling \$1.5 million) were initially "set aside" for arguments sake, legislators made good on campaign promises to do their part to effect a budget by the April 1 deadline. Also, for the first time in many years legislators employed the budget conference committee process and as an encore burned the midnight oil over the Easter weekend drafting budget bills against a tight deadline.

As with any budget process there were of course, rumblings of controversy and discontent but the nay sayers were largely drowned out by the bellowing cheers from legislators themselves and although there was fear that the Governor would dust off his veto pen, those worries were put to rest on April 12 when both the Governor and legislative leaders arrived at an 11th hour deal to finalize a \$106.6 billion budget plan.

Governor Pataki declared the spending plan -- which is \$1.4 billion above the \$105.2 billion he proposed (an increase of \$3.5 billion from last year) -- "a good budget." The deal, he said, was easier to accept because revenues continue to arrive well above levels he predicted when he unveiled his budget in January.

NYSPA, as usual, was involved in the budget process and working on other legislative issues expected to gain additional momentum when the budget process was completed. The following is an up-to-date summary of issues of concern to NYSPA.

BUDGET

Restoration of Crossover Funding

As we have extensively reported, by the end of the regular 2004 legislative session, NYSPA, along with the Medical Society for the State of New York (MSSNY) and other stakeholders successfully secured a \$2.5 million "member item" initiated by Senate Majority Leader Joseph Bruno (R-Brunswick) which would temporarily restore "Crossover" funding.

On March 14, 2005 each of the houses passed an agreed upon deficiency budget for fiscal year 2004-05, which the Governor signed the following day. Embedded in this legislation was the language necessary to implement the temporary restoration. The legislation maximizes federal financial support, ultimately yielding \$5 million for physicians who provide services to dual eligibles from April 1 - June 30 of 2005. The New York State Department of Health will determine the ratio of physician's payments to the total of such payments to physicians during the above mentioned period and will multiply the resulting percentage by \$5 million to determine the physicians "2005 coinsurance enhancement." This will be a one time only payment and as written in the legislation, must be made expeditiously.

Our work on this issue is of course, far from over, as neither house included a repeal of the original crossover cut in their budget. However, Assemblyman Cahill (D-Kingston) has once again introduced a bill that seeks to fully restore funding associated with the treatment of the dually eligible population. We will continue to work on this issue together with MSSNY and keep you apprised of any new developments.

Preferred Drug Program a-k-a PDL

Although previously rejected by the Legislature in years past, they have approved in this year's budget, the establishment of a Medicaid Preferred Drug Program (PDP). As with previous PDP proposals this one includes exemptions for atypical anti-psychotics, including Clozaril, Risperdal, Zyprexa, Geodon, Seroquel and Abilify, and all anti-depressant medications. Also included on the exemption list are anti-retrovirals used in the treatment of HIV/AIDS and anti-rejection drugs used for organ and tissue transplants.

Also established within the PDP is a Pharmacy and Therapeutics (P&T) Committee. The Committee will be comprised of 17 members, including 6 physicians, 1 nurse or midwife, 6 pharmacists, 1 pharmacist and 3 consumers/advocates who will be charged with making recommendations as to which drugs are selected to be on the "Preferred Drug List." and which prescriptions will continue to be automatically paid at local pharmacies. The Commissioner of Health will have final approval of the Committee's recommendations.

In addition to the P&T Committee, another oversight mechanism was created; the Clinical Drug Review Program (CDR). As the language is written, the CDR, operating under the direction of the Commissioner of Health, will have the authority to request the P&T Committee to consider whether Medicaid should cover drugs that:

- have the potential for overuse, abuse or illegal uses;
- are being used to treat conditions other than those for which they are authorized; or
- are not considered to be more effective than over-the-counter versions of similar drugs.

The Legislature has left in the judgment of physicians the final authority to prescribe a 'non-preferred drug' to a patient. However, in order to utilize such provision, a physician must demonstrate the patient's need for such a drug.

Family Health Plus (FHP) Cuts

As previously reported, the Governor's Executive Budget proposal included language that sought to alter the benefit structure of Family Health Plus to make it consistent with the benefits provided under the State's Healthy New York program. In doing so, it cut all mental health benefits from Family Health Plus coverage. NYSPA, together with other health and mental health care advocates, strenuously opposed the Governor's proposal and we are pleased to report that mental health benefits were restored in the final budget.

Psychiatric Center Closure

Although initially believed to be a long-term "set aside" issue, legislators and the Governor agreed on a new plan recently introduced by the Governor to close the Middletown Psychiatric Center by April 2006. Included in the plan was the promise of 50 new jobs, two new community residential psychiatric treatment centers in Orange and Sullivan counties and a new 48-bed transitional treatment facility to be located on the center's current grounds. In addition, according to reports the plan stipulates that:

- both Orange and Sullivan counties would receive a 12-bed community residence operated by the state.
- the state would create an Assertive Community Treatment team in Orange county to provide services for "treatment resistant" patients
- staffing at existing programs, like the Middletown Mental Health Clinic, Pathways and the Friendship Club, will be increased, though exact numbers were not available as of the printing of this article, and
- the state would create a 24-hour psychiatric crisis service designed to work with patients in Sullivan County.

Substance Abuse Hospital Services Cuts

Working in conjunction with the Greater New York Hospital Association, NYSPA recently went on record to oppose the Governor's proposal to reduce reimbursement rates by 75-80% for "uncomplicated" substance dependence DRG's. If enacted, this reduction would have forced acute care hospitals to cease admitting these patients to acute care beds, which of course would create a domino effect on the industry and those served by it. Not only would this increase the numbers of an already underserved population, but would also drive hospitals further into debt, exacerbating an already untenable situation.

Furthermore, the Governor's proposal assumed that this patient population would seek care in facilities that are certified by New York State OASAS as Medically Supervised Inpatient Withdrawal programs or in outpa-

tient detoxification facilities; however, demographics clearly demonstrated the lack of facilities available to provide such services.

We are pleased to report that within the final budget a \$44.5 million restoration was provided to continue DRG services.

OTHER LEGISLATIVE ISSUES

Timothy's Law

NYSPA has continued its leadership role with in the Timothy's Law Campaign (TLC), and most recently, as Chair of the TLC Legislative Committee, efforts have revolved around hammering out the final details of a recommended legislative strategy which includes new bill language that is responsive to both the political realities associated with this issue as well as access to appropriate treatment concerns of the advocates.

The new bill will provide comprehensive insurance coverage for the treatment of mental illness and chemical dependency, that accomplishes this by:

- Defining mental illness and chemical dependency as DSM - IV (TR) diagnoses with some exceptions;
- codifying in statute (mandating) the upper end of existing benefits for MH and CD to be included in all group health plans in NYS;
- mandating full parity for employer groups of fifty or more;
- providing access to full parity to employees of small employers (under 50);
- creating a catastrophic pool for employees of small employers who do not have full parity; and
- requiring adequate networks, reporting requirements, public education and a comprehensive study on the impact of parity in New York State.

Preliminary discussions with key members of each house about the new construct for Timothy's Law were favorably received and while subsequent negotiations were put on hold during the budget process, NYSPA representatives along with campaign partners, have once again resumed meetings with members of each house in an effort to secure passage of Timothy's Law by the end of the 2005 session. Senate Majority Leader, Joseph Bruno, was quoted in the April 22, 2005 issue of Crane's Insider: Daily Facts on Government Action of Importance to Business as being focused on Timothy's Law legislation now that the budget process has concluded.

Risperdal Consta

In yet another access matter, NYSPA recently weighed in on the Risperdal Consta reimbursement issue. Risperdal Consta is the first FDA approved long-acting atypical injectable drug used to treat the symptoms of schizophrenia and other serious mental illnesses and due to its clinical efficacy and lower adverse side effects, it has become a favored form of treatment amongst many psychiatrists. However, it's a treatment that is being denied to many patients receiving care in the publicly supported mental health services sector because it is not currently included in Medicaid's reimbursement rate system.

NYSPA is working with the State Medical Society and others to remedy the reimbursement problem. In addition, we have discussed the matter with the Senate Mental Health Chairman, Thomas Morahan (R-New City), and his staff and have provided them (at their request) with additional information in the hope that the Senator would use his Chairman's influence to help effect a favorable result. It is our understanding that the Department of Health is currently working on adding Risperdal Consta to the Medicaid

Formulary. We will keep you apprised of details as they emerge.

Kendra's Law

Kendra's Law, (so named for Kendra Webdale, who tragically lost her life after being pushed in front of a subway train by a man with a history of mental illness) was enacted in 1999. The law, which created a mechanism for court ordered assisted outpatient services, is set to expire on June 30, 2005.

While a number of advocates are calling upon the Legislature to appropriately fund mental health services, thus, in their opinion, eradicating the need for a mandate such as Kendra's Law, other groups are in support of continuing the Law with modifications.

The Governor's bill, introduced recently by Senator Thomas Morahan (R-New City) seeks only to make the law permanent without any substantive changes, while the Attorney General's Bill, also recently introduced by Senator Morahan, seeks to expedite investigations, increase the coordination of care, and increase the number of Assisted Outpatient Treatment programs.

In a memorandum accompanying his bill, the Governor cites the law as a great success that has yielded "enhanced accountability and improved access to services, improved treatment plan development and discharges planning, improved coordination of service planning, and improved collaboration between the mental health and court systems."

Meanwhile, Assemblyman Peter River, (D-Bronx) who chairs the Assembly Standing Committee on Mental Health Mental Retardation and Developmental Disabilities, has voiced objections to the Governor's statements and approach regarding Kendra's Law, calling the Governor's actions premature. Assemblyman Rivera cites serious problems with the current law such as the fragmentation and inefficiencies of mental health services and the resulting cost to taxpayers. While the Assemblyman has yet to introduce a separate bill, he will be conducting public hearings on the matter throughout the state.

While NYSPA has not yet taken a formal position, the issue is under review by the NYSPA Committee on Public Psychiatry. In the meantime the Albany Office is closely monitoring all associated activities.

In related news; the discussion of Kendra's Law has spawned a scope of practice issue in the form of a bill (S.2701 / A.3929) which would authorize psychologists to perform all functions currently limited to physicians (under Kendra's Law). These functions include authorizing psychologists to present oral or written testimony regarding the medications that may be prescribed to an individual receiving AOT and the authority to describe the types and classes of medication and the beneficial and detrimental effects of medications that may be prescribed. The bill further authorizes psychologists to examine an individual in the hospital when such person has been ordered to such by the courts after refusing to be examined for the purpose of AOT as an outpatient.

As of this writing the Senate bill has been placed on the agenda of the Senate Mental Health Committee for May 4, 2005. NYSPA has expressed its concerns to the Senate Mental Health Committee Chairman, who is also the sponsor of the bill, and Senate central staff. As a result of NYSPA's objections and similar concerns expressed by other interested parties, we expect the bill will be held either in committee or on the floor of the Senate until that house takes up the broader issue of the Kendra's Law sunset provision which takes effect at midnight on June 30, 2005. ■

New Office Space Classifieds Section on NYSPA Website

NYSPA has added a Classifieds section to their website which will enable professionals to search for available office space for sale or rent. To view or post an ad in the Classifieds section, both members and non-members can access the site by clicking the Classifieds link on the left side of the NYSPA home page and accepting the disclaimer. Ads must be paid, in advance, by credit card or check. (There will be no charge for the first 10 postings received.)

For additional information, please contact the NYSPA Central Office by phone (516-542-0077) or by email (centraloffice@nyspsych.org).

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NYSPA Lawsuit continued from page 1

that required for a master's degree in a health or mental health field of study was inserted by the New York State Legislature to insure that applicants enrolled in institutes who did not have an underlying master's degree in a health or mental health field of study would be required to pursue additional coursework beyond what was required for training in psychoanalysis. Applicants who had an underlying master's degree (or greater) in a health or mental health field of study would not be required to repeat this additional coursework.

Despite the clear direction from the Legislature, the regulations promulgated by the Commissioner of Education include no

specific requirement for additional coursework for individuals who do not already possess a master's degree in a health or mental health field of study.

The lawsuit requests that the Court annul those regulations that include provisions regarding credentialing of programs previously rejected by the Legislature and direct the Education Commissioner to mandate specifically that applicants complete coursework substantially equivalent to that required for a master's degree in a health or mental health field of study. The state must respond to the lawsuit by July 15, 2005. ■

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That's why Eli Lilly and Company continues to support open and unrestricted access to all available treatments for mental illness.

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Give them access to the treatments they need, and give them hope for taking their lives back.

1 Fenton WS, Blyler CR, Heinssen RK. Determinants of medication compliance in schizophrenia: empirical and clinical findings. *Schizophr Bull.* 1997;234:637-651.

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