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BEHAVIORAL HEALTH UPDATE: February 2015
A Monthly Report for Members
of the American Hospital Association www.aha.org and the
National Association of Psychiatric Health Systems, www.naphs.org

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1. CMS administrator Marilyn Tavenner announces resignation; Andy Slavitt to be acting administrator.
2. IPF quality reporting webinar schedule announced for 2015.
3. New report tracks the behavioral health of America.
4. Updated data book on dual eligibles available.
5. AHRQ finds hospital readmission rates high among Medicaid “super-utilizers.”
6. Alcohol poisoning responsible for six U.S. deaths each day, CDC reports.
7. CDC reports deaths related to heroin use continue to rise, while prescription opioid deaths level.
8. Guide published on use of injectable naltrexone in opioid use treatment.
9. Indiana wins federal approval for Medicaid expansion alternative.
10. CMCS issues informational bulletin on coverage of behavioral health services for youth with substance use disorders.
11. *USA Today* looks at early intervention for schizophrenia.
12. Study examines [family history as a risk factor for early suicide attempts](#).
13. Video series intended to spark discussion on suicide prevention.
14. Brief offers introduction to co-occurring borderline personality disorder and substance use disorders.
15. Rep. Tonko op-ed calls for focus on early intervention to address behavioral health.
16. Op-ed reports on SAMHSA role.
17. February 22-28 is National Eating Disorders Awareness Week.

1. CMS ADMINISTRATOR MARILYN TAVENNER ANNOUNCES RESIGNATION; ANDY SLAVITT TO BE ACTING ADMINISTRATOR. After five years with the Centers for Medicare and Medicaid Services (CMS) (and three years as its administrator), Marilyn Tavenner will leave her post at the end of February. Andy Slavitt, formerly a UnitedHealth Group executive who is now principal deputy administrator, will serve as acting administrator. Ms. Tavenner served as the top Medicare and Medicaid official during the rollout of the *Patient Protection and Affordable Care Act* that included the expansion of Medicaid in roughly half the states and major experiments with Medicare payment models.

2. IPF QUALITY REPORTING WEBINAR SCHEDULE ANNOUNCED FOR 2015. In 2015, webinars will be presented by the Inpatient Psychiatric Facility Quality Reporting (IPFQR) support contractor on the third Thursday of each month at 2pm Eastern. Materials will be sent via listserv announcements. Visit <http://www.qualityreportingcenter.com> (under “Events Calendar”) for links to upcoming and archived webinars.

3. NEW REPORT TRACKS THE BEHAVIORAL HEALTH OF AMERICA. A new [National Behavioral Health Barometer](#) (Barometer) from the Substance Abuse and Mental Health Services Administration (SAMHSA) provides data about key aspects of behavioral healthcare issues affecting American communities (including rates of serious mental illness, suicidal thoughts, substance use, underage drinking, and the percentages of those who seek treatment for these disorders). The Barometer shows these data at the national level and for each of the 50 states and the District of Columbia. The report documents improvement in some

measures, particularly among adolescents. For example, past-month use of both illicit drugs has fallen for youth ages 12–17 from 2009 to 2013 (from 10.1% to 8.8%). Past-month binge drinking among children ages 12–17 has also fallen from 2009 to 2013 (from 8.9% to 6.2%). "The Barometer provides new insight into what is happening on the ground in states across the country," said SAMHSA Administrator Pamela S. Hyde, J.D. "It provides vital information on the progress being made in each state as well as the challenges ahead. States and local communities use these data to determine the most effective ways of addressing their behavioral health care needs."

4. UPDATED DATA BOOK ON DUAL ELIGIBLES AVAILABLE. The Medicaid and CHIP Payment and Access Commission (MACPAC) and the Medicare Payment Advisory Commission (MedPAC) have released the second edition of a joint data book, [Beneficiaries Dually Eligible for Medicare and Medicaid](#). The demographic, expenditure, and healthcare utilization information in this new edition has been updated with 2010 data and 2007–2010 trends. The book is an effort by MedPAC and MACPAC to create a common understanding of this group, "which has high health needs and accounts for a disproportionate share of both Medicare and Medicaid spending."

5. AHRQ FINDS HOSPITAL READMISSION RATES HIGH AMONG MEDICAID "SUPER-UTILIZERS." Medicaid "super-utilizers" (with four or more hospital admissions annually) accounted for half of all 30-day hospital readmissions for the Medicaid population in 2012, with a readmission rate nearly six times as high as that for other Medicaid patients, according to a new [statistical brief](#) (#184, "Characteristics of Hospital Stays for Nonelderly Medicaid Super-Utilizers, 2012") from the Agency for Healthcare Research and Quality (AHRQ). The two most common reasons for hospitalization among these patients were mood disorders, and schizophrenia and other psychotic disorders. Alcohol-related disorders ranked number six. The authors examined data from AHRQ's Healthcare Cost and Utilization Project and found that the 30-day all-cause readmission rate among super-utilizers was 52.4% compared with 8.8% for other Medicaid patients. Medicaid super-utilizers' hospital stays also were longer and more expensive. Medicaid is the largest public health insurance program in the United States, with more than 67 million beneficiaries.

6. ALCOHOL POISONING RESPONSIBLE FOR SIX U.S. DEATHS EACH DAY, CDC REPORTS. More than 2,200 people die from alcohol poisoning each year in the U.S. – an average of six deaths each day, according to a [Vital Signs](#) report from the Centers for Disease Control and Prevention (CDC). Three in four alcohol poisoning deaths involve adults ages 35-64 years, and most deaths occur among men and non-Hispanic whites. American Indians/Alaska Natives have the most alcohol poisoning deaths per million people. "This study shows that alcohol poisoning deaths are not just a problem among young people," said CDC Alcohol Program Lead and report coauthor Robert Brewer, M.D., M.S.P.H. "It also emphasizes the importance of taking a comprehensive approach to reducing binge drinking that includes evidence-based community strategies, screening and counseling in healthcare settings, and high-quality substance abuse treatment for those who need it." Also see CDC's *Morbidity and Mortality Weekly Report* ([MMWR](#)) [on alcohol poisoning](#), which was released on January 6.

7. CDC REPORTS DEATHS RELATED TO HEROIN USE CONTINUE TO RISE, WHILE PRESCRIPTION OPIOID DEATHS LEVEL. While drug deaths related to prescription painkillers have remained stable since 2012, deaths related to heroin use have increased for the third year in a row, according to new [2013 mortality data](#) released by the Centers for Disease Control and Prevention (CDC). Heroin-related deaths had the largest increase in the overall data (at 39% since 2012), while deaths involving cocaine increased 12%.

The data show a 6% increase in all drug poisoning deaths from 2012, and a 1% increase in deaths involving opioid analgesics over 2012. “The data announced today underscore that the nation’s drug problem is evolving, and requires a comprehensive solution—including preventing drug use before it ever begins, reducing the supply coming from foreign nations, educating our nation’s youth on the risks of substance use, and the work of our nation’s Federal, state, local, and tribal law enforcement to continue reducing the amount of trafficking within the United States,” [said](#) Michael Botticelli, acting director of the Office of National Drug Control Policy (ONDCP).

8. GUIDE PUBLISHED ON USE OF INJECTABLE NALTREXONE IN OPIOID USE TREATMENT. The Substance Abuse and Mental Health Services Administration (SAMHSA) has published a Brief Guide titled [Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorders](#). The guide covers patient assessment, initiating Medication-Assisted Treatment, monitoring progress, and deciding when to end treatment.

9. INDIANA WINS FEDERAL APPROVAL FOR MEDICAID EXPANSION ALTERNATIVE. Indiana is the 28th state (plus the District of Columbia) to expand Medicaid under the *Affordable Care Act*, according to a Centers for Medicare and Medicaid Services (CMS) [statement](#) that outlines details of the agreement between the state and federal government. “Healthy Indiana Plan” will cover an estimated 350,000 uninsured low-income people over the next three years. Indiana’s plan establishes POWER Accounts, which beneficiaries will use to pay for some of beneficiaries’ healthcare expenses and which will be funded, in part, through beneficiary contributions. Beneficiaries will have access to all of the essential health benefits that are required under the law. One of the 10 essential health benefits is “mental health and substance use disorder services, including behavioral health treatment.”

10. CMCS ISSUES INFORMATIONAL BULLETIN ON COVERAGE OF BEHAVIORAL HEALTH SERVICES FOR YOUTH WITH SUBSTANCE USE DISORDERS. The Center for Medicaid and CHIP Services (CMCS) has released an [informational bulletin](#) on “Coverage of Behavioral Health Services for Youth with Substance Use Disorders.” Based on research and the results of a Substance Abuse and Mental Health Services Administration (SAMHSA)-supported technical expert panel consensus process, the guidance is intended to help states design a benefit that will meet the needs of youth with substance use disorders (SUD) and their families while also complying with Medicaid’s Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements. The consensus findings from the technical expert panel suggest a continuum of treatment and recovery services and supports for youth with SUDs (including partial hospitalization and residential treatment, among others). The guidance also describes various waivers states may use to craft appropriate benefits.

11. USA TODAY LOOKS AT EARLY INTERVENTION FOR SCHIZOPHRENIA. As part of its series on “The Cost of Not Caring,” *USA Today* ran a [story](#) by Liz Szabo titled “Early Intervention Could Change Nature of Schizophrenia.” The article interviews National Institute of Mental Health (NIMH) Director Thomas Insel, M.D., on “first episode” programs that “aim to change the trajectory of schizophrenia from one of tragic decline to one of a chronic but manageable condition.” He said studies “suggest that early intervention can halt the deterioration so often seen in schizophrenia, allowing young people to get their lives back on track after their first full break with reality.” The RAISE (Recovery After an Initial Schizophrenia Episode) study now underway, he said, “has generated enormous excitement across the mental health world, even before its results have been released.”

12. STUDY EXAMINES FAMILY HISTORY AS A RISK FACTOR FOR EARLY SUICIDE ATTEMPTS. Parental history of a suicide attempt is associated with increased odds of early suicide attempt in offspring at risk for mood disorder, according to a [study](#) published online December 30, 2014, in *JAMA Psychiatry*. The study included some 700 offspring (ranging in age from 10 to 50) of 334 parents with mood disorders. Among the offspring, 44 (6.3%) had made a suicide attempt before participating in the study, and 29 (4.1%) made an attempt during study follow-up. “Parental history of a suicide attempt conveys a nearly 5-fold increased odds of suicide attempt in offspring at risk for mood disorder, even after adjusting for the familial transmission of mood disorder,” the researchers conclude. “Interventions that target mood disorder and impulsive aggression in high-risk offspring may attenuate the familial transmission of suicidal behavior.”

13. VIDEO SERIES INTENDED TO “SPARK” DISCUSSION ON SUICIDE PREVENTION. A new video series from the Suicide Prevention Resource Center (SPRC) is available for use in sparking community discussions on suicide prevention. The SPARK Talks series are “short, provocative, action-oriented, realistic, and knowledgeable” videos of leaders in the suicide prevention movement. Each describes a new development or direction in the field that can have an impact on suicide and issues a call to action. SPRC suggests using the videos in presentations, on social media, or in other outreach efforts. Go to <http://sparktalks.sprc.org/> to access the videos or <http://www.sprc.org/> for additional suicide-prevention resources.

14. BRIEF OFFERS INTRODUCTION TO CO-OCCURRING BORDERLINE PERSONALITY DISORDER AND SUBSTANCE USE DISORDERS. A new *In Brief* from the Substance Abuse and Mental Health Services Administration (SAMHSA) is intended to introduce health and human services professionals (including social workers, vocational counselors, case managers, healthcare providers, and probation officers) to borderline personality disorder (BPD). [*An Introduction to Co-Occurring Borderline Personality Disorder and Substance Use Disorders*](#) covers the signs and symptoms of BPD, with or without a co-occurring substance use disorder, alerts professionals to the importance of monitoring clients with BPD for self-harm and suicidal behavior, and encourages professionals to refer such clients for appropriate treatment.

15. REP. TONKO OP-ED CALLS FOR FOCUS ON EARLY INTERVENTION TO ADDRESS BEHAVIORAL HEALTH. In a January 26 [op-ed](#) (“Moving forward on mental health”) published in *The Hill*, Rep. Paul Tonko (D-NY) tells the story of Timothy O’Clair, whose suicide at the age of 12 first set him on a path to find better ways to help individuals living with mental illness. “We have to address the reality that we utterly fail at addressing mental illness in America *before* it reaches a crisis point,” Rep. Tonko wrote. “Even though we know that mental illness can be more effectively managed when addressed early, the delay between the first symptoms of mental illness and the first treatment contact can average almost a decade....I won’t pretend that the answers to fixing our mental health system are easy or uncontentious – because they are not. I do know, however, that a sustainable solution for our mental health system will only emerge when frank discussion and tough choices allow us to find a lasting and hard-earned consensus among all parties.” Rep. Tonko pledged to “doing the necessary hard work with my colleagues in the 114th Congress to build this better tomorrow – in Timothy’s memory and for all the individuals and families struggling with mental health battles in America.”

16. OP-ED REPORTS ON SAMHSA ROLE. A recent [op-ed in the Tampa Tribune](#) (titled “Pamela Hyde: Helping millions of Americans with mental disorders”) outlines various ways in which the federal government is working to support individuals with mental and addictive

disorders. In the op-ed, Substance Abuse and Mental Health Services Administration Administrator Pamela S. Hyde, J.D., notes that "...millions of Americans have overcome behavioral health problems and live full, productive lives. However, millions of Americans still are not receiving the care and treatment they need. Many of them will be helped by the new opportunities provided under the *Affordable Care Act* and initiatives being undertaken by SAMHSA and its behavioral health care partners. SAMHSA is committed to working with everyone to improve the nation's mental health care system so all Americans affected by, or at risk of mental illness can live better lives."

17. FEBRUARY 22-28 IS NATIONAL EATING DISORDERS AWARENESS WEEK.

National Eating Disorders Awareness Week, set for February 22-28 in 2015, provides opportunities for eating disorders organizations, mental health professionals, educators, families and other concerned individuals to join together to distribute information and plan events relating to eating disorders. [Materials](#) to help you plan your own outreach activities are available from the National Eating Disorders Association. Their materials focus on the importance of early intervention and recognizing the diverse experiences of people personally affected by disordered eating. See <http://nedawareness.org/> for more information

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