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BEHAVIORAL HEALTH UPDATE: November 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. House subcommittee approves mental health legislation.
2. Senate passes bill to extend Medicaid Emergency Psychiatric Demonstration; House bill introduced by Reps. Brooks and Sarbanes.
3. Outcomes from NIMH-funded raise study show team-based treatment is better for first-episode psychosis; Informational Bulletin issued to help states improve coverage.
4. CDC looks at ED visits related to schizophrenia.
5. Presidential memorandum directs federal agencies to take steps to combat prescription drug abuse and heroin use.
6. Senate passes *Protecting Our Infants Act*.
7. Excessive alcohol use continues to be drain on American economy, CDC reports.
8. HHS awards up to $22.9 million in planning grants to help states certify community behavioral health clinics.
9. Disaster Technical Assistance Center offers ongoing updates.
10. Online trainings offer help with IPF Quality Reporting Program.
11. Congressional Black Caucus report examines healthcare disparities, including mental health disparities.
12. Plan now to participate in the expanded National Drug and Alcohol Facts Week that begins January 25.
13. CDC: One in 10 pregnant women reports drinking alcohol.
14. JAMA studies look at trends in opioid abuse, deaths, and treatment.
15. Kennedy Forum issues national call for integrating and coordinating specialty behavioral health care with the medical system.
16. AABH issues 2015 edition of partial hospital and IOP guidelines.
17. ED-treated injuries resulting from self-harm have higher costs than unintentional injuries, CDC reports.
18. November 13 is deadline to comment on AHRQ comparative effectiveness of strategies to de-escalate aggressive behavior in psychiatric patients in acute care settings.

1. **HOUSE SUBCOMMITTEE APPROVES MENTAL HEALTH LEGISLATION.** On November 4, the House Energy and Commerce Health Subcommittee voted 18-12 to approve a substitute amendment to the *Helping Families in Mental Health Crisis Act* (H.R.2646), legislation authored by Reps. Tim Murphy (R-PA) and Eddie Bernice Johnson (D-TX) to reform elements of the nation's mental health system. The bill now moves to the full Energy and Commerce Committee for further consideration. Sens. Chris Murphy (D-CT) and Bill Cassidy (R-LA) have introduced a similar bill (S.1945, the *Mental Health Reform Act of 2015*), which Health, Education, Labor & Pensions Committee Chairman Sen. Lamar Alexander (R-TN) has said the committee will take up early next year. In a letter to the House subcommittee, the American Hospital Association (AHA) voiced support for a provision that would allow states to use federal Medicaid funds to cover services for adults in inpatient psychiatric hospitals. Among other comments, AHA voiced support for language authored by Rep. Doris Matsui (D-CA) requiring the Health and Human Services Secretary to clarify what information providers may disclose to parents and caregivers in certain situations. In an op-ed, the National Association of Psychiatric Health Systems (NAPHS) joined several national mental health organizations in asking "our leaders in the House and Senate to work together on legislation that will put mental health care on the same level as other serious medical illnesses."

2. **SENATE PASSES BILL TO EXTEND MEDICAID EMERGENCY PSYCHIATRIC DEMONSTRATION; HOUSE BILL INTRODUCED BY REPS. BROOKS AND SARBANES.** The U.S. Senate unanimously approved bipartisan legislation (S.599, the *Improving Access to Emergency Psychiatric Care Act of 2015*) to extend the Medicaid Emergency Psychiatric Demonstration Program. The demonstration allows eligible states to pay certain institutions for mental disease (IMDs) for emergency psychiatric care provided to Medicaid enrollees aged 21 to 64. The bill, which has been forwarded to the House of Representatives for consideration, is supported by both the American Hospital Association and the National Association of Psychiatric Health Systems. It would extend the demonstration program through September 2016, as long as the extension would not increase Medicaid spending, and to public IMDs. It would also allow the Department of Health and Human Services to extend the program for three more years and to additional states, subject to the same budget-neutrality standard; and require the Secretary to recommend by April 2019 whether to make the program permanent. In the House, Reps. Susan Brooks (R-IN) and John Sarbanes (D-MD), both members of the Energy Commerce Health Subcommittee, have introduced companion legislation (H.R.3681).

3. **OUTCOMES FROM NIMH-FUNDED RAISE STUDY SHOW TEAM-BASED TREATMENT IS BETTER FOR FIRST-EPISODE PSYCHOSIS; INFORMATIONAL BULLETIN ISSUED TO HELP STATES IMPROVE COVERAGE.** Treating people with first episode psychosis with a team-based, coordinated specialty care approach produces better clinical and functional outcomes than typical community care, says new research published online ahead of print in the *American Journal of Psychiatry*. "Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program" also reports that treatment is most effective for people who receive care soon after psychotic symptoms begin. The study was praised by National Institute of Mental Health (NIMH) Division of Services and Intervention Research Director Robert Heinssen, Ph.D., who said the researchers' work "is having an immediate impact on clinical practice in the U.S. and is setting a new standard of care. We're seeing more states adopt coordinated specialty care programs for first episode psychosis, offering hope to thousands of clients and family members who deserve the best care that science can deliver." At the same time, the National Institute of Mental Health (NIMH), Centers for Medicare and Medicaid Services' Center for Medicaid and CHIP Services (CMCS), and Substance Abuse and Mental Health Services Administration (SAMHSA) issued a Joint Informational Bulletin to assist states in designing a benefit package "to guide early treatment intervention options that will meet the needs of youth and young adults experiencing first episode psychosis." The coverage bulletin notes that "early intervention services for individuals experiencing first episode psychosis include the following evidence-based treatments: recovery-oriented psychotherapy, family psychoeducation and support, supported employment and education, pharmacotherapy and primary care coordination, and case management."

4. **CDC LOOKS AT ED VISITS RELATED TO SCHIZOPHRENIA.** An average of 382,000 emergency department (ED) visits related to schizophrenia occurred each year among adults aged 18–64 during 2009 through 2011, according to a National Center for Health Statistics (NCHS) Data Brief (Number 215) from the Centers for Disease Control and Prevention (CDC). The overall ED visit rate related to schizophrenia for adult men (26.5 per 10,000) was about double the rate for women (13.8 per 10,000). Public insurance (Medicaid, Medicare, or dual Medicare and Medicaid) was used more frequently at ED visits related to schizophrenia compared with ED visits not related to schizophrenia. "ED care is important for the treatment of acute presentations of schizophrenia and may serve as a safety net for schizophrenic patients not otherwise receiving care," the report notes.

5. **PRESIDENTIAL MEMORANDUM DIRECTS FEDERAL AGENCIES TO TAKE STEPS TO COMBAT PRESCRIPTION DRUG ABUSE AND HEROIN USE.** President Barack Obama

has issued a Presidential Memorandum Addressing Prescription Drug Abuse and Heroin Use to federal departments and agencies. The memorandum directs federal agencies to train federal healthcare professionals who prescribe controlled substances as part of their federal responsibilities. It also directs agencies that directly provide, contract to provide, reimburse for, or otherwise facilitate access to health benefits to conduct a review to identify barriers to medication-assisted treatment for opioid use disorders and develop action plans to address these barriers.

6. **SENATE PASSES *PROTECTING OUR INFANTS ACT*.** On October 22 the Senate unanimously approved the *Protecting Our Infants Act of 2015* (S.799). The companion legislation, H.R.1462, passed the House in September. The legislation directs the Health and Human Services (HHS) Secretary to develop recommendations for preventing and treating prenatal opioid use and for treating infants born dependent on opioids. The legislation also encourages the Centers for Disease Control and Prevention (CDC) to work with states to help them improve their public health response to the epidemic. Across the nation, the number of infants diagnosed with newborn withdrawal has increased by 300% since 2000, according to a release from Sen. Kelly Ayotte (R-NH), who cosponsored the Senate legislation introduced by Sens. Mitch McConnell (R-KY) and Robert Casey (D-PA). Researchers estimate that more than one opioid-dependent infant is born every hour.

7. **EXCESSIVE ALCOHOL USE CONTINUES TO BE DRAIN ON AMERICAN ECONOMY, CDC REPORTS.** Excessive alcohol use continues to be a drain on the American economy, according to a study released by the Centers for Disease Control and Prevention (CDC). Excessive drinking cost the U.S. $249 billion in 2010 (or $2.05 per drink). This is "a significant increase," the CDC said, from $223.5 billion (or $1.90 per drink) in 2006. Most of these costs were due to reduced workplace productivity, crime, and the cost of treating people for health problems caused by excessive drinking. Binge drinking (defined as drinking five or more drinks on one occasion for men or four or more drinks on one occasion for women) was responsible for most of these costs (77%). Two of every five dollars of costs -- over $100 billion -- were paid by governments. Excessive alcohol consumption is responsible for an average of 88,000 deaths each year, including 1 in 10 deaths among working-age Americans ages 20-64. "The increase in the costs of excessive drinking from 2006 to 2010 is concerning, particularly given the severe economic recession that occurred during these years," said Robert Brewer, M.D., M.S.P.H., head of CDC's Alcohol Program and one of the study's authors. "Effective prevention strategies can reduce excessive drinking and related costs in states and communities, but they are under used." The full study titled "2010 National and State Costs of Excessive Alcohol Consumption" appears in the November *American Journal of Preventive Medicine*.

8. **HHS AWARDS UP TO $22.9 MILLION IN PLANNING GRANTS TO HELP STATES CERTIFY COMMUNITY BEHAVIORAL HEALTH CLINICS.** The Department of Health and Human Services (HHS) this week awarded $22.9 million in planning grants to help 24 states certify community behavioral health clinics (CBHCs), solicit input from stakeholders, and establish a Medicaid prospective payment system for their services. Authorized under Section 223 of the *Protecting Access to Medicare Act of 2014*, the planning grants are "part of a comprehensive effort to integrate behavioral health with physical health care, utilize evidence-based practices on a more consistent basis, and improve access to high quality care," HHS said. The planning grants are the first phase of a two-phase process. When the planning grant phase ends in October 2016, awardees will have an opportunity to apply to participate in a two-year demonstration program that will begin January 2017. Under the demonstration program, no more than eight states with certified community behavioral health clinics will provide behavioral health services to eligible beneficiaries and be paid using an approved prospective payment system.

9. **DISASTER TECHNICAL ASSISTANCE CENTER OFFERS ONGOING UPDATES.** The Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical

Assistance Center (DTAC) offers a monthly e-communication, the *SAMHSA DTAC Bulletin*. To subscribe, enter your email address into the "SAMHSA DTAC Bulletin" section at http://www.samhsa.gov/dtac/dtac-resources. By registering, you will also get a Supplemental Research Bulletin twice annually. The just-released Supplemental Research Bulletin (#5) addresses *Traumatic Stress and Suicide After Disasters*.

10. **ONLINE TRAININGS OFFER HELP WITH IPF QUALITY REPORTING PROGRAM.** Recordings and slides from a series of recent national webinars are now online to help those who report data to the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. Go to http://www.qualityreportingcenter.com/inpatient/ipf/events/ to find details from recent webinars. These include trainings on the "FY2016 IPF PPS Final Rule, APU, and Reporting Period Review" (originally presented September 17); "IPF: Keys to Implementing and Abstracting the Substance Use Measure Set: SUB-1, SUB-2/2a" (originally presented September 1); "IPF: Keys to Successful FY 2016 Reporting" (originally presented July 15); and **"**Non-Measure Data and Structural Measures" (originally presented June 18); among others. "New Measures and Non-Measures Reporting—Part 1" (originally presented October 29) will be posted soon.

11. **CONGRESSIONAL BLACK CAUCUS REPORT EXAMINES HEALTHCARE DISPARITIES, INCLUDING MENTAL HEALTH DISPARITIES.** Rep. Robin L. Kelly (D-IL), chair of the Congressional Black Caucus Health Braintrust, recently released the 2015 Kelly Report on Health Disparities in America. One section of the report discusses disparities in mental health care. "Racial minority populations, particularly Blacks, Hispanics, and Native Americans experience greater levels of exposure to those social determinants of mental health than the broader U.S. population," the report says. "Blacks and Hispanics are also less likely to have health insurance coverage." The report recommends, among other things, passage of "mental health and substance abuse legislation in Congress." Congressional Black Caucus member Rep. Eddie Bernice Johnson (D-TX) is an original cosponsor with Rep. Tim Murphy (R-PA) of the *Helping Families in Mental Health Crisis Act*, H.R.2646.

12. **PLAN NOW TO PARTICIPATE IN THE EXPANDED "NATIONAL DRUG AND ALCOHOL FACTS WEEK" THAT BEGINS JANUARY 25.** An annual, week-long observance that brings together teens and scientific experts to shatter persistent myths about substance use and addiction will feature information about alcohol in addition to drug use. Now called National Drug and Alcohol Facts Week (NDAFW), the observance will be held January 25-31, 2016. It is sponsored by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). "We are delighted that we can now fully focus on the scientific facts about alcohol as well as other drugs that are popular among teens," said NIDA Director Nora D. Volkow, M.D. "This partnership will allow teachers and other organizers to create events that are tailor-made for the specific issues in their communities by accessing links to the needed resources for drugs and alcohol all in one place." Events can be sponsored by hospitals, schools, and other community groups. Event holders are provided with an online toolkit that advises teens and their adult coordinators how to create an event, publicize it, find an expert, and obtain scientific information on drugs. Event holders who register online will receive free booklets with science-based facts about drugs and alcohol, NIDA and NIAAA are also offering three interactive tools (the "2016 National Drug and Alcohol IQ Challenge," "Choose Your Path videos," and "Drugs + Your Body: It Isn't Pretty") that can be projected on large screens at events or used with mobile devices. To receive an e-newsletter following NDAFW planning, organizations can e-mail NIDA at drugfacts@nida.nih.gov.

13. **CDC: ONE IN 10 PREGNANT WOMEN REPORTS DRINKING ALCOHOL.** One in 10 (10.2%) pregnant women aged 18-44 years reports drinking alcohol in the past 30 days, and 3.1% (1 in 33) reports binge drinking (defined as four or more alcoholic beverages on one occasion), according to

a report in the Centers for Disease Control and Prevention's (CDC) September 25 *Morbidity and Mortality Weekly Report*. The study also found that, among binge drinkers, pregnant women reported a significantly higher frequency of binge drinking than non-pregnant women (4.6 and 3.1 episodes, respectively). Healthcare professionals, the CDC said, can help reduce alcohol consumption among pregnant and non-pregnant women who misuse alcohol by implementing alcohol screening and brief intervention in primary care practices and by informing women that there is no known safe level of alcohol consumption when they are pregnant or might be pregnant.

14. **JAMA STUDIES LOOK AT TRENDS IN OPIOID ABUSE, DEATHS, AND TREATMENT.** "Opioid-related harm has now reached epidemic levels," according to an editorial in the October 13 *Journal of the American Medical Association* (JAMA). While the prevalence of nonmedical use of prescription opioids among adults decreased between 2003 and 2013 (from 5.4% to 4.9%), the prevalence of prescription opioid use disorders increased (from 0.6% to 0.9%), researchers reported in a separate study in the same JAMA issue. The 12-month prevalence of high-frequency use also increased over that time period (from 0.3% to 0.4%). Drug overdose death rates involving prescription opioids increased from 4.5 per 100 000 in 2003 to 7.8 per 100 000 in 2013. The increase in use disorders could mean that "more patients are experiencing an inexorable progression from initial opioid use to frequent use," the researchers said. A research letter looking at "Changes in Substance Abuse Treatment Use Among Individuals With Opioid Use Disorders in the United States, 2004-2013" finds that only one in five people with opioid use disorders related to heroin or opioid analgesics reported receiving treatment in 2013, about the same rate as in 2004.

15. **KENNEDY FORUM ISSUES NATIONAL CALL FOR INTEGRATING AND COORDINATING SPECIALTY BEHAVIORAL HEALTH CARE WITH THE MEDICAL SYSTEM.** The Kennedy Forum has released a policy issue brief titled A National Call for Integrating and Coordinating Specialty Behavioral Health Care with the Medical System. The document is the first in a series of issue briefs on "Fixing Behavioral Health Care in America" developed in partnership with the Advancing Integrated Mental Health Solutions (AIMS) Center, Department of Psychiatry and Behavioral Sciences, University of Washington and the Kennedy Center for Mental Health Policy and Research, Satcher Health Leadership Institute, Morehouse School of Medicine. "We cannot improve treatment outcomes for the majority of Americans with behavioral health disorders without improving the effectiveness of care delivered in primary care settings and increasing access to general medical care for individuals with serious mental health and substance use disorders," said former Rep. Patrick Kennedy in releasing the report. "Data shows that up to 45% of individuals who complete suicide have visited their primary care provider within a month of their deaths. By improving treatment for patients with behavioral health conditions within primary care we can increase access, achieve better outcomes for patients, or lower health care costs."

16. **AABH ISSUES 2015 EDITION OF PARTIAL HOSPITAL AND IOP GUIDELINES.** The Association for Ambulatory Behavioral Healthcare (AABH) recently completed the 2015 Edition of the "Standards and Guidelines for Partial Hospitalization and Intensive Out-patient Programs." Order the guidelines online at http://www.aabh.org/#!aabh-standards--guidelines/c23ge. The cost is $125 (or $100 for AABH members).

17. **ED-TREATED INJURIES RESULTING FROM SELF-HARM HAVE HIGHER COSTS THAN UNINTENTIONAL INJURIES, CDC REPORTS.** Although almost 90% of all costs for treating injuries in emergency departments (EDs) were associated with unintentional injuries, the costs per case were 71% higher for injuries resulting from self-harm than for unintentional injuries. That is one of the findings in Estimated Lifetime Medical and Work-Loss Costs of Emergency Department–Treated Nonfatal Injuries — United States, 2013 published in the Centers for Disease Control and Prevention's October 2 *Morbidity and Mortality Weekly Report*. Overall, the mean medical and work-

loss cost for an ED-treated nonfatal injury (including both hospitalized patients and patients treated and released) was $15,211; among unintentional injuries, the mean cost was $14,685. In comparison, self-harm injuries were the most costly on a per case basis ($25,121), followed by assault injuries ($23,034). "Assaults and self-harm have considerably higher lifetime medical care costs, and assaults have higher work-loss costs than unintentional injuries," the CDC said.

18. **NOVEMBER 13 IS DEADLINE TO COMMENT ON AHRQ COMPARATIVE EFFECTIVENESS OF STRATEGIES TO DE-ESCALATE AGGRESSIVE BEHAVIOR IN PSYCHIATRIC PATIENTS IN ACUTE CARE SETTINGS.** The Effective Health Care (EHC) Program at the Agency for Healthcare Research and Quality (AHRQ) is developing an evidence review on *Comparative Effectiveness of Strategies to De-escalate Aggressive Behavior in Psychiatric Patients in Acute Care Settings*. The protocol for the evidence review is online, and a submission portal for the voluntary submission of scientific information packets is active.

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