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BEHAVIORAL HEALTH UPDATE: March 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. GAO REPORT CALLS FOR IMPROVED FEDERAL COORDINATION RELATED TO SERIOUS MENTAL ILLNESS; HOUSE SUBCOMMITTEE HEARING FOCUSES ON FINDINGS. Last month, the House Energy and Commerce Oversight Subcommittee held a hearing to review a recently released report from the Government Accountability Office (GAO), "[Mental Health: HHS Leadership Needed to Coordinate Federal Efforts Related to Serious Mental Illness](#)." The GAO report found, among other things, that more than 112 federal programs across eight agencies support people with serious mental illness, yet fewer than one-third of those programs have been evaluated in the past five years. In opening remarks, Chairman Rep. Tim Murphy (R-PA) said that interagency coordination for programs supporting individuals with serious mental illness is lacking. "We are not talking simply about wasted dollars or lost program efficiencies. We are talking about lives ruined, dreams shattered, and preventable tragedies." Testifying for the Department of Health and Human Services (HHS), HHS Assistant Secretary for Planning and Evaluation Richard Frank, Ph.D., [said](#) in testimony that "coordination can and should occur on multiple levels within the government and through a variety of means. Coordination can be achieved through formal interagency mechanisms, through program-level collaboration, or around a particular consumer's needs." (Yet HHS did not concur with the GAO's findings.) Rep. Susan Brooks (R-IN) [questioned](#) the witnesses about the complexity of the federal mental health system and why HHS' Federal Executive Steering Committee for Mental Health has not met since 2009, given the coordination issues that the GAO identified. For more detail, see a [subcommittee news release](#) and [witness testimony](#).

2. BOTTICELLI CONFIRMED AS ONDCP DIRECTOR. Last month Michael P. Botticelli was confirmed as director of the White House Office of National Drug Control Policy (ONDCP), where he has been serving as acting director. He becomes the first ONDCP director who is in long-term recovery from a substance use disorder. He recently celebrated 26 years in recovery, according to an ONDCP [announcement](#). In an [ONDCP blog](#) ("The Work Before Us"), Botticelli said "I am open about my recovery not to be self-congratulatory, I am open about my recovery to change public policy....By putting faces and voices to the disease of addiction and the promise of recovery, we can lift the curtain

of conventional wisdom that continues to keep too many of us hidden and without access to lifesaving treatment.”

3. PRESIDENT SIGNS VETERANS’ SUICIDE PREVENTION BILL INTO LAW. President Obama has signed into law the *Clay Hunt Suicide Prevention for American Veterans Act* (H.R.203). The measure had passed the House (403-0) in January and the Senate (99-0) in February. The legislation is “aimed at reducing a wave of suicides that claims the lives of 22 veterans every day.” It requires annual third-party evaluations of the Veterans Affairs (VA) Department's mental health care and suicide prevention programs. The law will help veterans with mental health problems get help sooner and have access to support following separation from military service, and it will provide the VA with the ability to hire more mental healthcare professionals.

4. POLL LOOKS AT AMERICAN’S VIEWS OF THE STATE OF MENTAL HEALTH. Former Congressman Patrick J. Kennedy and former U.S. Surgeon General David Satcher, M.D., unveiled new [polling data](#) from Public Opinion Strategies that outlines how the American people feel about the state of mental health, and attitudes toward what it's going to take to create lasting change. According to the poll, nearly all Americans believe the state of mental health and addiction in the U.S. is a serious problem, and 70% believe it requires “significant” or “radical” changes. The poll also points to broad, bipartisan support for action on mental health issues. A clear majority of those surveyed believing that quality of and access to mental health care needs to be top priorities. Those interviewed said the two most important goals for mental health in the U.S. are “improving quality of care for people with mental health conditions” and “making sure people with mental health conditions have access to the care they need regardless of where they live, their ethnicity, or their background.” The data was presented as part of the first annual “State of the Union in Mental Health and Addiction” live webcast held at Morehouse College. For details on the poll and on the creation of a new Kennedy Center for Mental Health Policy and Research, see www.thekennedyforum.com/sotu. A [USA Today op-ed](#) also discusses the poll.

5. STUDY: MENTAL DISORDERS RANK AMONG THE MOST SUBSTANTIAL CAUSES OF DEATH WORLDWIDE. Individuals with mental health disorders have a risk of mortality that is two times higher than the general population or than individuals without such disorders, according to a study published online February 11 by *JAMA Psychiatry*. The study was based on a meta-analysis of 203 articles from 29 countries. “We estimate that 14.3% of deaths worldwide, or approximately 8 million deaths each year, are attributable to mental disorders,” the authors note. “People with mental disorders experience a high burden of mortality at the individual and population levels. Reduction of this burden will require a focus on less prevalent but more severe diagnoses and more common mental disorders. Likewise, efforts must be made to prevent and manage comorbid medical conditions and reduce the occurrence of unnatural deaths in this vulnerable population,” the study concludes. An [abstract](#) is online.

6. MACPAC REPORTS ON MEDICAID MENTAL HEALTH. At its January meeting, the Medicaid and CHIP Payment and Access Commission (MACPAC) heard a presentation titled “[Medicaid’s Role in Behavioral Health: Background and Policy Issues](#).” A preliminary report suggested that almost one-third (31%) of Medicaid adults (ages 18-64) had any type of mental illness (vs. 17% for the privately insured population in that age group). In that age group, 10% of Medicaid enrollees had serious mental illness (vs. 3% of privately insured and 5% of uninsured nonelderly adults). About 8% of both Medicaid and uninsured nonelderly adults had drug or alcohol abuse in the past year (vs. 4% of privately insured nonelderly adults). MACPAC raised the question of whether the Medicaid Institution for Mental Disease (IMD) exclusion should be reexamined in light of this data. A link to a [transcript of the behavioral health presentation](#) (see page 56), is online.

7. AHRQ REPORT FINDS MORE CHILDREN HOSPITALIZED FOR SUICIDE, SELF-INJURY. In an analysis of data from general hospitals and emergency departments, researchers found that hospitalizations for suicide and self-injury increased significantly for all children between 2006 and 2011, especially among children ages 10 to 14. The analysis of hospitalizations from 2006 to 2011 is based on a report prepared from data sources sponsored by the Agency for Healthcare Research and Quality (AHRQ) and led by AHRQ researchers. The report found that nearly 59,000 children ages 1 to 17 were admitted to the hospital for a suicide or self-injury diagnosis in 2011, rising 104% in the five-year study period. The increase was the most pronounced in children ages 10 to 14 (rising 151%), and among children ages 5 to 9 (rising 130%). The article and [abstract](#), “Annual Report on Health Care for Children and Youth in the United States: National Estimates of Cost, Utilization and Expenditures for Children with Mental Disorders,” appear in the January-February *Academic Pediatrics*. Data is drawn from the Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS) and the Nationwide Emergency Department Sample (NEDS).

8. TOOLS FOR IPFQR PROGRAM PARTICIPANTS ARE AVAILABLE ONLINE. Several new tools are available to assist facilities participating in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. These [tools](#) include 1) an IPFQR Program Manual; 2) paper abstraction tools for discharge measures (designed as an *optional* informal mechanism to assist in collecting HBIPS 2 -7; IMM-2; SUB-1; and TOB-1, -2, and -2a); 3) frequently asked questions. All of these resources were recently emailed to the IPFQR listserv and will be available on both www.qualitynet.org and www.qualityreportingcenter.com. For email announcements of upcoming IPFQR webcasts and other educational events, [register for program notifications](#).

9. UPCOMING SCHEDULE OF IPFQR WEBINARS ANNOUNCED. Hold the following dates at 2pm Eastern on your calendar for upcoming webinars about the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. A **March 19** webinar will focus on “Follow-Up After Hospitalization for Mental Illness.” An **April 16** training will discuss “IMM-2 and Influenza Vaccination Coverage among Healthcare Personnel.” On **May 21**, the webinar will focus on the “Proposed Rule” related to the IPFQR. The IPFQR contractor will be emailing details to the IPFQR listserv on each program. See <http://www.qualityreportingcenter.com> (under “Events Calendar”) for links to both upcoming and archived webinars.

10. BRIEF ISSUED TO HELP STATES DESIGN MEDICAID HEALTH HOMES FOR INDIVIDUALS WITH OPIOID DEPENDENCY. Through the *Affordable Care Act* (ACA), states can implement health homes to provide enhanced integration and care coordination for people with opioid dependency. A [brief](#) from the Center for Health Care Strategies highlights key features of approved health home models from Maryland, Rhode Island, and Vermont that are tailored to individuals with opioid dependency. It identifies important considerations in developing opioid dependence-focused health homes, including: 1) leveraging opioid treatment program requirements; 2) promoting collaboration across multiple state agencies; 3) supporting providers in transforming into health homes; and 4) encouraging information sharing. The report was funded by the Centers for Medicare and Medicaid Services (CMS).

11. REPORT LOOKS AT INTEGRATION MODELS FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS. A report titled [Integrating Primary Care into Behavioral Health Settings: What Works for Individuals with Serious Mental Illness](#) was developed to help policymakers better understand the evidence concerning the integration of primary care into behavioral health settings for this population. Written by Martha Gerrity, MD, MPH, PhD, of the Center for Evidence-based Policy at Oregon Health & Science University, and reviewed by a panel of clinical and policy experts, the report assesses and synthesizes primary evidence sources over the last 10 years. It was developed by the Milbank Memorial Fund for the Reforming States Group (RSG), a bipartisan, voluntary group of

state health policy leaders from both the executive and legislative branches who, with a small group of international colleagues, work on practical solutions to pressing problems in health care. The report summarizes outcomes from behavioral health integration (BHI) models that target populations with serious mental illness and substance use disorder, and offers technical assistance resources for integration efforts.

12. SAMHSA OFFERS GUIDE TO TREATING SLEEP PROBLEMS OF THOSE IN SUBSTANCE USE RECOVERY. [Treating Sleep Problems of People in Recovery From Substance Use Disorders](#) (SMA14-4859) discusses the relationship between sleep disturbances and substance use disorders and provides guidance on how to assess for and treat sleep problems for people in recovery. The document from the Substance Abuse and Mental Health Services Administration (SAMHSA) reviews non-pharmacological as well as over-the-counter and prescription medications.

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