



American Hospital Association Section for Psychiatric and Substance Abuse Services

The Section for Psychiatric and Substance Abuse Services represents over 1,300 behavioral health providers, across a continuum of service levels, who are members of the American Hospital Association (AHA). The Section strives to link behavioral health colleagues sharing similar interests and concerns and provide a forum to discuss issues related to behavioral health.

Through the work of the Psychiatric and Substance Abuse Services Section and other constituency sections, the AHA is able to strengthen its influence on issues of advocacy, policy, and governance important to all health care providers. The Section achieves its goal of involving members of the behavioral health care field in its policy development activities through the Section's Governing Council and representation on AHA's Regional Policy Boards (RPBs). Section members serve on AHA's RPBs, on JCAHO Professional and Technical Advisory Committees, and as liaisons with other partner organizations such as the American Psychiatric Association (APA), the National Association for Psychiatric Health Systems (NAPHS), and the National Advisory Council on Alcohol Abuse and Alcoholism (NACAAA). AHA participates in the Mental Health Liaison Group, a coalition of over 50 associations and other groups advocating on behalf of behavioral health providers. In addition, AHA continues to fight for full implementation of the mental health parity law, and actively participates in The Coalition for Fairness in Mental Illness Coverage to end discriminatory insurance coverage practices. These ties help to strengthen and intensify the collaborative efforts between the AHA and other national stakeholders.

AHA and its Section for Psychiatric and Substance Abuse Services delivers additional value to behavioral health care providers by providing relevant member services, including, research, and technical assistance. The Section also provides a monthly "*Behavioral Health Update*," hosts teleconference calls centered on performance improvement and crucial issues impacting all behavioral health care providers, and offers a members-only section web site. Finally, AHA's strong commitment to national advocacy on legislative and regulatory issues offers direct connection to the Centers for Medicare and Medicaid Services, the Joint Commission, the Office of the Inspector General, and other policymakers and leaders creating national policies on the future of psychiatric medicine. Section members are called upon to testify on behalf of all behavioral health care providers on a wide variety of issues, including adequate mental health care access and coverage, restraint and seclusion, and the psychiatric prospective payment system.

Now, more than ever, behavioral health is at the forefront of medical care. By uniting hundreds of individual voices into one coherent voice, the AHA makes it possible for member hospitals to work with other behavioral health care organizations to not only address the field's top concerns, but to act on them.

AHA Psychiatric and Substance Abuse Services Section Membership

Members of the Section for Psychiatric and Substance Abuse Services are institutional members of the AHA, both general hospitals and freestanding specialty hospitals, which provide any of the following services:

- Psychiatric inpatient, outpatient, partial hospitalization, foster and/or home care, consultation, and education;
- Alcoholism/chemical dependency treatment inpatient, outpatient, and/or partial hospitalization;
- Clinical psychology; and
- Hospital-based community mental health centers.

No additional dues are required to join the Section beyond those of AHA membership, although an organization must elect to join the Section.

Governing Council Role

The AHA's behavioral health care activities are guided by a governing council comprised of 16 health care leaders from some of the country's premiere behavioral health care providers. A formal relationship with the AHA Board of Trustees exists through the annual appointment of a AHA Board member who serves as a liaison and attends all council meetings. In addition, liaisons from APA, NAPHS, and NAMI also attend council meetings to share the perspectives of these organizations and participate in the advisory process. Council members review policy positions, provide advice and recommendations, and actively participate in the advocacy process. They also serve as a sounding board for member service strategies and serve as a channel back to the behavioral health care field. Governing council members attend three meetings each year in various geographic locations, with additional conference calls as necessary.

2012 Governing Council Priorities

Parity Implementation

- Final Rule for Parity Regulations: To address scope of service, Medicaid managed care, and non-quantitative treatment limits.
- Application of parity law within the state based-exchanges' essential benefit plans

Reform Implementation:

- Integration of Psych in ACOs/Bundling
- Monitoring of IMD Demo for 11 states, and DC
- Coordinating care for the "dual eligibles"
- Quality Measures Reporting: 2013
- Mandatory Coverage in Health Plans offered by Exchanges
- Depression Centers of Excellence and Pay for Performance: 2016

Access to Services

- Bed Closures all settings
- Budgets Cuts to Community Services and State Hospitals
- Shortage of Clinicians: Child & Geri; NPs, PAs, etc.
- Crowding/Boarding in EDs

Important Other

- Adequate Reimbursement
- EMTALA
- HIT/EMR: Most vendors have not invested in Behavioral Medicine
- Eliminate Medicare 190 day limit
- OPSS Physician Supervision
- Reducing Readmissions
- Military & Veterans
- Evidence Based Practices

Regional Policy Boards

The Governing Council nominates behavioral health care providers to serve three-year terms on the AHA RPBs. Two delegates represent behavioral health care providers; each delegate may also have an alternate delegate who serves a concurrent term.

The nine RPBs meet three times a year through a regional network to foster communication between the AHA, its membership, and state hospital associations. Their role in the policy development process dates back to 1968, when they were first established as Regional Advisory Boards. Voting members are comprised of delegates from the states, constituency sections, regional trustee and physician delegates, and delegates-at-large.

The purpose of the RPBs is to:

- Provide input on public policy issues to be considered by the Board of Trustees.
- Serve as ad hoc policy development committees when appropriate.
- Assist in implementing AHA policy and programs.
- Identify needs unique to a region and assist in developing programs to meet those needs.

Section Objectives

AHA furthers the interests and meets the unique needs of behavioral health care providers by:

- Promoting ongoing development and implementation of policies and programs that support, communicate, and advocate for the nation's behavioral health care providers.
- Participating in AHA's policy development process through the Regional Policy Boards and Governing Councils.
- Developing and maintaining liaison relationships with key organizations and associations that are important to behavioral health care providers, such as state/metro hospital and health care associations, the American Psychiatric Association, National Association of Psychiatric Health Systems, and the National Alliance for the Mentally Ill.
- Fostering relevant member services for behavioral health care providers, including data activities, education programs, research, and technical assistance.
- Serving as a resource and clearinghouse for information concerning behavioral health care providers.

Additional information about the Section can be obtained by phone at (312) 422-3303 or on the web at: www.aha.org/psych.