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BEHAVIORAL HEALTH UPDATE: June 2015  
A Monthly Report for Members  
of the American Hospital Association [www.aha.org](http://www.aha.org) and the  
National Association of Psychiatric Health Systems, [www.naphs.org](http://www.naphs.org)

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1. Rick Pollack named next president and CEO of the American Hospital Association.
2. National guidelines issued to help communities respond to suicide.
3. AHRQ: Mental disorders continue to be among the five most costly conditions.
4. AHRQ statistical brief looks at mental health costs for adults from 2009-2011.
5. AHRQ looks at mental health costs for children in 2012.
6. CMS adds psychiatric residential treatment facilities' interpretive guidelines and survey process to state operations manual.
7. Behavioral health *Design Guide* has new home; Edition 7.0 just released by the Facility Guidelines Institute.
8. Report looks at current and long-term trends in heroin use.
9. CDC highlights link between growing rates of hepatitis C infection and opioid & injection drug use.
10. Free online course available on prescription opioid misuse.
11. Report examines racial/ethnic differences in mental health service use among adults.
12. National effort seeks to reduce number of those with behavioral health disorders in jails.
13. Agencies ask for information to build evidence base for "effective psychiatric inpatient care and alternative services for suicide prevention."

**1. RICK POLLACK NAMED NEXT PRESIDENT AND CEO OF THE AMERICAN**

**HOSPITAL ASSOCIATION.** The American Hospital Association's (AHA) Board of Trustees has announced that Rick Pollack will become the next president and chief executive officer of the American Hospital Association (AHA) starting in September. A 32-year veteran of the AHA, Pollack will succeed Richard J. Umbdenstock, who announced his retirement last November. Since 1991, Pollack has served as AHA's executive vice president for advocacy and public policy responsible for the development, implementation and management of the association's advocacy, representation and public affairs activities. He will become the 11<sup>th</sup> person to hold the top post in the association's 117-year history. "As an association that has had a longstanding working relationship with the AHA, NAPHS is pleased to support and is very excited about the promotion of Rick Pollack," said NAPHS President/CEO **Mark Covall** in response to the announcement. "Rick has demonstrated his commitment to overall health – including behavioral health, and we look forward to working with him and the entire AHA team in the years ahead."

**2. NATIONAL GUIDELINES ISSUED TO HELP COMMUNITIES RESPOND TO SUICIDE.**

The National Action Alliance for Suicide Prevention has issued a set of national guidelines that "call for an integrated and compassionate community response to deaths by suicide in every kind of community in the country." [Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines](#) was developed by the Action Alliance's Survivors of Suicide Loss (SOSL) Task Force.

**3. AHRQ: MENTAL DISORDERS CONTINUE TO BE AMONG THE FIVE MOST COSTLY**

**CONDITIONS.** Among the five costliest health conditions in both 2002 and 2012, mental health conditions showed the biggest increase in the number of patients treated, according to a report from the Agency for Healthcare Research and Quality (AHRQ). (The same five medical conditions--heart conditions, cancer, trauma-related disorders, mental disorders, and chronic obstructive pulmonary disease and asthma—were ranked highest for medical spending in both 2002 and 2012.) About 45 million Americans received mental health care services totaling \$84 billion in 2012. This was an

increase from 2002, when 31 million Americans received services for mental health care totaling \$59 billion. Those receiving mental health care paid the highest out-of-pocket share of expenses (roughly 20%) See [Trends in the Five Most Costly Conditions among the U.S. Civilian Noninstitutionalized Population, 2002 and 2012](#) (Statistical Brief #470).

**4. AHRQ STATISTICAL BRIEF LOOKS AT MENTAL HEALTH COSTS FOR ADULTS FROM 2009-2011.** Mental healthcare costs for adults (ages 18 to 64) averaged more than \$48 billion annually from 2009 to 2011, with 45% of the cost (about \$22 billion) spent on prescription medicines. This is one of the key findings of an Agency for Healthcare Research and Quality (AHRQ) Statistical Brief (#454) titled [Expenditures for Mental Health Among Adults, Ages 18-64, 2009-2011](#). On average during that period, 27.5 million adults per year (or 14.3% of adults in that age range) had healthcare expenses related to mental health diagnoses.

**5. AHRQ LOOKS AT MENTAL HEALTH COSTS FOR CHILDREN IN 2012.** For children under age 18, mental disorders, chronic obstructive pulmonary disease (COPD) and asthma, trauma-related disorders, acute bronchitis and upper respiratory infections; and infectious diseases ranked highest in terms of direct medical spending in 2012. This was the key finding in an Agency for Healthcare Research and Quality (AHRQ) Statistical Brief (#472) titled [Top Five Most Costly Conditions among Children, Ages 0-17, 2012: Estimates for the U.S. Civilian Noninstitutionalized Population](#). The highest total expense among those ages 0-17 (\$13.9 billion) was for the treatment of mental disorders, and the highest average per child expense was for the treatment of mental disorders (\$2,195).

**6. CMS ADDS PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES' INTERPRETIVE GUIDELINES AND SURVEY PROCESS TO STATE OPERATIONS MANUAL.** The Centers for Medicare and Medicaid Services (CMS) has added the [interpretive guidance for Psychiatric Residential Treatment Facilities](#) (PRTFs) as Appendix N to the State Operations Manual (SOM). The guidance includes previously-published information on the general requirements for PRTFs and the Condition of Participation for Restraint and Seclusion. CMS has also added a section on the [survey process for PRTFs](#) to Chapter 2 of the State Operations Manual.

**7. BEHAVIORAL HEALTH DESIGN GUIDE HAS NEW HOME; EDITION 7.0 JUST RELEASED BY THE FACILITY GUIDELINES INSTITUTE.** The Facility Guidelines Institute (FGI) is now the new “home” for the popular *Design Guide for the Built Environment of Behavioral Health Facilities* by co-authors James M. Hunt, AIA, NCARB, president of Behavioral Health Facility Consulting, and David M. Sine, ARM, CSP, CPHRM, president of SafetyLogic Systems. “For more than a decade, the National Association of Psychiatric Health Systems (NAPHS) was proud to bring this valuable resource to the behavioral health field,” said NAPHS President/CEO Mark Covall in announcing the change. In a [joint NAPHS-FGI release](#), he added that “relocation of this popular reference document to the FGI website makes good sense as FGI is the national organization known for establishing consensus standards for health and residential care facilities, and the *Design Guide* is a great supplement to their work.” Effective immediately, the publication can be found at <http://www.fgiguide.org/beyond>. This site now includes a link to [Edition 7.0](#), the most current edition prepared by the authors. FGI plans to issue an edited and revised edition later in 2015. FGI CEO Douglas Erickson noted that “we at FGI are expanding our mission to publish documents that go beyond the fundamental facility design requirements we are known for. We are pleased to have been asked to publish this valuable document, which provides information based on the authors’ long experience in the field that will help those in behavioral health develop safe and effective care environments for patients and staff.”

**8. REPORT LOOKS AT CURRENT AND LONG-TERM TRENDS IN HEROIN USE.** Even though the incidence of heroin use is still relatively small, the percentage of people using heroin is higher in 2013 than it was a decade ago, according to a report from the Substance Abuse and Mental Health Services Administration (SAMHSA). [Tracking Heroin Use in the United States: 2002 to 2013](#) shows that 681,000 Americans ages 12 and older used heroin in the past year. Although this is consistent with levels since 2009, it is far higher than the 2002 to 2008 levels (ranging from 314,000 to 455,000). The report also indicates that in the past year there has been a significant rise in the number of people ages 12 or older who received treatment for a heroin problem (from 277,000 in 2002 to 526,000 in 2013).

**9. CDC HIGHLIGHTS LINK BETWEEN GROWING RATES OF HEPATITIS C INFECTION AND OPIOID & INJECTION DRUG USE.** A new CDC [study](#) links a growing rise in hepatitis C virus (HCV) to an increase in opioid abuse and injection drug use (IDU). The report, which appears in the May 8 *Morbidity and Mortality Weekly Report*, focuses on the experiences of four hard-hit states (KY, TN, VA, and WV). “State surveillance reports from the period 2006–2012 reveal a nationwide increase in reported cases of acute Hepatitis C virus (HCV) infection, with the largest increases occurring east of the Mississippi River, particularly among states in central Appalachia,” the report says. “Demographic and behavioral data accompanying these reports show young persons (under age 30) from nonurban areas contributed to the majority of cases, with about 73% citing injection drug use as a principal risk factor. Taken together,” says the CDC, “these increases indicate a geographic intersection among opioid abuse, drug injecting, and HCV infection in central Appalachia and underscore the need for integrated health services in substance abuse treatment settings to prevent HCV infection and ensure that those who are infected receive medical care.”

**10. FREE ONLINE COURSE AVAILABLE ON PRESCRIPTION OPIOID MISUSE.** The National Institute on Drug Abuse (NIDA) and the Institute for Research, Education, and Training in Addictions (IRETA) have partnered to create a free, self-paced online course titled [The Prevalence of Prescription Opioid Misuse: Doctor Shopping, Co-ingestion, and Exposure](#). The course discussed common varieties of prescription opioids, defines doctor shopping, indicates rates of exposure to opioids among teens, describes risk factors for teen opioid misuse, and highlights the prevalence of co-ingestion (i.e., using opioids with other substances such as alcohol). Registration with IRETA is required to access the course, which offers continuing education units (CEUs).

**11. REPORT EXAMINES RACIAL/ETHNIC DIFFERENCES IN MENTAL HEALTH SERVICE USE AMONG ADULTS.** New findings on mental health service use by racial and ethnic groups are now available in a report from the Substance Abuse and Mental Health Services Administration (SAMHSA). [Racial/Ethnic Differences in Mental Health Service Use among Adults](#) indicates that the “cost of services and lack of insurance coverage” is the most common reason for not using mental health services across all racial/ethnic groups. Believing that mental health services would not help was the least cited reason across all racial/ethnic groups. “This is a wonderful resource,” said Pamela Collins, M.D., director of the National Institute of Mental Health (NIMH) Office for Research on Disparities & Global Mental Health. “These findings will help us identify who is not getting the services they need and where the hurdles lie.” [Appendices](#) are also online.

**12. NATIONAL EFFORT SEEKS TO REDUCE NUMBER OF THOSE WITH BEHAVIORAL HEALTH DISORDERS IN JAILS.** The National Association of Counties (NACo), the Council of State Governments (CSG) Justice Center, and the American Psychiatric Foundation (APF) are leading a national [Stepping Up Initiative](#) designed to reduce the number of adults with mental illnesses and co-occurring substance use disorders in jails. “The number of people with mental illnesses in U.S. jails has reached a crisis point: two million adults with serious mental illnesses—such as schizophrenia, bipolar disorder, and major depression—are admitted to jails each year, many of whom also have drug and

alcohol use problems,” the groups noted in a [news release](#). “Allowing them to continually cycle through jails does nothing to improve public safety, stresses already strained budgets, and hurts people with mental illnesses and their loved ones” See a [project overview](#) for details and ideas on how communities and providers can get involved.

**13. AGENCIES ASK FOR INFORMATION TO BUILD EVIDENCE BASE FOR “EFFECTIVE PSYCHIATRIC INPATIENT CARE AND ALTERNATIVE SERVICES FOR SUICIDE PREVENTION.”**

The National Institute of Mental Health (NIMH), National Institute on Drug Abuse (NIDA), Substance Abuse and Mental Health Services Administration (SAMHSA), and American Foundation for Suicide Prevention (AFSP) have issued a Request for Information (RFI) on “[Building an Evidence Base for Effective Psychiatric Inpatient Care and Alternative Services for Suicide Prevention](#).” They seek to better understand 1) what components of inpatient care are safe and effective in reducing suicide risk for various populations; 2) what are effective alternatives to inpatient care (e.g., telephone counseling; home visits; intensive day/residential treatment; types of respite care) and how can they be broadly implemented; and 3) what type of research designs could compare inpatient interventions with alternative approaches in a safe, acceptable and fair manner. “While a number of interventions for suicide attempters have been effective and even replicated, the effectiveness of inpatient care interventions or alternative approaches in reducing later morbidity (e.g., suicide attempts) and mortality (e.g., suicide deaths) remains a question for many U.S. healthcare systems,” the RFI states. “Testing the effectiveness of inpatient or alternative approaches is critical for suicidal patients, as few empirically-based practices exist for acute care interventions and their follow-up care.” Feedback is sought from all stakeholders (e.g., state commissioners, healthcare administrators; insurers; providers; patients; suicide attempt survivors; family members) who play a role in the provision of interventions for individuals at acute risk for suicide, as well as from researchers. Send responses (with Notice number NOT-MH-15-019 in the subject line) to [RBSuicideResearch@nih.gov](mailto:RBSuicideResearch@nih.gov) through August 1.

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