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BEHAVIORAL HEALTH UPDATE: April 2016  
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. Joint Commission issues sentinel event alert on preventing suicide in healthcare settings.
2. Senate approves bipartisan bill to address opioid epidemic.
3. Senate HELP Committee approves *Mental Health Reform Act*.
4. Report finds more young adults use private insurance for behavioral health treatment following the ACA's dependent coverage mandate.
5. Study suggests factors that may be predictive of violent behavior in adults with mental illness.
6. NIDA releases summary of research on early childhood risk and protective factors to aid with substance abuse prevention.
7. SAMHSA advisory discusses buprenorphine for opioid-use disorder.
8. CDC issues opioid prescribing guidelines for adults with chronic pain.
9. SAMHSA publishes national and state "Behavioral Health Barometers."
10. Mental health caregivers feel left out, survey reports.
11. HIPAA guidance clarifies patients' right to access health information.
12. AHRQ releases chartbook on health disparities affecting black Americans.
13. Report looks at burden of major depressive disorder and challenges to treatment.
14. SAMHSA publishes directory of mental health treatment facilities.
15. April 7 is National Alcohol Screening Day.
16. May is Mental Health Month.
17. AHA Psychiatric and Substance Abuse Services Section names 2016 leaders.

**1. JOINT COMMISSION ISSUES SENTINEL EVENT ALERT ON PREVENTING SUICIDE IN HEALTHCARE SETTINGS.** A new Joint Commission [Sentinel Event Alert: Issue 56](#) offers ideas to help healthcare providers (including primary, emergency, and behavioral health clinicians) identify and treat suicide ideation. The alert provides screening, risk assessment, safety, treatment, discharge and follow-up care recommendations for at-risk individuals. "The Joint Commission is bringing attention to this issue because its Sentinel Event Database received 1,089 reports of suicides occurring from 2010 to 2014," said a [news release](#). The most common root causes documented were shortcomings in assessment, most commonly psychiatric assessment. In addition, 21.4% of Joint Commission-accredited behavioral healthcare organizations and 5.14% of Joint Commission-accredited hospitals, for which a related National Patient Safety Goal was applicable, were non-compliant in 2014 with conducting a risk assessment that identifies specific patient characteristics and environmental features related to suicide risk. "We are shining a light on this issue because the tragic reality is that many healthcare providers do not detect suicidal thoughts of individuals who eventually die by suicide, even though most victims of suicide received healthcare services in the year prior to death," said The Joint Commission's Executive Vice President and Chief Medical Officer Ana Pujols McKee, M.D.. "As a result, it is crucial for at-risk patients to receive timely and supportive care. Healthcare organizations are encouraged to develop clinical environment readiness by identifying, developing, and integrating comprehensive behavioral health, primary, and community care resources to assure the continuity of care for at-risk individuals." To help your organization take appropriate actions in accordance with Joint Commission requirements, see both the alert and an infographic and chart of related Joint Commission standards at [http://www.jointcommission.org/sentinel\\_event.aspx](http://www.jointcommission.org/sentinel_event.aspx).

**2. SENATE APPROVES BIPARTISAN BILL TO ADDRESS OPIOID EPIDEMIC.** The Senate last month voted 94-1 to approve the *Comprehensive Addiction and Recovery Act* (S. 524), bipartisan legislation to address the nation's opioid epidemic. The bill would establish an interagency task force

to develop best practices for pain management and medication prescribing, and authorize grants to states, local governments, nonprofit organizations and others to prevent and treat abuse of opioids, heroin and other substances. The House has yet to schedule a hearing on companion legislation, H.R.953, introduced by Rep. Jim Sensenbrenner (R-WI) of the House Judiciary Committee.

**3. SENATE HELP COMMITTEE APPROVES MENTAL HEALTH REFORM ACT.** The Senate Health, Education, Labor and Pensions Committee in March approved the [Mental Health Reform Act](#) of 2016 (S.2680). Among other provisions, the bill would establish a chief medical officer at the Substance Abuse and Mental Health Services Administration (SAMHSA) to promote the use of evidence-based practices and require the agency to report on progress toward strategic priorities. It also would require the Health and Human Services (HHS) secretary to issue guidance to health plans on mental health parity protections, and training and resources for care providers and patients on sharing protected health information. The committee also approved four bills aimed at preventing opioid abuse and overdoses. The legislation could be considered on the Senate floor in April, along with additional amendments. Sen. Susan Collins (R-ME) said she plans to work with the Senate Finance Committee and sponsors of the bill to offer an amendment to address the Medicaid exclusion for “institutions for mental disease,” which excludes coverage for inpatient psychiatric services furnished to adult beneficiaries under age 65. Sen. Sheldon Whitehouse (D-RI) also plans to pursue amendments to increase access to child psychiatrists through the National Health Service Corps, and create a pilot program to help behavioral health providers invest in health information technology and exchange information electronically with other providers.

**4. REPORT FINDS MORE YOUNG ADULTS USE PRIVATE INSURANCE FOR BEHAVIORAL HEALTH TREATMENT FOLLOWING THE ACA’S DEPENDENT COVERAGE MANDATE.** In 2010, the *Affordable Care Act* extended health insurance coverage to individuals aged 19 to 25 whose parents had employer-sponsored private insurance. “This coverage expansion meant that, among those young people who received behavioral health treatment, fewer were using public funds to do so,” according to a recent [blog](#) and [report](#) from the Substance Abuse and Mental Health Services Administration (SAMHSA). From 2004-2012, average yearly treatment costs for 19-25-year-olds who received mental and substance use treatment remained constant at approximately \$1,600. However, the source of those payments changed significantly. Private insurance took on a much larger share, increasing from \$520 to \$822 annually, while treatment paid by Medicaid and other public sources (such as Medicare, Veterans Affairs/Civilian Health and Medicaid Program for Uniform Services) declined from \$698 to \$417. “We know that the *Affordable Care Act* has created greater access to behavioral health treatment for this age group, but we still have much work to do to break down other barriers to treatment,” the SAMHSA blog noted.

**5. STUDY SUGGESTS FACTORS THAT MAY BE PREDICTIVE OF VIOLENT BEHAVIOR IN ADULTS WITH MENTAL ILLNESS.** Results from a [meta-analysis](#) in *Psychiatric Services in Advance* suggest three factors may be associated with an increased risk for adults with mental illnesses to commit community violence in the near future. They are alcohol use, exhibiting violent behaviors, and being a victim of violence within the past six months. The authors say the findings have the potential to help mental health professionals identify those patients who may be at risk to be violent, allowing intervention and possible prevention. “Although clinicians may never be able to answer the public calls for the absolute prediction—and prevention—of violence by adults with mental illnesses, attending to these indicators in clinical practice should assist in the identification of persons [who may be] at heightened risk of community-based violence.”

**6. NIDA RELEASES SUMMARY OF RESEARCH ON EARLY CHILDHOOD RISK AND PROTECTIVE FACTORS TO AID WITH SUBSTANCE ABUSE PREVENTION.** Because “a child’s first eight years critical for substance abuse prevention,” the National Institute of Drug Abuse

(NIDA) is offering a new online guide about interventions in early childhood that can help prevent drug use and other unhealthy behaviors. [Principles of Substance Abuse Prevention for Early Childhood](#) offers research-based principles that affect a child’s self-control and overall mental health, starting during pregnancy through the eighth year of life. Two supplemental sections for policymakers and practitioners go into greater detail on how early childhood interventions are designed and how to select the right strategies for a community’s specific needs. “Thanks to more than three decades of research into what makes a young child able to cope with life’s inevitable stresses, we now have unique opportunities to intervene very early in life to prevent substance use disorders,” [said](#) NIDA Director Nora D. Volkow, M.D. “We now know that early intervention can set the stage for more positive self-regulation as children prepare for their school years.” See a NIDA [blog](#) with additional background.

**7. SAMHSA ADVISORY DISCUSSES BUPRENORPHINE FOR OPIOID-USE DISORDER.** A new Substance Abuse and Mental Health Services Administration ([SAMHSA](#)) [Advisory](#) reviews current information on the use of sublingual and transmucosal buprenorphine for medication-assisted treatment (MAT) of opioid use disorder. Topics include new formulations of buprenorphine, the effectiveness and safety of buprenorphine treatment, contraindications and cautions (including medication interactions), informed consent and treatment agreements, treatment monitoring, and indications of diversion and misuse.

**8. CDC ISSUES OPIOID PRESCRIBING GUIDELINES FOR ADULTS WITH CHRONIC PAIN.** The Centers for Disease Control and Prevention has issued a new “[CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016](#).” The guideline is intended for primary care physicians prescribing opioids to adults for chronic pain in outpatient settings. The voluntary guidelines summarize scientific knowledge about the effectiveness and risks of long-term opioid therapy. They provide recommendations for when to initiate or continue opioids for chronic pain; opioid selection, dosage, duration, follow-up, and discontinuation; and for assessing risk and addressing harms of opioid use. The guidelines do not apply to cancer, palliative, or end-of-life care.

**9. SAMHSA PUBLISHES NATIONAL AND STATE “BEHAVIORAL HEALTH BAROMETERS.”** The Substance Abuse and Mental Health Services Administration (SAMHSA) has just published a reference document that presents data about key aspects of substance use and mental health care issues. The [Behavioral Health Barometer: United States, 2015](#) includes national rates of serious mental illness, suicidal thoughts, substance use, underage drinking, and the percentages of those who seek treatment for these disorders. In addition, [state reports](#) provide local snapshots based on data from the National Survey on Drug Use and Health.

**10. MENTAL HEALTH CAREGIVERS FEEL LEFT OUT, SURVEY REPORTS.** Mental health caregivers often report difficulty in navigating the care system and interacting with providers, according to online survey results released by the National Alliance for Caregiving (NAC), Mental Health America, and the National Alliance on Mental Illness. [On Pins and Needles: Caregivers of Adults with Mental Illness](#) notes that about half report being told by a healthcare provider or professional that the provider was unable to speak to them, the caregiver, about their loved one’s condition (54%). Over half say they were included in care conversations less often than they felt they should have been (55%). “Further research is needed to understand the causes of this perceived exclusion,” the report says. Among various recommendations is the suggestion to include caregivers as part of the healthcare team “in ways that allow them to understand their loved one’s diagnosis without limiting the patient’s independence. Policies and practice should fully include individuals, families, providers, and supports (such as the Open Dialogue model).”

**11. HIPAA GUIDANCE CLARIFIES PATIENTS’ RIGHT TO ACCESS HEALTH INFORMATION.** The Health and Human Services (HHS) Office of Civil Rights (OCR) has

developed materials to clarify the *Health Insurance Portability and Accountability Act* (HIPAA) privacy rule as it pertains to the rights of individuals to access their health information. A fact sheet and two sets of frequently asked questions (FAQs) review requirements providers must follow in sharing medical records with patients, including that they must do so in a timely manner, in a format that works for the patient, and at reasonable cost. View the complete set of materials at <http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html>.

**12. AHRQ RELEASES CHARTBOOK ON HEALTH DISPARITIES AFFECTING BLACK AMERICANS.** The Agency for Healthcare Research and Quality's (AHRQ's) [Chartbook on Health Care for Blacks](#), derived from the [National Health Care Quality and Disparities Report](#), summarizes trends in healthcare disparities by race related to access, as well as priorities identified in the Heckler Report (the 1985 landmark report on minorities' health status) and the National Quality Strategy (the Health and Human Services' annual report on improving health care quality). Key findings include increases in suicide and mental health disparities, improvements in access to care since the *Affordable Care Act*, and poorer quality of care related to person-centeredness and care coordination.

**13. REPORT LOOKS AT BURDEN OF MAJOR DEPRESSIVE DISORDER AND CHALLENGES TO TREATMENT.** Mental Health America (MHA) teamed with Avalere to publish a white paper titled [Shortening the Road to Recovery: Barriers and Opportunities to Improve Quality of Care for Major Depressive Disorder](#) (MDD). The two groups [said](#) they “developed this report to describe the current state of quality of care for individuals with MDD and provide an evidence-based assessment of challenges and opportunities for quality improvement.” See an [infographic](#) summarizing the report's key findings.

**14. SAMHSA PUBLISHES DIRECTORY OF MENTAL HEALTH TREATMENT FACILITIES.** The [2015 National Directory of Mental Health Treatment Facilities](#) provides a listing of federal, state, and local government facilities and private facilities that provide mental health treatment services. It includes treatment facilities that responded to the 2014 National Mental Health Services Survey (NMHSS). The directory is also available online at <https://findtreatment.samhsa.gov> in a searchable format with maps showing the location of each facility. As the online Behavioral Health Treatment Services Locator listing is updated regularly, more current information may be available there than in the print version of the directory. If your mental health facility is not listed or needs updating, email or call the SAMHSA contractor, Synectics, at [ibhs\\_help@smdi.com](mailto:ibhs_help@smdi.com) or 1-888-301-1143.

**15. APRIL 7 IS NATIONAL ALCOHOL SCREENING DAY.** National Alcohol Screening Day (NASD), set for April 7 this year, is an annual campaign bringing attention to the critical needs of people with alcohol and other substance use disorders and their families. During the month of April, Screening for Mental Health, Inc. provides the public with a free, anonymous substance use screening at [www.HowDoYouScore.org](http://www.HowDoYouScore.org). This year's campaign also focuses on opioid and other substance misuse. A [promotional toolkit](#) provides statistics, Facebook and Twitter posts, social images to share, and other resources to help promote the campaign locally.

**16. MAY IS MENTAL HEALTH MONTH.** For more than 65 years, Mental Health America (MHA) and its affiliates have led the observance of May as “Mental Health Month.” MHA is making available a toolkit to help other organizations join in conducting awareness activities in local communities. Go to <http://www.mentalhealthamerica.net/may> for details.

**17. AHA PSYCHIATRIC AND SUBSTANCE ABUSE SERVICES SECTION NAMES 2016 LEADERS.** Wayne Young, senior vice president of behavioral health for JPS Health Network in Fort Worth, TX, has been [announced](#) as the 2016 chair of the American Hospital Association's (AHA)

Constituency Section for Psychiatric and Substance Abuse Services. Ann Schumacher, president of Alegent Creighton Health Immanuel Medical Center in Omaha and trustee of Memorial Community Hospital in Blair, NE, is the section's chair-elect and will become chair in 2017. The section's governing council works with AHA to identify ways to define and focus AHA policy, advocacy, and member resources to improve the quality, efficiency, and delivery of psychiatric and substance abuse services.

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This edition of Behavioral Health Update was prepared by Carole Szpak at [comm@naphs.org](mailto:comm@naphs.org). Feel free to give us your feedback, stories: \* NAPHS: Carole Szpak, NAPHS, [comm@naphs.org](mailto:comm@naphs.org), 202/393-6700, ext. 101 or AHA: Rebecca Chickey, AHA SPSAS, [rchickey@aha.org](mailto:rchickey@aha.org), 312/422-3303

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