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BEHAVIORAL HEALTH UPDATE: January 2016
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. Extension of Medicaid Emergency Psychiatric Demonstration signed into law.
2. CDC: Suicide rate rose in 2014; remained among top 10 causes of death.
3. NAMI finds state budgets for mental health are under pressure.
4. New SAMHSA Treatment Improvement Protocols focus on homelessness and cultural competence.
5. Male and female drinking patterns becoming more alike, study finds.
6. Addiction counseling competencies detailed in new Technical Assistance Publication.
7. Opioid-related deaths continued to rise in 2014, CDC reports.
8. SAMHSA report shows “notable changes” in substance use treatment admissions over past decade.
9. Poll finds most Americans report a personal connection to those who have abused prescription painkillers.
10. “Monitoring the Future” survey looks at teen drug trends.
11. Treatment Improvement Protocol addresses the needs of women in substance abuse treatment.
12. Kennedy Forum policy brief calls for emphasis on measurement-based behavioral health services.
13. AHRQ “Effective Health Care” reports address major depressive disorder and binge-eating disorder.
14. AHRQ issues final report on psychosocial and pharmacologic interventions for disruptive behavior in youth.
15. Registry of evidence-based programs and practices accepting submissions until January 26.
16. AHA and NAPHS annual meetings to be held in DC this spring.

1. EXTENSION OF MEDICAID EMERGENCY PSYCHIATRIC DEMONSTRATION

SIGNED INTO LAW. Legislation to extend the Medicaid Emergency Psychiatric Demonstration was signed into law (P.L.114-97) on December 11 by President Obama. The *Improving Access to Emergency Psychiatric Care Act, S.599*, will extend the Medicaid Emergency Psychiatric Demonstration Program through September 2016, as long as it does not increase Medicaid spending, and allows the Health and Human Services (HHS) Secretary to expand the program to public facilities. The program 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 also allows the Department of HHS to extend the program for three more years and to more states, subject to the same budget-neutrality standard, and requires HHS to recommend by April 2019 whether to make the program permanent.

2. CDC: SUICIDE RATE ROSE IN 2014; REMAINED AMONG TOP 10 CAUSES OF DEATH.

Between 2013 and 2014, suicide remained one of the 10 leading causes of death, according to the Centers for Disease Control and Prevention’s (CDC’s) National Center for Health Statistics (NCHS) Data Brief on [Mortality in the United States, 2014](#). While many top causes of death declined during that time period, the age-adjusted rate of suicide increased by 3.2%.

3. NAMI FINDS STATE BUDGETS FOR MENTAL HEALTH ARE UNDER PRESSURE.

Twelve states decreased general funding for mental health services this year, according to the 2015 [report](#) on state mental health legislation from the National Association on Mental Illness (NAMI). Fewer than half the states (23 states) increased mental health spending in 2015, compared to 36 states

in 2013 and 29 in 2014. See Appendix One for a table showing the basic budget trend for each state from 2013 to 2015. The data demonstrates the disconnect between the “great deal of rhetoric in recent years about the broken mental health system in America and the need to invest in services that work in helping people living with mental illness to recover and reach their full potentials,” the report noted. “The good news is that efforts to improve the lives of people affected by mental illness have continued in 2015,” [said](#) NAMI Executive Director Mary Giliberti, with some states enacting specific reforms that can serve as models for others. “And Congress has slowly begun to move forward now with mental health reform legislation.”

4. NEW SAMHSA TREATMENT IMPROVEMENT PROTOCOLS FOCUS ON HOMELESSNESS AND CULTURAL COMPETENCE. The Substance Abuse and Mental Health Services Administration (SAMHSA) has released two separate Treatment Improvement Protocols (TIPs). The first equips those who provide services to people who are homeless or at risk of homelessness and who need or are in substance abuse or mental illness treatment with guidelines to support their care. [TIP 55: Behavioral Health Services for People Who Are Homeless](#) discusses prevention and treatment as part of integrated care. The second TIP assists professional care providers and administrators in understanding the role of culture in the delivery of substance abuse and mental health services. [TIP 59: Improving Cultural Competence](#) discusses racial, ethnic, and cultural considerations and the core elements of cultural competence.

5. MALE AND FEMALE DRINKING PATTERNS BECOMING MORE ALIKE, STUDY FINDS. In the U.S. and throughout the world, men drink more alcohol than women, according to the National Institute on Alcohol Abuse and Alcoholism (NIAAA). But a recent analysis by NIAAA scientists “indicates that longstanding differences between men and women in alcohol consumption and alcohol-related harms might be narrowing in the United States,” according to an NIAAA [news release](#). Evidence of increasing alcohol use by females is particularly concerning, NIAAA Director George F. Koob, Ph.D. said, given that women are at greater risk than men of a variety of alcohol-related health effects, including liver inflammation, cardiovascular disease, neurotoxicity and cancer. In a [report](#) published online in *Alcoholism: Clinical and Experimental Research*, researchers concluded that “differences in the drinking patterns of females and males aged 12+ narrowed between 2002 and 2012 for current drinking, number of drinking days per month, past year DSM-IV alcohol abuse, and past-year driving under the influence of alcohol. In addition, convergence was noted in one or more age subgroups for the prevalence of binge drinking and DSM-IV alcohol dependence and mean age at drinking onset.”

6. ADDICTION COUNSELING COMPETENCIES DETAILED IN NEW TECHNICAL ASSISTANCE PUBLICATION. A new Technical Assistance Publication (TAP) from the Substance Abuse and Mental Health Services Administration (SAMHSA) provides guidelines to enhance the competencies of substance abuse treatment counselors. [TAP 21: Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice](#) discusses patient assessment and screening, treatment planning, referral, service coordination, counseling, family and community education, and cultural competency.

7. OPIOID-RELATED DEATHS CONTINUED TO RISE IN 2014, CDC REPORTS. New Centers for Disease Control and Prevention ([CDC data](#)) show that the overall number and rate of drug overdose deaths increased notably between 2013 and 2014. Heroin-related deaths increased 28% (to 10,574 deaths in 2014 vs, 8,257 in 2013) and overdose deaths involving opioid pain relievers increased 16% (to 18,893 deaths in 2014 vs. 16,235 deaths in 2013). “These new data reaffirm that we have not seen the peak of the opioid abuse and overdose epidemic and highlights the need for continued action to prevent opioid misuse and dependence to save lives,” [said](#) Health and Human Services (HHS) Assistant Secretary for Planning and Evaluation Richard Frank, Ph.D.

8. SAMHSA REPORT SHOWS “NOTABLE CHANGES” IN SUBSTANCE USE TREATMENT ADMISSIONS OVER PAST DECADE. The [National Admissions to Substance Abuse Treatment Services: Treatment Episode Data Set \(TEDS\) 2003-2013](#) reports that there have been “notable changes in the proportion of admissions associated with various substances of abuse.” The number of admissions reported among Americans aged 12 and older for publically funded substance use treatment declined slightly (from 1,865,145 admissions in 2003 to 1,683,451 admissions in 2013), according to the report issued by the Substance Abuse and Mental Health Services Administration (SAMHSA). Although admissions associated primarily with alcohol use still remain the largest proportion of admissions, SAMHSA [said](#), the percentage dropped (from 42% in 2003 to 38% in 2013). During this same period, the proportion of admissions primarily associated with heroin use rose (from 15% in 2003 to 19% in 2013), while admissions associated primarily with non-heroin opioid use increased (from 3% in 2003 to 9% in 2013). More than half of all treatment admissions in 2013 (55%) reported using more than one substance of abuse. “Time and again, research has demonstrated that treatment helps people with substance use disorders to regain their lives,” said SAMHSA Acting Administrator Kana Enomoto in releasing the report. “As with other life-threatening conditions, this step can be the difference between life and death. We need to encourage people to seek help. Treatment works. People recover.”

9. POLL FINDS MOST AMERICANS REPORT A PERSONAL CONNECTION TO THOSE WHO HAVE ABUSED PRESCRIPTION PAINKILLERS. A [Kaiser Family Foundation Health Tracking Poll](#) reports that most Americans have a personal connection to the issue of prescription painkiller abuse. In total, 56% report a personal connection to painkiller abuse, because they either know someone who has taken a painkiller that wasn’t prescribed to them; have been addicted to painkillers themselves or know someone who has; or know someone who died from an overdose. “The total includes a surprising 16% who say they know someone who died, including 9% who describe that person as a close friend or family member,” notes a [news release](#). In addition, 27% say either they themselves have been, or a family member or close friend, has been addicted to painkillers. Half say reducing prescription painkiller and heroin abuse should be a top priority for their governor and legislature.

10. “MONITORING THE FUTURE” SURVEY LOOKS AT TEEN DRUG TRENDS. The [2015 Monitoring the Future](#) survey (MTF) shows decreasing use by teens of a number of substances, including alcohol, prescription opioid pain relievers, and synthetic cannabinoids (“synthetic marijuana”). Other drug use remains stable, including marijuana, with continued high rates of daily use reported among 12th graders, and ongoing declines in perception of its harms. The MTF survey measures drug use and attitudes among 8th, 10th, and 12th graders. Funded by the National Institute on Drug Abuse (NIDA), the survey has is conducted by [researchers](#) at the University of Michigan at Ann Arbor. “This year’s Monitoring the Future data continue the promising trends from last year with declining rates of adolescent substance use, and support the value of evidence-based prevention, treatment, and recovery,” [said](#) Office of National Drug Control Policy (ONDCP) Director Michael Botticelli. National Institute on Alcohol Abuse and Alcoholism (NIAAA) Director George F. Koob, Ph.D., was also encouraged by the “continued decline in underage drinking illustrated in these data.” Alcohol use continues a gradual downward trend among teens, with significant changes seen in the past five years in nearly all measures. Binge drinking (defined as having five or more drinks in a row within the past two weeks) was 17.2% among seniors in 2015, down from 19.4% last year and down from peak rates in 1998 at 31.5%. However, said Dr. Koob, “the percent of underage individuals drinking still remains unacceptably high. For example, approximately 40% of 12th graders have reported being drunk in the past year and binge drinking remains a significant problem.”

11. TREATMENT IMPROVEMENT PROTOCOL ADDRESSES THE NEEDS OF WOMEN IN SUBSTANCE ABUSE TREATMENT. “Women with substance use disorders have unique

biopsychosocial needs that should be addressed if their treatment is to be successful,” notes a new Treatment Improvement Protocol (TIP) issued by the Substance Abuse and Mental Health Services Administration (SAMHSA). The document examines the current state of women’s substance abuse treatment needs, approaches, and experience. It highlights promising strategies and best practices for treatment counselors working with female clients, and it explores evidence-based research and clinical issues that affect treatment for women. “The primary goals of this TIP are to help substance abuse treatment counselors and administrators provide effective treatment for women and to assist clinicians in equipping their female clients with the tools they need to maintain recovery,” says [TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women](#).

12. KENNEDY FORUM POLICY BRIEF CALLS FOR EMPHASIS ON MEASUREMENT-BASED BEHAVIORAL HEALTH SERVICES. The Kennedy Forum has released a policy issue brief titled [A National Call for Measurement-Based Care in the Delivery of Behavioral Health Services](#). “Measurement-based care matters,” said Kennedy Forum founder and former Congressman Patrick Kennedy in releasing the report. “Measurement-based care is routine practice throughout the medical and surgical fields – from blood pressure cuffs to A1c tests for diabetes. Yet today, only 18% of psychiatrists and 11% of psychologists routinely administer simple measurement tools, such as symptom rating scales, to monitor their patients’ progress.” With measurement-based care, he said, “behavioral health providers are empowered to fine-tune treatment plans when patients are not improving, and patients who participate in rating their symptoms are likely to become more knowledgeable about their disorders, attune to their symptoms, and cognizant of the warning signs of relapse or reoccurrence, enabling them to better self-manage their illness and seek treatment without delay. The introduction of these proven tools can significantly improve outcomes for individuals living with mental illness and addiction in our country.”

13. AHRQ “EFFECTIVE HEALTH CARE” REPORTS ADDRESS MAJOR DEPRESSIVE DISORDER AND BINGE-EATING DISORDER. Two final reports in the Agency for Healthcare Research and Quality (AHRQ) Effective Health Care (EHC) program have been released. The first addresses [Nonpharmacological Versus Pharmacological Treatments for Adult Patients With Major Depressive Disorder](#). The review compares the benefits and harms of second-generation antidepressants (SGAs), psychological, complementary and alternative medicine, and exercise treatment options as first-step interventions for adult outpatients with acute-phase major depressive disorder (MDD), and as second-step interventions for patients with MDD who did not achieve remission after a first treatment attempt with SGAs. The second report addresses [Management and Outcomes of Binge-Eating Disorder](#). It concludes that binge-eating disorder patients may benefit from treatment with second-generation antidepressants, lisdexamfetamine, topiramate, and cognitive behavioral therapy. “Additional studies should address other treatments, combinations of treatment, and comparisons between treatments; treatment for post-bariatric surgery patients and children; and the course of these illnesses,” AHRQ said.

14. AHRQ ISSUES FINAL REPORT ON PSYCHOSOCIAL AND PHARMACOLOGIC INTERVENTIONS FOR DISRUPTIVE BEHAVIOR IN YOUTH. The Agency for Healthcare Research and Quality (AHRQ) has issued a final report on [Psychosocial and Pharmacologic Interventions for Disruptive Behavior in Children and Adolescents](#). The report is a Comparative Effectiveness Review (#154) of various studies that have been done on disruptive behavioral disorders (such as oppositional defiant disorder, conduct disorder, and attention deficit hyperactivity disorder). Disruptive behavioral disorders “are among the most common child and adolescent psychiatric disorders, with recent estimates indicating that 3.5% of children ages 3–17 years had behavioral or conduct problems in the period 2005–11,” the AHRQ report notes.

15. REGISTRY OF EVIDENCE-BASED PROGRAMS AND PRACTICES ACCEPTING SUBMISSIONS UNTIL JANUARY 26. The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting submissions to its National Registry of Evidence-based Programs and Practices (NREPP) until January 26. The NREPP is a searchable online database of more than 350 mental health and substance use interventions. To be considered for review, interventions must meet three minimum requirements: 1) the research or evaluation of the intervention has assessed mental health or substance use outcomes among individuals, communities, or populations; or has assessed other behavioral health-related outcomes on individuals, communities, or populations with or at risk of mental health issues or substance use problems. 2) evidence of outcomes has been demonstrated in at least one study using an experimental or quasi-experimental design; and 3) study results have been published in a peer-reviewed journal or other professional publication, or documented in a comprehensive evaluation report, published since 1990. Go to http://nrepp.samhsa.gov/04b_reviews_open.aspx to submit an intervention for consideration. Direct questions to nrepp@samhsa.hhs.gov.

16. AHA AND NAPHS ANNUAL MEETINGS TO BE HELD IN DC THIS SPRING. Plan now to attend two separate meetings this spring in Washington, DC:

The **National Association of Psychiatric Health Systems'** 2015 annual meeting will be held **March 14-16** at the Mandarin Oriental Washington DC. Speakers include former U.S. Senate Majority Leader William H. Frist, M.D.; America's Health Insurance Plans President and CEO Marilyn Tavenner, and others. For details on "Behavioral Healthcare Leadership in Action," go to www.naphs.org/annual-meeting/home or call 202/393-6700, ext. 105.

The **American Hospital Association's** 2016 annual membership meeting will be held **May 1-4** at The Hilton Hotel in Washington, DC. For details, go to www.aha.org.

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

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