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BEHAVIORAL HEALTH UPDATE: May 2017
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. Psychiatrist nominated as new assistant secretary for mental health and substance abuse.
2. CMS proposed rule includes updated requirements for IPF Quality Reporting Program.
3. May 3 IPFQR webinar to review proposed IPFQR requirements.
4. New release of IPF PEPPER available; May 4 webinar will review revised target areas.
5. Comments accepted through May 4 on NQF'S "Behavioral Health 2016-2017 Project" draft report.
6. States to begin receiving $485 million in grants to combat opioid crisis.
7. AATOD releases guidelines for addressing benzodiazepine use in opioid treatment programs.
8. Improving access to effective care for mental health and substance use disorders is a priority, says National Academy of Medicine.
9. Design Guide 7.2 now available; provides examples of products intended for the built environment of behavioral health facilities.
10. WHO: depression is leading cause of ill health worldwide.
11. Resources available from the Behavioral Health Workforce Research Center.
12. Study finds higher death rate among youth with first episode psychosis.
13. Study looks at barriers to care among adults with serious psychological distress.
14. CMS reports look at gender and racial/ethnicity disparities in Medicare Advantage.
15. Heroin use disorders triple over decade.
16. Infographic summarizes Medicaid's role in fighting opioid crisis.
17. Online tool helps employers understand cost of substance use in the workplace.
18. May 23 webinar to provide overview of national Building Bridges Initiative for youth.
19. June 1 is deadline to submit nominations for the 2018 APA Psychiatric Services Achievement Awards.

1. **PSYCHIATRIST NOMINATED AS NEW ASSISTANT SECRETARY FOR MENTAL HEALTH AND SUBSTANCE ABUSE.** President Trump has announced his intent to nominate Elinore McCance-Katz, M.D., as the first-ever Assistant Secretary for Mental Health and Substance Use. This position, which will be part of the Department of Health and Human Services (HHS), was created under the *21st Century Cures* law. Dr. McCance-Katz is a psychiatrist with a subspecialty in addiction psychiatry. She is currently the chief medical officer for the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals. She is also professor of psychiatry and human behavior as well as professor of behavioral and social sciences at the Alpert Medical School at Brown University. Previously, she served as the first Chief Medical Officer for the Substance Abuse and Mental Health Services Administration (SAMHSA). The nomination will require Senate confirmation.

2. **CMS PROPOSED RULE INCLUDES UPDATED REQUIREMENTS FOR IPF QUALITY REPORTING PROGRAM.** The Centers for Medicare and Medicaid Services (CMS) has issued a fiscal year 2018 (FY18) proposed rule that includes proposed updates to the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The proposed rule will be published in the April 28 *Federal Register.* The IPFQR Program requires both freestanding psychiatric hospitals and psychiatric units of acute care and critical access hospitals to report on quality measures or incur a two percentage point reduction in their annual payment update. CMS is proposing to add one new measure – Medication Continuation following Inpatient Psychiatric Discharge – for the FY20 payment

determination and subsequent years. The measure uses Medicare fee-for-service claims data to identify whether patients admitted to IPFs with diagnoses of major depressive disorder (MDD), schizophrenia, or bipolar disorder had filled at least one evidence-based medication within two days prior to discharge through 30 days post-discharge. CMS will collect the data from its database—no data collection will be required by facilities. CMS is also proposing to update the IPFQR Program's extraordinary circumstances exception (ECE) policy to align with other programs' ECE provisions. CMS is proposing to change how the annual data submission period is specified in order to align the end of this period with the deadline for submitting a Notice of Participation (NOP) or withdrawing from the program. CMS is proposing factors by which it would evaluate measures to be removed from or retained in the IPFQR Program. CMS is also continuing to seek public comment on whether (and, if so, how) CMS should account for social risk factors in the IPFQR Program. Comments are due June 13. See a CMS news release and fact sheet for additional background. Also hold May 3 at 2pm Eastern for a webinar on the proposed changes (*see story below*).

3. **MAY 3 IPFQR WEBINAR TO REVIEW PROPOSED IPFQR REQUIREMENTS.** A one-hour national provider webinar for participants in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program will provide an overview of the "IPFQR Program: FY 2018 IPPS Proposed Rule" (*see story above*). The training will be presented May 3 at 2pm Eastern by Jeffrey A. Buck, Ph.D., senior advisor for behavioral health, program lead for the IPFQR Program, Centers for Medicare and Medicaid Services (CMS). The presentation will summarize the proposed updates to the IPFQR Program quality measure requirements and the proposed administrative changes, as outlined in CMS's proposed rule. Register at https://cc.readytalk.com/r/btnrexie5qd6&eom. Webinar slides will be available the day before the presentation at www.QualityReportingCenter.com under "Upcoming Events."

4. **NEW RELEASE OF IPF PEPPER AVAILABLE; MAY 4 WEBINAR WILL REVIEW REVISED TARGET AREAS.** A new release of the Program for Evaluating Payment Patterns Electronic Report (PEPPER) version Q4FY16 with statistics through September 2016 has been made available through the QualityNet secure portal for Inpatient Psychiatric Facilities (IPFs) and IPF distinct-part units of short-term acute care and critical access hospitals. (QualityNet Administrators recently were emailed download instructions.) There are three revised target areas in the IPF PEPPER release. First, the "Outlier Payments" target area calculates the percent of total Medicare reimbursement comprised by outlier payments. Second, the "One-day Stays" target area excludes transfers to a short-term acute care hospital (discharge status codes 02 or 82) from numerator and denominator, excludes claims with occurrence span code 72 (which is used to identify outpatient time associated with an inpatient admission) with "through" date on or day prior to inpatient admission. Third, the "No Ancillary Charges" target area now identifies revenue code 0100 (all-inclusive room and board plus ancillary) as an ancillary charge. The TMF Health Quality Institute will host a free, one-hour webinar on May 4 at 2pm Eastern on the IPF PEPPERS. Registration is not required. Click this link to join the event (with event number 922 100 824, and password wagonwheel). To connect by telephone, dial 1-415-655-0003 (toll). This number will be active 10 minutes prior to the start of the session. A handout will be available starting May 3 on the PEPPER's IPF Training and Resources page. (After the live event, a recording will be available at the same link by May 18.)

5. **COMMENTS ACCEPTED THROUGH MAY 4 ON NQF'S "BEHAVIORAL HEALTH 2016-2017 PROJECT" DRAFT REPORT.** The National Quality Forum's (NQF's) Behavioral Health 2016-2017 Project has issued a draft report containing the measure summaries and the Standing Committee's recommendations for endorsement on the measures submitted to the project. Comments are being accepted online through May 4. You may comment on the report as a whole, on individual recommended measures, and on measures not recommended. (You will need to log in to the NQF website to submit comments.) Direct any questions to the project team.

6. **STATES TO BEGIN RECEIVING $485 MILLION IN GRANTS TO COMBAT OPIOID CRISIS.** Health and Human Services (HHS) Secretary Tom Price, M.D., has announced that the agency will soon provide $485 million in grants to help states and territories combat opioid addiction. The funding, which is the first of two rounds provided for in the *21st Century Cures Act*, will be provided through the State Targeted Response to the Opioid Crisis Grants administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). Funding will support a comprehensive array of prevention, treatment, and recovery services depending on the needs of recipients. States and territories were awarded funds based on rates of overdose deaths and unmet need for opioid addiction treatment.

7. **AATOD RELEASES GUIDELINES FOR ADDRESSING BENZODIAZEPINE USE IN OPIOID TREATMENT PROGRAMS.** The American Association for the Treatment of Opioid Dependence (AATOD) has released newly developed Benzodiazepine Guidelines for Opioid Treatment Program (OTPs) developed by AATOD's Medications Committee. "The clinical issue of benzodiazepine use and abuse by patients in our treatment programs has been extremely challenging," said AATOD in releasing the policy statement. "It is our collective hope that these guidelines will serve as a resource to our membership and the field."

8. **IMPROVING ACCESS TO EFFECTIVE CARE FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS IS A PRIORITY, SAYS NATIONAL ACADEMY OF MEDICINE.** The National Academy of Medicine (NAM) has identified priorities it considers "central to helping the nation achieve better health at lower cost." A just-released discussion paper summarizes *Vital Directions for Health and Health Care: Priorities from a National Academy of Medicine Initiative*. The new report synthesizes 19 NAM-commissioned white papers, with supplemental review and analysis of publicly available data and published research findings. One of the 19 white papers, released in September 2016, focused specifically on Improving Access to Effective Care for People Who Have Mental Health and Substance Use Disorders. A Special Communication published in *JAMA* on the new discussion paper again highlights the vital role that MH/SUD access plays in cross-cutting policy directions that NAM sees as necessary to the country's health and fiscal future. (See pages 1463-1464.) For additional background on the NAM initiative, see a NAM checklist for policymakers.

9. **DESIGN GUIDE 7.2 NOW AVAILABLE; PROVIDES EXAMPLES OF PRODUCTS INTENDED FOR THE BUILT ENVIRONMENT OF BEHAVIORAL HEALTH FACILITIES.** The newest edition (7.2) of the *Design Guide for the Built Environment of Behavioral Health Facilities* is now available from the Facility Guidelines Institute (FGI). (You will be asked to give your name and email to download the document and to receive future updates.) The *Design Guide* is co-authored by James M. Hunt, AIA, NCARB, president of Behavioral Health Facility Consulting, and David M. Sine, ARM, CSP, CPHRM, president of SafetyLogic Systems. The document addresses the built environment for adult inpatient behavioral health care units. "The *Design Guide* is not intended as a replacement for regulatory requirements nor to be employed as a legal 'standard of care,'" FGI notes. "Its content is provided to augment the fundamental design requirements for behavioral health facilities and to help providers and design teams develop physical environments that support safe and effective behavioral health services."

10. **WHO: DEPRESSION IS LEADING CAUSE OF ILL HEALTH WORLDWIDE.** Depression is the leading cause of ill health and disability worldwide, according to the latest estimates from the World Health Organization (WHO). "These new figures are a wake-up call for all countries to re-think their approaches to mental health and to treat it with the urgency that it deserves," said WHO Director-General Dr. Margaret Chan. More than 300 million people are now living with depression, an increase

of more than 18% between 2005 and 2015, noted a WHO news release. “Lack of support for people with mental disorders, coupled with a fear of stigma, prevent many from accessing the treatment they need to live healthy, productive lives.” Investment in mental health makes economic sense,” WHO noted. “Every US$1 invested in scaling up treatment for depression and anxiety leads to a return of US$4 in better health and ability to work.” To tackle stigma, WHO has launched a mental health campaign called Depression: Let’s Talk.

11. **RESOURCES AVAILABLE FROM THE BEHAVIORAL HEALTH WORKFORCE RESEARCH CENTER.** Two new resources are available from the Behavioral Health Workforce Research Center (BHWRC), which is a joint initiative between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA). BHWRC aims to strengthen the workforce responsible for prevention and treatment of mental health and substance use disorders by conducting studies to inform workforce development and planning. A recent BHWRC study, Primary Care and Behavioral Health Workforce Integration: Barriers and Best Practices, found that care integration tends to be implemented most effectively in organizations that create and cultivate a strong culture of collaboration. The organizations also engage employees through orientation and training programs, including periodic "refresher" training; and utilize "warm hand-offs" for patient care, especially at the beginning of a patient’s treatment episode. A separate BHWRC survey examined Factors Impacting the Development of a Diverse Behavioral Health Workforce. Respondents identified “the opportunity to provide care for the population served by an organization” as a major factor in their decisions to join and stay with an organization. Other important factors affecting recruitment and retention, respondents said, included organizational mission, work location, job security, and flexible work schedules. Go online to view other recent BHWRC reports, view upcoming webinars, and sign up for the BHWRC newsletter.

12. **STUDY FINDS HIGHER DEATH RATE AMONG YOUTH WITH FIRST EPISODE PSYCHOSIS.** A new study funded by the National Institute of Mental Health (NIMH) shows that young people experiencing first episode psychosis have a much higher death rate than previously thought. The study appeared online April 7 in *Schizophrenia Bulletin.* Researchers analyzed data on approximately 5,000 individuals aged 16 to 30 with commercial health insurance who had received a new psychosis diagnosis, and followed them for the next 12 months. They found that the group had a mortality rate at least 24 times greater than the same age group in the general population, in the 12 months after the initial psychosis diagnosis. “These findings show the importance of tracking mortality in individuals with mental illness,” said lead author Michael Schoenbaum, Ph.D., NIMH’s senior advisor for mental health services, epidemiology, and economics. “Health systems do this in other areas of medicine, such as cancer and cardiology, but not for mental illness. Of course, we also need to learn how these young people are losing their lives.” In addition to mortality, the study examined the health care individuals received in the 12 months after the initial psychosis diagnosis. Those data showed that young people with a new psychosis diagnosis had surprisingly low rates of medical oversight and only modest involvement with psychosocial treatment providers. The study reinforces federal and state support for funding evidence-based psychosis treatment programs across the country, and the need for communities to invest in more treatment programs, the authors said.

13. **STUDY LOOKS AT BARRIERS TO CARE AMONG ADULTS WITH SERIOUS PSYCHOLOGICAL DISTRESS.** More than eight million American adults suffer from serious psychological distress (SPD) – defined as a mental health problem severe enough to require treatment, according to a study published online April 17 in *Psychiatric Services*. Using data from the National Health Interview Survey (2006–2014), researchers found significant barriers to care among persons with SPD. More than 33% of Americans with SPD were uninsured, compared with 21% of Americans without SPD and 16% of Americans with two or more chronic conditions (such as COPD, diabetes, and heart disease). Adults with SPD were more likely to lack money for prescriptions and health care

and to experience delays in care compared with individuals without SPD. These findings largely reflect patterns existing before implementation of the *Affordable Care Act* and should be reevaluated, the authors note.

14. **CMS REPORTS LOOK AT GENDER AND RACIAL/ETHNICITY DISPARITIES IN MEDICARE ADVANTAGE.** Two Centers for Medicare and Medicaid Services (CMS) reports highlight gender differences on selected patient satisfaction and clinical care measures for Medicare Advantage beneficiaries, including racial and ethnic differences. The reports noted, among other things, that women were less likely to receive timely treatment for alcohol or drug dependence than men. In the 2015 data, women who were hospitalized for a mental health disorder were more likely than men who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of discharge.

15. **HEROIN USE DISORDERS TRIPLE OVER DECADE.** About 1.6% of U.S. adults reported using heroin at some point in their life when surveyed in 2012-2013, with 0.7% meeting the criteria for a heroin use disorder, according to a study published online by *JAMA Psychiatry*. That's up from 0.3% and 0.2%, respectively, in 2001-2002, the study found. The authors used the National Epidemiologic Survey on Alcohol and Related Conditions to examine changes, patterns and demographics associated with heroin use. "Of note, increases have been greatest among men, white individuals, those with low income and educational levels, and, for heroin use disorder, younger individuals," they said.

16. **INFOGRAPHIC SUMMARIZES MEDICAID'S ROLE IN FIGHTING OPIOID CRISIS.** A recent Kaiser Family Foundation (KFF) infographic provides an at-a-glance look at "How Medicaid Helps Fight the Opioid Epidemic." The graphic includes some state-by-state data on Medicaid coverage of opioid use disorder treatments.

17. **ONLINE TOOL HELPS EMPLOYERS UNDERSTAND COST OF SUBSTANCE USE IN THE WORKPLACE.** The National Safety Council, NORC at the University of Chicago, and Shatterproof have released a free, online tool titled The Real Cost of Substance Use in Your Workforce, which quickly shows how untreated prescription pain medication misuse and substance use disorders impact employers' costs. The tool also points to specific costs that can be avoided if workers with substance use disorders get effective, evidence-based treatment. Using National Survey on Drug Use and Health (NSDUH) data from more than 160,000 working adults, this is intended as a resource for employers, health plans, EAPs, and others concerned about substance use among working adults and their families. The Substance Use Cost Calculator allows businesses to input basic statistics about their workforce such as industry, location, and number of employees. The results show estimated prevalence of substance use disorders among employees and dependents, associated costs, and potential savings if employees and their family members treat substance use disorders.

18. **MAY 23 WEBINAR TO PROVIDE OVERVIEW OF NATIONAL BUILDING BRIDGES INITIATIVE FOR YOUTH.** A 90-minute webinar on May 23 at 1pm Eastern will focus on improving residential practices and post-residential positive outcomes. The webinar is being hosted by the national Building Bridges Initiative (BBI), in partnership with the TA Network at The Institute for Innovation and Implementation/University of Maryland School of Social Work. This BBI webinar will "provide an overview of residential best practices across the country." BBI Director Beth Caldwell will share the framework and principles of BBI that lead to residential transformation, and provide examples of residential best practices from programs across the country that focus on sustained success post residential discharge. The webinar will feature Karen Anne Johnson, a residential family advocate; and Katie Rushlo, a youth advocate. They will share strategies for engaging families and youth, as well as specific practices that operationalize the BBI principles of family-driven and youth-guided care. Register at https://theinstitute.adobeconnect.com/e89t8kup60e/event/event_info.html (or dial 1-719-

325-2711 / participant pin 189-109#). Direct any questions to Kelly Pipkins Burt at kpb54burt@gmail.com.

19. **JUNE 1 IS DEADLINE TO SUBMIT NOMINATIONS FOR THE 2018 APA PSYCHIATRIC SERVICES ACHIEVEMENT AWARDS.** The American Psychiatric Association (APA) is now seeking applications for its 2018 Psychiatric Services Achievement Award. The award recognizes innovative programs that deliver services to the mentally ill or disabled, that have overcome obstacles, and that can serve as models for other programs. Four award recipients (two Gold, one Silver, and one Bronze) will be presented with a monetary award, a plaque, recognition at the 2018 Institute on Psychiatric Services, and coverage in two APA publications. Additional information and the application are online. Nominations are due June 1.

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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