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BEHAVIORAL HEALTH UPDATE: October 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. Switch to ICD-10 begins October 1.
2. Dr. Thomas Insel stepping down as NIMH director; Dr. Bruce Cuthbert to become NIMH acting director.
3. Appellate court makes precedent-setting ruling in parity case.
4. Americans value mental health and physical health equally, survey finds, but cost of mental health a concern.
5. Report: 9.4 million American adults had serious thoughts of suicide in 2014.
6. Latest National Survey on Drug Use and Health looks at major behavioral health trends.
7. CDC commits \$20 million to help states combat prescription drug overdose epidemic.
8. California approved for substance-use organized delivery system waiver.
9. Pediatricians issue clinical report on binge drinking.
10. Building Bridges training series in support of youth in residential treatment is now online.
11. Two reports look at college students' substance use.
12. CDC grand rounds on suicide prevention available.
13. CMS issues Medicare health equity plan.
14. Medicare Advantage to test value-based insurance design model.
15. Newborn and maternal hospitalizations related to substance abuse on the rise, AHRQ reports.
16. FDA modifies requirements for treating patients with schizophrenia drug.
17. Carter Center releases national media guide for behavioral health reporting.
18. National Depression Screening Day celebrates 25<sup>th</sup> anniversary on October 8.

**1. SWITCH TO ICD-10 BEGINS OCTOBER 1.** On October 1, the United States transitions from ICD-9 to ICD-10 as the medical code set for medical diagnoses and inpatient hospital procedures. See the official Centers for Medicare and Medicaid Services (CMS) webpage at <http://www.cms.gov/Medicare/Coding/ICD10/index.html> for the latest news and updates.

**2. DR. THOMAS INSEL STEPPING DOWN AS NIMH DIRECTOR; DR. BRUCE CUTHBERT TO BECOME NIMH ACTING DIRECTOR.** After serving 13 years, Thomas R. Insel, M.D., will step down as National Institute of Mental Health (NIMH) director effective November 1. According to an [announcement](#) from the National Institutes of Health (NIH), Dr. Insel is planning to join the Google Life Sciences (GLS) team at Alphabet (formerly Google) to lead a new effort that will focus on mental health. The GLS mission is to create technology for earlier detection, better prevention, and more effective management of serious health conditions. “Under Tom’s leadership,” said NIH Director Francis S. Collins, M.D., Ph.D., “the NIMH has nurtured a culture of science that puts the needs of patients with serious mental illness at the center of its efforts. This has resulted in major initiatives like the Psychiatric Genomics Consortium, which involves over 500 researchers in over 80 institutions across 25 countries; the Research Domain Criteria (RDoC) effort, which is developing a new taxonomy for mental illness research; the Army STARRS (Study to Assess Risk and Resilience in Servicemembers) project, an unprecedented partnership between the NIH and the Department of Defense that is the largest study of mental health risk and resilience ever conducted among military personnel; the National Database for Autism Research (NDAR), the most significant repository for autism related data; and RAISE (Recovery After an Initial Schizophrenia Episode), an NIMH research effort that seeks to fundamentally change the trajectory and prognosis of schizophrenia through coordinated and aggressive early treatment.” While a national search is conducted for a

permanent NIMH director, Bruce Cuthbert, Ph.D., will serve as NIMH's acting director. Dr. Cuthbert has held a number of leadership positions at the NIMH, serving as the director of the Division of Adult Translational Research from 2009 to 2014, and until recently devoting his efforts full-time to the Institute's Research Domain Criteria effort.

**3. APPELLATE COURT MAKES PRECEDENT-SETTING RULING IN PARITY CASE.** An appellate court in the case of [New York State Psychiatric Association et al. v. United Health Group et al.](#) has made a precedent-setting ruling. The U.S. Court of Appeals for the Second Circuit ruled on August 20 that behavioral health claims administrators (rather than employers or plan administrators) can be sued for fiduciary breaches under the *Employee Retirement Income Security Act* (ERISA), including those related to the federal parity law (the *Mental Health Parity and Addiction Equity Act*). This precedent-setting decision may be helpful in future parity cases, as it means that employees do not have to sue their employer (as United had argued) to recover benefits.

**4. AMERICANS VALUE MENTAL HEALTH AND PHYSICAL HEALTH EQUALLY, SURVEY FINDS, BUT COST OF MENTAL HEALTH A CONCERN.** Nearly 90% of Americans value mental health and physical health equally, yet about one-third find mental health care inaccessible, and more than four in 10 see cost as a barrier to treatment for most people, according to the results of a recent online survey. The [Harris Poll](#) was conducted in August among more than 2,000 adults for the Anxiety and Depression Association of America, the American Foundation for Suicide Prevention, and the National Action Alliance for Suicide Prevention.

**5. REPORT: 9.4 MILLION AMERICAN ADULTS HAD SERIOUS THOUGHTS OF SUICIDE IN 2014.** In 2014, 3.9% of American adults aged 18 and older thought seriously about killing themselves during the past 12 months, according to a report from the Substance Abuse and Mental Health Services Administration (SAMHSA). [Suicidal Thoughts and Behaviors among Adults](#) found that during this same period 1.1% of adults made suicide plans, and 0.5% of adults made non-fatal attempts at suicide. Adults with substance use disorders or major depressive episodes had higher rates of serious suicide thought and behaviors. The percentage of adults who had serious thoughts of attempting suicide over the past 12 months has remained relatively stable since SAMHSA started tracking this issue in 2008. The report also shows that only about half (51.4%) of adults who had serious thoughts of suicide in the past 12 month had received mental health services.

**6. LATEST NATIONAL SURVEY ON DRUG USE AND HEALTH LOOKS AT MAJOR BEHAVIORAL HEALTH TRENDS.** The latest National Survey on Drug Use and Health (NSDUH) report shows progress in reducing some forms of substance use – especially among adolescents. Substance use levels in many areas, however, have remained relatively constant, [said](#) the Substance Abuse and Mental Health Services Administration (SAMHSA) in releasing the 2014 NSDUH report. Mental illness levels have also remained constant over time (with about 43.6 million adults aged 18 or older experienced some form of mental illness in the past year). But adolescents are experiencing higher levels of depression than in past years (with 11.4% of adolescents aged 12 to 17, or 2.8 million adolescents experiencing major depressive episodes in the past year). And the percentage of young adults aged 18 to 25 serious mental illness in the past year (4.8%) was greater in 2014 than the percentages in 2008 to 2013. The complete [2014 NSDUH report](#), which is a primary source of information on the scope and nature of many substance abuse and mental health issues, is based on surveys of approximately 67,500 people ages 12 and older throughout the United States.

**7. CDC COMMITS \$20 MILLION TO HELP STATES COMBAT PRESCRIPTION DRUG OVERDOSE EPIDEMIC.** Through a competitive application process, the Centers for Disease Control and Prevention (CDC) has [selected](#) 16 states to receive funds through a new program called *Prescription Drug Overdose: Prevention for States*. The states are Arizona, California, Illinois,

Kentucky, Nebraska, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Vermont, and Wisconsin. In FY2015, CDC is committing \$20 million to launch the program in these states. Over four years, CDC plans to give the states annual awards between \$750,000 and \$1 million each year (subject to fund availability) to advance prevention.

**8. CALIFORNIA APPROVED FOR SUBSTANCE-USE ORGANIZED DELIVERY SYSTEM WAIVER.** The California Department of Health Care Services (DHCS) [announced](#) that the federal government has approved California's Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver. "This waiver gives Medi-Cal members who need help with substance use disorders a much better opportunity to get successful treatment for their individual needs," said DHCS Director Jennifer Kent. Among other things, the waiver allows the state to expand DMC residential treatment coverage. Historically, DMC residential treatment was only available to pregnant or postpartum women in facilities with 16 or less beds. The DMC-ODS waiver includes residential treatment service for all DMC beneficiaries in facilities with no bed limit. California is the first state in the nation to receive federal approval of an ODS waiver. Initially, counties will have the choice of opting into the waiver in a phased regional approach. Fifty-three of California's 58 counties have indicated an interest in participating. The counties that opt in will administer the DMC-ODS waiver program locally, providing and arranging for substance use disorder treatment for Medi-Cal beneficiaries. The DMC-ODS demonstration waiver is effective for five years. The University of California Los Angeles' Integrated Substance Abuse Programs will evaluate and monitor the outcomes from the DMC-ODS waiver, focusing on four key areas (access, quality, cost and integration, and coordination of care). Background on the California DMC-ODS is [online](#).

**9. PEDIATRICIANS ISSUE CLINICAL REPORT ON BINGE DRINKING.** In a clinical report on "[Binge Drinking](#)," the American Academy of Pediatrics encourages pediatricians to ask every adolescent about alcohol use. The report appears in *Pediatrics* (doi: 10.1542/peds.2015-2337). "Alcohol is the substance most frequently abused by children and adolescents in the United States, and its use is associated with the leading causes of death and serious injury at this age (i.e., motor vehicle accidents, homicides, and suicides)," the authors note in an [abstract](#). "Among youth who drink, the proportion who drink heavily is higher than among adult drinkers, increasing from approximately 50% in those 12 to 14 years of age to 72% among those 18 to 20 years of age." The report details the definition, epidemiology, and risk factors for binge drinking; the neurobiology of intoxication, blackouts, and hangovers; genetic considerations; and adverse outcomes.

**10. BUILDING BRIDGES TRAINING SERIES IN SUPPORT OF YOUTH IN RESIDENTIAL TREATMENT IS NOW ONLINE.** A Building Bridges Initiative (BBI) online training program is now [online](#). BBI is a national initiative aimed at identifying and promoting practice and policy to create strong and closely coordinated partnerships between families, youth, residential and community partner providers, advocates, and policy makers to ensure that comprehensive and effective services and supports are available to youth and their families who receive residential interventions. Hosted by the Institute for Innovation and Implementation at the University of Maryland, the training features nine interactive modules. Among topics addressed are the use of psychiatric medications for youth; cultural and linguistic competence; use of youth peer advocates in residential programs; tracking long-term outcomes; and youth-guided care for residential interventions. Each module is designed to provide strategies to support better outcomes for youth and families who receive residential interventions. CEUs are available.

**11. TWO REPORTS LOOK AT COLLEGE STUDENTS' SUBSTANCE USE.** Two separate reports provide a glimpse into substance use on college campuses. University of Michigan researchers [reported](#) this week that daily marijuana use among the nation's college students is on the rise, surpassing daily cigarette smoking for the first time in 2014. The study also found that the proportion

of college students using any illicit drug, including marijuana, in the prior 12 months rose from 34% in 2006 to 41% in 2013 before falling off to 39% in 2014. That seven-year increase was driven primarily by the increase in marijuana use, though marijuana was not the only drug on the rise. See Chapters 8 and 9 in a [University of Michigan monograph](#) for more details. In [Monthly Variation in Substance Use Initiation Among Full-Time College Students](#), the Substance Abuse and Mental Health Services Administration (SAMHSA) provides insight on substance use initiation patterns among the one in every five full-time college students (aged 18 to 22) using illicit or potentially harmful substances. The study, which tracks initiation by month, shows the peak times for the initiation of substances including alcohol, marijuana, and inhalants. For example, combined 2002 to 2013 data from SAMHSA's National Survey on Drug Use and Health find that 383,000 full-time college students used marijuana for the first time in the past year. This averages out to about 1,000 new marijuana users each day. However, in June the level peaks at about 1,500 full-time college student marijuana initiates a day.

**12. CDC GRAND ROUNDS ON SUICIDE PREVENTION AVAILABLE.** A Centers for Disease Control and Prevention (CDC) Public Health Grand Rounds on “Preventing Suicide in the US: Opportunities and Challenges” (originally presented September 15) is now available online. See <http://www.cdc.gov/cdcgrandrounds/archives/2015/september2015.htm> for details.

**13. CMS ISSUES MEDICARE HEALTH EQUITY PLAN.** The Centers for Medicare and Medicaid Services (CMS) Office of Minority Health (OMH) unveiled the first CMS plan to address health equity in Medicare. The [CMS Equity Plan for Improving Quality in Medicare](#) focuses on six priority areas and aims to reduce health disparities in four years. “CMS is committed to achieving equity for minority and other underserved populations and eliminating health disparities among Medicare beneficiaries,” [said](#) CMS Acting Administrator Andy Slavitt. The equity plan focuses on Medicare populations that experience disproportionately high burdens of disease, lower quality of care, and barriers accessing care (including racial and ethnic minorities, sexual and gender minorities, people with disabilities, and those living in rural areas). Among the CMS plans is an effort to develop and test approaches to improve post-hospital discharge care coordination for priority populations who also have a mental illness and other chronic conditions.

**14. MEDICARE ADVANTAGE TO TEST VALUE-BASED INSURANCE DESIGN MODEL.** The Centers for Medicare and Medicaid Services' (CMS') Center for Medicare and Medicaid Innovation (CMMI) has [announced](#) that it will test a new Medicare Advantage Valued-Based Insurance Design Model. The model will evaluate whether providing flexibility to Medicare Advantage plans (including Medicare Advantage-Part D plans) to reduce cost sharing or offer extra benefits available to enrollees with certain conditions (including mood disorders) will improve the quality of enrollees' care while also reducing overall costs. Eligible Medicare Advantage and prescription drug plans in Arizona, Indiana, Iowa, Massachusetts, Oregon, Pennsylvania, and Tennessee may submit proposals to participate in the model, which CMS expects to begin January 1, 2017, and run for five years. The agency expects to post the Request for Applications soon at [innovation.cms.gov/initiatives/VBID](http://innovation.cms.gov/initiatives/VBID). For more information, see the [CMS factsheet](#).

**15. NEWBORN AND MATERNAL HOSPITALIZATIONS RELATED TO SUBSTANCE ABUSE ON THE RISE, AHRQ REPORTS.** Between 2006 and 2012, the rate of newborn (neonatal) hospitalizations related to substance use increased by 71% (from 5.1 to 8.7 per 1,000 stays), according to a [statistical brief](#) (#193) from the Agency for Healthcare Research and Quality's (AHRQ's) Healthcare Cost and Utilization Project (HCUP). HCUP data also show that the rate of maternal hospitalizations related to substance use increased by 33% (from 13.4 to 17.9 per 1,000 stays during that period). Total associated hospital costs for that period rose by 135% (from \$253 million to \$595 million for neonatal hospitalizations, and by 35%, from \$258 million to \$349 million for maternal hospitalizations). While the rate of maternal hospital stays for cocaine use fell by 50.5%, the rate of

maternal hospital stays for opiate use rose by 134.7%. Twenty percent of neonatal stays with a substance-related condition had low birth weight, compared with 7% of all other neonatal stays. The brief also said that in 2012, mental disorders were indicated in 25% of maternal stays related to substance use, compared with 4% of other maternal stays.

**16. FDA MODIFIES REQUIREMENTS FOR TREATING PATIENTS WITH SCHIZOPHRENIA DRUG.** The Food and Drug Administration (FDA) has issued a [safety alert](#) outlining changes to the requirements for monitoring, prescribing, dispensing, and receiving the schizophrenia medicine clozapine to address continuing safety concerns about a serious blood condition called severe neutropenia. First, FDA revised the prescribing information for clozapine to further explain how to monitor patients for neutropenia and manage clozapine treatment. Second, FDA approved the Clozapine Risk Evaluation and Mitigation Strategy (REMS) Program to replace six existing clozapine registries maintained by individual manufacturers. To prescribe and dispense clozapine, prescribers and pharmacies will be required to be certified in the new Clozapine REMS Program according to a specific transition schedule starting October 12. Patients currently treated with clozapine will be automatically transferred to the new program. FDA urged healthcare professionals and patients to report side effects involving clozapine medicines to the [FDA MedWatch program](#).

**17. CARTER CENTER RELEASES NATIONAL MEDIA GUIDE FOR BEHAVIORAL HEALTH REPORTING.** The [Carter Center Journalism Resource Guide on Behavioral Health](#) has been released to give journalists an updated tool for accurate reporting on mental health. “This guide will enhance the ability of journalists covering stories that involve real or perceived mental health issues to report with accuracy, fairness, and sensitivity,” said Dr. Thomas Bornemann, director of the Carter Center’s Mental Health program. “Ultimately, we hope the guide also leads to an increase in public understanding of behavioral health issues leading to early intervention for people with mental illnesses and substance use disorders.”

**18. NATIONAL DEPRESSION SCREENING DAY CELEBRATES 25<sup>th</sup> ANNIVERSARY ON OCTOBER 8.** Set to be held on October 8, National Depression Screening Day (NDSD) is dedicated to raising awareness and screening people for depression and related mood and anxiety disorders. NDSD is the nation’s oldest voluntary, community-based screening program that gives access to validated screening questionnaires and provides referral information for treatment. NDSD began in 1990 as an effort by Screening for Mental Health (SMH) to reach individuals across the nation with important mental health education and connect them with support services. Twenty-five years later, NDSD has expanded to thousands of colleges, community-based organizations (including hospitals), and military installations providing the program to the public each year. Anonymous online screenings are available to the public at <http://helpyourselfhelpothers.org/>. A [fact sheet](#) provides further details.

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