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BEHAVIORAL HEALTH UPDATE: June 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. President announces opioid commission nominations.
2. Joint Commission outlines national patient safety standard on ligature risks in hospitals.
3. Study finds emergency departments could play significant role in reducing suicide attempts.
4. Webinar recording reviews revised target areas in latest PEPPER for IPFS.
5. Medicare Learning Matters article discusses partial hospitalization code edit policy.
6. IPFQR webinar recording and new FAQs focus on "Navigating the Abstraction Process for the Transition Record Measures."
7. Report examines the association between chronic illness and depression in youth.
8. Children's behavioral health care use in Medicaid.
9. New criminal justice resources from NIDA.
10. Report highlights data on characteristics of substance abuse treatment facilities nationwide.
11. CDC examines current and binge drinking among high school students.
12. Workshop materials offer ideas on training the future child healthcare workforce.
13. Fact sheets available to help caregivers and young adults understand mental health conditions.

1. **PRESIDENT ANNOUNCES OPIOID COMMISSION NOMINATIONS.** President Trump announced his intent to appoint five individuals to the bipartisan Commission on Combating Drug Addiction and the Opioid Crisis, which was established by executive order in March. Gov. Chris Christie of New Jersey was designated as the chair. Also appointed were Gov. Roy Cooper of North Carolina; Gov. Charlie Baker of Massachusetts; former U.S. Rep. Patrick J. Kennedy of Rhode Island; and Bertha K. Madras of Massachusetts, a former deputy director in the Office of National Drug Control Policy and a professor of psychobiology at Harvard Medical School. The commission will study and recommend improvements to the federal response to the opioid crisis.

2. **JOINT COMMISSION OUTLINES NATIONAL PATIENT SAFETY STANDARD ON LIGATURE RISKS IN HOSPITALS.** A Joint Commission (TJC) FAQ webpage addresses "Ligature Risks – Assessing and Mitigating Risk for Suicide and Self-Harm." The page outlines TJC's expectations for identifying and managing ligature risks in the hospital setting, which would include inpatient psychiatric hospitals, inpatient psychiatric units in general acute care hospitals, and non-behavioral health units designated for the treatment of psychiatric patients (i.e., special rooms/safe rooms in Emergency Departments or Medical Units). According to the FAQ, the requirements found in the Environment of Care (EC) chapter of the accreditation manual at EC.02.06.01 require hospitals to establish and maintain a safe, functional environment. Element of Performance # 1 states "Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided". Based on this EP, ligature and self-harm risks must be identified and mitigated. The FAQ outlines specific steps that must be taken to deal with identified risks. In addition, *Healthcare Design Magazine* recently published a blog on "Design Considerations for Joint Commission Update on Ligature Attachment." The blog was written by Jim Hunt and David Sine, the authors of the *Design Guide for the Built Environment of Behavioral Health Facilities*.

3. **STUDY FINDS EMERGENCY DEPARTMENTS COULD PLAY SIGNIFICANT ROLE IN REDUCING SUICIDE ATTEMPTS**. Research funded by the National Institute of Mental Health (NIMH) "now shows hospital emergency departments (EDs) can play a vital role in lowering the number of suicide attempts among adults by as much as 30 percent," notes an NIMH news release. The release describes results of an NIMH-funded study published online April 29 in *JAMA Psychiatry*.

The study reports on the five-year Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE) study involving nearly 1,400 suicidal patients in eight hospital emergency rooms across seven states. ED-SAFE used a multifaceted intervention incorporating screening, safety planning guidance, and periodic telephone follow-up. Compared with usual ED treatment, the number of patients who attempted suicide dropped by about 20% and the total number of suicide attempts dropped by about 30%. "We applaud the investigators for conducting a rigorous test of an innovative screening and intervention strategy to help reduce suicide risk in adult ED patients," said an accompanying editorial in *JAMA Psychiatry*. "Now, we must ensure that the implicit message to patients at risk for suicide is that they are as welcomed in the ED as patients with chest pain or broken bones and are equally deserving recipients of standardized, algorithm-driven care."

4. **WEBINAR RECORDING REVIEWS REVISED TARGET AREAS IN LATEST PEPPER FOR IPFS.** 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. The data remains available for 60 days from release. If you have questions or need help obtaining your report, visit the Help Desk.) A recording with slides and Q&As of a one-hour webinar (originally presented May 4) reviews what has been updated in the Q4FY16 PEPPER for IPFs. Presented by the TMF Health Quality Institute, the webinar and related materials are available on the PEPPER's IPF Training and Resources page.

5. **MEDICARE LEARNING MATTERS ARTICLE DISCUSSES PHP CODE EDIT POLICY STARTING OCTOBER 1.** A Medicare Learning Matters article (MM9880) outlines the Centers for Medicare and Medicaid Services (CMS) policy for "Implementing the Remittance Advice Messaging for the 20 Hour Weekly Minimum for Partial Hospitalization Program Services." Starting October 1, 2017, CMS will require Medicare Administrative Contractors (MACs) to issue an informational/educational alert to the provider of partial hospitalization program (PHP) services whenever a submitted bill does not indicate that the required 20 hours for the week of service were provided. This messaging, notes a CMS Transmittal to the MACs, is intended to increase provider awareness of Medicare regulations that "state that PHPs are intended for patients who require a minimum of 20 hours per week of therapeutic services, as evidenced in their plan of care, and that PHP services include only those services that are furnished in accordance with a physician certification and plan of care as specified under 42 CFR 424.24(e)," The new policy does not deny payment, and there are no changes in the payment or minimum 20-hour requirement. The only change is the triggering of an alert letting providers know they did not meet the 20-hour requirement.

6. **IPFQR WEBINAR RECORDING AND NEW FAQs FOCUS ON "NAVIGATING THE ABSTRACTION PROCESS FOR THE TRANSITION RECORD MEASURES."** A recording and slides from a webinar on "Navigating to Success: Navigating the Abstraction Process for the Transition Record Measures" are now available. This Outreach and Education webinar for participants in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program (originally presented on May 18) reviews and provides clarification on how to accurately abstract elements of the transition record measures that continue to present challenges to IPFQR Program participants. Go to www.QualityReportingCenter.com under "Archived Events" to download the materials. The presenter is Evette Robinson, M.P.H., project lead, IPFQR Program, Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC). In addition, a new set of IPFQR Frequently Asked Questions (FAQs) aligns with the guidance provided in the May 18 webinar. The FAQs are available at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

7. **REPORT EXAMINES THE ASSOCIATION BETWEEN CHRONIC ILLNESS AND DEPRESSION IN YOUTH.** Major depressive episodes (MDEs) are more common among adolescents ages 12 to 17 with asthma or diabetes than among adolescents without these conditions, according to a Substance Abuse and Mental Health Services Administration (SAMHSA) report titled Comparison of Physical Health Conditions among Adolescents Aged 12 to 17 with and without Major Depressive Episode. Additionally, adolescent girls who were overweight or obese were more likely (20.5%) to have experienced an MDE in the past year than their peers (17.4%). "Adolescents with past year MDE were significantly more likely to self-report having fair or poor overall health and were less likely to report having excellent, very good, or good health than those without past year MDE in the past year," the report noted. One-page "Spotlights" and accompanying infographics are also available, including one on bronchitis and pneumonia, one on diabetes, one on asthma, and one on overweight and obesity in female adolescents. Also see a SAMHSA news release.

8. **CHILDREN'S BEHAVIORAL HEALTH CARE USE IN MEDICAID.** Roughly 11% of children in Medicaid use behavioral health services, accounting for an estimated 36% of program expenditures for children. This is one of the new findings from an upcoming Center for Health Care Strategies (CHCS) national analysis of 2011 Medicaid claims data. In a CHCS blog (with an accompanying infographic), the group reports that mean expenses for children in Medicaid using behavioral health services are four times higher than for the general Medicaid child population. Children in foster care and those on SSI/disability represent less than eight percent of the overall Medicaid child population, they said, but 28% of children using behavioral health services and 49% of total behavioral health service expenses. "Almost 50% of children in Medicaid who are prescribed psychotropic medications receive no accompanying identifiable behavioral health services, like medication management or counseling." The full analysis, done in conjunction with the Annie E. Casey Foundation, is planned for release in fall 2017.

9. **NEW CRIMINAL JUSTICE RESOURCES FROM NIDA.** The National Institute on Drug Abuse (NIDA) has created several resources that may be of help to those who work in the criminal justice system or treatment centers. Drugs & the Brain Wallet Card is designed for people who have stopped using drugs while they were detained in the criminal justice system or while receiving inpatient or outpatient treatment. Counselors can customize this tool to help individuals identify triggers that could prompt a drug relapse. It also includes information about resources and helplines. The Science of Drug Use: Discussion Points is intended for judges, counselors, and other professionals who work within structured criminal justice settings. The discussion points offer suggestions for how to talk with teens and young people about drug use, and reinforce the concept that addiction is a brain disease and needs treatment and ongoing attention. Easy-to-Read Drug Facts are brief, printable documents for persons with lower literacy levels. These documents include information about specific drugs, the negative impact of drug use, the nature of addiction, and treatment and recovery.

10. **REPORT HIGHLIGHTS DATA ON CHARACTERISTICS OF SUBSTANCE ABUSE TREATMENT FACILITIES NATIONWIDE.** A new 271-page report presents findings from the 2015 National Survey of Substance Abuse Treatment Services (NSSATS), an annual census of facilities providing substance abuse treatment. The report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA). A total of 14,234 facilities completed the survey. The 13,873 facilities included in the report had a one-day census of 1,305,647 clients enrolled in substance abuse treatment on March 31, 2015. According to the report, there were 477 clients in treatment per 100,000 population in the U.S. (aged 18 and older) on March 31, 2015. The rate was highest for persons with drug problems only (206 per 100,000 population aged 18 and older). Next were both alcohol and drug problems (195 per 100,000) and alcohol problems only (76 per 100,000).

11. **CDC EXAMINES CURRENT AND BINGE DRINKING AMONG HIGH SCHOOL STUDENTS.** Each year from 2006 to 2010, excessive alcohol consumption was responsible for approximately 4,300 deaths among Americans under the age of 21, and, in 2010, underage drinking cost the United States $24.3 billion, according to a recent Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*. In Current and Binge Drinking Among High School Students — United States, 1991–2015, the CDC reports that the overall prevalence of current drinking among U.S. high school students declined significantly over time (from 50.8% in 1991 to 32.8% in 2015). However, in 2015, approximately one in three high school students drank alcohol during the past 30 days, and one in six were binge drinkers. Most high school students who drank (57.8%) were also binge drinkers, and more than two in five binge drinkers consumed eight or more drinks in a row. "Despite progress, current and binge drinking remain common among high school students," the authors wrote, "and many students who binge drink do so at high intensity (i.e., eight or more drinks in a row). Widespread use of evidence-based prevention strategies for excessive drinking (e.g., increasing alcohol taxes, regulating alcohol outlet density, and having commercial host liability laws) could help reduce underage drinking and related harms," they said.

12. **WORKSHOP MATERIALS OFFER IDEAS ON TRAINING THE FUTURE CHILD HEALTHCARE WORKFORCE.** Resources from a November 2016 National Academy of Medicine (NAM) workshop on "Training the Future Child Healthcare Workforce to Improve Behavioral Health Outcomes for Children, Youth, and Families" are now online. Videos, slide presentations, and posters from the workshop, along with a NAM Discussion paper, are available. A proceedings publication will be available in early summer.

13. **FACT SHEETS AVAILABLE TO HELP CAREGIVERS AND YOUNG ADULTS UNDERSTAND MENTAL HEALTH CONDITIONS.** A series of facts sheets about six major psychiatric conditions have been released by the Substance Abuse and Mental Health Services Administration (SAMHSA). "These fact sheets provide the latest scientific information about symptoms and a range of treatment options, as well as peer support groups and services," SAMHSA said. Fact sheets are available on 1) depression (for caregivers, or for young adults); 2) obsessive-compulsive disorder (for caregivers, or for young adults); 3) first-episode of psychosis (for caregivers, or for young adults); 4) bipolar disorder (for caregivers, or for young adults); and 5) anxiety disorders (for caregivers, or for young adults); and 6) attention-deficit/hyperactivity disorder (for caregivers, or for young adults).

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