

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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In our Special Preview Issue, we focus on what the key issues and opportunities will be in 2018 for behavioral health providers who should be looking beyond their traditional role and begin operating more like a healthcare business.

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In 2018, providers must balance mission with drive to pursue new business

Successful behavioral health care organizations in 2018 will need to keep a close eye on the performance of core operations while demonstrating to their various customers that they can achieve a great deal beyond their traditional roles. For one such organization in the Pacific Northwest that offers a timely example, the effort will center around a rebranding that has been nearly a year in the making and that removes “mental health” from its name.

The move to rename Sound Mental Health to simply Sound, formally announced last month, comes in conjunction with other telling developments in the Washington state

Bottom Line...

Preparing for success in a more integrated and performance-driven health care system could force some mental health treatment providers to shed old service lines in favor of new opportunities.

organization, including plans to roll out a new private insurance product in order to make greater inroads in that market.

“We’re seeking to operate more like a health care business than a community mental health center,” Steve McLean, Sound’s director of

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Year in review: 2017 marked by fight to preserve key protections in ACA

The mental health community witnessed some defeats and some wins in 2017. Preserving key protections in the health care law for people with mental illness and substance use disorders dominated the field in 2017. Following the advent of a new administration, protections afforded by the Affordable Care Act (ACA) had been threatened by a number of bills to repeal and replace the health care program.

Over the past year, the field fought tirelessly to preserve the Medicaid expansion, along with protections for people with pre-existing conditions — which would have been lost if Congress had succeeded in overhauling health care reform.

Bottom Line...

The field found some victory in maintaining the ACA. They intend to continue efforts to ensure consumers with mental illness and substance use disorders receive the care they need.

The field sounded the alarm over the reform bills urging Congress to reject the legislation that would overhaul Medicaid and leave millions without insurance coverage. A number of organizations asked their respective members to urge lawmakers to improve the current law in a bipartisan fashion (see *MHW*, Feb. 27, May 29, Sept. 25, 2017).

House lawmakers introduced

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marketing and public relations, told *MHW*. He said of the name change, which also includes a shift to a new online domain (www.sound.health), “This allows us to continue to grow and pursue other opportunities outside of mental health.”

At the same time as they work to become better equipped to excel in a more integrated health care system, behavioral health provider organizations also must closely examine their core service lines amid severe budget strain in both state general funds and Medicaid. These pressures, coinciding with a buildup

to examine their service lines,” Ingoglia said, to determine if some are underperforming in revenue and either need to be built out to full capacity or simply discontinued.

Balancing act

In the first two months of 2018, Sound leaders will visit all of the organization’s locations to explain to staff why the rebranding is taking place. McLean says the decision did not come lightly, as it involved the organization’s enlisting of a branding consultant and the scheduling of meetings with numerous leadership groups in the community.

But at the same time, the message from both internal staff and the community was “they felt that with the name Sound, there was a lot of equity and history there,” McLean said.

Other key developments in the organization in recent months have included implementation of a Reaching Recovery care model to more appropriately match patients to the needed level of care, and a relocation of its corporate headquarters to free up treatment space and to help emphasize Sound’s reach across King County. McLean says the various moves have presented an adjustment for Sound’s older staff members.

“They see us as an entity serving a compromised population of individuals,” McLean said. “None of that is going away with this change,” he said, but expansion into new service lines is being communicated as necessary in part to avoid being too dependent on unstable government funding streams.

Uncertainty in government funding comes at a challenging time when comprehensive managed care approaches are taking hold in more states, forcing entities in the public mental health system to prioritize new functions in contracting, credentialing and claims processing.

The next frontier for many of these organizations will be prepar-

‘They see us as an entity serving a compromised population of individuals.’

Steve McLean

of contracting and claims management ability in order to perform efficiently in managed care arrangements, “are forcing organizations to think about places where they can cut costs,” Chuck Ingoglia, M.S.W., senior vice president of public policy and practice improvement at the National Council for Behavioral Health, told *MHW*.

“It is imperative for organiza-

It was important in this process to balance the effort to retain the organization’s history and to acknowledge changing circumstances in the industry. The organization was coming to grips with the real possibility that it was missing certain business opportunities by virtue of having the words “mental health” in its name and thus narrowing its focus in the eyes of outsiders, McLean said.

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ing for true value-based purchasing arrangements to come into play. This has been talked about for years but remains at a very early stage nationally.

“This is creating a lot of work for organizations that are stretched thin,” the National Council’s Ingoglia said.

The National Council has been engaged in helping organizations to understand their costs better and to maximize workflow efficiencies, Ingoglia said. At the same time, providers must remain vigilant about broader national issues that could affect their operations, such as the prospect for significant changes to entitlements in the wake of the Trump administration’s newly adopted tax-reform law.

Redefining primary care

Longtime behavioral health consultant Dale Jarvis, CPA, believes a movement to decentralize and rede-

fine primary care will have a huge impact on mental health providers — if they are paying attention to this important shift and preparing accordingly.

He says CVS’s move in 2017 to acquire giant insurer Aetna signaled what is to come. “When CVS announced its intention to acquire Aetna, I felt the ground shake under me,” Jarvis, of Dale Jarvis and Associates, told *MHW*. He sees what is developing as “a movement to break the logjam where money flows in substantial quantity *only* after you get sick, to better funding for upstream services and supports.”

CVS already had pioneered what Jarvis called “disruptive innovation” with its in-store Minute Clinics, and now it will be able to take a further offensive against the traditional medical hospital and specialty health care system with the help of a major insurer’s presence.

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This is where behavioral health providers come in, Jarvis says. At a time when well-financed players in the health care system are finally understanding the importance of behavioral health services to overall health, “The new health delivery system has behavioral health providers embedded in the delivery teams, addressing behavioral health and health behavior issues as a core competency,” he said.

“Legacy behavioral health provider organizations need to focus on this coming seismic shift or they will find themselves on the outside looking in,” Jarvis concluded. •

Value-based purchasing, integrated care top issues for 2018

Editor’s note: As in past Special Preview Issues, we asked our readers to send us their thoughts on the challenges and opportunities awaiting the field in 2018. Here are their comments.

Richard S. Edley, Ph.D., president and CEO of the Rehabilitation and Community Providers Association:

As we enter 2018, one of the most pressing issues for behavioral health providers is the movement, or rush, toward “value-based purchasing” (VBP). Indeed, this is the catchphrase of the year. But what is value-based purchasing when it comes to behavioral health?

When implemented properly, it represents an alternative reimburse-

ment strategy that moves away from traditional fee-for-service and then adds mechanisms by which providers can earn more for meeting quality-, performance- and outcomes-based targets. Costs can be reduced, reimbursement is more predictable for providers and quality is enhanced. Isn’t that what we all want in health care?

In reality, VBP has become more like the “Wild West” of health care. Without proven models, each managed care organization, each contract and/or each state develops its own strategy and approach. For example, it may begin with withholding on fee-for-service payments, which can then be earned back (and more) if targets are met. If the targets are unachievable, then the value-based payment methodology becomes no more than a reduction in fee-for-service reimbursement.

Providers need to educate themselves and be active participants in this development. Value-based purch-

asing is coming to your area soon. It can be a tremendous opportunity — if you are ready.

Ron Manderscheid, Ph.D., executive director of the National Association of County Behavioral Health and Developmental Disability Directors and the National Association for Rural Mental Health:

The “Sturm und Drang” of 2017 will reverberate down the months of 2018. This maelstrom affects all of health care, not just behavioral health. It is an unvarnished and unremitting attack on those who are poor, disabled, or very old or very young.

In 2018, it again will take the form of attacks on Medicaid and Medicare, and on Supplemental Security Income and Social Security Disability Insurance. Federal budgets will not be immune. Expect attacks on the budgets and staffs of

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the Substance Abuse and Mental Health Services Administration, the Health Resources and Services Administration and the Centers for Disease Control and Prevention.

Guideposts in this storm will be essential. We must call upon our human values that seek social justice: all people have a right to good health, and we value all people equally. We also must continue to promote our core vision of person-centered care directed toward recovery and self-determination.

In the long run, the truth and human values will win if we persist. Don't give up.

Pamela Greenberg, president and CEO of the Association for Behavioral Health and Wellness (ABHW):

In 2018, we expect that mental health and addiction issues will continue to be a focus of both Congress and the federal agencies. At the beginning of the year, we see opportunity in the potential advancement of an opioid package. The challenge for this particular piece of legislation will be making sure that it doesn't get so loaded down that it stalls before it gains traction. ABHW and many other organizations that it works with hope that revisions to 42 CFR Part 2, substance use privacy legislation, are added to this bill.

The explosion of digital technology/mobile applications to help identify and treat behavioral health conditions will make for an exciting 2018. Many of these apps bring potential for better health outcomes, higher consumer engagement, and lower overall treatment costs. The challenge will be assessing which apps can deliver on their promises.

We also will see health plans continue to focus on integrating behavioral and physical health, implementing parity, moving toward some type of value-based purchasing, and using data to identify individuals who are at risk and may need additional services.

Debra L. Wentz, Ph.D., president and CEO of the New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA):

In 2018, clearly, the top topics to affect the field are integration of behavioral and physical health care and alternative payment methods. In New Jersey, our Division of Mental Health and Addiction Services was moved just months ago to the Department of Health (from the Department of Human Services). New Jersey is moving toward single licensure, while still in the throes of implementing a fee-for-service (FFS) reimbursement system. The move to FFS included rolling out the new Community Support Services program, the treatment component of supportive housing. Certified Community Behavioral Health Clinics (CCBHCs) were also implemented — New Jersey has seven CCBHCs, all NJAMHAA members.

All of this is within the larger environment of moving toward value-based payment and the uncertainty of federal health and tax policy impacts on the state, particularly on safety net programs. And we continue our battle with the opioid crisis, with many new initiatives begun in 2017, and many yet to be implemented.

That is a lot of change all occurring at once! These challenges also represent our greatest opportunities. While the service delivery landscape is being restructured, we hope to improve reimbursement, advance workforce development, include social determinants in models and see parity is fully enforced.

Jim Probert, Ph.D., clinical associate professor and co-coordinator of the peer support program at the University of Florida Counseling and Wellness Center; and Sara Nash, Ph.D., LMHC, clinical assistant professor, CERC assistant coordinator and co-coordinator of the peer support program at the University of Florida Counseling and Wellness Center:

A 2017 UN Human Rights Council report (<https://tinyurl.com/y7rdt2hw>) calls for a “revolution” in mental health care—to “enable a long overdue shift to a rights-based approach.” As the Special Rapporteur (<https://tinyurl.com/k4h7g8n>) explains, “Mental health policies and services are in crisis—not a crisis of chemical imbalances, but of power imbalances. We need bold political commitments, urgent policy responses and immediate remedial action.” This appears beyond the grasp of policymakers within the United States (<https://tinyurl.com/ycl2svjm>), where Judi Chamberlin (<https://tinyurl.com/yzb6ytc>) — an early leader of social justice movement organizing among individuals identified with mental health challenges — has been called a “civil rights hero from a civil rights movement you may have never heard of.”

While we see opportunities for more progress in 2018, at the University of Florida Counseling and Wellness Center, we have been working for years toward goals consistent with the UN human rights mandate. This includes providing workshops for trainees and staff in mental health recovery and trauma-informed, rights-based approaches to suicide prevention (<https://tinyurl.com/y9xax9gr>, <https://tinyurl.com/y77eerq8>, and <https://tinyurl.com/yapn6p68>).

We also offer several forms of peer support (<https://tinyurl.com/ybfpch8f> and <https://tinyurl.com/yb7ntpkk>) developed through open participation in the peer/lived experience movement(s), and named as “critical indicators for measuring overall progress towards compliance” within the UN report. •

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In 2017, we held our own; in 2018, let's do what works

by Linda Rosenberg

I measure the success of a year by my answer to the following question: “Did we improve the lives of people affected by mental illnesses and addictions?”

2017 is a year when perhaps the best I can say is we held our own in the face of attack. It was a year bookended by bad ideas. We began with a health care bill that, had it passed, would have radically restructured Medicaid and used the savings to give tax cuts to the wealthy — and we ended the year with a tax bill that provides tax cuts to the wealthy and repeals the Affordable Care Act’s individual mandate, potentially eliminating health insurance for 13 million Americans. With entitlement “reform” on the table for early 2018, the war on Medicaid, Medicare and all income supports continues.

In between, we declared the opioid crisis a public health emergency, but the federal investment required to help our family members, friends and co-workers never materialized. The Centers for Disease Control and Prevention reported that more than 42,000 Americans died of opioid overdoses in 2016, a 28 percent increase over 2015, and said that “we could very well see a third year in a row. With no end in sight.” In 2018, our job is to compel Congress to provide the resources required to address this crisis, with its attendant drop in life expectancy.

Toward the end of the year, a bright spot emerged when the federal Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) recommended expanding Certified Community Behavioral Health Clinics (CCBHCs), strengthening the workforce and addressing the needs of individuals with mental illnesses in the justice system. We applaud the work of this group, and need to ensure this is not just another report on a shelf. In the coming year, we will work hard to make sure the recommendations set the stage for investments in mental health.

Investments must support the work of states, local governments and health systems — our living laboratories for change. We are on the cusp of a tipping point thanks in good measure to the federal Center for Integrated Health Solutions. Increasingly, behavioral health is practiced in integrated care settings, and the National Council is honored to promote full integration between primary and behavioral health care across the lifespan.

In 2017, we saw people freely share their stories of recovery from mental illness and addiction, and this simple, brave act is breaking down barriers. Through a partnership with Lady Gaga’s Born This Way

Foundation, an additional 150,000 individuals are newly minted Mental Health First Aiders. And the International Association of Chiefs of Police is calling for 100 percent of its sworn officers to be trained in Mental Health First Aid. In the 10 years since Mental Health First Aid was introduced to the United States, more than one million people from all walks of life have been trained to recognize the signs of a mental illness or addiction and connect someone to help.

Through all the ups and downs of 2017, the National Council — our board and our members — held steadfast to our belief that health care is a right, not a privilege. We won the initial battle to protect Medicaid, but the health care war rages on, and individuals with mental illnesses and substance use disorders are the ultimate casualties.

A community solution

The solution is at hand. Just six months after launch, CCBHCs authorized by the Excellence in Mental Health Act are adding new staff, offering integrated treatment, expanding crisis services and using mobile apps and telehealth to extend their reach. They have increased access by 25 percent, and many are seeing patients the same day they call. Nearly 80 percent of CCBHCs have initiated or expanded medication-assisted treatment, a lifesaving treatment for opioid addiction.

In return, CCBHCs receive a Medicaid rate based on the actual costs of providing treatment, allowing them to hire psychiatrists and other professionals to meet patients’ multiple and complex needs. The shortage of behavioral health practitioners is one of the most significant treatment barriers people experience, and CCBHCs are helping close this gap. So, too, will the Mental Health Access Improvement Act, which will bolster the workforce by allowing licensed marriage and family therapists to independently bill Medicare for their services. We urge Congress to pass it.

Ultimately, we need CCBHCs in every community in America. We support the bipartisan Excellence in Mental Health and Addiction Treatment Expansion Act, which would extend CCBHC operations by an additional year in the current eight states and allow 11 more states to participate. We wholeheartedly agree with the ISMICC’s recommendation to make the program nationwide. We haven’t a moment to lose. We must do what we know works, because people are literally dying for our help.

Linda Rosenberg is president and CEO of the National Council for Behavioral Health.

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the American Health Care Act March 6, which would have changed Medicaid to a per capita payment system, a big concern for the field (see *MHW*, March 13, 2017). The per capita cap would have placed a cap on what the federal government would pay each state for its Medicaid enrollees, essentially ending the 50-plus-year federal guarantee of matching each state's actual Medicaid spending and replacing it with a capped, preset amount and preset growth rate. Other bills followed, such as the "skinny repeal" of the ACA and the Better Care Reconciliation Act.

On the evening of Dec. 21, 2017, the Senate passed a short-term Continuing Resolution, by a vote of 66 to 32, that includes a three-month funding extension for the Children's Health Insurance Program (CHIP).

The year concluded with an overhaul of the country's tax code. The Tax Cuts and Jobs Act, signed into law on Dec. 22, 2017, repealed the ACA's individual mandate, and will have other ramifications for health care. The National Council for Behavioral Health released a statement, saying, "It is disturbing that with virtually no input from the people who depend on entitlement programs like Medicaid, Medicare and Social Security, the bill cuts the federal revenue necessary to care for millions of Americans living with mental illnesses and addictions."

'Difficult year'

"It was a difficult year for people with mental illnesses," Jennifer Mathis, deputy legal director and director of policy and legal advocacy for the Bazelon Center for Mental Health Law, told *MHW*. In looking at legislative actions that took place over the past year, the field has witnessed some significant victories, including the defeat of some potentially "disastrous" legislation, she said.

"The legislation would have gutted the Medicaid program, and most of the advances brought by the ACA for people with disabilities, includ-

ing psychiatric disabilities," she said.

Mathis added that preserving the ACA was a significant victory. "Obviously, some of the damage will be done by the [provision] in the tax bill because it repeals the individual mandate — a core part of the ACA and one of the pieces that made protections of the ACA possible," she said.

According to the Congressional Budget Office, repealing the individual mandate will increase the number of uninsured people by 4 million in 2019 and 13 million in 2027.

Premiums are expected to go up as young and healthy people exit the insurance pool, Mathis noted. In addition to repealing the individual mandate, the new tax law has impacted other programs as well, she

Other issues include workplace privacy protections for people with disabilities, which are being eliminated under the Americans with Disabilities Act (ADA), said Mathis. H.R. 1313, which preserves employee wellness programs, has stalled, she said. "If Congress starts weakening the [bill], that doesn't bode well for people with mental illness," she said. "We've been monitoring and advocating for that as well. These are some of the main actions we're watching in Congress."

ISMICC report

The field hailed the release of the first report to Congress by the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) on Dec. 14, 2017. "The Way Forward:

'The legislation would have gutted the Medicaid program, and most of the advances brought by the ACA for people with disabilities, including psychiatric disabilities.'

Jennifer Mathis

said. "Creating that deficit will trigger automatic cuts to other programs, including Medicare, Temporary Assistance for Needy Families, and rehabilitation services and social services," she noted. "These are significant cuts triggered by the whole sequestration."

The Bazelon Center is very concerned about CHIP, which was allowed to expire at the end of September 2017, said Mathis. Some states are expected to run out of funding in January, she said. CHIP provides low-cost health insurance to 9 million children. "That's significant for kids with disabilities and kids not covered by Medicaid," she said. "That's very concerning and the reason I say it's been a very difficult year."

Federal Action for a System That Works for All People Living with SMI and SED and Their Families and Caregivers" provides a roadmap for improving mental health services for adults living with serious mental illness (SMI) and children and youth who experience serious emotional disturbances (SEDs).

The report's area of focus included increasing access to care and developing financial strategies that increase the availability and affordability of care. It also calls attention to screening and early intervention across all primary care settings and in schools (see *MHW*, Dec. 18, 2017).

The ISMICC, chaired by Elinore F. McCance-Katz, M.D., Ph.D., U.S. Health and Human Services (HHS) assistant secretary, is charged

with making specific recommendations for actions that federal departments can take to better coordinate the administration of mental health services for adults with SMI or children with SEDs. Its inaugural meeting was held Aug. 31 (see *MHW*, Sept. 11, 2017).

Maintaining protections

“Congress was not successful in repealing the ACA,” Laurel Stine, J.D., director of congressional affairs for the American Psychological Association Practice Organization, told *MHW*. “We wrote several letters this year predominantly on the ACA,” Stine said of the Mental Health Liaison Group, which she co-chairs. Defending the Medicaid expansion was critical, she said, particularly in light of the number of bills that “attacked” the ACA in one way or another, she said.

Marketplace protections are also strong, she noted. However, the major attack on the ACA was the repeal of the individual mandate, a “devastating blow to the ACA,” she said.

“The big issue in 2017 is advocates keeping the ACA as strong as it is,” said Stine. The Medicaid expansion and other consumer protections still exist, she noted. “The ACA is still the law of the land,” said Stine. “It’s still a victory in and of itself.” ACA enrollment is also at its highest, she noted. A recent poll revealed the ACA received a 56 percent approval rating, Stine said. “It’s another thing advocates can hail,” she said. “Those are victories. The ACA still remains strong and that’s our message.”

Last year represented the first time Congress had bipartisan bills in both chambers involving the Health Information Technology for Economic and Clinical Health (HITECH) Act, said Stine. Sens. Sheldon Whitehouse (D-Rhode Island) and Rob Portman (R-Ohio) and former Rep. Tim Murphy (R-Pennsylvania) all had bills to include behavioral health providers in the HITECH Act. Additionally, Reps. Doris Matsui (D-California) and Lynn Jenkins

(R-Kansas) have also introduced legislation.

“We’re very excited about these bills, particularly because the legislation would help psychologists, community mental health centers, psychiatric hospitals, social workers, [all of whom had been] initially left out of the HITECH Act,” Stine said.

The HITECH Act provides HHS with the authority to establish programs to improve health care quality, safety and efficiency through the promotion of health IT, including electronic health records and a private and secure electronic health information exchange.

Stine also pointed to a letter prepared by Sens. Whitehouse and Portman and Reps. Matsui and Jenkins to Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma on Nov. 17, 2017. The letter urged the CMS to build financial incentives for adoption and use of health information technology by mental health and substance use treatment providers into new models the agency plans to pursue for behavioral health.

“The overarching issue is that the ACA remains strong despite GOP-led acts on the ACA, which would have undermined Medicaid expansion and other hallmark provisions within the ACA,” said Stine.

Vulnerable populations

2017 has been a year of significant change, Mark Covall, president and CEO of the National Association of Psychiatric Health Systems (NAPHS), told *MHW*. The organization’s first mandate was to ensure that health insurance coverage continued to be available for all Americans with mental health and addiction disorders. “Our priority was to maintain coverage for the most vulnerable population,” he said.

Another main focus in 2017 was keeping parity protections, said Covall. A very important message had been sent to Congress, he noted: Patient protections are essential and critical and need to be maintained.

“That’s our main message around recovery and parity,” he said. The ACA was a bipartisan deal, he added.

NAPHS is also very involved in addressing the opioid crisis and in trying to obtain additional resources, Covall said. The Medicaid expansion was key for addiction treatment, and wasn’t available previously, he said. Medicaid is the largest funder of mental health services and a significant funder of addiction treatment, said Covall. “That program continues to be there,” he added.

Covall said it’s been a huge disappointment to the field that CHIP was not extended for an additional five years. “Nine million children are on the program, many with mental health and addiction problems,” he said. “That is a safety net for them.” States will experience difficulty continuing the program, he said. It’s still unknown what the long-term impact will be, said Covall.

“One thing everyone agrees on is the growing consensus about the real need to deal with barriers to accessing care called the IMD [the Medicaid Institutions for Mental Diseases] exclusion,” he said. It’s one issue that continues to receive support from Democrats and Republicans, he noted.

The CMS is looking at different waiver opportunities for the IMD exclusion, including a specific waiver for substance use disorders, Covall said. “We have a legislative fix,” he said. “We’re getting close to an ultimate remedy for this long-standing, discriminatory practice.” •

BRIEFLY NOTED

Collaboration to address clinical trial of first drug regimen for ASIB

NeuroRx, a clinical stage biopharma company developing the first drug regimen to treat severe bipolar depression in patients with Acute Suicidal Ideation and Behavior (ASIB), announced Dec. 27 that it has signed a Cooperative Research

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and Development Agreement with the U. S. Department of Veterans Affairs, and the Houston VA Research & Education Foundation, Inc. The collaboration also includes Baylor College of Medicine, in Houston, Texas. NeuroRx is developing a sequential treatment regimen of NRX-100 (ketamine) and NRX-101 (a proprietary formulation of d-cycloserine/lurasidone), for the treatment of severe bipolar depression in patients with ASIB. The FDA awarded Fast-Track designation to this investigational drug regimen in September, 2017. NeuroRx has now signed agreements with three clinical trial centers, including one with the University of Alabama, Birmingham. Patient enrollment will begin shortly. The company is in active discussions with additional sites with which it expects to form contracts in early 2018. There currently is no approved drug therapy for bipolar depression in patients with ASIB; the only FDA-approved treatment is electroconvulsive therapy.

STATE NEWS

Iowa crisis team sees record number of calls

An Eastern Iowa crisis outreach program was dispatched on a record number of calls in November, which program officials say points to an increased awareness of its service and the impact of changes in mental health services in Iowa, *The Gazette* reported Dec. 26. Mobile Crisis Outreach, a program through the Cedar Rapids-based nonprofit Foundation 2, was dispatched to 130 calls for service in November in an eight-county region. On Nov. 20 alone, the outreach teams were called to 13 locations in 24 hours. In the same month in 2016, the program's counselors were dispatched 97 times. In November 2015, counselors were dispatched 25 times. "In the last year, we've seen really incredible growth," said Drew Martel, the Mobile Crisis

Coming up...

The **University of South Florida** is hosting its 31st Annual Research & Policy Conference on Child, Adolescent and Young Adult Behavioral Health **March 4–7** in **Tampa, Fla.** For more information, visit www.cmhconference.com.

The **National Association of County Behavioral Health and Developmental Disability Directors** is holding its 2018 Legislative and Policy Conference **March 5–7** in **Washington, D.C.** Visit www.nacbhdd.org for more information.

The **National Association of Psychiatric Health Systems** is holding its annual meeting, "Preparing for Tomorrow: Opportunities in Behavioral Healthcare," **March 19–21** in **Washington, D.C.** For more information, visit <https://naphs.org/annual-meeting/home>.

The **National Council for Behavioral Health** is holding its NatCon18 conference, "Be Heard," **April 23–25** in **Washington, D.C.** Visit <https://natcon18.thenationalcouncil.org> for more information.

Mental Health America is holding its annual conference, "Fit for the Future," **June 14–16** in **Washington, D.C.** For more information, visit www.mentalhealthamerica.net/mental-health-america-2018-annual-conference-fit-future.

Outreach program manager. Foundation 2 is a human services agency that offers suicide prevention programs, including crisis chats via telephone or text, and the Mobile Crisis Outreach program, which offers in-person counseling and referral services for those "in crisis," Martel said. "What's interesting about our program is that we see just about everything you can imagine," he said. "We

get called out for everything from after a suicide has occurred to family mediations to parents calling because their kid won't go to school." The service is free, and the program's 15 counselors are dispatched 24 hours a day, 365 days a year.

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In case you haven't heard...

The World Health Organization is considering adding "gaming disorder" to the list of mental health conditions in its next update of the International Classification of Diseases (ICD), according to a beta draft of the document. The 11th version of the ICD is not yet set, but the addition would be a recognition that a pastime can become problematic if it leads to a form of addictive behavior. Specifically, the draft's language states that gaming behavior could be a disorder if it meets three characteristics: if a person loses control over their gaming habits, if a person starts to prioritize gaming over many other interests or activities, and if a person continues playing despite clear negative consequences. Gaming covers any activity from playing a game on your iPhone to sitting down in front of a custom-built gaming PC for hours. Putting that category of activities on the list would give doctors and mental health professionals a way to officially diagnose someone with the condition. But to be clear, this doesn't mean all gaming is addictive or could lead to a disorder. It's only if the behavior is severe enough "to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning," according to the draft. In other words, it has to be intense enough to harm personal relationships or interfere with school or work.