NASMHPD

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National Association of State Mental Health Program Directors

Weekly Update

Department of Justice Sues to Stop Anthem-Cigna, Aetna-Humana Mergers

The U.S. Department of Justice (DOJ) on July 21 announced it is suing to block two separate mergers of health insurers who have been active in the ACA Marketplace -- Anthem's $48 billion takeover of Cigna and Aetna's $37 billion bid for Humana.

Attorney General Loretta Lynch said the deals would "fundamentally reshape the health insurance industry," and that "they would leave much of the multi-trillion dollar health insurance industry in the hands of three mammoth insurance companies [including UnitedHealth]" and, by restricting competition in key markets, raise costs and reduce choice.

Attorney General Lynch said "[C]ompetition would be substantially reduced for hundreds of thousands of families and individuals who buy insurance on the public exchanges established under the Affordable Care Act." Humana seemingly proved the Attorney General's point by announcing the same day that it would be pulling out of "substantially all" ACA marketplaces in 2017 after incurring nearly $1 billion in losses in the past year. It will offer plans in no more than 156 counties in 11 state marketplaces in 2017, down from 1,351 counties in 19 states in 2016.

Principal Deputy Assistant Attorney General Bill Baer said "Both Anthem and Aetna have claimed they can 'fix' the problems these mergers cause by divesting bits and pieces of their businesses to smaller insurers. But those proposed remedies are incomplete and impractical; they would not give the buyers of the divested assets the necessary tools to compete with the intensity that Cigna and Humana provide today; and they would leave consumers at risk. Those are so-called solutions we cannot accept."

Eleven states—California, Colorado, Connecticut, Georgia, Iowa, Maine, Maryland, New Hampshire, New York, Tennessee and Virginia—and the District of Columbia are joining DOJ's challenge of the Anthem-Cigna merger. Eight states—Delaware, Florida, Georgia, Iowa, Illinois, Ohio, Pennsylvania and Virginia—and the District of Columbia are joining DOJ in opposing Aetna's acquisition of Humana.

Medicaid Plans Say Kaiser Study Shows Need for Drug Pricing Changes

A new Kaiser Commission study finds nearly three quarters of the 50 most costly outpatient drugs for the Medicaid program fall into five drug categories, and that one of those categories is antipsychotics. The antipsychotic Abilify was the most costly to the program in 2014.

The Medicaid Health Plans of America (MHPA) say the Kaiser findings underscore a need to change the pharmaceutical industry's current pricing model, which the group says makes it difficult to provide high-cost drugs to all beneficiaries who need them.

The Medicaid program spent $27 billion on outpatient drugs in 2014, a 24 percent increase over the previous year.

National Association of Medicaid Directors (NAMD) Executive Director Matt Salo suggested in a recent *Inside Health Policy* article that the grant programs included in the just-passed Comprehensive Addiction and Recovery Act (CARA) could also drive up Medicaid spending on opioids. Opioids were the second most prescribed drug group in 2014, according to Kaiser. Medicaid patients are prescribed opioids at twice the rate of other patients.

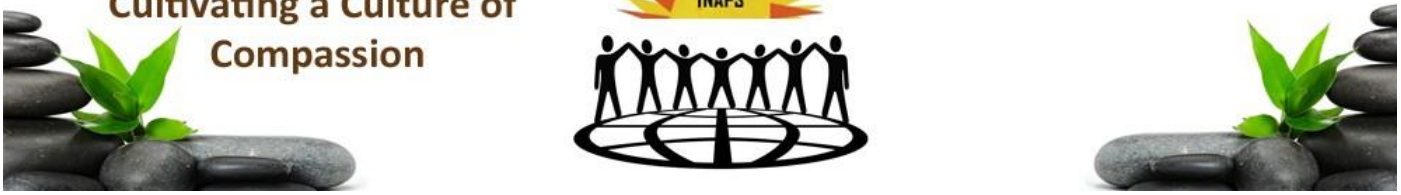
MHPA says that recent court decisions in several states mandating that the Medicaid program cover without restriction the hepatitis C drugs Sovaldi and Harvoni makes current drug pricing even more unsustainable. According to Kaiser, Harvoni cost Medicaid $28,977 per prescription in 2014, before rebates. Sovaldi cost Medicaid $26,612 per prescription.

D.C. Work Days Left in the 114th Session of Congress (2015-2016)
(Congress is Working from Home through Labor Day)

17 – House Work Days before Election Day
16 – House Work Days after Election Day

23 – Senate Work Days before Election Day
20 – Senate Work Days after Election Day

InterNational Association of Peer Supporters



2016 Annual National Peer Supporter Conference

August 26 to 28, 2016

Sheraton Philadelphia Society Hill Inn

Theme: Collaborating for Unity

NIMH Conference on Mental Health Services Research: Harnessing Science to Strengthen the Public Health Impact

August 1 and August 2, 2016

Bethesda Marriott Hotel
5151 Pooks Hill Road
Bethesda, Maryland 20814
Phone (301) 897-9400

REGISTER HERE

The National Institute of Mental Health's 23rd Conference on Mental Health Services Research (MHSR): *Harnessing Science to Strengthen the Public Health Impact* will highlight scientific investigative efforts to improve population mental health through high-impact mental health services research. This meeting will bring together leading mental health services researchers, as well as clinicians, mental health advocates, and federal and nonfederal partners. MHSR 2016 will highlight opportunities for the next generation of high-impact research to drive mental health care improvement.

Conference Events

The conference events are scheduled August 1 and 2 at the Bethesda Marriott Hotel, and will feature keynote talks and an array of plenary panels, scientific paper sessions, posters, and technology demonstrations.

MHSR 2016 is free to attend, and selected sessions will be viewable via webcast. Seating is limited.

Questions regarding meeting logistics or registration should be directed by email to Dytrea Langon or by phone at 240-485-3288.

Questions about the conference program should be directed to Ms. Janet Sorrells by e-mail.

NIMH Science Update: Electroconvulsive Therapy Lifts Depression, Sustains Remission in Older Adults

Older Americans are the most rapidly growing segment of the U.S. population. Depression among older people is linked to disability and poorer health in those with other medical conditions like diabetes, stroke, and heart disease. While effective depression treatments exist, not all patients respond to those most commonly used—antidepressant medications and psychotherapy. There is a particular need for information specific to older patients about effective treatments, and how to prevent relapse after initial treatment.

In a study reported July 18 on the NIMH website, an individualized program of follow-up treatment with electroconvulsive therapy (ECT) combined with an antidepressant was effective in preventing relapse in patients 60 years and older who had had a successful initial course of treatment for severe depression.

The Prolonging Remission in Depressed Elderly (PRIDE) study was a multi-center clinical trial aimed at comparing two strategies—one with, and one without ECT—for sustaining the effects of ECT treatment for depression in patients over 60. The PRIDE study tested right unilateral ultra-brief ECT, a mode of delivery for ECT designed to minimize cognitive side-effects. In Phase 1, patients over 60 with depression received three ECT treatments per week combined with the antidepressant venlafaxine. Following treatment, of the 240 patients who entered the study, 62 percent met criteria for remission. The mean number of ECT treatments to remission was 7.3 (half of patients who remitted had fewer treatments and half more than 7.3). Patients who had not remitted after 12 treatments, 10 percent of the participants, were considered non-remitters; 28 percent of those entering the trial dropped out before 12 treatments without remitting.

In Phase 2, patients who had remitted in Phase 1 were randomly assigned to either a combination of venlafaxine and lithium, or venlafaxine with ECT. Participants receiving ECT had four treatments over one month, plus additional ECT as needed while receiving venlafaxine. After 24 weeks, patients in the ECT plus medication group had significantly lower symptom scores (a difference of 4.2 in mean scores). In the medication-only group, 20.3 percent relapsed while 13.1 percent of those in the ECT plus medication group relapsed.

Several factors, including the history of ECT use, its portrayal in the media, and concerns about side-effects such as memory loss and disorientation, have contributed to its being used largely as a treatment of last resort. In addition to tracking the impact of treatment on depression, the authors monitored cognitive function of all patients at each twice-monthly clinic visit. There were no statistically significant differences in scores on a mental status examination that addresses orientation, memory, attention, and the ability to follow verbal and written instructions.

The authors conclude the relatively rapid effect of ECT—the mean of 7.3 treatments to remission spans about 2.5 weeks—can not only make a difference in quality of life but can be potentially important in instances in which a person with depression is contemplating suicide and the need for immediate, effective relief from symptoms is urgent.

"The PRIDE study demonstrates that continuing ECT treatment following remission in a manner that is responsive to the needs of individual patients can maintain relief from depression and at the same time, avoid overtreatment," said senior author Sarah H. Lisanby, M.D., of the Duke University School of Medicine.

National Summit on Military and Veteran Peer Programs

Save the Date!

National Summit on Military and Veteran Peer Programs: Advancing Best Practices

November 2-3, 2016
University of Michigan - Ann Arbor

This two-day interdisciplinary forum will:

- Stimulate discussion and understanding of the latest research and best practices in peer programs
- Share tools for outreach and evaluation
- Feature innovative strategies for dissemination and sustainability
- Highlight the findings of a RAND Research Brief on peer programs

The National Summit will take place at the Michigan League on the University of Michigan campus in Ann Arbor. A complimentary cocktail reception will be held at the Jack Roth Stadium Club, a very special opportunity to see the famous U-M "Big House".

Mark your calendars for this seminal event! Registration will be limited and will open in July 2016. Please email PeerSummit@umich.edu to be added to the priority listserv to receive event-related announcements. For additional information, please visit www.m-span.org.

This is an open event. Please share this information with others who may be interested in attending.

Mental Health Disparities Research at NIMH: Cross-Cutting Aspects of the NIMH Strategic Plan in 2016

Wednesday, August 31, 2 p.m. to 3:00 p.m. ET

REGISTER HERE

Brian Ahmedani, M.D.
Director of Psychiatry Research, Behavioral Health Services
Research Scientist, Center for Health Policy & Health Services Research Henry Ford Health System

Olivia I. Okereke, M.S., M.D.
Associate Professor of Psychiatry, Harvard Medical School
Associate Professor of Epidemiology, Harvard T.H. Chan School of Public Health

ABOUT THE WEBINAR SERIES - The National Institute of Mental Health (NIMH) is proud to present two distinguished researchers who will explore some of the biologic and genetic underpinnings of reproductive hormone-related mood disorders.

WHO SHOULD ATTEND - This webinar is appropriate for NIMH-funded grantees, students, researchers, policy makers, clinicians and anyone interested in learning more about suicide prevention research at the NIMH and the NIH.

REGISTER NOW: Space is limited. Don't miss this valuable opportunity!

NASMHPD Links of Interest

Health Care Spending and the Medicare Program: A Data Book, Medicare Payment Advisory Commission (MedPAC), June 2016.

The Beautiful Way These People Are Coming Out About Mental Illness (A Story on the "This is My Brave" Theater Troup), OPRAH Magazine.

State Estimates of Major Depressive Episodes Among Adolescents: 2013 and 2014, SAMHSA Center for Behavioral Health Statistics and Quality (CBHSQ).

One-Third of Young Adults with Any Mental Illness Received Mental Health Services in the Past Year, SAMHSA Center for Behavioral Health Statistics and Quality (CBHSQ).

Correlates of Lifetime Exposure to One or More Potentially Traumatic Events and Subsequent Posttraumatic Stress among Adults in the United States: Results from the Mental Health Surveillance Study, 2008-2012, SAMHSA Center for Behavioral Health Statistics and Quality (CBHSQ).

"Death Clock" of the Projected Number of People Who Have Died of Substance Use Disorder-Related Causes Since the July 12 Congressional Passage, Without Emergency Funding, of the Comprehensive Addiction and Recovery Act (CARA), Young People in Recovery.

NIH Funding Opportunity: Development of Technology to Support Zero Suicide

Title: ***Products to Support Applied Research Towards Zero Suicide Healthcare Systems***

Open Date (Earliest Submission Date): *August 5, 2016.* **Due Date:** *September 5 (Cycle I); January 5 (Cycle II); and April 5 (Cycle III).*

Letter of Intent: *Due 30 days prior to the application due date.*

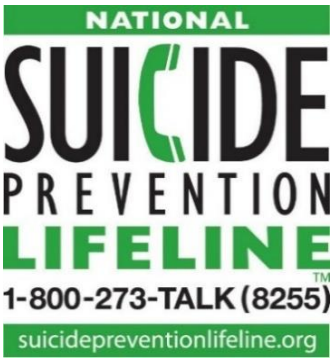
Funding: *$1,500,000 for FY 2017 to fund approximately 4 to 6 projects. Future funding amounts beyond FY 2017 will depend on annual Congressional appropriations.*

Award Project Period: *Phase I—up to 2 years; Phase II—up to 3 years*

Applicants are encouraged to contact Adam Haim by email or at 301-435-3593 for further guidance.

Expanded VA Analysis of Veteran Suicides Reveals Drop in Rate Since 2010

A Department of Veterans Affairs (VA) analysis of veteran suicide rates from 1979 to 2014 released July 7 finds that 20 veterans a day died by suicide in 2014, in comparison to an average of 22 per day in 2010.



The largest study of veteran suicide rates to date examined death records from over 55 million veterans from every state. A previous 2010 study examined suicide deaths from 3 million veterans in 20 states. The study noted that, on average, six of the 20 veterans who died by suicide were involved with VA services.

The VA treated more than 1.6 million veterans for mental health concerns in 2015 at over 150 medical centers, 820 community-based outpatient clinics, and 300 Vet Centers that provide readjustment counseling. Approximately 66 percent of all veteran deaths from suicide were by firearms.

In 2013, the VA projected that 22 veterans a day were losing their lives to suicide. But that number was based on data submitted from fewer than half of the states. Some states with many veterans were not part of that study, including California and Texas. Veterans groups urged the VA to expand its database and incorporate Department of Defense records to identify veterans who had not enrolled in the VA's numerous programs. The expanded study is the result of those demands.

"One veteran suicide is one too many, and this collaborative effort provides both updated and comprehensive data that allows us to make better informed decisions on how to prevent this national tragedy, commented VA Under Secretary for Health, Dr. David J. Shulkin. "We as a nation must focus on bringing the number of veteran suicides to zero."

Approximately 65 percent of all veterans who died by suicide were 50 years and older, but observers are alarmed by the rise in suicide among young veterans. The suicide rate for veterans between the ages of 18 to 29 was 86 deaths per 100,000 for males and 33 deaths per 100,000 for females, higher than the 2010 projections. The civilian suicide rate is about 14 deaths per 100,000. Females 30 years and younger were found to be six times more likely to die by suicide in comparison to civilian females; agency experts speculate this is because females gain experience in the use of firearms while in the military.

The VA has implemented several new suicide prevention initiatives, including ensuring same-day access to mental health services, expanding tele-mental health services, expanding its Veterans Crisis Line by hiring 60 additional staff, and using predictive modeling to determine which veterans may be at highest risk of suicide, giving providers an opportunity to intervene earlier.

Each of the newly hired responders has received intensive training on a wide variety of topics in crisis intervention, substance use disorders, screening, brief intervention, and referral to treatment.

The predictive model identifies the top 0.1 percent of veterans who have a 43-fold increased risk of suicide within a month, long before clinical signs of suicide (depression, sleeping problems, etc.) appear.

The VA is also building new collaborations between programs in the VA and programs in community settings, such as Give an Hour, Psych Armor Institute, University of Michigan's Peer Advisors for Veterans Education Program (PAVE), and the Cohen Veterans Network. In addition, the VA has strengthened its partnerships with the Substance Abuse and Mental Health Services Administration, the Department of Defense, and the National Institutes of Health. It also has built new public-private partnerships with the Johnson & Johnson Healthcare System, Bristol Myers Squibb Foundation, Walgreen's, and others, focused on preventing suicide among Veterans.

In 2014, 7,403 American veterans committed suicide out of 41,425 suicides among U.S. adults that year. That's just under 18 percent, down from 22 percent in 2010. Since 2001, U.S. adult civilian suicides have increased 23 percent, while veteran suicides increased 32 percent in the same time period. After controlling for age and gender, this makes the risk of suicide 21 percent greater for Veterans.

2016 Voice Awards Event

The 2016 Voice Awards event will take place on August 10, 2016 at UCLA's Royce Hall.

You're Invited

Join SAMHSA and its program partners for the 2016 Voice Awards on August 10! Help us honor community leaders and entertainment professionals who are championing recovery and bringing mental health and addiction issues out of the shadows.

This year's event will highlight the theme "Strengthening Families through Hope and Help." Family/consumer/peer leaders who have embraced and promoted family support in all aspects of prevention, treatment, and recovery will be among those recognized with a Voice Award.

Television and film productions that portray the positive impact that family members can have on their loved one's path to recovery also will be honored.

Register now to attend the 2016 Voice Awards event in-person at UCLA's Royce Hall on Wednesday, August 10, or to watch the live event webcast online.

Due to high demand, ***please reserve your seat (whether in-person or online) no later than Friday, August 5***.

WHEN: Wednesday, August 10, 2016

WHERE: UCLA's Royce Hall

ARRIVALS AND PRE-SHOW: 6 p.m., West Lobby and Ahmanson Terrace

AWARDS PROGRAM: 7:30 p.m., Royce Hall Theater

Use #VoiceAwards to join the behavioral health conversation.

See the 2016 Voice Awards Program Partners

Technical Assistance on Preventing the Use of Restraints and Seclusion

For more than 10 years, NASMHPD has been contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide technical assistance and support to facilities committed to preventing the use of restraint and seclusion.

SAMHSA's National Center for Trauma Informed Care and Alternatives to Restraint and Seclusion offers on-site staff training and technical support to implement trauma-informed, strength-based approaches to prevent aversive interventions. Our in-house team and national consultants have many years of public hospital experience, both clinically and personally. This assistance is funded by SAMHSA and at no cost to your state.

To Apply for Technical Assistance, Click Here:

We look forward to the opportunity to work together.

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

In the spring of 2015, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF).

The intent of the EIP site is to provide reliable information for practitioners, policymakers, individuals, families, and communities in order to foster more widespread understanding, adoption and utilization of early intervention programming for persons at risk for (or experiencing a first episode of) psychosis. The site includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness – the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) – as well as a variety of other early intervention initiatives.

EIP is designed to provide an array of information through a consolidated, user-friendly site; and it is updated on a periodic basis. To view the EIP virtual resource center, visit NASMHPD's EIP website.

State Technical Assistance Available from the State Mental Health Technical Assistance Project (Coordinated by NASMHPD with SAMHSA Support)

NASMHPD coordinates a variety of SAMHSA-sponsored technical assistance and training activities under The State TA Project.

To Request On-site TA: States may submit requests for technical assistance to the on-line SAMHSA TA Tracker, a password-protected system. All of the Mental Health Directors/Commissioners are authorized to use this system, and Commissioners can give authorization to other SMHA staff as well. Once in this system, the user will be asked to identify the type of TA that is being sought, the audience, and the goals the state is seeking to address via the support.

On average, a given TA project includes as many as 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

The log-in for the Tracker is: http://tatracker.treatment.org/login.aspx. If a state has forgotten its password or has other questions about accessing the Tracker system, the Commissioner or authorized user can send an e-mail to: tatracker@treatment.org.

Note that technical assistance under this project cannot be specifically focused on institutional/hospital- based settings.

For answers to other questions, contact your CMHS State Project Officer for the Mental Health Block Grant, or Pat Shea at NASMHPD at 703-682-5191 or pat.shea@nasmhpd.org.

Study Finds Buprenorphine-Naloxone Underutilized with Medicare Enrollees

Despite the fact that more than an estimated 300,000 of the 55 million Medicare enrollees are struggling with an opioid use disorder and 211,200 require hospitalization for opioid overuse every year, researchers have found, in a study published July 20 in *JAMA Psychiatry*, that only 81,000 Medicare enrollees are receiving buprenorphine-naloxone therapy, the only opioid antagonist therapy (OAT) available through Medicare Part D.

The researchers found in an analysis of claims data that just 1 in 40 family physicians who prescribed an opioid painkiller prescribed buprenorphine-naloxone. Moreover, pain specialists wrote an average of fewer than five prescriptions per year for buprenorphine-naloxone.

"We believe this reflects a significant treatment gap. ... [N]ot all patients with an opioid use disorder warrant OAT, but on the other hand, opioid disorders are systematically underdiagnosed and increasing in prevalence," according to the researchers, Anna Lembke, M.D., and Jonathan H. Chen, M.D., PhD, of Stanford University School of Medicine, in California.

The researchers examined individual prescriber data for 808,020 prescribers from the 2013 Medicare Part D claims dataset, which identifies each drug prescribed, the number of beneficiaries, the total number of claims, and the total costs. A total of 1.2 billion Medicare claims were filed. Among those claims, 6707 prescribers had 486,099 claims for buprenorphine-naloxone written for approximately 81,000 patients. Prescribers of buprenorphine-naloxone represented fewer than 2 percent of the 381,575 prescribers, with 56,516,854 Schedule II opioid claims.

The physicians with the highest average of buprenorphine-naloxone prescriptions were prescribers whose primary specialty was addiction medicine, at 98.8 claims per year. Medicare has only 100 such prescribers for the whole of the United States.

The states with the highest number of claims were Vermont, Maine, Massachusetts, Rhode Island, the District of Columbia, and New Hampshire. Each had a claims ratio of more than 300 times the national average. The researchers recommend that geographic differences in buprenorphine-naloxone prescribing be explored to assess state-level variations in advocacy for, and barriers to, its use.

The research was supported in part by the National Institutes of Health and the US Department of Veterans Affairs Office of Academic Affiliations.

CMS Reports Medicare-Medicaid Anti-Fraud Efforts Saved $42 Billion over Two-Year Period

Shantanu Agrawal, M.D. the Centers for Medicare and Medicaid Services (CMS) Deputy Administrator and Director for the, Center for Program Integrity, announced June 20 that the agency's program integrity efforts had saved the Medicare and Medicaid programs a combined $42 billion over 2013 and 2014.

Dr. Agrawal said in a blog summarizing a report to Congress not yet posted, that CMS had achieved an average savings of $12.40 for each dollar spent on Medicare program integrity alone, utilizing a multifaceted approach ranging from provider enrollment and screening to use of advanced analytics such as predictive modeling.

Dr. Agrawal said that savings from prevention activities represented about 68 percent of total savings in fiscal year 2013. In fiscal year 2014, he said, the portion of savings from preventing potentially fraudulent and improper payments rose to nearly 74 percent.

Dr. Agrawal said 2015 numbers would be released later this year. He encouraged beneficiaries, providers, suppliers, and others to provide input on possible future enhancements to our program integrity strategy by calling 1-800-MEDICARE (1-800-633-4227).

SBIRT for Youth Learning Community

July 26 at 1 p.m. ET

Featuring Karli Keator, MPH

Karli Keator is the Division Director, Juvenile Justice at Policy Research Associates. Since 2011, Ms. Keator has been the project director for a Substance Abuse and Mental Health Services Administration and MacArthur Foundation collaborative that aims to increase the number of youth with co-occurring mental and substance use disorders diverted out of the juvenile justice system to appropriate community-based behavioral health services at the earliest points of contact.

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Center for Trauma-Informed Care

NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, outreach, and resources to support a revolutionary shift to trauma-informed care across a broad range of publicly-funded service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education.

July Trainings

Pennsylvania
Carson Valley Children's Aid, Flourtown – July 26 and 27

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.