



## Renewed Focus on Mental Health and Substance Use Issues

by Michele Gougeon, 2013 NAPHS Board Chair

Michele Gougeon is a member of the NAPHS Executive Committee in 2014 as the association's immediate past board chair. She is also the executive vice president/ chief operating officer, McLean Hospital, Belmont, MA.

**From tragedy has come a robust national focus on mental health and addiction issues.**

As 2013 began, the Obama Administration put forth a set of executive orders that started a national focus on mental health in the aftermath of the Sandy Hook tragedy in which 20 young children and six adults were gunned down in a Connecticut elementary school.

From the beginning, NAPHS joined President Obama and Vice President Biden in the effort to formalize a year-long “National Dialogue on Mental Health” to improve understanding of mental and substance use conditions. NAPHS immediately developed a white paper on “Behavioral Health as a Partner in the Solution” to help members communicate the issues locally and later shared a toolkit on ways to play an active role. As a result, in the ensuing year, NAPHS member organizations have provided literally thousands of hours of outreach and education to both professionals and community members to work toward reducing stigma.

NAPHS participated in the White House Conference on Mental Health in June, and we led an effort that resulted in the Mental Health Liaison Group (of DC-based associations) sending a set of shared recommendations to the Administration from 47 national organizations.

NAPHS was also a major supporter of a high-profile Kennedy Forum in October in Boston. At this event, former Rep. Patrick Kennedy voiced the urgency he shares with NAPHS to take action to elevate the importance of behavioral health on the national agenda.

**Long-awaited parity regulations have been issued — strengthening behavioral health protections.**

A key part of the Administration’s plan for responding to the Sandy Hook tragedy was a commitment to issue the long-awaited final regulations governing the *Mental Health Parity and Addiction Equity Act of 2008*.

This has been a top priority for NAPHS for many years. NAPHS also serves on the executive committee of the Parity Implementation Coalition (PIC), which led the call to issue the final rule. Early in 2013, the PIC submitted a final set of recommendations to the Administration on the final parity rule. One of the top PIC recommendations was clarification that intermediate care should be part of the final rule. Working with our Addiction Treatment and Youth Services Committees, NAPHS had developed a specific recommendation on intermediate care that was included in the PIC recommendations.

---

<b>Ending discrimination is our goal and mission — wherever the hurdles remain.</b>	<p>The approach that NAPHS developed on intermediate care was an outgrowth of work we began in 2012 with Public Opinion Strategies to identify the best way to help policymakers and the public better understand the importance of services, such as residential treatment, that are part of the continuum between inpatient hospital and outpatient services. The fact that NAPHS was able to win the backing of the influential PIC coalition for our concept demonstrates the power of our association's focus on coalition-building in support of our advocacy goals.</p> <p>In the final rule, which was published in November 2013, the concept of intermediate care was embraced. This is an important step, as people will now be able to get the right care, at the right time, in the right setting.</p> <p>As part of our collaborative strategy, NAPHS joined with the National Alliance on Mental Illness (NAMI) to run an ad in <i>Politico</i> thanking the President and Congress for moving forward with parity.</p>
---	--

---

### **A push to “finish the parity job” continues.**

In 2013 NAPHS was active in discussions regarding the implementation of the *Affordable Care Act (ACA)* and the essential health benefit (EHB) final rules. The ACA emphasizes that mental health and substance use disorders have to be covered as one of 10 EHBs — and be covered on par with other medical disorders.

As part of the ACA/EHB comment process, NAPHS made a major effort to gather the facts about why the Medicaid expansion program should not apply the Institution for Mental Disease (IMD) exclusion. These facts were compiled in a legal analysis that we commissioned. We also worked with groups including NAMI and others. Although we worked very hard to get this addressed in the final rule, the government took a strict interpretation of the legal underpinning of the IMD and decided to continue to apply the IMD exclusion to the Medicaid expansion population. This was unfortunate; but the IMD issue continues to be discussed within policy circles and momentum continues to grow to address this issue sometime in the near future.

This is an example of the need for consistent, ongoing advocacy in Washington, DC. NAPHS is uniquely positioned to keep a focus on these kinds of issues that are so important to ensuring that our patients have timely access to the services they need. Ending discrimination is our goal and mission — wherever the hurdles remain.

### **Our voice is critical to keep policy discussions on track.**

Unfortunately, Sandy Hook was not the only tragedy to draw the nation's attention in 2013. During the year, other tragedies (including shootings in Colorado and the suicide of state senator Creigh Deeds' son in Virginia) continued to keep the focus on mental health and addiction issues.

It is true that we get attention more times than not when something bad happens. But it is our responsibility as advocates to keep policymakers focused on the need for improved behavioral health access, coverage, and effective treatment. If we provide timely treatment, we can hopefully prevent some of these tragedies from happening.

---

**Long-awaited parity regulations** We worked with Rep. Tim Murphy (R-PA) during his year-long study of the mental health system. His recently-introduced bill (the *Helping Families in Mental Health Crisis Act*) includes several NAPHS priorities, including elimination of the IMD, behavioral health information technology, and primary care integration. This bill will be a starting point for debate on a number of issues into the new year.

**have been issued — strengthening behavioral health** NAPHS members bring an important perspective to these discussions. Our organizations blend both clinical knowledge with business acumen grounded in the realities and challenges of running a complex, highly regulated service. Our collective experiences can help to reframe policy debates so that they keep the best interests of individuals with mental and substance use conditions at the center of all discussions.

**protections.**

### **NAPHS continues to play a leadership role in quality.**

---

Throughout the year, NAPHS was out front in helping members with core measure implementation (required as part of Joint Commission accreditation) and Inpatient Psychiatric Facility Quality Reporting (required by the Centers for Medicare and Medicaid Services under the ACA) as well as implementation of new measures (such as alcohol screening). We commented on measures being considered by a variety of groups, including the National Quality Forum and CMS. Through our work on technical advisory committees, we have been successful in shaping and limiting new measures.

In 2013 the association also established a new NAPHS Quality Committee to build on our focus on patient care and to enable us to respond quickly to the ever-growing number of quality initiatives in which we are involved.

### **Quick response to new challenges is an NAPHS hallmark.**

For example, in 2013 we stepped up to lead a successful effort to address Medicare incarceration recoupments. When members told us that monies were being recouped (counter to CMS policy), we were able to reach out to CMS to work toward a resolution and return of inappropriately retrieved payments. NAPHS will continue to work with CMS and Congress, particularly on the need to clarify definitions of *incarceration* going forward.

NAPHS has a laser-focused, proactive advocacy agenda that is focused on ending discrimination, improving access and coverage, and fair payments. But at the same time, we are prepared to address any issue as it presents itself.

**We welcome your continued personal involvement in 2014.**

---

**...it is our responsibility as advocates to keep policymakers focused on the need for improved behavioral health access, coverage, and effective treatment.**

---

Please plan to join us for the upcoming Annual Meeting in DC March 10–12, 2014.

Wishing you all a happy and successful year ahead!

*We look forward to continuing to serve you and to be your voice in these strategic areas.*

*Please call NAPHS President/CEO Mark Covall at 202/393-6700, ext. 100, with any questions.*