SAMHSA Finalizes Substance Use Disorder Diagnosis, Treatment, and Referral Disclosure Regulations

The final 42 CFR Part 2 substance use disorder diagnosis, treatment, and referral disclosure regulations published in the Federal Register by the Substance Abuse and Mental Health Services Administration (SAMHSA) on January 18, 2016. However, the publication of the final regulations was accompanied by a notice of supplementary proposed regulations, open for comment until February 17, 2016. Throughout the final regulations, which take effect February 17—the same day comments are due on the proposed regulations—SAMHSA emphasizes that it has aligned the final regulations with the confidentiality and disclosure provisions of the Health Insurance Portability and Accountability Act (HIPAA) to the extent permitted under the underlying Federal law, 42 U.S.C. § 290dd-2. But the agency emphasizes that the underlying law was intended to impose stricter restrictions than the later-enacted HIPAA confidentiality and disclosure provisions due to the nature of the stigma and legal threats associated with substance abuse at the time of enactment.

One area of significant difference between the proposed regulations and the final regulations is the elimination of the two-year delay in implementing the “List of Disclosures” required to be provided patients who give, on the patient disclosure consent form, general permission for disclosures to “treating providers” rather than authorization for disclosures to specifically named organizations or entities. However, a Part 2 program will not be permitted to accept a general authorization of disclosures to “treating providers” unless the program’s intermediary for the disclosure(s) is able to provide a List of Disclosures within 30 days of a patient request for a list. The List of Disclosures still must include all disclosures made within the preceding two years or since the permission to disclose was originally given.

A second fairly significant change in the final regulations is that the disclosure form as finalized will permit a general designation in the “From Whom” section. SAMHSA says prohibiting a general designation in that section—as suggested in the proposed regulations—would turn the “From Whom” section into a “provider directory” and impose a significant administrative burden on the provider, patient, and intermediaries.

SAMHSA also clarifies that the patient consent form may include both general and specific consents.

Another SAMHSA clarification that allays significant concerns held by NASMHPD members is that, if a medication can be used for both substance use disorder treatment and other medical treatment, and so would not necessarily identify a patient undergoing substance use disorder diagnosis, treatment, or referral, consent is not required for disclosure of its medical use.

(Continued on page 2)
SAMHSA Finalizes 42 CFR Part 2 Regulations; Proposes Rules for Contractors, MCOs

(Continued from page 1) In the preamble to the final version of the regulations, SAMHSA dismisses the primary complaint against the regulations—that segmenting patient data to exclude information about substance use disorder diagnoses, treatment, and referral is still difficult technologically for providers and intermediaries. The agency points to the ongoing development of tagging under the DS4P initiative within the Office of the National Coordinator’s Standards and Interoperability (S&I) Framework as a means to exclude prohibited disclosures.

With regard to disclosures to and by researchers, SAMHSA initially proposed permitting researchers to link data sets that include patient-identifying information if (1) the data linkage uses data from a Federal data repository, and (2) the project, including a data protection plan, is reviewed and approved by an Institutional Review Board (IRB) registered with the Office for Human Research Protections (OHRP) in accordance with rules designed to protect human research subjects under 45 CFR Part 46.

SAMHSA requested comments in the initial notice on whether to expand the data linkages provision beyond Federal data repositories.

After considering the public comments received on the topic, SAMHSA revised the data linkages provision in the final regulations to permit researchers to link to both Federal and non-Federal data repositories, if the patient data included in any report is de-identified and the researcher complies with the existing HIPAA and Common Rule requirements for researchers (i.e. IRB review and/or privacy board review, as previously proposed).

In the supplemental proposed regulations, SAMHSA seeks input on whether some sort of abbreviated disclosure form might be appropriate for disclosing patient information to Medicaid MCOs and contractors and subcontractors administering Medicaid program administrative functions, such as claims reimbursement.

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The members of the Federal Parity Task Force, under the leadership of the White House Domestic Policy Council, presented a final report to the President on October 27, 2016. The report included a series of new actions and recommendations to ensure that health coverage for mental health and substance use disorder services is comparable to – or at parity with – general medical care.

After an inclusive process involving listening sessions with a wide range of stakeholders, the Task Force report set out a roadmap for moving forward. The President asked members of the group to begin this important journey to move from the current state to full parity and to move immediately in order to accelerate the momentum on parity implementation. By strengthening the assurance of parity, more Americans will have access to the mental health and substance use services they need.

Reinforcing the importance of continuing to move quickly to implement parity fully, Congress included parity provisions in the 21st Century CURES Act, with specific provisions that were aligned with the recommendations of the Task Force.

Today we are announcing progress in four areas that were contained in the Task Force recommendations and required by the 21st Century CURES Act:

- Helping consumers who are looking for answers related to their parity appeals, complaints and other actions. Today, we are unveiling an improved version of the one-stop Mental Health and Addiction Insurance Consumer Portal. This new version reflects feedback from people who used the beta version that was released in October with the report.
- Increased reporting on federal enforcement actions so that stakeholders have more information about Department of Labor investigations and the types of violations found and actions taken. Today we are releasing an Enforcement Fact Sheet.
- Sharing public comments on health plan disclosure requirements. The Departments of Health and Human Services, Labor, and the Treasury recently solicited public comments about how to improve guidance on disclosure requirements. The comments are posted on the DOL website.
- Giving states the information and tools they need to implement parity. Two policy academies will be held by summer 2017, sponsored by the HHS Substance Abuse and Mental Health Services Administration. The policy academies will bring together teams of state officials to advance parity monitoring and compliance enforcement in the commercial sector and support parity implementation in Medicaid and the Children's Health Insurance Program.

The Parity Task Force report is an enduring document, with implementation guideposts that will drive real progress. The resources being made available today show that we are keeping our promise to advance parity in health coverage for consumers who need mental health and substance use disorder services.
A new study, *Sustained Effectiveness of the Mental Health Environment of Care Checklist to Decrease Inpatient Suicide*, published in the November 15, 2016 issue of the journal *Psychiatric Services*, concludes that the Department of Veterans Affairs (VA) Mental Health Environment of Care Checklist (MHEOCC) has reduced inpatient suicide rates by 82 percent.

The MHEOCC was designed and created in 1999 for the VA to conduct formal patient-safety activities across the VA health system. It has been implemented in all VA inpatient mental health units since October 2007. The purpose of the checklist is to identify and abate physical and environmental hazards (i.e., anchor points, non-shatterproof glass, non-tamper-resistant electrical outlets) that may pose a risk to patients at risk of suicide or self-harm. Earlier analyses had shown that most attempted or completed suicides on inpatient units were linked to such hazards as hooks or anchor points that could be used for hanging.

The study’s lead author, Dr. Bradley Vincent Watts, a psychiatrist at the White River (Vermont) VA Medical Center, and his team of three other researchers at the National Center for Patient Safety in Ann Arbor, Michigan, examined root cause analysis reports from over 150 VA inpatient mental health units to identify the number of suicides occurring between 2000 and 2015. The number of mental health admissions and bed-days of care were studied for the same time period. The researchers concluded that the rate of suicide prior to the implementation of the MHEOCC was 4.2 per 100,000 admissions or 2.72 per million bed-days of care. After the checklist was implemented, the rate was 0.74 per 100,000 admissions or 0.69 per million bed-days of care.

The researchers found a sustained reduction in suicide deaths for more than seven years, with no deaths occurring during the final three years of the study.

Dr. Watts commented in a December 4, 2016 interview with the *Good News Network*, “[T]he MHEOCC has had a substantial and persistent reduction in inpatient suicide deaths. [T]hese findings suggest that architectural and environmental changes may result in more lasting effects in contrast to other improvement strategies for reducing suicides in hospital units. The checklist and resulting environmental changes involve the hardwiring of changes into the architecture of mental health units. Thus, staff don’t have to remember to do something. The unit is just designed that way.”

**VA Hospital Hazards Checklist Reduces Rate of Inpatient Suicide Deaths**

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NCADD-Maryland, formed in 1988, is a statewide organization that provides education, information, help and hope in the fight against chronic, often fatal diseases of alcoholism, drug addiction, and co-occurring mental health disorders. NCADD-Maryland devotes its resources to promoting prevention, intervention, research, treatment and recovery of the disease of addiction and is respected as a leader in the field throughout the state.

For more information about NCADD-MD, please visit our website at [www.ncaddmaryland.org](http://www.ncaddmaryland.org)

NCADD-MD, National Council on Alcoholism and Drug Dependence, 28 East Ostend Street, 3rd Floor, Baltimore, MD 21230
SAMHSA-Sponsored Webinar

In partnership with the National Association of State Alcohol and Drug Abuse Directors, the National Association of State Mental Health Program Directors, the Behavioral Health Education Center of Nebraska, and the Annapolis Coalition on the Behavioral Health Workforce

State Solutions in Workforce Webinar: Connecticut’s Workforce Transformation

Wednesday, January 25, 2 p.m. to 3:30 p.m. ET

Part 2 of a quarterly webinar series that will highlight current innovative practices throughout the nation. This webinar features the state of Connecticut’s efforts to transform its workforce.

Register Here

Mark Your Calendars:

Growing Alaska’s Future BH Professionals – Wednesday, April 19, 2 p.m. ET (Part 3 of 4)
Massachusetts’ Career of Substance Website – Wednesday, July 19, 2 p.m. ET (Part 4 of 4)

Questions regarding this webinar should be directed to Valerie Kolick at SAMHSA.

Looking to initiate or invigorate your organization’s crisis services? Learn how to join the National Suicide Prevention Lifeline. First launched in 2005, Lifeline is an innovative leader in suicide prevention and crisis services. This nationwide network is comprised of over 150 local crisis centers in almost all 50 states.

Join the National Council for Behavioral Health on Wednesday, January 25, from 2 p.m. to 3:30 pm ET for Supporting Lifeline—The National Effort to Prevent Suicide

During this webinar, learn about the benefits of membership including training, national promotion, and an annual stipend, and how your organization can join this growing network. Presenters from two active Lifeline member organizations will describe their experience and reasons to join the national network.

Presenters:
- Cheryl Sharp, MSW, ALWF, Consultant, National Council for Behavioral Health
- John Draper and Carole Ludwig, National Suicide Prevention Lifeline Membership Team
- Bart Andrews, PhD, Vice President of Clinical Practice/Evaluation, Behavioral Health Response
- Jennifer Armstrong, LPC-MHSP, Director of Crisis Care Services, Centerstone

Register Here

Suicide is preventable and everyone has a role to play. Become a part of the national effort to prevent suicide. #BeThe1To help someone else.

The National Suicide Prevention Lifeline is administered by the Mental Health Association of New York City and funded by the Substance Abuse and Mental Health Services Administration.
Support National Drug & Alcohol Facts Week

National Drug & Alcohol Facts Week℠ is a week-long health observance where communities around the country organize events and activities to get teens involved in learning about the science behind the effects of drug and alcohol abuse and addiction on their brain, body, and behavior.

Planning your event is simple. Once you register on the National Institute on Drug Abuse website, you can receive suggestions and free resources about making your event successful.

Register Now!

Can’t host an event but want to help? Become a social media partner and spread the word about #NDAFW.

How do you #doIBHcare?
@UICHealthRRTC Twitter Chat featuring
SAMHSA's Paolo del Vecchio, M.S.W.
Director, Center for Mental Health Services

Share your thoughts & efforts to promote integrated behavioral healthcare

Wednesday Jan. 25 @ 2-3 pm EST

Follow @UICHealthRRTC to join #doIBHcare chat
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.

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.

January 2017 Trainings

Rhode Island

Department of Behavioral Health and Hospitals, Cranston – January 30 and 31

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

Minority Fellowship Program Grantees Accepting Fellowship Applications for 2017-18

SAMHSA’s Minority Fellowship Program (MFP) grantees have started to accept fellowship applications for the 2017-18 academic cycle. The MFP seeks to improve behavioral health outcomes of racially and ethnically diverse populations by increasing the number of well-trained, culturally-competent, behavioral health professionals available to work in underserved, minority communities. The program offers scholarship assistance, training, and mentoring for individuals seeking degrees in behavioral health who meet program eligibility requirements. The following table outlines fellowship application periods for each of the grantees awarded funds to implement the MFP.

<table>
<thead>
<tr>
<th>Grantee Organization</th>
<th>Application Period for the MFP Traditional PhD Program</th>
<th>Application Period for the MFP- Masters Level Youth Focused Program</th>
<th>Application Period for the MFP- Masters Level Addictions Counseling Focused Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Nurses Association</td>
<td>4/30/16 - 4/30/17</td>
<td>Applications Open Until all vacancies filled</td>
<td>N/A</td>
</tr>
<tr>
<td>American Psychiatric Association</td>
<td>10/31/2016- 1/30/2017</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Council on Social Work Education</td>
<td>12/2016 – 2/28/17</td>
<td>Spring 2017</td>
<td>N/A</td>
</tr>
<tr>
<td>NAADAC: the Association for Addiction Professionals</td>
<td>N/A</td>
<td>N/A</td>
<td>9/30/2016 – 8/1/2017 Note: This application cycle will be an open “rolling application” period</td>
</tr>
</tbody>
</table>

NASMHPD Weekly Update is now accepting letters and blogs. Please submit your contribution by noon Tuesday of the week you seek publication to stuart.gordon@nasmhpd.org.
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 NASMHPD’s Pat Shea by email or at 703-682-5191.

Technical Assistance Products for Services to Persons Experiencing a First Episode of Psychosis

With support from the Center for Mental Health Services, NASMHPD and NRI have developed a second set of technical assistance materials that address issues with programming for individuals experiencing a first episode of psychosis. The products are listed below.

> **Policy Brief:** The Business Care for Coordinated Specialty Care for First Episode Psychosis

> **Toolkits:** Supporting Full Inclusion of Students with Early Psychosis in Higher Education

  - Back to School Toolkit for Students and Families
  - Back to School Toolkit for Campus Staff & Administrators

> **Fact Sheet:** Supporting Student Success in Higher Education

> **Web Based Course:** A Family Primer on Psychosis

> **Brochures:** Optimizing Medication Management for Persons who Experience a First Episode of Psychosis

  - Shared Decision Making for Antipsychotic Medications – Option Grid
  - Side Effect Profiles for Antipsychotic Medication
  - Some Basic Principles for Reducing Mental Health Medicine

> **Issue Brief:** What Comes After Early Intervention?

> **Issue Brief:** Age and Developmental Considerations in Early Psychosis

> **Information Guide:** Snapshot of State Plans for Using the Community Mental Health Block Grant (MHBG) Ten Percent Set-Aside for Early Intervention Programs (as of September 2016)

> **Information Guide:** Use of Performance Measures in Early Intervention Programs

These products are in addition to those that were developed last year as well as other materials on first episode programming. They can be obtained at http://www.nasmhpd.org/content/information-providers. Any questions or suggestions can be forwarded to either Pat Shea (Pat.shea@nasmhpd.org) or David Shern (David.shern@nasmhpd.org).

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.

The 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.
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Vacant, At-Large Member

**NASMHPD Staff**

Brian M. Hepburn, M.D., Executive Director
brian.hepburn@nasmhpd.org

Meighan Haupt, M.S., Chief of Staff
meighan.haupt@nasmhpd.org

Raul Almazar, RN, MA
Senior Public Health Advisor (PT)
raul.almazar@nasmhpd.org

Shina Animasahun, Network Manager
shina.animasahun@nasmhpd.org

Genna Bloomer, Communications and Program Specialist (PT)
genna.bloomer@nasmhpd.org

Cheryl Gibson, Senior Accounting Specialist
cheryl.gibson@nasmhpd.org

Joan Gillece, Ph.D., Director Center for Innovation in Trauma-Informed Approaches
joan.gillece@nasmhpd.org

Leah Harris, Peer Integration Strategist
leah.harris@nasmhpd.org

Leah Holmes-Bonilla, M.A., Senior Training and Technical Assistance Advisor
leah.homes-bonilla@nasmhpd.org

Christy Malik, M.S.W., Senior Policy Associate
christy.malik@nasmhpd.org

Kelle Masten, Senior Program Associate
kelle.masten@nasmhpd.org

Stuart Gordon, J.D., Director of Policy & Communications
stuart.gordon@nasmhpd.org

Jeremy McShan, Program Manager, Center for Innovation in Trauma-Informed Approaches
jeremy.mcshan@nasmhpd.org

Jay Meek, C.P.A., M.B.A., Chief Financial Officer
jay.meek@nasmhpd.org

David Miller, MPAff, Project Director
david.miller@nasmhpd.org

Kathy Parker, M.A., Director Human Resources & Administration (PT)
kathy.parker@nasmhpd.org

Brian R. Sims, M.D., Senior Medical Director/Behavioral Health
brian.sims@nasmhpd.org

Greg Schmidt, Contract Manager
greg.schmidt@nasmhpd.org

Pat Shea, M.S.W., M.A., Deputy Director, Technical Assistance and Prevention
pat.shea@nasmhpd.org

David Shern, Ph.D., Senior Public Health Advisor (PT)
david.shern@nasmhpd.org

Timothy Tunner, M.S.W., Ph.D., Training and Technical Assistance Advisor
timothy.tunner@nasmhpd.org

Aaron J. Walker, M.P.A., Senior Policy Associate
aaron.walker@nasmhpd.org

**NASMHPD Links of Interest**

**Medicaid and CHIP Parity Compliance Toolkit and Implementation Roadmap**, Centers for Medicare and Medicaid Services, January 2017


**Strategies to Combat the Opioid Epidemic**, Abdul Lateef Jamil Poverty Action Center (J-PAL North America), January 2017

**Partial Repeal of the ACA through Reconciliation: Coverage Implications for Your [Each] State**, (Interactive Map), Urban Institute, January 20

**Frequently-Asked Questions (FAQs) on Federal Funding for Services “Received Through” an IHS/Tribal Facility and Furnished to Medicaid-Eligible American Indians and Alaska Natives (SHO #16-002)**, CMCS, January 18


**Domestic Violence Allegations Were a Missed Red Flag Before Florida Mass Shooting**, Huffington Post, January 10

**HHS Presidential Transition Agency Landing Team Book**, January 2017