MENTAL HEALTH WEEKLY

Essential information for decision-makers

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Republican lawmakers are once again pushing back against Virginia Governor Terry McAuliffe's attempts to provide behavioral health and medical benefits to Virginians with serious mental illness. McAuliffe officially launched a health plan for that population earlier this month following federal approval. He tried to expand the Medicaid program last year but to no avail. The new program would serve as many as 20,000 Virginians with SMI.
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Despite opposition, Va. governor readies health plan for consumers with SMI

> **Bottom Line...**
> *Officials say in light of the legislature's refusal to close the coverage gap, the governor's health plan is the only viable option to help Virginians and their families struggling with serious mental illnesses.*

The Centers for Medicare & Medicaid Services (CMS) on January 12 approved Virginia Gov. Terry McAuliffe's plan to launch a new health program that would provide coverage for 20,000 individuals with serious mental illness who are uninsured. The new plan, however, is once again being challenged by state lawmakers who last year pushed back on attempts to expand Medicaid.

McAuliffe first announced his intention last September to expand health care services to thousands of Virginians without health insurance and for the population with serious mental illness. The program would offer consumers the full array of benefits that someone would have in a traditional Medicaid program (see *MHW*, Sept. 15, 2014).

The Governor's Access Plan (GAP) is the first step in the governor's "A Healthy Virginia Plan," which will serve as a bridge program until the legislature expands Medicaid, according to a release from the governor's office. GAP is targeted to assist individuals with significant health needs who face profound difficulty in obtaining care.

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Barriers examined for patients moving from Medicaid to Medicare Part D

> **Bottom Line...**
> *The difficulty patients may have accessing treatment under private Part D plans compared to Medicaid drug coverage is cause for future study, say researchers.*

States with strict drug benefit limits may reduce rates of untreated illness among patients with bipolar disorder who have high levels of overall medication use, according to a new study considered the first to examine the barriers to mental health treatment for the under-65 population with serious mental illness.

Access to antipsychotic treatment may decrease after Part D for patients with a serious mental illness living in states with relatively generous uncapped Medicaid coverage, say researchers from the Harvard Pilgrim Institute at Harvard University. The study, "Changes in Drug Coverage Generosity and Untreated Serious Mental Illness Transitioning from Medicaid to Medicare Part D," appears in the January 15 issue of *JAMA Psychiatry*.

More than one in five disabled people with dual Medicare-Medicaid enrollment have schizophrenia or bipolar disorder. The effect of their transition from Medicaid drug coverage, which varies in generosity across states, to the Medicare Part D drug benefit is unknown, according to researchers. Many thousands

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According to local news reports, McAuliffe tried unsuccessfully on multiple fronts to expand Medicaid, which most Republicans opposed. However, there was bipartisan support for reforming the state mental health care system following the suicide of state senator Creigh Deeds' son, who had mental illness.

According to PilotOnline.com, Rep. Del. Chris P. Stolle called the health program "rushed" and "incomplete" and said it should not have been implemented without lawmakers' approval.

The CMS approval gives Mc Auliffe the authority to spend $13 million to pay for the pilot program through the end of the fiscal year on June 30, *The Washington Post* reported. But General Assembly approval of $77 million is required to continue the program next year.

Christina Nuckols, spokesperson for the Office of Secretary of Health and Human Resources, told *MHW* last week that the General Assembly has only been in session for a few days. "There's still a long discussion to occur on [GAP] and budget priorities," she said. "There is still plenty of time to discuss the merits of the program."

Clearing up confusion

Nuckols pointed to a letter written by Secretary William A. Hazel Jr., M.D., to Del. Chris Jones, chairman of the House Appropriations Committee, in an attempt to clear up concerns by lawmakers.

In the letter, Hazel explained that the GAP program was developed and implemented in accordance with the legal authority granted to the governor and to the Board of Medical Assistance Services to act in an emergency in order to secure a waiver extending services to Virginians who need them. "No one should be forced to live on the street or go to jail due to an illness that can be treated with the interventions the Governor includes in his plan," he wrote.

> **'There is still plenty of time to discuss the merits of the program.'**
>
> Christina Nuckols

GAP does not change eligibility for Virginia's Medicaid program, noted Hazel. "It is a limited demonstration that offers a limited benefit for a target population," he wrote. "It does not require additional funding, as it is funded within the existing appropriation." Since last week, officials have received 448 applications for the new health program.

The program will cover 20,000 individuals out of an estimated 50,000 Virginians who are uninsured and have serious mental illness. "The number was established as a pragmatic goal given our budget constraints," Hazel wrote.

He goes on to explain that the health program was not rushed but was developed over a six-month period by a team of health care experts at the Department of Medical Assistance who consulted with medical experts, providers in the field and stakeholders to ensure the best possible program was designed.

Nuckols said she hopes that Hazel's letter will clear up some of the confusion by lawmakers about the new plan. "We hope that it has a positive effect on consideration of the program," she said.

Clinical officer weighs in

GAP is an important start, Dennis Morrison, Ph.D., chief clinical officer at Netsmart, a software supplier for behavioral health organizations, told *MHW*. Morrison weighed in on McAuliffe's health plan, noting that it is similar to Indiana's program. "It would expand services, but not through the Medicaid expansion." In-

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diana Gov. Mike Pence has proposed within the past few weeks a second version of his health program, called Healthy Indiana Plan (HIP) 2.0.

HIP 2.0 expands the original Healthy Indiana Plan. Unlike traditional Medicaid, the Healthy Indiana Plan reimburses providers at 100 percent of the higher Medicaid rates, ensuring more provider participation and leading to greater access to health care services, according to a release from Pence's office.

"Gov. McAuliffe is not alone in finding other ways to help people in states that are not doing the Medicaid expansion," said Morrison. He noted that the integration of primary care and behavioral health services is significant. "Many people with serious mental illness also have a concurrent medical problem," he said.

Specifically, 67 percent of people with serious mental illnesses also have a serious medical program, he said. Also, 33 percent of people seen in a primary care practice also have a behavioral health problem. Morrison added that 67 percent of people with behavioral health conditions do not receive treatment.

The Virginia plan would allow them to provide some kind of bridge until and if Medicaid expansion does pass, said Morrison. "The Republican legislature does not want to embrace Medicaid expansion, purportedly because of cost," he said.

Although the age of onset for a mental illness is during the late teens and early 20s, the health plan covers the Virginia population ages 21 to 64, he said. "That is a bit of a problem, but it is better than nothing," Morrison said.

Morrison pointed to a well-known statistic that people with serious mental illness die 25 years sooner than the general population. "Their death has nothing to do with the mental disorder; it has everything to do with their health care [issue]," he said.

The prevalence of schizophrenia, for example, said Morrison is:

- two times that of Alzheimer's,
- five times that of multiple sclerosis,
- six times that of insulin-dependent diabetes, and
- 60 times that of muscular dystrophy.

Morrison noted that 50 percent of people with behavioral health disorders are treated by primary care doctors who also prescribe most of the psychotropic medications in the United States. Many of the people referred to outpatient providers by primary care physicians never follow through, he added. Primary care physicians typically provide about seven minutes of treatment to a patient, said Morrison.

"We have to address that side and how you get PC doctors to do a better job to triage [patients] to behavioral health providers," he said. More generally, people tend to underestimate mental health in all of health care, said Morrison. "I want people to understand this is not some trivial problem in society. It's a huge cost to society." •

Wisconsin moving forward to address children's MH challenges

High suicide and psychiatric hospitalization rates and provider shortages are among the challenges facing Wisconsin's children's mental health system, according to a new report to the state legislature released by the newly formed Office of Children's Mental Health.

> ***Bottom Line…***
> *State officials noted that a new grant program was created in the 2013-2015 state budget to encourage up to 12 psychiatrists to practice in underserved areas.*

The report notes that upon learning that children were lost in a "complicated system" through multiple agencies and disjointed services, Gov. Scott Walker sought a solution, prompting the creation of the Office of Children's Mental Health last year.

The Office of Children's Mental Health had been created to improve children and families' access to services, with a focus on resources provided by the Wisconsin Department of Human Services, Department of Children and Families, Department of Public Instruction and Department of Corrections, along with other Wisconsin organizations. The office, established in January 2014, is staffed by Elizabeth Hudson, a nationally recognized expert on trauma-informed care, and three liaison staff.

Key findings

The challenges outlined in the report include a shortage of mental health providers, high rates of child psychiatric hospitalizations, and a youth suicide rate that is 40 percent higher than the national average and the second leading cause of death for Wisconsin's young people, after accidents. Challenges also include pronounced racial disparities in school discipline, juvenile detentions and foster care placements.

The report found that up to one in nine kids has a severe emotional disturbance and up to one in five has any kind of mental health disorder. The Substance Abuse and Mental Health Services Administration estimates the prevalence of serious emotional disturbance in Wisconsin at 9 to 11 percent. In terms of the Wisconsin population, that would be from 60,395 to 73,816 children ages 9 to 17.

Approximately one in three children with a mental health need went without treatment in the past year. When looking at Wisconsin youth with a major depressive episode, nearly 60 percent did not receive treatment.

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The Office of Children's Mental Health's 2015 agenda includes informing legislators of the strengths, weaknesses, opportunities and impediments to system improvements. The office intends to identify factors underlying Wisconsin's high rate of youth psychiatric hospitals and bring stakeholders together in order to propose solutions.

Advocacy response

Annabelle Potvin, advocacy coordinator for the National Alliance on Mental Illness-Wisconsin, said she is optimistic about the new office. "The Office of Children's Mental Health is taking a smart and long-term approach to the issue of children's social and emotional well-being," Potvin told *MHW*. "They've only been in operation a year. They're in this for the long haul."

"Wisconsin has the reputation for being a progressive state, but when it comes to children's mental health, the state is not so progressive," Hugh Davis, executive director of Wisconsin Family Ties, a family-run organization that provides information advocacy, education and support to children with mental health challenges and their families, told *MHW*.

The numbers and data in the report are pretty disturbing, said Davis. "There's a lot of work yet to be done," he said. Davis said some steps have already been taken. "In the last biennium, the governor invested an unprecedented amount of money for mental health," he said. "Several of those initiatives are focused on children's mental health, [which] will take some time ramping up."

Davis added, "We need to take a look at the gaps that have been identified, such as the high suicide rates and high hospitalization rates, and use evidence-based practices and research-based strategies [to address] whatever's missing in Wisconsin that other states seem to be adopting."

The establishment of the Office of Children's Mental Health is a good idea, said Davis. "Before that, the responsibility for children's mental health was fragmented over many state agencies," he said. "There was never anyone who had overarching responsibility for children's mental health progress across the state."

Davis said consumers and advocates had a sense of the problem with the state's children's mental health system before the report's release. The first step, he said, is the need to outline some goals for children's mental health, then put plans and services into place to achieve those goals.

'We need to take a look at the gaps that have been identified, such as the high suicide rates and high hospitalization rates, and use evidence-based practices and research-based strategies [to address] whatever's missing in Wisconsin that other states seem to be adopting.'

Hugh Davis

Initiatives under way

The 2013–2015 state budget provided $3,750,000 to expand Coordinated Service Teams (CSTs) statewide, Stephanie Smiley, spokesperson for the Wisconsin Department of Health Services (DHS), told *MHW*. CSTs are targeted to children and families involved in two or more systems of care (mental health, long-term care, juvenile justice, child welfare, substance abuse, special education) and who have complex needs, she said.

In the 2013–2015 state budget, Gov. Walker allocated nearly $30 million to strengthening mental health services, said Smiley. At the same time, the state legislature passed 11 bills regarding mental health. The noteworthy initiatives for children include:

- **Expansion of CSTs.** These will coordinate care for children with behavioral health issues who have complex needs. "Parents are empowered to more effectively help their children," said Smiley. Today, 67 of Wisconsin's 72 counties and all of Wisconsin's Native American tribes (11) are either offering CSTs or developing CSTs.
- **Expansion of Comprehensive Community Services (CCS).** This program provides community-based psychosocial rehabilitation services across the lifespan (children and adults). By the end of 2015, 95 percent of the state's population will have access to CCS.
- **Expansion of in-home counseling for children.** There was a policy change that allowed the home to be a service delivery location for Medicaid-eligible children. In-home counseling typically is targeted to children in need of family therapy or children involved in the child welfare system. This expansion is promoting access and engagement in treatment for children and their families.
- **Child psychiatric consulta-**

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tion program. DHS has partnered with the Medical College of Wisconsin to give primary care pediatricians tools to treat children with mental needs. "This program will provide much-needed assistance in the diagnosis and management of children and adolescents with mental health symptoms," Smiley said, adding that the program is being offered in 18 counties.

Children may now receive mental health consultation and treatment in-home via telehealth providers, Smiley said. "This increases access to mental services in rural areas," she said.

As to whether the state intends to hire more children's mental health providers, Smiley responded, "Like many states, Wisconsin's mental health system is supervised by the state and administered at the county level. Wisconsin's 72 counties are responsible for delivering services and providing for the well-being, treatment and care of individuals with mental illness." •

FDA grants priority review for new schizophrenia treatment

The U.S. Food and Drug Administration (FDA) has granted Priority Review for the New Drug Application (NDA) for three-month atypical antipsychotic paliperidone palmitate to treat schizophrenia in adults. If approved, it will be the first and only long-acting atypical antipsychotic that has a dosing schedule of just four times a year, Janssen Research & Development officials announced January 19.

Priority Review is a designation for a drug that treats a serious condition and, if approved, would provide significant improvement in safety or effectiveness. A priority review designation means the FDA's goal is to take action on the marketing application within six months of receipt as compared to 10 months under standard review, said Janssen officials.

"If approved, this three-month formulation adds an unprecedented treatment option to help address the needs of people living with schizophrenia by providing a new, less frequently dosed treatment choice," Husseini K. Manji, M.D., global head of the Neuroscience Therapeutic Area for Janssen Research & Development, LLC, said in a statement. "New treatments give patients, and caregivers, a broader range of options to address their needs as early as possible in their recovery journeys."

The filing was based on a Phase 3, international, randomized, multicenter, double-blind, relapse prevention study of paliperidone palmitate three-month injection. The study, which included more than 500 patients, evaluated the efficacy of three-month paliperidone palmitate compared with placebo in delaying time to first occurrence of relapse symptoms of schizophrenia. Study patients who were randomized to treatment were stabilized with Invega Sustenna (once-monthly paliperidone palmitate), an approved treatment for schizophrenia, prior to receiving the investigational three-month formulation.

The study was stopped early for positive efficacy after an interim review of the data by an Independent Data Monitoring Committee based on prespecified criteria, specifically achieving a statistically significant difference from placebo in delaying time to relapse, Janssen officials stated. Based on this study, the safety profile of the paliperidone palmitate three-month formulation is consistent with that of once-monthly Invega Sustenna.

Invega Sustenna was approved by the FDA in July 2009 as the first once-monthly atypical long-acting injection to treat schizophrenia and is now approved in more than 80 countries. Late last year, the FDA approved Invega Sustenna for the treatment of schizoaffective disorder, making it the first and only once-monthly medication to treat this condition, according to Janssen officials. •

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make this transition annually.

Researchers set out to determine the effect of transitioning from Medicaid drug benefits to Medicare Part D on medication use by patients with a serious mental illness and to determine the influence of Medicaid drug caps.

"Prior to the study, like many other researchers, advocates, clinicians, etc., we had concerns about the potentially harmful restrictions represented by caps, and we had some concern about how vulnerable patients with severe mental illness would fare when shifted from public drug coverage to commercial plans," Jeanne Madden, Ph.D., author and instructor at Harvard Pilgrim Health Care Institute, told *MHW*.

When Part D was first offered by Medicare, it gave the elderly (and some nonelderly disabled beneficiaries who did not qualify for Medicaid) a Medicare drug coverage option they didn't have before, Madden explained. "Many Medicare beneficiaries had their own drug coverage, for example through retiree programs or private supplemental coverage plans that they purchased themselves," she said. "But the supplemental coverage in particular was often costly and provided inadequate coverage." Many Medicare beneficiaries had no drug coverage at all prior to Part D, and they often

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went without needed medications as a result, Madden said.

Madden added, "The study gave us an opportunity to look at both the effects of Medicare Part D coverage and the effects of state-level caps in Medicaid."

Study methodology

Researchers obtained 2004–2007 Medicare and Medicaid enrollment and claims data from the 5 percent national sample of dual enrollees. They excluded two states with anomalous data (Ohio and Louisiana) and a third state (Arizona) where all beneficiaries were in managed care.

In the 47 remaining states (as well as the District of Columbia), researchers identified 29,556 persons who were dually enrolled in 2005, 18 to 64 years of age in all years, and received at least one diagnosis of schizophrenia or bipolar disorder on a physician or facility Medicare claim. The final cohort included 9,229 dual enrollees (5,554 with schizophrenia and 3,675 with a bipolar disorder), representing 184,580 individuals with serious mental illness nationally.

The patients were all dually enrolled for the whole time, but in the middle of that period, the responsibility for their drug coverage switched from one program to the other, said Madden. "We wanted to look at the effects of Medicare Part D coverage (as compared to prior Medicaid) and also, specifically, the effects of state-level caps in Medicaid, which we could contrast with both Medicaid coverage in other states, and with subsequent Part D," she said.

All of the patients had drug coverage through Part D in the second two years, Madden said. "We did look at a measure of 'all drugs' (total adjusted prescription fills) during the entire four years and for that measure we were careful to consider only those drugs covered by Part D, so that we didn't confuse 'simply not covered under this program' with 'covered, but possibly with barriers and restrictions,'" she said.

For example, Part D at that time did not cover benzodiazepines or over-the-counter medicines, said Madden. "So we ignored those for the entire study," she said. "We didn't count them in the Medicaid period even if many Medicaid programs were paying for them."

Researchers also used published summaries of Medicaid drug benefits to assign 32 states to "no-cap" status, 11 to "soft-cap" status (higher limits on the number of prescriptions or generous overrides) and 5 to "strict-cap" status. Strict-cap states

Veterans and suicide prevention groups partner with Mental Health First Aid

Targeting Mental Health First Aid courses to key demographics, Mental Health First Aid USA launched a partnership with Active Minds, the American Foundation for Suicide Prevention (AFSP) and Iraq and Afghanistan Veterans of America (IAVA). Each organization will expand Mental Health First Aid training capacity through their local chapters, officials announced January 21.

In the initial rollout, Active Minds will provide Mental Health First Aid training to 680 students on college campuses nationwide, AFSP will train 1,000 individuals and IAVA will train 3,000 members of the veteran and military community.

"By joining forces with Active Minds, AFSP and IAVA, Mental Health First Aid extends its reach to populations with unique mental health needs," Linda Rosenberg, National Council for Behavioral Health president and CEO, said in a statement. "We are confident that these partnerships will allow us to more effectively help college students, veterans and those at risk for suicide."

Mental Health First Aid USA developed targeted curriculum supplements, which tailor the core curriculum to the particular needs of vulnerable populations, including veterans, military and their families and college students. The numbers are staggering. One-third of all college students have reported feeling so depressed that they have had trouble functioning, suicide is the tenth leading cause of death for Americans and 22 veterans die by suicide every day.

"Given the high percentage of veterans, military personnel and college students struggling with untreated mental health problems, including serious mental illnesses like severe depression and suicidal thinking, we have identified Active Minds, AFSP and IAVA as three key organizations to support our mission to provide Mental Health First Aid training to more people in these key populations," Betsy Schwartz, vice president of public education and special initiatives at the National Council, said in a statement.

Since 2008, more than 300,000 people in the United States have completed the Mental Health First Aid course to learn how to help youth and adults with mental health and substance use concerns connect to care in their communities. Mental Health First Aid USA, operated by the National Council, the Missouri Department of Mental Health, and the Maryland Department of Health and Mental Hygiene, is listed on the Substance Abuse Mental Health Services Administration's National Registry of Evidence-based Programs and Practices.

For more information, visit www.mentalhealthfirstaid.org.

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have low limits on monthly fills (less than five total fills or less than three fills of brand-name drugs) and no evidence of generous overrides.

Results

Prior to the Part D transition, untreated illness was much more prevalent among patients with a serious mental illness in states that had strictly capped benefits. In the capped states, 20.6 percent of patients with schizophrenia received antipsychotic treatment in November 2005, whereas in no-cap states, 11.6 percent of patients received no antipsychotic treatment during the same period.

For patients with a bipolar disorder, the rates of untreated illness (i.e., with no use of antipsychotics, anticonvulsants or lithium) were 30 percent and 23.8 percent in capped and no-cap states, respectively. In addition, the average dose of treatment was approximately one-fifth higher, and the average total number of prescription fills per month was approximately one-third higher, in no-cap states than in strict-cap states, for both mental illness cohorts.

Overall medication use increased substantially after Part D in strict-cap states: prescription fills were 35.5 percent higher among patients with a bipolar disorder and 17.7 percent higher than predicted among schizophrenic patients; overall use in no-cap states was unchanged in both cohorts.

The states in the study with very restrictive caps were Arkansas, Mississippi, Oklahoma, Texas and Tennessee. "For patients with bipolar disorder, we considered three types of medications: antipsychotics, anticonvulsants and lithium," said Madden. "Altogether, for simplicity, we referred to these as 'mood stabilizers.'"

Madden added, "Overall, we saw mood stabilizer use increase in the capped states. In the more generous states, overall mood stabilizer use did not change. But then if you look at the internal data, we see that in the more generous states, anticonvulsant use went up but some measures of antipsychotic use went down. So it was overall 'no change' because these two effects cancelled each other out."

Madden noted that the current research is the first to examine nonelderly dual Medicare and Medicaid enrollees. Earlier Part D studies were based on data from large pharmacy chains, which looked at dual enrollees, but only the "poor elderly" duals, she said. "My study focused on the nonelderly population because it is very tricky to look at antipsychotics in the elderly; they may be used inappropriately for dementia," Madden said.

"I would say the findings were consistent with previous research (by members of our team and others) that restrictive caps in state Medicaid programs represent a barrier on access to essential treatments for vulnerable patients," said Madden. •

'The study gave us an opportunity to look at both the effects of Medicare Part D coverage and the effects of state-level caps in Medicaid.'

Jeanne Madden, Ph.D.

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State News

Reform forthcoming for mental health care in S.C. prisons

The Department of Corrections in South Carolina has reached a preliminary agreement with Protection and Advocacy for People with Disabilities over how to reform the care of inmates with mental illness. The lawsuit was filed in 2005 because the group believed inmates with mental illnesses need better treatment. WLTX 19 reported January 15 that the agreement calls for $8 million to be spent specifically on improving mental health, including hiring eight more psychiatrists, 20 more counselors and 30 additional mental health technicians.

R.I. police receive MH training, but some say more can be done

Rhode Island police officers are receiving training to help them navigate difficult situations involving people coping with depression, paranoia and other disorders. Officers are reporting improved interactions, but some mental health advocates say the training isn't enough. *The Providence Journal* reported January 17 that some advocates want Rhode Island to adopt a nationally recognized Crisis Intervention Team (CIT) training program, a model used by more than 2,600 communities throughout the U.S. Without the right training, experts say, it's hard for the police to identify people who might have mental illness, and such encounters can turn deadly, they said.

Seattle citizens urge the passing of 'Joel's Law'

Parents and family members urged lawmakers in Washington on January 19 to pass a bill to remove what they say are roadblocks to getting treatment for people suffering from mental illness or in crisis, *The News Tribune* reported. Called "Joel's Law," the measure was named

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for Joel Reuter, who was suicidal when he was fatally shot by Seattle police in 2013. His parents told the Senate Committee on Human Services, Mental Health and Housing that they repeatedly tried to get the state to step in and force their son into treatment but repeatedly were turned away, with disastrous results. The American Civil Liberties Union and the public defender's office testified against the bill.

Coming up...

The **American Group Psychotherapy Association** will hold its annual conference **February 26–28** in **San Francisco, Calif.** The conference topic is "Promoting Secure Attachments through Group Therapy." For more information, visit **www.agpa.org/home/continuing-ed-meetings-events-training/annual-meeting**.

The **28th Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health** will be held **March 22–25** in **Tampa, Fla.** Visit **http://cmhtampaconference.com** for details and conference registration.

ACMHA: The College for Behavioral Health Leadership will hold its annual summit **March 24–26** in **St. Louis, Mo.** The 2015 theme is "Healthy Behavior: Literacy and Activation the Gateway to the Future of Health." For more details, visit **www.acmha.org/summit**.

The **15th Annual National Behavioral Health Information Management Conference and Exposition** will be held **April 15–16** in **Long Beach, Calif.** For more information, visit **http://cibhs.networkofcare4elearning.org/EventDetail.aspx?pId=306&OrgId=223**.

Resources

APF releases updated version of employer guide for parity compliance

The American Psychiatric Foundation (APF) and its Partnership for Workplace Mental Health on January 21 released an updated version of its *Employer Guide for Compliance with the Mental Health Parity and Addiction Equity Act*. This publication provides employers a concise guide to the parity law, its final regulations and how it is affected by the Affordable Care Act. The *Employer Guide* is designed to help employers assure compliance with the law by their health plan vendors. This knowledge is particularly important, say APF officials, because employers are liable for noncompliance and subject to potentially significant penalties — as high as $100 per member per day of noncompliance. The guide, which can be downloaded at www.workplacementalhealth.org/ParityGuide15, also addresses the new regulations under the Affordable Care Act relating to mental health parity, including disclosing plan information and providing for internal review and external appeals.

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Names in the News

Pat Rehmer, commissioner of the Connecticut Department of Mental Health and Addiction Services (DMHAS), has been named president of the National Association of State Mental Health Program Directors (NASMHPD). The organization represents state executives responsible for the $37.6 billion public mental health service delivery system serving 7.1 million people annually in all 50 states, four territories and the District of Columbia. Rehmer's appointment is effective immediately. She previously served as NASMHPD's vice president. In a news release, Rehmer said she will look to bring attention to issues such as mental health care for veterans, young adult services and growing concerns about opioid abuse. She has been commissioner of the Connecticut DMHAS since 2009.

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In case you haven't heard...

New research shows 99 percent of former professional football players surveyed by the Gridiron Greats Assistance Fund, Inc., have suffered a head injury, repeated concussions or a blow to the head sometime during their football career, money.cnn.com reported January 21. More concerning is that a third of these players admit to experiencing symptoms consistent with a little-known neurological condition caused by brain injury called Pseudobulbar Affect (PBA); and most were unaware that PBA symptoms may result from head injury. To help educate the community, legendary football Hall-of-Famer, Barry Sanders, has teamed up with Gridiron Greats and Avanir Pharmaceuticals, Inc. to launch Tackle PBA, a new educational campaign to increase awareness of PBA as a potential consequence of brain injury. PBA is a neurologic condition characterized by uncontrollable, disruptive laughing and/or crying outbursts that are often contrary or exaggerated to the patient's inner mood state. PBA occurs secondary to a variety of neurologic conditions such as traumatic brain injury (TBI), multiple sclerosis (MS), Parkinson's disease, stroke and Alzheimer's disease. For more information, visit www.tacklepba.org.