

From: NASHP News <Newsletter@nashp.org>

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Subject: New report shows increase in ED utilization for behavioral health

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Newsletter

January 17, 2017

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### **New Report Shows Increase in ED Utilizations for Behavioral Health- What Can States Do?**

A new [blog](#) from NASHP looks at an eye-opening new study from the Agency for HealthCare Research and Quality (AHRQ) which indicates that utilization of emergency department (ED) services due to behavioral health conditions increased sharply from 2006 to 2013. The [brief](#) "Trends in

Emergency Department Visits Involving Mental and Substance Use Disorders," highlights a 52 percent increase in ED utilization by people experiencing a serious mental illness, and a 55.5 percent increase for other behavioral health conditions, such as anxiety, depression, or stress reactions. Even more significant is that these increases were largest in lowest income communities, causing the percentage of behavioral health-related ED visits covered by Medicaid to increase, while the percentage of visits covered by private insurance actually decreased. The report may offer insights for states that are already working on these challenges, and affirms states' multi-pronged efforts to prevent behavioral health crises using diverse, integrated approaches. [Read the full blog.](#)

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### **Medicaid Funding Opportunities in Support of Perinatal Regionalization Systems**

Today nearly 40 states have a system of risk appropriate perinatal care. A new [blog post](#), [issue brief](#), and [interactive chart](#) explores Medicaid's role as an important partner in developing perinatal regionalization policies and strategies given its significant investments in a disproportionate share of high-risk births and flexibility in the range and scope of services covered. Case studies of [California](#) and [Georgia](#) demonstrate how state Medicaid agencies have developed various approaches to support risk appropriate perinatal care. NASHP in partnership with the National

Institute for Children’s Health Quality ([NICHQ](#)), developed these resources as part of the Health Resources and Services Administration’s Collaborative Improvement and Innovation Network to Reduce Infant Mortality ([IM ColIN](#)). [Learn more](#).

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### [New DSRIP Tab Added to Payment Reform Map](#)

We are excited to announce that the Delivery System Reform Incentive Payment (DSRIP) tab of our [State Delivery System and Payment Reform Map](#) now includes information on all approved DSRIP and DSRIP-like state programs. NASHP will update the information on this map as

programs evolve.

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### [AIDS.gov Webpage for the HIV Health Improvement Affinity Group \(HHIAG\)](#)

The HHIAG offers federal support to teams made up of state public health and Medicaid and Children’s Health Insurance Program (CHIP) agencies, who will collaborate to develop and implement performance improvement projects to improve rates of sustained viral suppression among Medicaid/CHIP enrollees living with HIV. This webpage provides an overview of the HHIAG and its learning communities, as well as information on the participating states’ efforts to address gaps along the HIV care continuum for Medicaid/CHIP enrollees. The 19 participating states (Alaska, California, Connecticut, Georgia, Illinois, Iowa, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Nevada, New Hampshire, New York, North Carolina, Rhode Island, Virginia, Washington, and Wisconsin) represent diverse regions from around the country and account for more than half of all people in the United States who were living with diagnosed HIV in 2013.

The HHIAG is a joint initiative between the Centers for Medicare and Medicaid Services, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration, in collaboration with the HHS Office of HIV/AIDS and Infectious Disease Policy, and in partnership with the National Academy for State Health Policy.

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### [Webinar: Data, Delivery, and Decisions as Levers for Enhancing Whole-Person Care for People Living with HIV: Lessons From the Ruth M. Rothstein CORE Center](#)

**Thursday, January 26, 3:00 PM – 4:00 PM ET (2:00 PM – 3:00 PM CT)**

As states continue to focus on integrated care and delivery system reform, meaningful opportunities exist to improve care for people living with HIV (PLWH). In particular, states can use existing centers of care to promote “one-stop shopping” utilization of multidisciplinary services for PLWH and linkages to Ryan White and Medicaid. The Ruth M. Rothstein CORE Center in Chicago, Illinois – part of the Cook County Health & Hospitals System – operates just such a model. By emphasizing integrated and coordinated service delivery, using a unified data system, and making programmatic decisions that directly support the client as they navigate the integrated care system, the CORE Center and its partnerships at the state level offer multiple strategies for health systems and state agencies alike in the pursuit of improved care for PLWH.

Register Now

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## CMS IAP Data Analytics - State Learning Webinar on Data Visualization

January 25, 2017 from 3:00 PM – 4:30 PM ET

To assist state Medicaid programs in communicating data, the Medicaid Innovation Accelerator Program's data analytics team will host a state learning webinar on **Wednesday, January 25th from 3:00 – 4:30 PM ET** . In this interactive webinar, we will:

- Explore the integral role that technology, data visualization expertise, and healthcare knowledge each play in the effective communication of healthcare data;
- Highlight methods and approaches to communicate data correctly, clearly, and compellingly to stakeholders, including consumers, providers, legislators, regulators, and others;
- Learn the science behind how people see and understand information; and,
- Better understand simple yet powerful ways to display and communicate information so that the opportunities are clear and people are moved to action.

These visualization methods do not require specialized software or advanced training, and can benefit all data users regardless of proficiency level.

Register Now

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## Opportunities in the States

### Associate Director – Division of Rulemaking and Policy Management, DC Medicaid

This position is located in DC Department Health Care Finance, Health Care Policy and Research Administration. The incumbent will be responsible for ensuring that the DHCF maintains the Medicaid State Plan, which governs eligibility, scope of benefits and reimbursement policies for the District's Medicaid; and initiates, amends, and or negotiates waivers of the Medicaid program, and represents the DHCF with federal agencies, including CMS, OMS and the Social Security Administration. [More information and to apply](#) .

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### National Academy for State Health Policy

*The National Academy for State Health Policy (NASHP) is an independent academy of state health policymakers who are dedicated to helping states achieve excellence in health policy and practice. A non-profit and non-partisan organization, NASHP provides a forum for constructive work across branches and agencies of state government on critical health policy issues. For more information visit [www.nashp.org](http://www.nashp.org).*

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