



Massachusetts SBIRT News



Prevent • Treat • Recover • For Life

www.mass.gov/dph/bsas
Summer 2016 **Number 3**

Screening, Brief Intervention, Referral and Treatment

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Federal Parity Task Force Takes Steps to Strengthen Coverage

One of the provisions of the Affordable Care Act and of the Mental Health Parity and Addiction Equity Act (MHPAEA) is to ensure that health insurance plans treat mental health and substance use disorders the same way that they treat other health conditions. In March, 2016, the president established the Mental Health and Substance Use Disorder Parity Task Force and charged Federal Departments and Agencies to work together to ensure that Americans benefit from the parity protections under the law.

In its **final report**, the Task Force announced a series of actions and recommendations to help ensure better implementation of parity; to help consumers, providers, and plans understand how parity works; and to ensure appropriate oversight and enforcement of parity protections.

These steps are based on input the Task Force received from listening sessions and public comments from individuals with mental health and substance use disorders, families, providers, advocates, and other stakeholders.

Some actions announced by the Task Force are:

- The Centers for Medicare & Medicaid Services (CMS) is awarding funds to States to help enforce parity protections and help State insurance regulators ensure plan compliance with parity protections.
- The Department of Health and Human Services (HHS), partnership with the Department of Labor (DOL) and other Task Force agencies, will release a beta version of a new parity website to help consumers find the appropriate Federal or State agency to help with their parity complaints, appeals, and other actions.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) and DOL are releasing a **Consumer Guide to Disclosure Rights: Making the Most of Your Mental Health and Substance Use Disorder Benefits** to help consumers, their representatives, and providers understand what to ask for when inquiring about a plan's compliance with parity, and to explain the various Federal disclosure laws requiring disclosure of information related to parity.
- DOL, HHS, and the Department of Treasury (Treasury) are issuing guidance on parity and opioid use disorder treatment to address specific questions related to issues such as the application of parity to opioid treatment access and coverage of court-ordered treatment.

Parity aims to eliminate restrictions on mental health and substance use coverage - like annual visit limits, higher copayments, or different rules on how care is managed such as frequent pre-authorization requirements or medical necessity reviews - if comparable restrictions are not placed on medical and surgical benefits.

#StateWithoutStigma



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Attention School Nurses !!

Already attended the 6-hour SBIRT training/overview?

Need more? Want more skills training?

NEW opportunity for you & your district teams to improve skills & gain confidence to engage students in conversations about alcohol & drug use

Two new, free, optional supports

SBIRT II:

**2-hour Implementation
Planning Workshop**

SBIRT III:

**2-hour Screening & Brief
Intervention Skill Building**

Check the [SHIELD site](#) for SBIRT II and/or SBIRT III workshops offered around the state and register for one or both
OR

Arrange one or both for your district

To bring SBIRT II and/or SBIRT III to your district:

- Arrange a space:
 - **SBIRT II** sessions can hold up to 40 participants
 - **SBIRT III** sessions must have a minimum of 10 participants & a max of only 20
 - Up to 3 sessions of SBIRT 2 and/or 3 can be offered in 1 day at 1 site
- Go to www.masbirt.org/schools and complete a Training Request Form
- You will be contacted about available dates, times and space capacity.
- Once set, go to the [SHIELD website](#) to register & encourage team members to register.
Everyone must register so we have the right number of trainers for the day



Once registration for your site is open:

Colleagues from other schools & districts may also register for sessions at your site



Upcoming SBI Webinars

Check these sites:

BIG EAP SBI Webinar Series Library



National SBIRT ATTC Monthly Webinars

AND
Access their

SBIRT Webinar Library



Parity

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- CMS has added MHPAEA compliance to its review of plans subject to the ACA essential health benefits requirement, and also expects State regulators to do so.
- SAMHSA will host two State Policy Academies for State Officials on Parity Implementation in federal Fiscal Year 2017.
- CMS will review mental health and substance use disorder benefits in Medicare Advantage plans and identify any necessary improvements to advance parity protections.
- DOL, HHS, and Treasury are issuing a Parity Compliance Assistance Materials Index, putting all parity-related FAQs and guidance together in one place to make information easier to find and use for all stakeholders.

The Task Force made a series of recommendations, some requiring Congressional action, to broaden and strengthen parity and its enforcement in public and commercial plans, including self-funded plans.

The Task Force report focuses on parity-related actions and recommendations and does *not* include the provisions in the President's Budget that would further expand access to care, including new investments in treatment capacity.

The full report is available at <http://www.hhs.gov/parity>

Taken from [Whitehouse Press Release](#) 10/27/16

MASBIRT Training and Technical Assistance

MASBIRT TTA can provide your site with:

- ◆ Training and on-going skills coaching for all staff levels: professional and administrative; train-the-trainer;
- ◆ Guidance with clinical protocol development; screening instruments and methods, brief intervention strategies;
- ◆ Grand Rounds on the intersection of alcohol, drugs and health, and importance of early identification;
- ◆ Help with administrative aspects, such as data collection strategies, documentation protocols;
- ◆ Identification and development of resources for patients who need specialty care, including medication assisted treatment for alcohol and opioids; and
- ◆ Guidance for work with special populations.



617-414-3749

www.masbirt.org



MASSACHUSETTS
**SUBSTANCE ABUSE INFORMATION
AND EDUCATION HELPLINE**

800-327-5050 • HELPLINE-ONLINE.COM

To learn more contact:

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Language Can Perpetuate Stigma

The Massachusetts statewide [State without Stigma](#) campaign is part of a larger effort to use language that reflects current science, rather than past judgmental attitudes.

National and international medical professionals, researchers and journal editorial boards have been working to improve the language used to discuss substance use issues; language that shows respect for people with alcohol and/or drug-related conditions.

Several publications have recently addressed the importance of language and its impact on both practitioner and patient attitudes, and their behaviors. One recent [study](#) demonstrated that professionals responded more positively when advised that a patient 'had a substance use disorder' rather than that a patient 'was a substance abuser.'

The International Society of Addiction Journal Editors in its [Addiction Terminology Statement](#) has made a strong recommendation against language that stigmatizes people who use alcohol and/or drugs or other addictive substances.

As with other conditions 'person first' is most respectful. The person is not defined by a disease (diabetic / schizophrenic / hypertensive), he or she is a person who has a disease (person with diabetes / schizophrenia / hypertension or a substance use disorder).

In early October the Whitehouse Office of National Drug Control Policy issued a draft of *Changing the Language of Addiction* for public comment.

As with all language, use of preferred words and phrases may continue to evolve over time as we learn more, and as people in recovery provide more of their input and insights.

PREFERRED LANGUAGE	DON'T USE
Substance Use Disorder	Drug Habit
Misuse	Abuse
Person with a substance use disorder, drug use disorder	Substance abuser, addict, junkie,
Person with an alcohol use disorder	Alcoholic
Person in recovery	Former addict, former alcoholic
Substance free	Clean

More resources on language

Botticelli M, Koh H. [Changing the Language of Addiction](#). *JAMA*. 2016;316(13):1361-1362. doi:10.1001/jama.2016.11874

Broyles LM, Binswanger IA, Jenkins JA, Finnell DS, Faseru B, Cavaiola A, Pugatch M, Gordon AJ. [Confronting Inadvertent Stigma and Pejorative Language in Addiction Scholarship: A Recognition and Response](#). *Substance Abuse*. 2014; 35 (3).

Kelly JF, Saitz R, Wakeman S. [Language, Substance Use Disorders, and Policy: The Need to Reach Consensus on an "Addiction-ary"](#). *Alcoholism Treatment Quarterly*, 2016;34:1;116-123, DOI: 10.1080/07347324.2016.1113103

Alcohol poisoning deaths vary by state



SOURCE: National Center for Health Statistics Mortality Multiple Cause Files, 2010-2012.

- Most people who die are between 35-64 years old
- Most people who die are men
- Most alcohol poisoning deaths are among non-Hispanic whites
- Alcohol use disorder was identified as a factor in 'only' **30%** of alcohol poisoning deaths

[CDC Vital Signs](#)

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