

November 18, 2016

Mark R. Chassin, MD, FACP, MPP, MPH
President and CEO
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

To Dr. Chassin:

Mental Health America, the National Alliance on Mental Illness, the Depression Bipolar Support Alliance, the American Foundation for Suicide Prevention, Young People in Recovery, Facing Addiction, the Association of Recovery Schools, and the Eating Disorders Coalition for Research, Policy, and Action applaud the Joint Commission's proposal for accredited organizations to require mental health and substance use specialty care providers to use standardized and quantifiable patient-reported tools or instruments to ensure that individuals are meeting their goals in mental health and substance use treatment and recovery. The undersigned encourage the Joint Commission to require the same for primary care and other medical providers that assess or treat mental health or substance use disorder needs. The undersigned also recommend including a requirement for using a suicide risk assessment tool.

As organizations of advocates for and individuals with lived experience of mental health and substance use conditions, the undersigned support a focus on high-value care in which individuals and providers collaborate toward a care plan that effectively meets individuals' goals. The Kennedy Forum's 2015 issue brief explained the benefits of this kind of measurement-based care,¹ and a recently published meta-analysis bears this out, finding that: "Virtually all randomized controlled trials with frequent and timely feedback of patient-reported symptoms to the provider during the medication management and psychotherapy encounters significantly improved outcomes."² By measuring improvement in treatment outcomes, the Joint Commission not only ensures that the treatment provided is effective, but also allows patients to more meaningfully engage in their care and experience quantifiable improvements, realizing the undersigned's vision of making recovery not only an aspiration, but an expectation. This vision should be actualized in all contexts, and the Joint Commission should therefore expand patient-reported measurement requirements to primary care and other medical providers involved in mental health and substance use treatment and management.

We support The Joint Commission in allowing the use of a variety of measurement tools that address a number of conditions, including multidimensional scales, and encourage prioritization of those measures that best capture value from the patient's perspective, are efficient and clinically relevant from a provider's perspective, and support quality improvement from a health care system and payer perspective. While we recognize that some current symptom rating scales also measure functional status, we hope as additional standardized functional assessment tools are created that The Joint Commission will adopt these, as well.

¹ John Fortney *et al.*, *Fixing Behavioral Health Care in America: A National Call for Measurement-Based Care in the Delivery of Behavioral Health Services*, THE KENNEDY FORUM (2015), http://thekennedyforum-dot-org.s3.amazonaws.com/documents/KennedyForum-MeasurementBasedCare_2.pdf.

² John C. Fortney *et al.*, *A Tipping Point for Measurement-Based Care*, 68 PSYCHIATRIC SERVICES (Forthcoming, 2016).

The undersigned also appreciate that the Joint Commission's proposal helps mental health and substance use treatment integrate into the rest of health care. The recent energy in financing and delivery system reform will hopefully culminate in healthier people, better care, and lower costs. Mental health and substance use treatment need to be measured and evaluated with the rest of health care, otherwise mental health and substance use care will not benefit from reform efforts. We recognize that a majority of patients get all of their care from the general medical system and not from specialty mental health and substance use systems, and that individuals should be able to expect the same quality of care across systems. The Joint Commission can take this further by applying the same proposed requirements across primary care and other medical providers assessing and treating mental health and substance use conditions. For too long the brain has not been treated like part of the body, and the undersigned hope the Joint Commission will take further steps to integrate mental health and substance use treatment into the infrastructure of effective health care improvement.

Finally, suicide risk assessment and appropriate follow-up should also be requirements across providers. Non-psychiatric settings, such as emergency departments, can be crucial points of contact for identifying and addressing risk of suicide.³ Ensuring that each point of contact is used effectively to address these needs presents the opportunity to improve suicide outcomes for our country.⁴

The undersigned support the Joint Commission and would welcome the opportunity to be engaged in future efforts to continue to build our nation's mental health and substance use treatment systems. If you have further questions or comments please contact Nathaniel Counts, J.D. at ncounts@mentalhealthamerica.net or Trevor Summerfield at tsummerfield@afsp.org.

Sincerely,

Mental Health America (MHA) - founded in 1909 - is the nation's leading community-based nonprofit dedicated to helping Americans achieve wellness by living mentally healthier lives. MHA's work, and the work of its over two hundred affiliate and associate members, is driven by its commitment to promote mental health as a critical part of overall wellness, including prevention for all, early identification and intervention for those at risk, integrated health, behavioral health and other services for those who need them, and recovery as a goal.

National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. What started as a small group of families gathered around a kitchen table in 1979 has blossomed into the nation's leading voice on mental health. Today, NAMI an association of hundreds of local affiliates, state organizations and volunteers who work in your community to raise awareness and provide support and education that was not previously available to those in need.

³ Lisa M. Horowitz *et al.*, Ask Suicide-Screening Questions (ASQ), *A Brief Instrument for the Pediatric Emergency Department*, 166 ARCH PEDIATR. ADOLESC. MED. 1170 (2012).

⁴ Barbara Stanley and Gregory K. Brown, *Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk*, 11 COGNITIVE AND BEHAVIORAL PRACTICE 256 (2012).

The Depression Bipolar Support Alliance (DBSA) is the leading peer-directed organization for individuals living with mood disorders. DBSA believes that a pathway to wellness for all is best served by treating to the chronicity of these disorders (rather than the mitigation of a single episode); treating to the whole-health of the individual and incorporating well-being domains. DBSA fosters these principles through our network of chapter affiliates that provide over 700 support group meetings nationwide and through our online education and wellness tools.

The American Foundation for Suicide Prevention (AFSP) is dedicated to saving lives and bringing hope to those affected by suicide. AFSP creates a culture that's smart about mental health through education and community programs, develops suicide prevention through research and advocacy, and provides support for those affected by suicide. Led by CEO Robert Gebbia and headquartered in New York, and with a public policy office in Washington, D.C., AFSP has local chapters in all 50 states with programs and events nationwide.

Young People in Recovery (YPR) is a national grassroots advocacy organization focused on creating recovery-ready communities throughout the nation for young people in, or seeking, recovery. YPR aims to improve access to treatment, educational resources, employment opportunities, and secure, quality housing on the local, state, and national levels. By creating a national network of young people in recovery, we empower young people to get involved in their communities by providing them with the tools and support to take charge of their futures.

Facing Addiction is a national non-profit organization dedicated to finding solutions to the addiction crisis by unifying the voice of the over 45 million Americans and their families directly impacted by addiction. Facing Addiction brings together the best resources in the field in order to reduce the human and social costs of addiction, every year, until the public health crisis is eliminated.

The Association of Recovery Schools (ARS) is a non-profit organization comprised of recovery high schools as well as associate members and individuals who support the integral growth of the recovery high school movement. ARS prepare and inspire starters and operators of Recovery High Schools to perform at their very best. While addiction thrives in isolation, recovery is a process of hope and healing that thrives in the positive peer communities of recovery schools. Connected through principles, disciplines and tools that set the gold standard for educating and supporting students in recovery, ARS collaborates with a broad and diverse global network to advocate for a continuum of support and a readiness for student transition in and out of Recovery High Schools.

Eating Disorders Coalition for Research, Policy, and Action (EDC), founded in 2000, is a federal advocacy nonprofit organization devoted to advancing the recognition of eating disorders as a public health priority throughout the United States, including advancement in mental health parity compliance, increased early identification, and further research. The EDC is comprised of eating disorders treatment providers, advocacy organizations, researchers, and families and individuals across the nation. Eating disorders affect over 30 million Americans during their lifetimes and have the highest mortality rate of any psychiatric illness.