

Fall 2011

PLUG THE GAP IN MEDICAL PAYMENTS COVERAGE

Under Section I Coverage C Medical Payments, the ISO Commercial General Liability Coverage Form provides for important “no-fault” coverage for bodily injury to third parties who are injured on an insured’s premises, or because of an insured’s operations. The coverage includes first aid, ambulance, and medical expenses. Prompt response to injured third parties’ medical needs and expenses can be critical to avoiding a costly liability claim or litigation against an insured business.

What you may not know is that this coverage includes a key EXCLUSION “to a person injured while practicing, instructing or participating in any physical exercises or games, sports, or athletic contests.” Ironically, these types of activities are precisely when an injury is most likely to occur (e.g. sprained ankles, broken arms, etc.).

With NSM Insurance Group’s Addiction Treatment Providers Insurance Program, there is a simple and cost-effective way to address this coverage gap, by purchasing a Participant Accident policy. This accident medical policy provides “no-fault” coverage to third parties (including residential clients, outpatient clients, their visiting family members, and volunteers) that will pay medical expenses for injuries sustained while participating in the insured’s activities.

Taking care of a person injured, regardless of an insured’s legal liability, is an important measure of good will and makes good business sense.

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A Silent Public Health Crisis

Powerful words from the National Council president

Americans have heard about a slew of public health crises so far this year. Michelle Obama cited childhood obesity. The FDA warned about tainted food and drugs, while the White House’s Office of National Drug Control Policy applied the term to prescription drug abuse. Without a doubt, anyone who saw the movie “Contagion” would label infectious diseases a pressing public health crisis.

While all of these issues may indeed be legitimate crises, none are as widespread or contribute as much to the burden of illness in the U.S. as do mental illnesses and substance use disorders.

The CDC found that about half of U.S. adults will develop a mental illness during their lifetime. One in four adults experiences a mental disorder in any given year and one in 17 lives with a serious mental illness like schizophrenia, major depression or bipolar disorder. By 2020, mental and substance use disorders will surpass all physical diseases worldwide as major causes of disability. (Accidental drug overdose has already surpassed automobile accidents as the leading cause of accidental death in the U.S.).

Sadly, almost 40 percent of people with mental and substance use disorders never get treated. A survey by SAMHSA found that of the 25 million adults with mental and substance use disorders in the U.S., only about 11 percent received treatment in a given year.

The good news is treatment works. According to the National Advisory Mental Health Council, the treatment success rate for bipolar disorders is a remarkable 80 percent. The recovery rates for other serious mental illnesses follow suit: major depression (75 percent), schizophrenia (60 percent) and addiction (70 percent).

Effective mental health and addiction treatments also reduce costs. A Surgeon General’s report finds that \$1 invested in substance use

treatment has a return of \$7 in cost savings on crime and criminal justice costs alone. After all, people in recovery work, pay taxes, buy homes and contribute positively to society. Without adequate treatment, people with mental illness often end up in emergency rooms, homeless or in jail, all of which end up costing taxpayers more money in the long run.



Yet even in a year starting with the tragedy in Tucson and followed by shooting rampages in Grand Rapids, MI and Seal Beach, CA, states continue to make severe budget cuts that threaten mental health services nationwide. The nation’s governors continue to cut Medicaid spending — the most important source of funding of public mental health services, even as they predict an increase in people enrolling in mental health and addiction treatment services.

Speak up about the effectiveness and economic benefits of mental illness and substance use treatment services to your friends, co-workers and legislators. We cannot afford to wait for the next national tragedy to recognize that mental illness and substance use disorders are a public health crisis that deserve our nation’s attention and support.

The above is an excerpt from National Council President and CEO Linda Rosenberg’s op-ed recently published in the Huffington Post.

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Mental Health and Substance Abuse Centers in the U.S.: An IBIS World Research Report



Businesses, communities and the government are gaining a better understanding and appreciation of the economic, personal and societal benefits from treating people suffering from mental illness or substance abuse. As a result, funding for substance abuse and mental health facilities is set to increase, resulting in better prospects for industry operators.

The Mental Health and Substance Abuse Centers industry includes for-profit and not-for-profit establishments that provide care to adults and children at a 24-hour location outside of the patient's home. Industry services include lodging, supervision, evaluation, counseling and treatment for mental illnesses, drug addiction and alcoholism. Medical services may be available, though these are incidental to the counseling, mental rehabilitation and support services.

This report covers the scope, size, disposition and growth of the industry including the key sensitivities and success factors. Also included are five year industry forecasts, growth rates and an analysis of the industry key players and their market shares.

This 38-page industry market research report is available for \$910 through IBISWorld. Click here [www.marketresearch.com] and search Pub ID: IBSS6355663.

Events Calendar

Save the date

New York Association of Alcoholism and Substance Abuse Providers (ASAP) 2011 13th Annual Conference

October 30-November 2, 2011

Brooklyn, New York

[<http://asapnys.org/>]

2011 International Drug Policy Reform Conference

November 2-5, 2011

Los Angeles, California

[<http://drugpolicy.org/homepage.cfm>]

AAAP 22nd Annual Meeting & Symposium

December 8-11, 2011

Scottsdale, Arizona

[www.aaap.org/]

The Evolution of Addiction Treatment

December 8 - 11, 2011

Los Angeles, California

[<http://nsminc.com/newsletters/>

2011_Evolution_of_Addiction_Treatment_Conference_Prospectus-1.pdf]

Substance Use: Responding to Changes in Policy, Research, and Services

December 14-15, 2011

New York, New York

[www.nyu.edu/socialwork/continuing.education/substanceuse.html]



In the News...

Addiction and Mental Health Treatment Leaders Join Forces for a Solution

Last month, the leading organizations in mental health and addiction treatment announce that they have joined forces to advance a model of integrated treatment as the solution to this crisis. READ MORE [www.naadac.org/about/press-releases/574-addiction-and-mental-health-treatment-leaders-join-forces-for-a-solution]

SAMHSA-HRSA Center for Integrated Health Solutions

CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings. READ MORE

[www.centerforintegratedhealthsolutions.org/about-us/about-cihs]