

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# Leading Change in an Era of Health Reform

**Pamela S. Hyde, J.D.**  
SAMHSA Administrator  
*SAMHSA Summit*

*Moving Forward: Recovery in an Era of Health Care Reform*  
Washington, D.C. • February 23, 2011



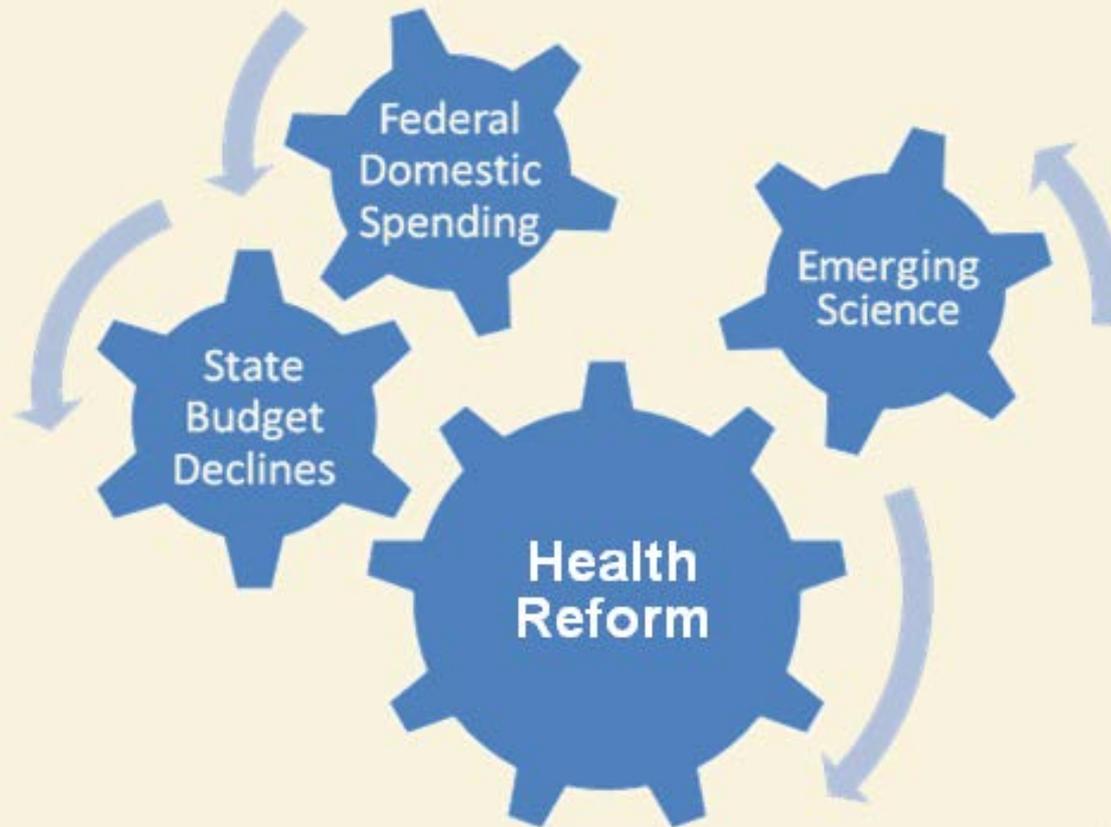
# Nature of Change

- **Revolutionary**
  - Pace, speed, fundamental
  - From illness to recovery/health
  - From quantity to quality
- **Incremental**
  - Build on yesterday
  - Build on today
  - Build on what we know; build what we know
- **Transformative**
  - Change “to”, not just change “from”
  - Vision of the way things should be, not just what is not effective today

# Health Reform

- Affordable Care Act
- MHPAEA (Parity)
- National Suicide Action Alliance
- Olmstead and EPSDT Litigation
- State Actions to Expand, Limit, Revise Health Coverage and Services
- Tribal Law and Order Act
- Indian Health Improvement Act

# Context For Change



# SAMHSA – Leading Change

- **Mission**
  - To reduce the impact of substance abuse and mental illness on America's communities
- **Roles**
  - Leadership and Voice
  - Funding - Service Capacity Development
  - Information/Communications
  - Regulation and Standard setting
  - Practice Improvement
- **Leading Change**
  - 8 Strategic Initiatives

# SAMHSA Strategic Initiatives

- Prevention
- Trauma and Justice
- Military Families
- Health Reform
- Recovery Supports
- Health Information Technology
- Data, Outcomes & Quality
- Public Awareness & Support

# Improving Lives

From Prevention to Recovery - provide opportunity and support for:

- Health
- Home
- Purpose
- Community

# SAMHSA's FY 2012 Budget Request - \$3.6 Billion (A Net Increase of \$67 Million Over FY 2010)

- Commitment to Behavioral Health
- Focus on SAMHSA's Strategic Initiatives
- Implements a Theory of Change
- Efficient and Effective Use of Limited Dollars

# SAMHSA FY 2012

## Budget Request Highlights

- \$395 million - Substance Abuse/State Prevention Grants
- \$90 million - Mental Health/State Prevention Grants
- \$50 million - Behavioral Health/Tribe Tribal Prevention Grants
  - Allocated from ACA Prevention Funds
- Mental Health Block Grant Increase of 14 Million
  - three percent increase - largest increase since 2005
- Substance Abuse Block Grant Increase of \$40 Million
  - Three percent increase

# Theory of Change

- Innovation and Emerging Issues Highlights:
  - Military Families (\$10 million)
  - Health Information Technology (\$4 million)
  - Housing – Services Assisting in the Transition from Homelessness (\$154 million)
    - Increase of \$12 million)
  - SBIRT (\$29 million)
  - Prevention Prepared Communities (\$23 million)
  - Suicide Prevention (\$48 million)
  - Integration (\$34 million)

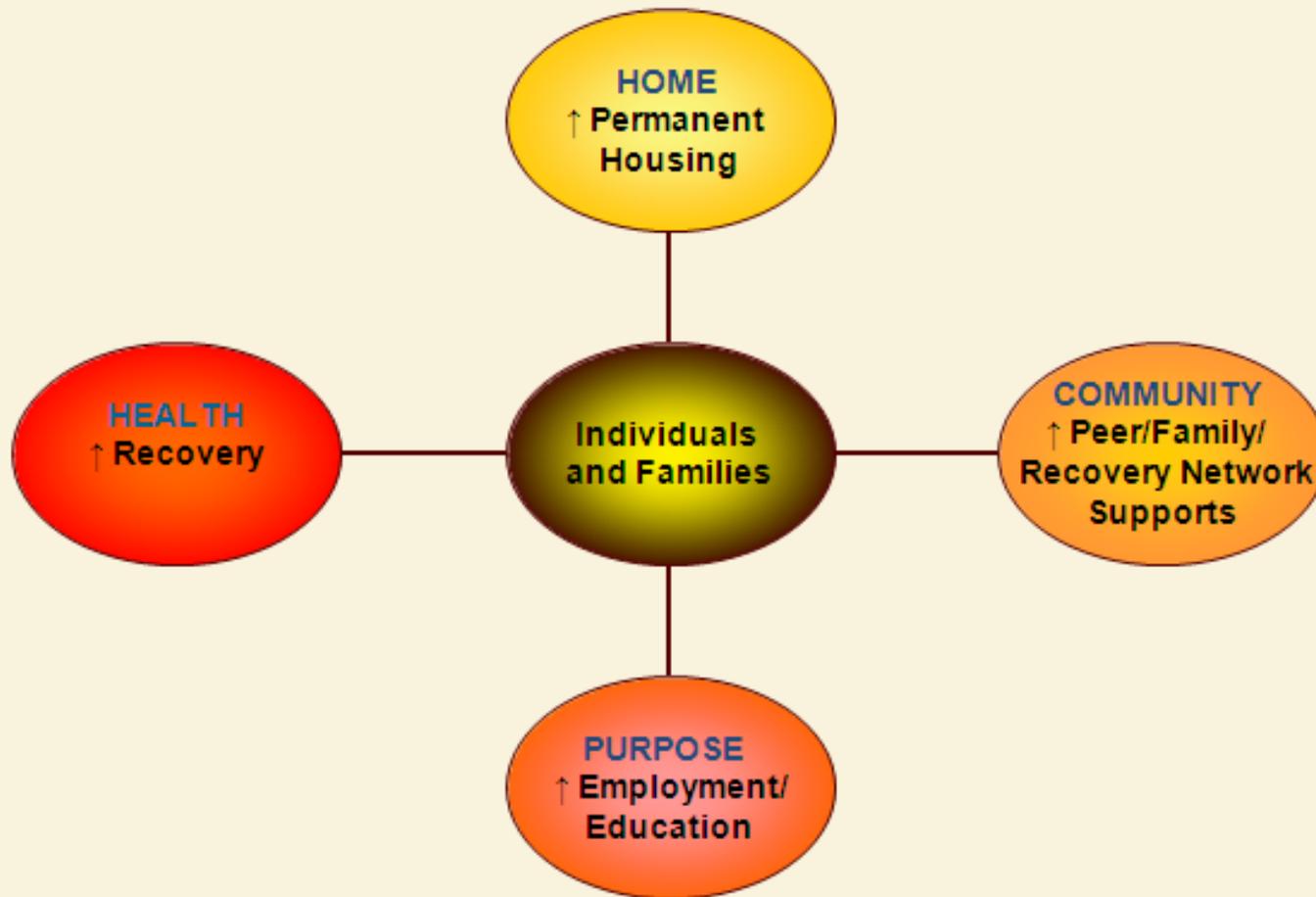
# Time For Change

- Budget constraints, cuts and realignments
- Economic challenges like never before
- No system in place to move innovative practices and systems change efforts that promote recovery to scale
- Science has evolved
- Integrated care requires new thinking about recovery, wellness, and the related practices and roles of peers in responding to whole health needs
- Common core principles of recovery in substance abuse recovery and recovery from mental illness are emerging
- New opportunities for recovery supports (Parity/Health Reform)

# Strategic Initiative # 4: Recovery Support

- Partnering with people in recovery to:
  - Promote health and recovery-oriented service systems
  - Ensure that permanent housing and support services are available
  - Increase gainful employment and educational opportunities
  - Promote peer support and social inclusion

# Recovery Support



# What Opportunities Will Recovery Have in Health Reform?

- How can we identify and demonstrate innovative practices and systems change efforts that *promote recovery*?
- How can we explore ways to sustain these efforts during health reform changes?

# Health Reform – Impact of Affordable Care Act

- More people will have insurance coverage
- Medicaid will play a bigger role in M/SUDs
- Focus on primary care & coordination with specialty care
- Major emphasis on home & community-based services; less reliance on institutional care
- Theme: preventing diseases & promoting wellness
- Focus on quality rather than quantity of care

# State Roles in ACA Implementation

- **General**

- Role as payer expanding
- Role in preparing State Medicaid programs now for expansion in 2014 (enrollment, benefit plans, payments, etc.)
- Role in Health Information Technology is expanding
- Role in high risk pools unfolding
- Role in insurance exchanges unfolding through HHS
- Role in evaluating their state insurance markets and weighing against possible benefits of new exchanges

# State Roles in Health Reform

## Single State Authorities for Substance Abuse and Mental Health Agencies

- New kind of leadership required with State Agencies – Medicaid, enrollment agency, superintendent of insurance, health information exchanges and coordinators, high risk pools
- Change in the use of Block Grants (moving demos to practice)
- Supporting communities selected for discretionary grants
- Work with public health and primary care

# SAMHSA Principles

- **People**

- *Stay focused on the goal*



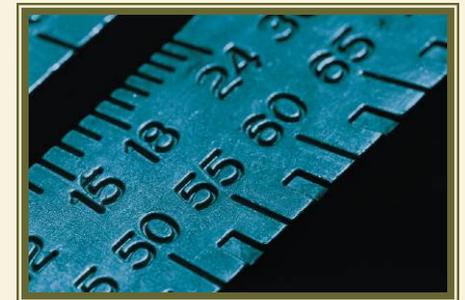
- **Partnership**

- *Cannot do it alone*



- **Performance**

- *Make a measurable difference*



# SAMHSA Key Messages

- Behavioral Health is Essential to Health
- Prevention Works
- Treatment is Effective
- People Recover

