

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Behavioral Health and Tribal Communities

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Context Is 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**
- **New opportunities for behavioral health (Parity/Health Reform)**

Challenges

- **Increasing rates of illicit drug use and prescription drug misuse – all ages, genders, and communities**
- **Emergency room visits involving pharmaceutical drugs misuse or abuse have doubled over the past five years; and, for the third year in a row, exceed the number of visits involving illicit drugs**
- **Over half (55.9 percent) of youth and adults who use prescription pain relievers non-medically got them from a friend or relative for free**
- **Reduced perception of harm of using drugs, especially marijuana**
- **Nearly 5,000 deaths each year attributable to underage drinking**
- **Adults who begin drinking alcohol before age 21 more likely to have alcohol dependence or abuse than those who had their first drink after age 21**

Challenges and Opportunities

- **Half of all lifetime cases of mental and substance use disorders begin by age 14 years and three-fourths by age 24**
- **Childhood traumas/difficulties potentially explain 32.4 percent of psychiatric disorders in adulthood, and are a significant risk factor for substance abuse**
- **More than 34,000 suicides occurred in the U.S. in 2007**
 - 100 suicides per day
 - one suicide every 15 minutes
- **In 2009, over 8 million American adults seriously considered suicide**
 - over 2 million had a plan to commit suicide
 - over 1 million attempted suicide
- **Almost 30 percent of deaths by suicide involved alcohol intoxication (i.e., blood alcohol concentration [BAC] at or above the legal limit of 0.08 g/dL)**

Full of Challenges... Full of Opportunities

A day in the life of American Adolescents

On an average day in
the U.S., adolescents
(12-17):

- 508,000 drink alcohol
- 641,000 use illicit drugs
- Greater than 1 million smoke cigarettes



Full of Challenges... Full of Opportunities

A day in the life of American Adolescents



Adolescents who used substances for the first time on an average day:

- **Approximately 7,500 drank alcohol for the first time**
- **Approximately 4,360 used an illicit drug for the first time**
- **Around 3,900 smoked cigarettes for the first time**
- **Nearly 3,700 used marijuana for the first time**
- **Approximately 2,500 abused pain relievers for the first time**

SAMHSA Strategic Initiatives

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

Snapshot: Prevention

- **Adolescent AI/AN have death rates 2 to 5 times the rate of Whites**
- **Suicide is the second leading cause of death for AI/AN youth in the 15-24 age group, 2.5x the national rate**
- **The rate of past month binge alcohol use was greater among AI/AN adults than the national average (30.6 vs. 24.5%)**
- **The rate of past month illicit drug use was greater among AI/AN adults than the national average (11.2 vs. 7.9%)**
- **Combined 2004 to 2008 data indicate that 18.0% of AI/AN adults (194,000 people) were classified as being in need of treatment for a substance use problem in the past year**
- **Only 1 in 8 (12.6%) of AI/AN adults (24,000 people) in need of alcohol or illicit drug use treatment in the past year received treatment at a specialty facility**

Snapshot: Trauma and Justice

- **AI/AN females are 3 times more likely to be sexually assaulted**
- **AI/AN women are 2nd only to African American women in rate of homicide victimization; both greater than rates for White women**
 - Some counties have rates of murder against AI/AN women over 10X national average
- **39% of Native women reported they were victims of intimate partner violence**
- **American Indians are overrepresented in incarceration and arrests rates**
- **Adverse childhood events is correlated with mental illness and substance abuse**
- **30 – 57% of female substance abusers meet criteria for PTSD, with elevated risk related to higher incidence of childhood physical and sexual abuse – 2 or 3 times higher than rate among males**
- **Historical trauma impacts physical, mental, and economic health of Native American communities**
 - Recent research is just now documenting the lasting effects of loss of culture and language, traditional way of life, and traditional beliefs

Snapshot: Military Families

- **Native Americans represent the highest per capita enlistment of any ethnic group in the U.S.**
- **Rates of lifetime PTSD among American Indian Vietnam veterans ranged from 45-57%, depending on tribal affiliation, higher than any other racial/ethnic group**
- **Suicide rates among deployed military personnel and non-deployed National Guard has reached all time high, equivalent to or above national rates**

Snapshot: Health Reform

- **Approximately 25% American Indians/Alaska Natives live at poverty level**
- **In 2006, 36% of American Indians/Alaska Natives had private health insurance coverage, and 24% relied on Medicaid coverage**
- **In 2007, 33% had no health insurance coverage**

Highlights – Affordable Care Act Benefits for American Indians / Alaska Natives

- **Permanently reauthorizes Indian Health Care Improvement Act**
- **Expands Medicaid coverage starting in 2014 to individuals with incomes up to 133% of poverty level – helps HIS, as well as AI/AN individuals and families**
- **Participants and beneficiaries can no longer be discriminated against based on medical conditions arising out of acts from domestic violence**
- **Maternal, Infant, and Early Childhood Home Visiting Programs targeted to “at risk” communities, include women at risk for substance abuse, poverty, crime, domestic violence – includes Tribal set aside**
- **American Indians/Alaska Natives who purchase health insurance on the individual market through an Exchange do not have to pay co-pays or other cost-sharing if their income does not exceed 300 % of the poverty level, roughly \$66,000 for a family of 4 in 2010 (\$83,000 in Alaska)**

Change in the Making for Tribes

- **Self-determination approaches**
- **Promising partnership between Tribes and Federal Government**
- **Tribal Law and Order Act (TLOA)**
- **Affordable Care Act/Health Reform (including Indian Health Care Improvement Act)**

Tribal Law and Order Act (TLOA)

- **Reauthorizes and Amends the Indian Alcohol and Substance Abuse Act (IASA) from 1986**
 - To improve programs to prevent and treat alcohol and substance abuse and bring awareness to co-occurring issues
- **SAMHSA's Roles**
 - Create and staff an Office of Indian Alcohol and Substance Abuse
 - Consult with Tribes on framework for coordination of Federal resources (12/10)
 - Work with partners on MOA among HHS, DOI, and AG (by end of July 2011)
 - SAMHSA, IHS, BIA/BIE, DOJ Justice Programs specific roles
 - Work with interested Tribes on a Tribal Action Plan for combating alcohol and Substance Abuse
 - Work with BIA/BIE to improve summer prevention opportunities for at-risk youth
 - Develop process with partners to monitor efforts and outcomes

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**

Proposed for FY 2012: Behavioral Health – Tribal Prevention Grant (BH-TPG)

- **Proposed new discretionary grant program in the President's 2012 Budget (\$50 million)**
 - Authorized from the Prevention and Public Health Fund and appropriated by the Affordable Care Act (ACA)
- **Focus on the Prevention of Substance Abuse and Suicide**
- **Non-competitive application process; every 3 yrs & annual reporting**
- **All federally-recognized tribes eligible to receive funding**
- **Formula to be determined after consultation with Tribal leaders**
 - Likely a base amount with additional \$ depending on population and need

Proposed BH-Tribal Prevention Grant

- **SAMHSA will coordinate with IHS to implement community-based prevention strategies that complement the clinical services provided by IHS-funded providers**
- **SAMHSA will also coordinate with IHS, BIA/BIE, and DOJ to implement the Tribal Law and Order Act (TLOA) that allows Tribes to develop Tribal Action Plans (TAPs) addressing substance abuse and related suicides**

SAMHSA's Multicultural Public Awareness Campaign

Raising Awareness about Mental Health Problems in Tribal Communities

WHAT A DIFFERENCE A
FRIEND MAKES

Home

Mental Health: What is it?

Recovery

Help a friend

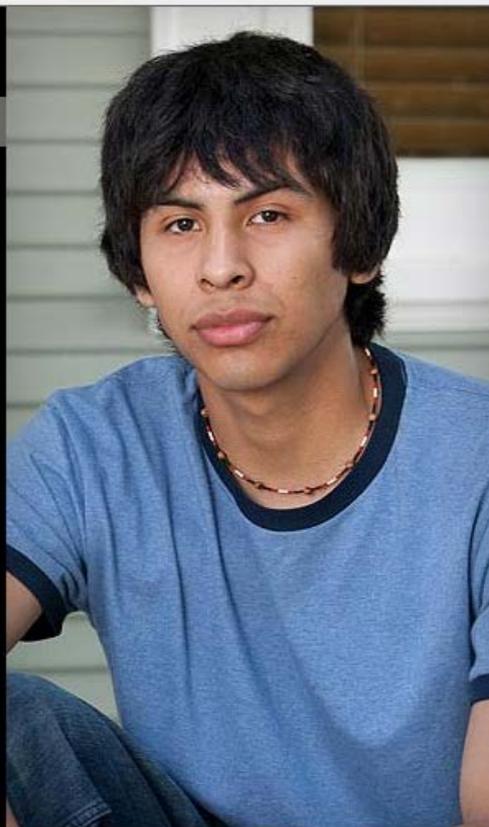
Support: How to help

Myths & Facts

Resources

The Campaign

NATIONAL
**SUICIDE
PREVENTION**
LIFELINE™
1-800-273-TALK
www.suicidepreventionlifeline.org



Mental Health: What is it?

Mental health problems are health conditions that cause changes in a person's thinking, mood and behavior. Arm yourself with the facts and then use your knowledge to educate others. Understanding and support are powerful, and they can make a real difference in the life of a person who needs them.

Among 18-25 year olds, the prevalence of serious mental health problems is high, yet this age group shows the lowest rate of seeking help. According to SAMHSA, from 2004 to 2007, an average of 20.7 percent of American Indian 18-25 year olds reported serious psychological distress in the past year. Despite the high prevalence, only one in three (30.6 percent) American Indian adults with serious psychological distress received care within the past 12 months. Overall the rates at which racial and ethnic minority young adults seek treatment are much lower than their Caucasian counterparts. The potential to minimize future disability is increased if the right support is received. People with mental health problems need to be treated with respect, compassion and empathy, just as anyone with any other serious healthcare condition.

One of the most important factors in recovery is the understanding and acceptance of friends.

SAMHSA's Principles

- **People**
 - *Stay focused on the goal*
 - *Tribal people; culturally appropriate approaches*
- **Partnership**
 - *Cannot do it alone*
 - *Tribal leaders; AI/NA organizations*
- **Performance**
 - *Make a measurable difference*
 - *Outcomes defined by AI/AN culture*

SAMSA'S Key Messages

- **Behavioral health is essential to health**
- **Prevention works**
- **Treatment is effective**
- **People recover**

