

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Improving Lives and Capitalizing on Emerging Opportunities

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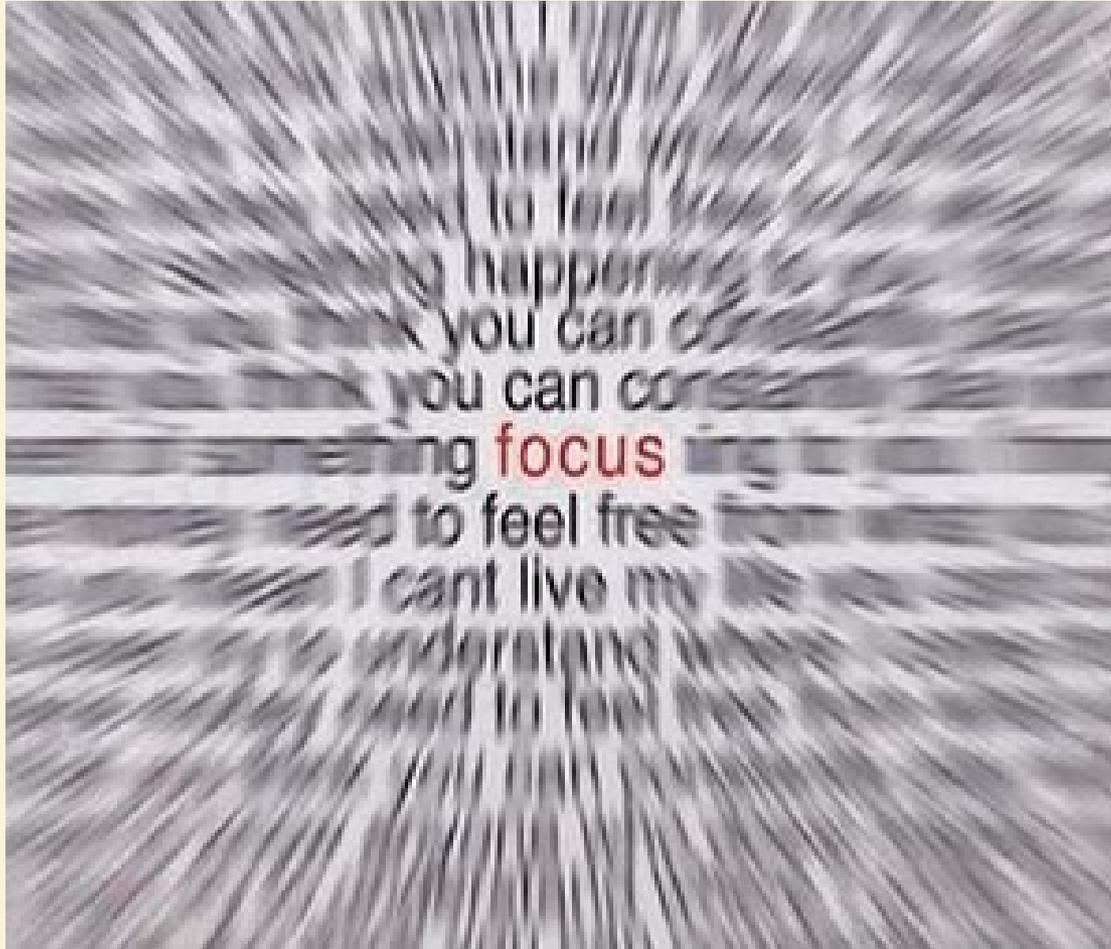
Mental Health Liaison Group - Health Policy Committee Meeting
Washington, DC • April 1, 2011



Context Of 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; language is changing**
- **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/Tribal Law and Order Act)**

Tough Times - Tough Choices

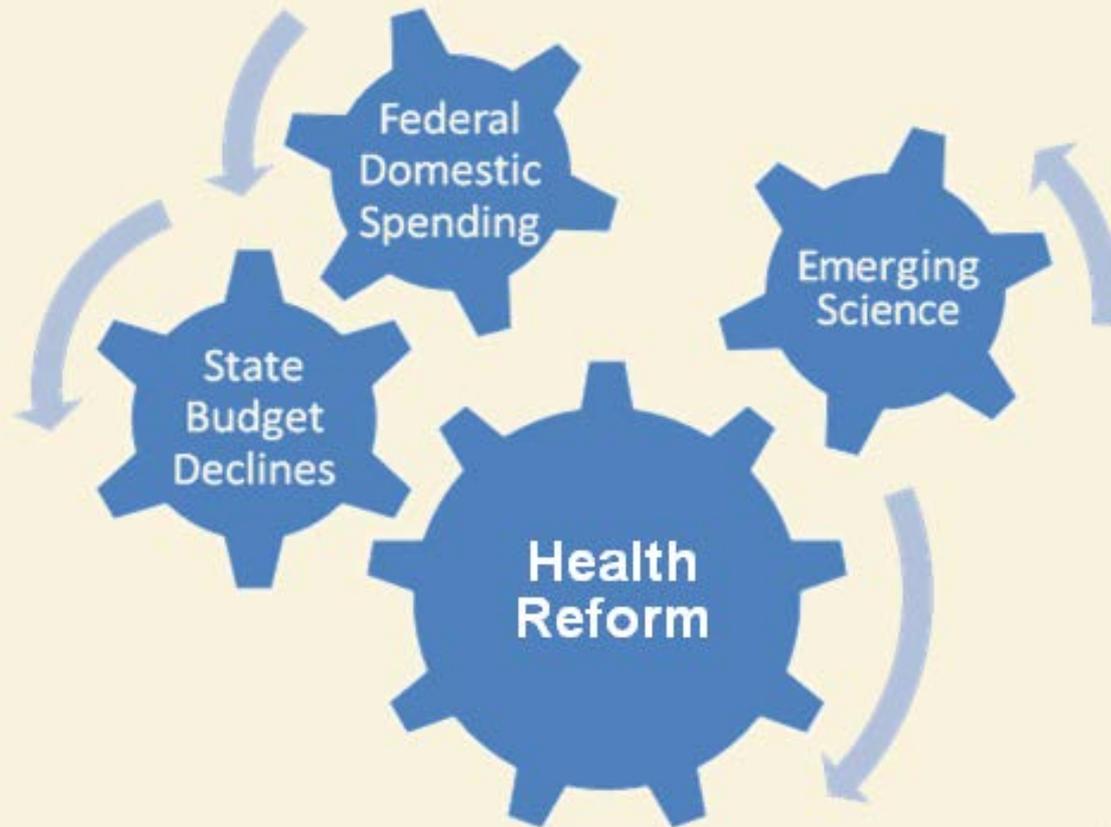


**Staying focused
in times of rapid
change may be
the single most
important thing
we can do to
guide the
Behavioral
Health field
forward**

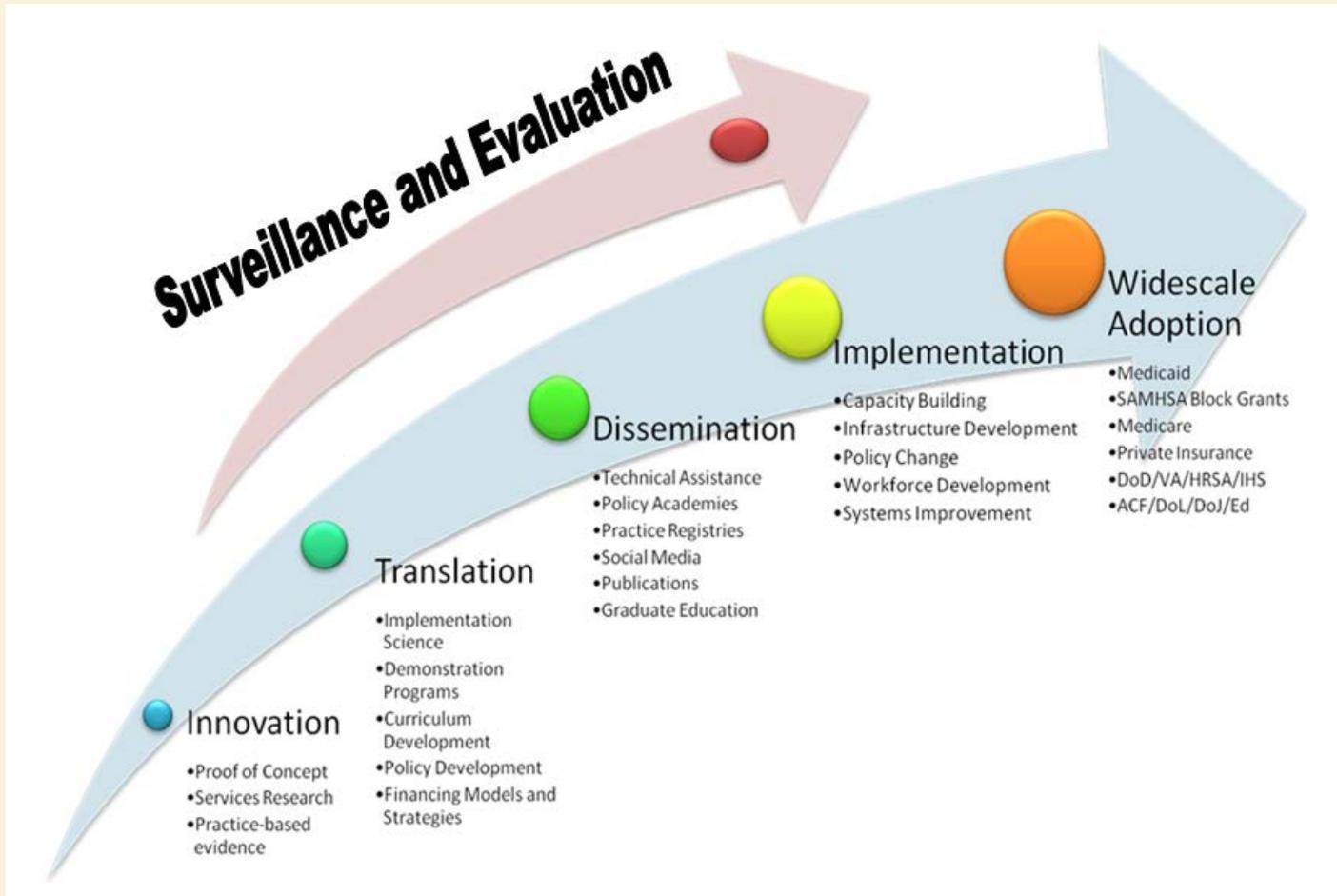
SAMHSA'S Focus

- **People - NOT Money**
- **People's Lives - NOT Diseases**
- **Sometimes we focus so much on a disease/condition we forget people come to us with multiple diseases/conditions, multiple social determinants, and multiple cultural attitudes**

Context For Change



SAMHSA's Theory of Change



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

Budget Reflects 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)**
- **Primary/Behavioral Health Care Integration (\$34 million)**

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*

HHS Strategic Plans – SAMHSA

Strategic Initiatives

AIM: Improving the Nation's Behavioral Health

1. *Prevention*
2. *Trauma and Justice*
3. *Military Families*
4. *Recovery Support*

AIM: Transforming Health Care in America

5. *Health Reform*
6. *Health Information Technology*

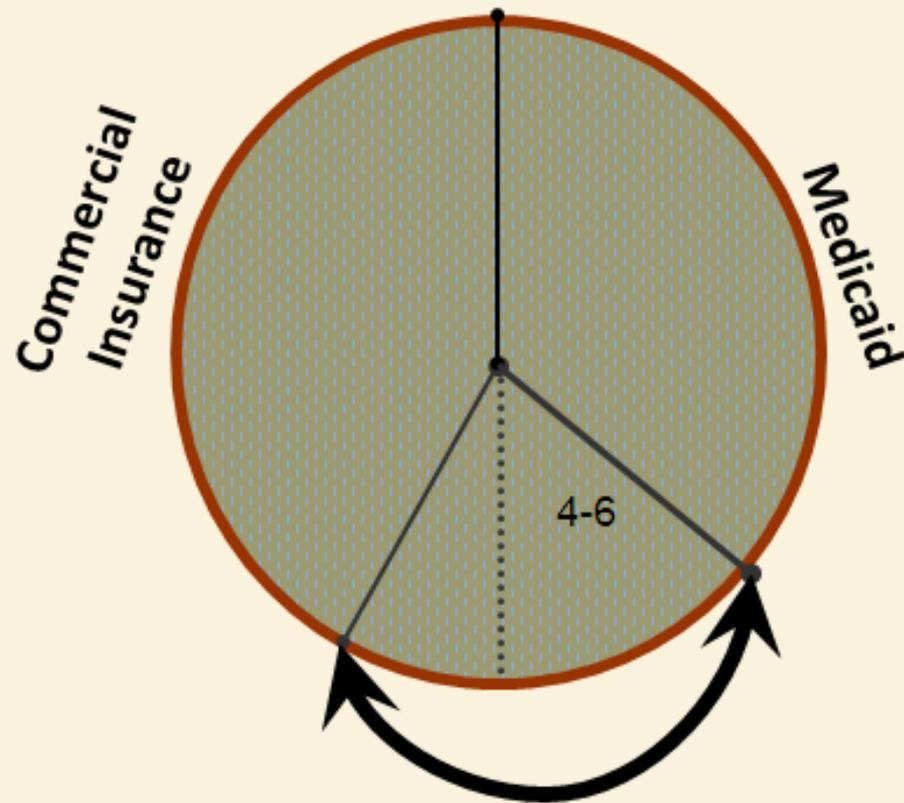
AIM: Achieving Excellence in Operations

7. *Data, Outcomes & Quality*
8. *Public Awareness & Support*

SAMHSA Strategic Initiatives

- **Months of revisions to *Leading Change***
 - *3,000 participants in web-based strategic initiatives forum*
 - *2,500 ideas and comments submitted*
 - *23,000 votes cast*
- ***Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014* just released and now on SAMHSA's website**
- **Behavioral health disparities, health reform, and workforce development now incorporated throughout all initiatives as common themes**
- **Housing and Homelessness Initiative now in broader Recovery Supports Initiative**
 - *42 CFR*
 - *Challenge is clarifying how 42 CFR Part 2 is impacted by Health IT*
 - *Q&A's*
 - *Plan for future?*

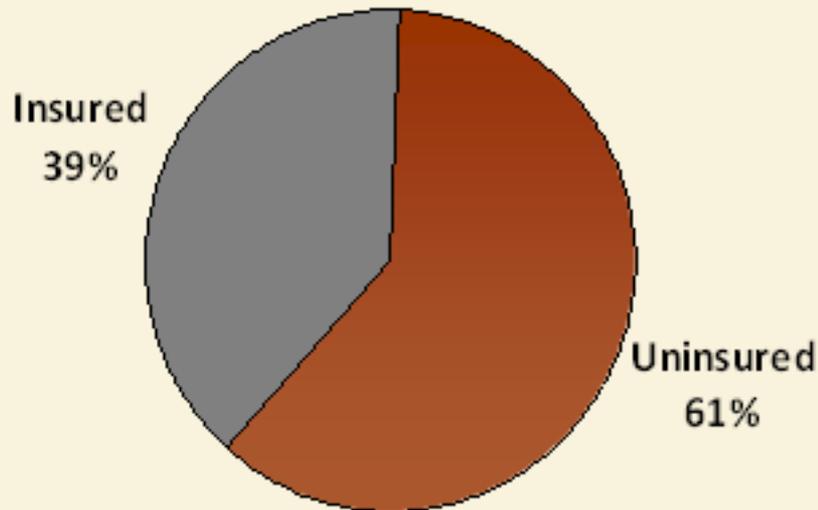
In 2014: 32 Million More Americans Will Be Covered



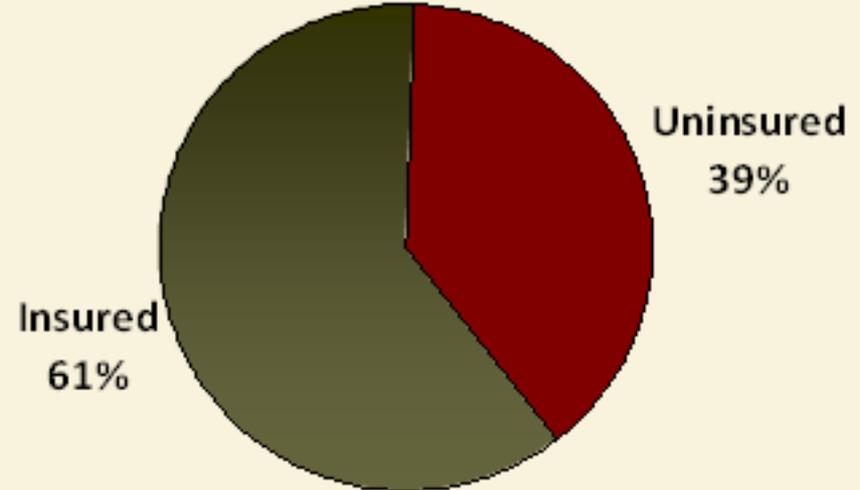
6-10 Million with M/SUDs

Health Reform - Challenges

Individuals Served by SSAs



Individuals Served by MHAs



90-95 percent will have the opportunity to be covered -
Medicaid/Insurance Exchanges

Health Reform

Impact of Affordable Care Act

- **More people will have insurance coverage**
 - *Increased demand for qualified and well-trained BH professionals*
- **Medicaid will play a bigger role in M/SUDs**
- **Focus on primary care and coordination with specialty care**
- **Major emphasis on home and community-based services; less reliance on institutional care**
- **Theme: preventing diseases and promoting wellness**
- **Focus on Quality rather than Quantity of care**

Health Reform – Challenges

- **More than one-third (35 percent) of all SAPTBG funds used to support individuals in long-term residential settings**
 - *Residential services are generally not covered under Medicaid*
 - *Some States spend 75 percent of their public behavioral health funds on children in residential settings*
- **CMS spends \$370 billion on dual eligibles and approximately 60 percent of these individuals have a mental disability**

SAMHSA Strategic Initiative Health Reform

- **Ensure BH included in all aspects of health reform**
- **Support Federal, State, Territorial, and Tribal efforts to develop and implement new provisions under Medicaid and Medicare**
- **Finalize/implement parity provisions in MHPAEA and ACA**
- **Develop changes in SAMHSA Block Grants to support recovery and resilience and increase accountability**
- **Foster integration of primary and behavioral health care**

ACA – First Year Highlights

- **Significant Program Changes**
 - *Home visiting*
 - *Primary Care/Behavioral Health Integration*
- **Major Insurance Reform**
 - *Youth to age 26*
 - *No pre-existing condition – children*
 - *High risk pools*

ACA – First Year Highlights

- **Changes Affecting Publicly Insured**

- *States receiving matching federal funds – low income individuals and families*
- *3M “donut hole” checks to Medicare individuals*
- *Round 2 of “Money Follows the Person”—heavy focus on BH*
- *Health Homes for individuals with chronic conditions*
- *Medicaid 1915i Redux—very important changes*
- *Prevention and Public Health Trust Funds awarded*
- *Community Health Centers expanded – serving 20 million more individuals*
- *Loan forgiveness programs – primary , nurses and some BH professionals*

Work Ahead - SAMHSA

- Continued work on BG applications
- Establishment of health homes/ACOs with TA to States
- Work on Exchanges – policies and operations
- Essential benefits/benchmark plans
- Decisions/implementation of prevention funds
- Regulations – home and community base services
- Evidence of good and modern services
 - *Benefit decisions*
 - *Practice protocols*
 - *Research agenda*

Work Ahead - Providers

- Increase in numbers of insured elevates workforce issues
- Approximately one-third of SA providers and 20 percent of MH providers have no experience with third party billing
- Less than 10 percent of all BH providers have a nationally certified EHR
- Few have working agreements with health centers
- Many staff without credentials required through practice acts MCOs
- SAMHSA working with provider organizations:
 - *Billing, EHRs, Compliance, and Access*

Providers – Roles to Consider in Health Reform Environment

- Promote collaboration
- Learn about new health care landscape and educate other people in recovery
- Form/join a coalition regarding parity/health reform
- Involve people in recovery and promote consumer directed care
- Identify gaps in coverage and services
- Advocate for consumer-friendly enrollment processes
- Promote high quality and integrated care
- Promote prevention and wellness
- Understand the economic environment— tough choices for States
- Be clear about what is important to guide these tough choices
- With so much changing need to stay focused on people we serve

Supporting Efforts of Providers

To support providers in these roles, SAMHSA has established:

- *Technical Assistance centers*
- *Posted resources such as tip sheets, webinars, and timelines available at <http://www.samhsa.gov/healthreform>*
- *Additional resources are located at <http://www.healthcare.gov>, a highly interactive website that can help people find health coverage and provides in depth information about the ACA*

Health Reform – Role Of States

- **General**

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

Health Reform – Role Of States

- **SSAs and MHAs**

- *New kind of leadership required with state agencies*
- *Change in use of block grants (moving demos to practice)*
- *Supporting communities selected for discretionary grants*
- *Work with public health and primary care*

Health Reform – Role Of Advocates

- **Learn**
 - *Continue educating yourself/others on implications of HR*
- **Participate**
 - *Continue working with your states*
- **Advocate**
 - *Continue making your voice heard to further shape HR*
 - *Continue motivating America to better understand behavioral health is essential to health*
- **BRSS TACS**

Updates: Oil Spill Response

- **\$52 million in BP funding**
 - *\$10 million - SAMHSA*
 - *\$15 million - Louisiana*
 - *\$12 million - Mississippi*
 - *\$12 million - Alabama*
 - *\$03 million - Florida*
- **SAMHSA also released \$648,404 in grants to LA, MS, AL, and FL**
 - *BH services*
 - *Other social services*
 - *Surveillance and data collection*



SAMHSA's Efforts – Deep Water Horizon Oil Spill

- **Services**
 - *Technical assistance and support for:*
 - **Needs assessments**
 - **State response plans**
 - **Applications for BP funds**
- **Outreach**
 - *Ongoing collaboration, consultation with States*
 - *Negotiation and agreement on surveillance indicators with States*
- **Education**
 - *Regional public education campaign: Tip Sheets, website, PSAs*
 - *Addressing issues w/children and schools in partnership with DoED*
- **Established Help Line - 1.800.985.5990**
 - *More than 1000 calls received*
 - *Texting capability added to increase youth access*

National Dialogue On The Role Of Behavioral Health In Public Life

- Tucson, Fort Hood, Virginia Tech, Red Lake, Columbine
- Violence in school board and city council meetings, in courtrooms and government buildings, on high school and college campuses, at shopping centers, in the workplace and places of worship
- In America
 - *More than 60 percent of people who experience MH problems and 90 percent of people who need SA treatment do not receive care*

National Dialogue On The Role Of Behavioral Health In Public Life

- **In America: Suicides almost double the number of homicides**
- **How do I know when a family member/someone is having a mental health crisis or AOD problem?**
 - *We know universal sign for choking*
 - *We know facial expressions of physical pain*
 - *We recognize blood and other physical symptoms of illness and injury*
- **What can I do to help?**
 - *We know basic terminology for physical illness, accidents, and injury*
 - *We know basic First Aid and CPR for physical crisis*

SAMHSA - Reauthorization

- **Opportunity**
 - *Engage Congress in a discussion about behavioral health*
 - *Change current legislation to reflect current realities and new directions*
- **Challenge**
 - *Congress divided*
 - *Content disagreements*

SAMHSA - Reauthorization

- **SAMHSA programs were last authorized in 2000**
- **In the past 11 years:**
 - *Knowledge of prevention of mental illness and addiction, emotional health development, and mental health recovery has increased*
 - *Priorities have changed*
 - *Parity legislation has passed and regulations issued*
 - *Health reform has been enacted and implementation is underway*
 - *Economic downturn - funding for BH reduced by more than \$1 billion*
- **Legislation needs to reflect new realities and allow exploration of new directions**

SAMHSA - Reauthorization

- **Use of Federal dollars will change to identify and fill gaps in service**
 - *As parity and health reform are implemented, the use of block grant and discretionary grant funds will change*
 - *As people who currently are without coverage become covered through ACA*
 - **Employer sponsored health insurance**
 - **Expansion of Medicaid**
 - **Establishment of Exchanges**
- **Accountability for use of Federal funds remains an important issue**

SAMHSA Principles

- **People**

Stay focused on the goal



- **Partnership**

Cannot do it alone



- **Performance**

Make a measurable difference

