

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Changes We're Facing Changes We're Making

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Nature of Current Change

Revolutionary

- *Pace, speed, fundamental*
- *From illness to recovery/health*
- *From quantity to quality*

Incremental

- *Building today & the future by building on yesterday*
- *Build WHAT we know & building on what we know*

Transformative

- *Change “to” – not just change “from”*
- *Vision of the way things should be, not just what is not effective today*

Context of Change – 1

- **Budget constraints, cuts and realignments – economic challenges like never before**
- **No system in place to move to scale innovative practices and systems change efforts that promote recovery**
- **Science has evolved; language and understanding is changing**

Context of Change – 2

- **Integrated care requires new thinking about recovery, wellness, role of peers, responding to whole health needs**
- **New opportunities for behavioral health (Parity/Health Reform/Tribal Law and Order Act/National Action Alliance for Suicide Prevention)**
- **Evolving role of behavioral health in health care**

Challenge and Opportunity

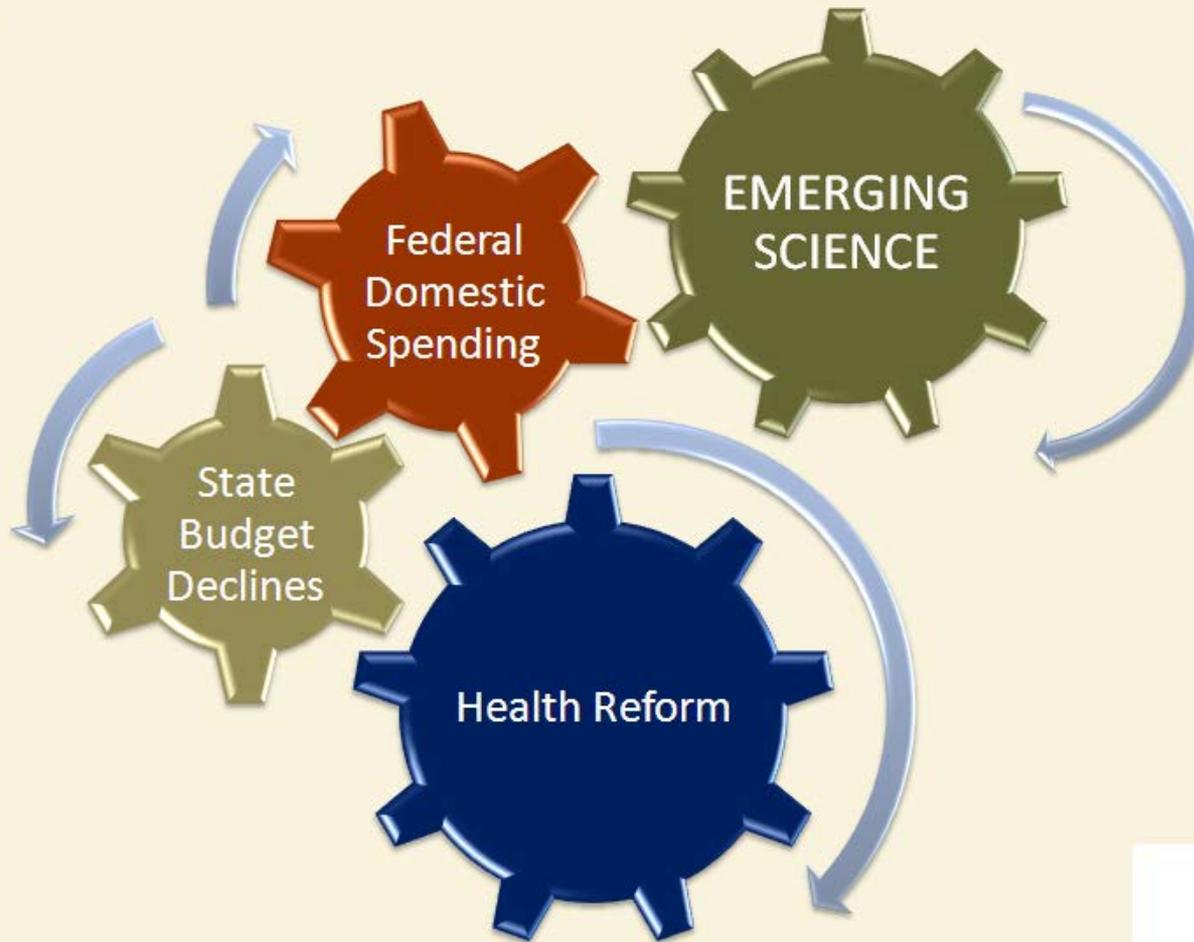
Relevance

- Can we keep up?
- Can we survive?

Innovation

- Can we lead?
- Can we follow?

Drivers of Change



Driver: State Budget Declines

- **Maintenance of Effort (MOE) Waivers**
 - *FY10/SY09 – 13 SA waivers; \$26,279,454*
 - *FY10/SY09 – 16 MH waivers; \$849,301,945*
 - *FY11/SY10 – 17 SA waivers; \$168,373,953*
 - *FY11/SY10 – 17 MH waivers; \$493,532,305*
- **State Funds**
 - *MH – \$ 2.2 billion reduced*
 - *SA – Being Determined*

Driver: Federal Domestic Spending

- **FY 2011 Reductions**
 - *\$42 Billion*
 - *SAMHSA – \$38.5 million (plus more than \$15 million in earmarks)*
- **FY 2012 Proposals**
 - *\$4 – 6.5 Trillion over 10 years*
 - *Fundamental changes to Medicaid, Medicare and federal/state roles in health care*
- **FY 2013 Budget Development**

Driver: Emerging Science - 1

- **Surveillance** – determining needs and gains
- **Prevention** – what works for mental, emotional and behavioral disorders (MEB), especially in youth
- **Role of Trauma** – impacts, prevention, screening, assessment and treatment
- **Service Delivery Models** – for integration and evidence-based practices
- **Recovery** – individually and systemically; peers and life-based services and personal skills/supports

Driver: Emerging Science - 2

- Policy – prevention, treatment and recovery
- Financing – for quality rather than quantity
- Performance Measurement – outcomes and tracking, including disparities and recovery
- Standard Setting – outcomes and quality
- Health Information Technology (electronic health records (EHRs), personal devices, and social media) – for quality and cost-savings

Driver: Health Reform

- **Affordable Care Act**
- **Parity – MHPAEA and within ACA**
- **Tribal Law and Order Act**
- **National Action Alliance for Suicide Prevention**
- **Medicare Changes – Payment for Quality**
- **Federal Medicaid Changes (fraud/abuse; quality; prevention/wellness)**
- **State Medicaid Changes**

Impact of Affordable Care Act

- **More people will have insurance coverage**
 - *More demand for qualified and well-trained BH professionals*
- **Medicaid (and States) 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 and residential care**
- **Priority on prevention of diseases and promoting wellness**
- **Focus on quality rather than quantity of care**

ACA – First Year Highlights

SIGNIFICANT PROGRAM CHANGES

- Home visiting
- Primary Care / Behavioral Health Integration

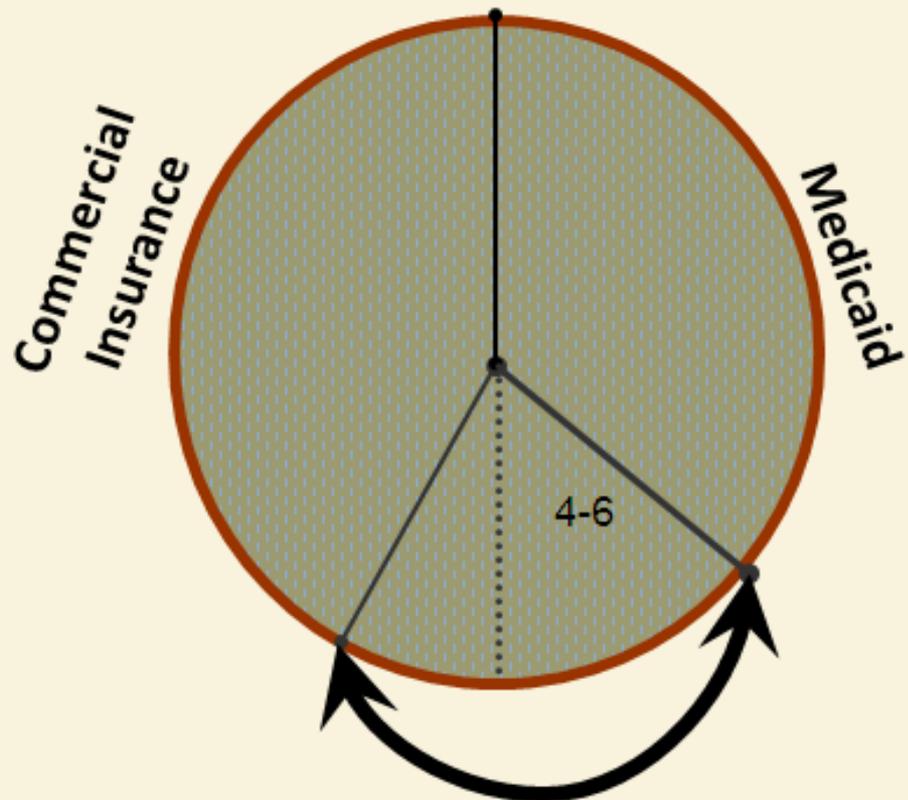
MAJOR INSURANCE REFORM

- Youth to age 26
- No pre-existing condition for children
- High risk pools

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

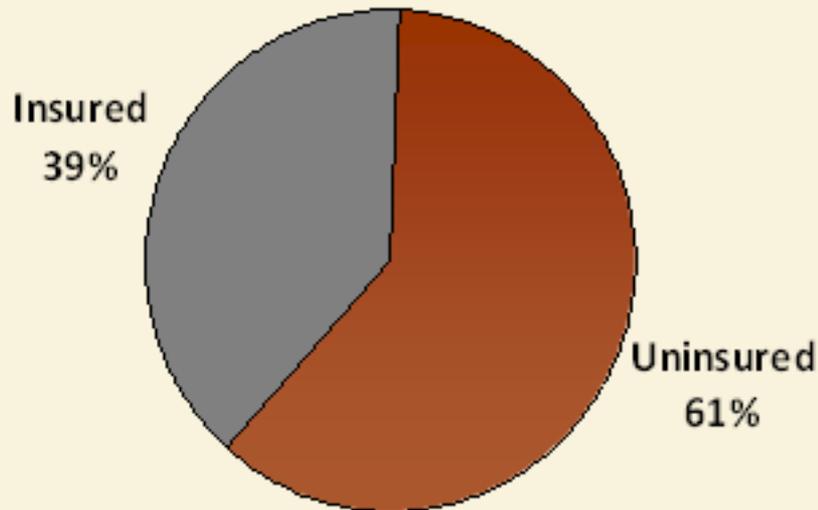
In 2014: 32 Million More Americans Will Be Covered



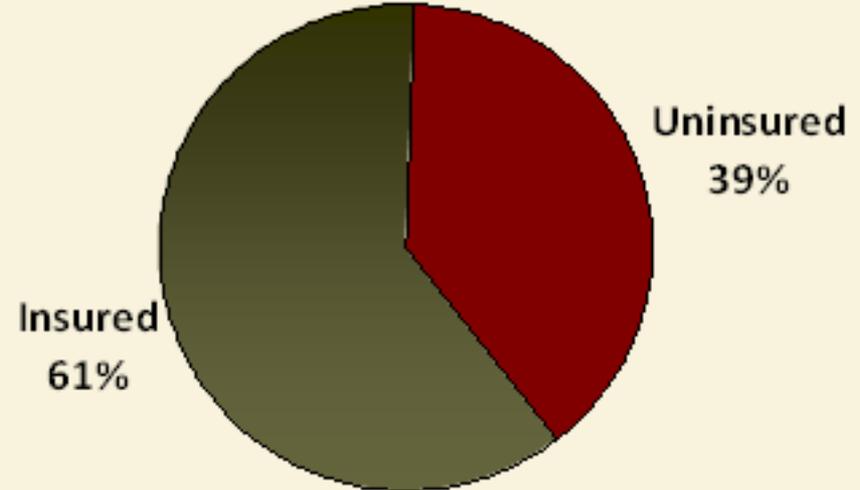
6-10 Million with M/SUDs

Health Reform - Challenges

Individuals Served by SSAs



Individuals Served by MHAs



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

Challenges – Expenditures and Services

- **More than one-third (35 percent) of SABG 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**
- **Few BH practitioners trained to work with peers and/or in health homes or ACOs**
- **Few practitioners or programs oriented toward trauma-informed care or recovery being the goal**
- **Enrollment systems unclear**

Challenges - Providers

- **Increase in numbers insured elevates workforce and access 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 and MCOs**
- **Less than 10 percent have electronic health records; even less are interoperable**
- **Compliance knowledge and infrastructure**

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**

Work Ahead - SAMHSA

- **Implementing Tribal Law and Order Act – Off of Indian Alcohol and SA**
- **Revised BG application and reporting; analyzing expenditures**
- **Establishment of health homes/ACOs with TA to States**
- **Health Insurance Exchanges – policies and operations**
- **Essential benefits for exchange and benchmark plans**
- **Training and tracking of MHPAEA and Medicaid parity**
- **Decisions/implementation of prevention funds**
- **Regulations – home and community based services**
- **Evidence of good and modern services**
 - *Benefit decisions*
 - *Practice protocols*
 - *Research agenda*

Supporting Efforts of Providers

To support providers, 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*

Certainties of Change – 1

Things will be different

- *Federal, state, and local*
- *SAMHSA and other payers, standard setters, regulators*
- *Providers*
- *Partners*
- *Stakeholders*

People will object and disagree

- *Tough decisions will generate disagreement*

Certainty of Change – 2

Uncertainty

- *Requires faith, hope, trust, and focus*
- *Path forward may not be clear*
- *Must be a comfort level with “fuzziness”*

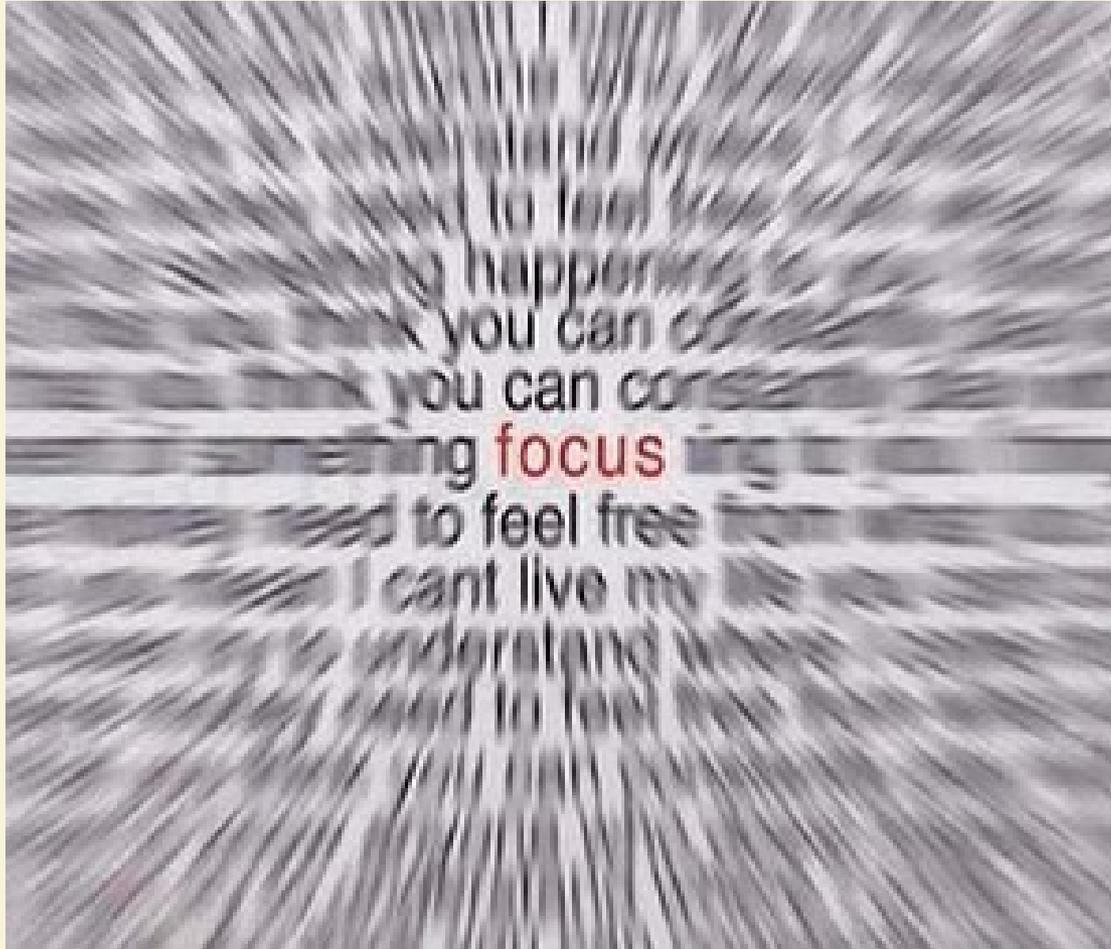
Less money, not necessarily less resources

- *New opportunities*

New kind of leadership required

- *Only way to preserve what we care about may be to give it away*

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 - 6 Examples

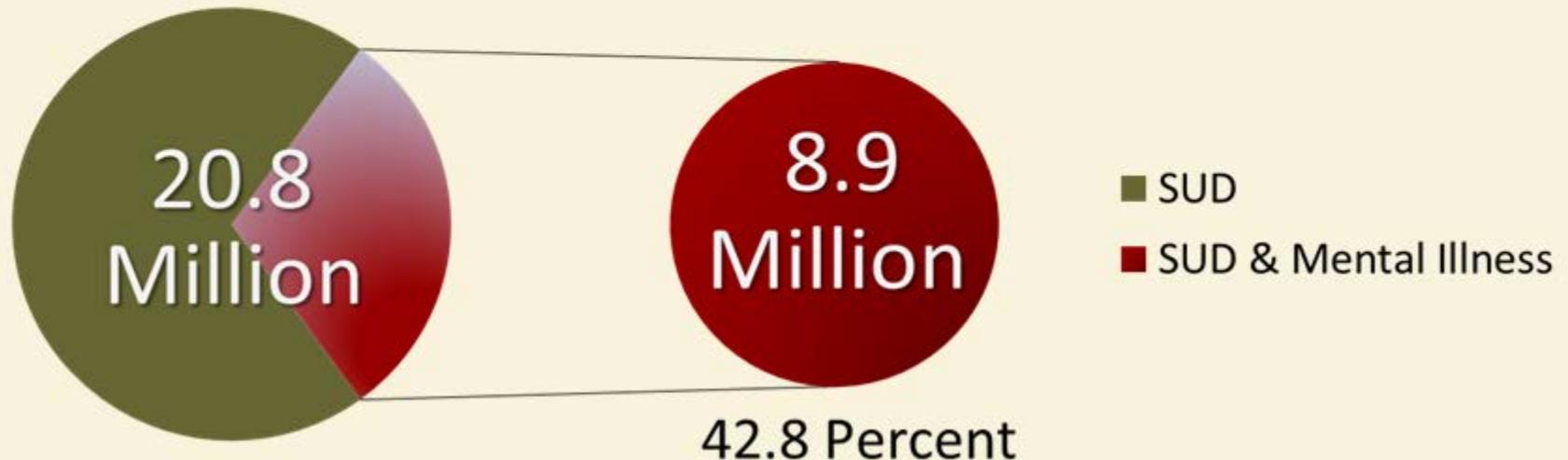
- **People and Recovery**
- **Roles and Partnerships**
- **Strategic Initiatives**
- **Budget and Funding**
- **Quality and Outcomes**
- **Public Information**

Focus #1: People and Recovery

- **People – NOT money, diseases, programs, or authorities**
 - *People come to us with multiple diseases/conditions, multiple social determinants, multiple cultural backgrounds and beliefs*
 - *Worried so much about programs and authorities, we forget the outcomes we are seeking for people and for America's communities*
- **Collaborating more between SA and MH; and between BH and primary care**

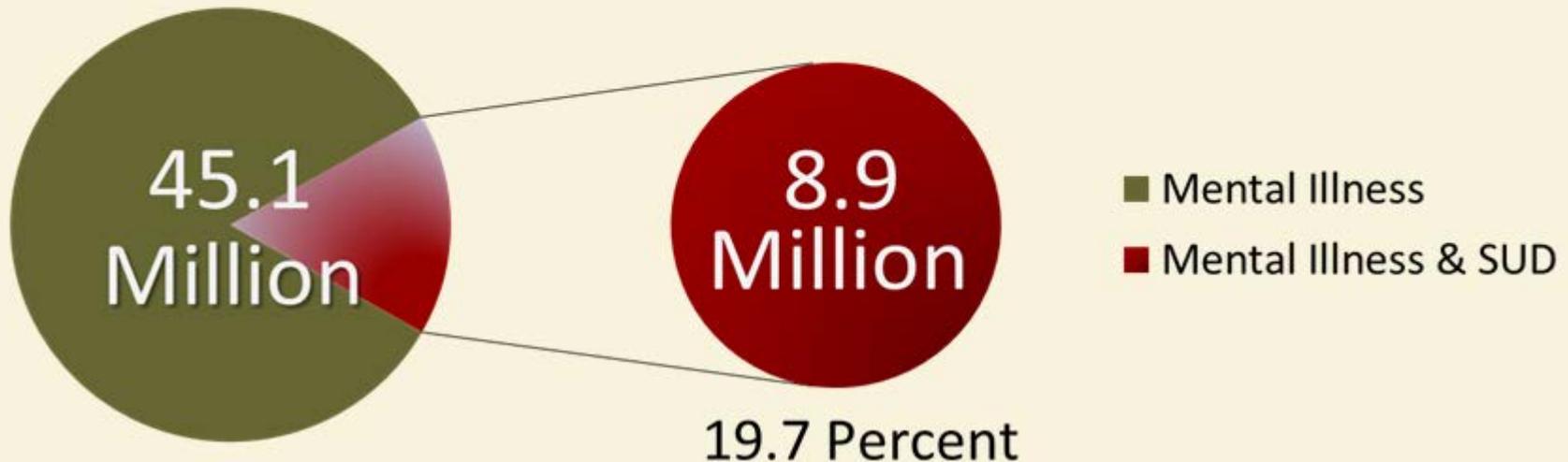
Co-Occurring Disorders - 1

Substance Use Disorder



Co-Occurring Disorders - 2

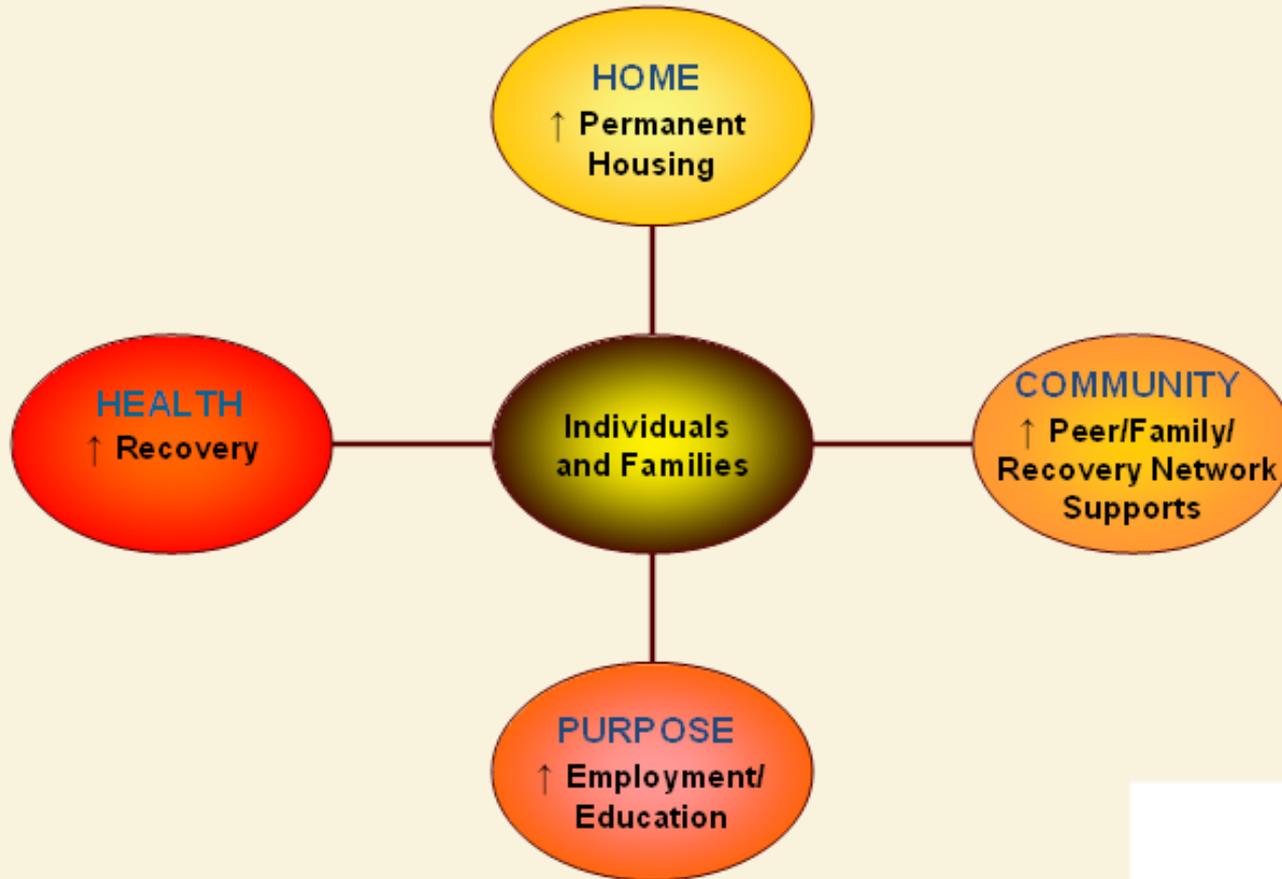
Mental Illness



Recovery

- **Recovery Domains**
- **Recovery Elements**
- **Recovery Month**
- **Recovery Outcome Data**
- **Recovery TA Center (BRSS TACS)**
- **Recovery Curricula for/with Practitioners**

Recovery Construct



Unique Cultures

- **Disparities**
 - *Ethnic minorities*
 - *LGBTQ populations*
 - *AI/AN – Tribal issues*
 - *Women and girls*
- **Office of Behavioral Health Equity**
 - *Planning (strategic initiatives)*
 - *Workforce (NNED)*
 - *Data*
 - *Highlighting*

National Network to Eliminate Disparities in Behavioral Health (NNED)

Network Partners:

2008 - 035

2009 - 134

2010 - 320

2011 - 386 and 500 Affiliates

Total : 886



Focus # 2: SAMHSA'S Roles

- **Leadership and voice**
- **Funding – service capacity development**
- **Regulation and Standard Setting**
- **Practice Improvement**
- **Public Awareness and Information**
 - *Including surveillance*

SAMHSA's Partnerships – Examples 1

- **CMS/States – Medicaid as health reform rolls out**
- **HRSA – workforce and integration issues**
- **CDC/ED – prevention issues (BH & physical health)**
- **DOJ /ACF – trauma and justice issues**
- **ONDCP/DEA/FDA – prescription drug abuse**
- **AHRQ – quality issues**
- **Tribes/DOJ/BIA/BIE/IHS – Tribal Law & Order Act**
- **ONC – HIT/EHRs**

SAMHSA Partnerships – Examples 2

- **AHRQ/NIMH/NIDA/NIAAA – quality and EBP issues**
- **ONC – HIT/EHRs**
- **US Conference of Mayors, NACO, Ad Council – public awareness and education**
- **DOD/VA/National Guard – military families**
- **OCR/DOJ/AoA – community living and Olmstead**
- **DOL – employment and youth SA issues**
- **HUD – housing**

SAMHSA Regional Presence

Created Office of Policy, Planning and Innovation – Kana Enomoto, Director

- *Policy Coordination*
- *Policy Innovation*
- *Policy Liaison*

Division of Policy Liaison – Anne Herron, Dir

- *10 Regions – Liaison for each by 2012*

Focus # 3: Strategic Initiatives

<http://store.samhsa.gov/product/SMA11-4629>

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 and Quality*
8. *Public Awareness and Support*

Focus # 4: Budget and Funding – 1

Focusing on the Strategic Initiatives

- *FY 2012 budget proposal*
- *FY 2011 budget reductions and RFAs*
- *FY 2013 tough choices about populations and focus*

Revised Approach to Grant-Making

- *Braided funding within SAMHSA and with partners*
- *Engaging with States, Territories and Tribes*
 - **Funding for States to plan or sustain proven efforts**
 - **Requiring/encouraging work with communities**
- *Revised BG application*

Focus # 4: Budget and Funding – 1

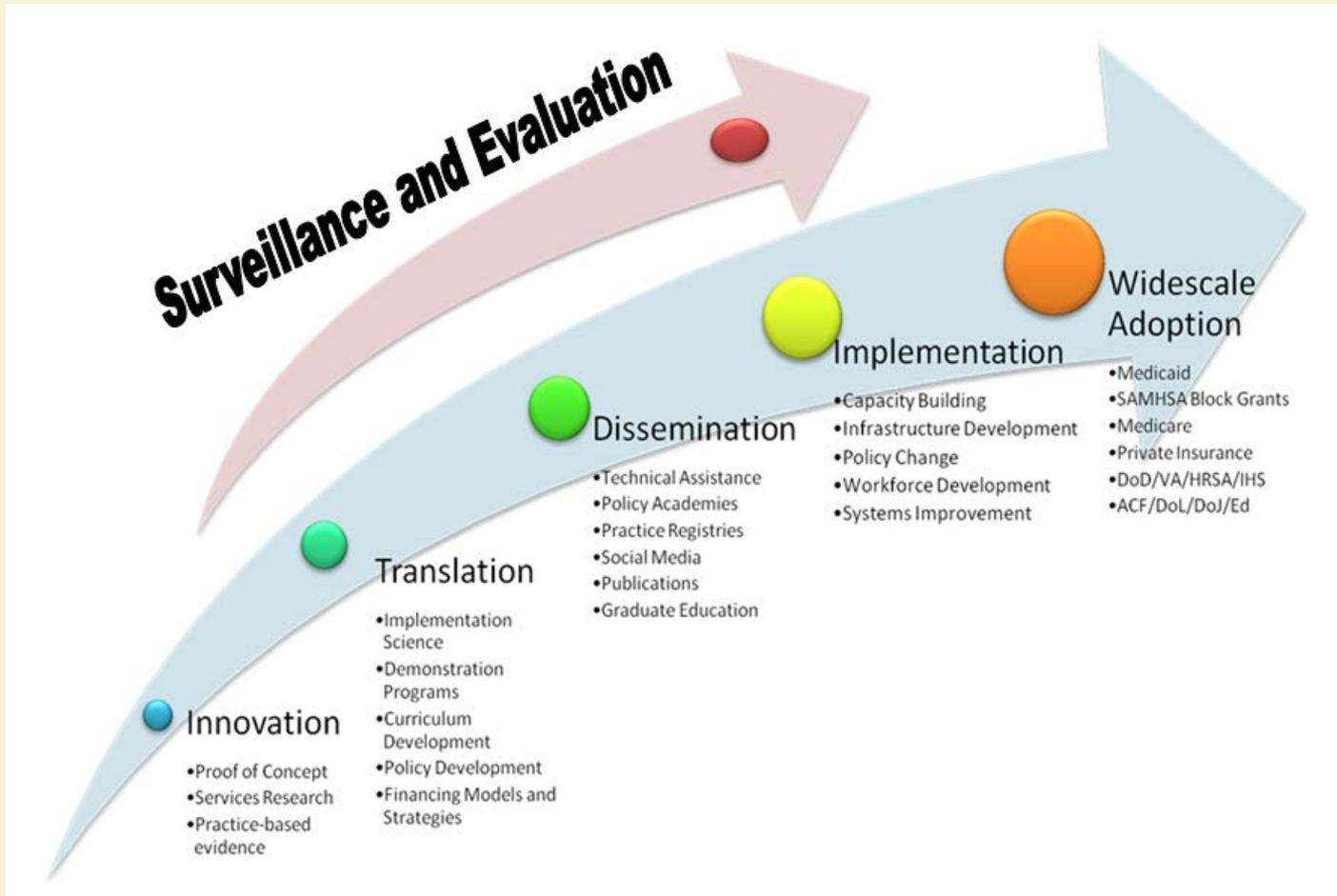
Implementing a Theory of Change

- *Taking proven things to scale (SPF, SOC, Trauma)*
- *Researching/testing things where new knowledge is needed*

Efficient and Effective Use of Limited Dollars

- *Consolidating contracts and TA Centers*
- *Consolidating public information & data collection activities and functions*
- *Revised BG application and reporting*

SAMHSA's Theory of Change



Focus # 5: Quality and Outcomes

- **National Behavioral Health Quality Framework**
 - *SAMHSA funded programs measures*
 - *Practitioner/program-based measures*
 - *Population-based measures*
- **Data collection consolidation for BGs and grants**
- **Evidence-Based Practices**
 - *Prevention (SPF, coalitions, policies, suicide)*
 - *Trauma (screening, assessment, brief interventions)*
 - *Meaningful use*
 - *Services research*

Focus # 6: Public Information

- **Assessing public attitudes and knowledge regarding BH**
- **Public campaigns in partnership with others – common messages, common approaches**
 - *e.g. – National Dialogue on Role of BH in Public Life*
- **Communications Governance Council**
- **Website/800 numbers – single official place for BH info**
- **Social Media**

What Americans Believe

- 66 percent believe treatment and support can help people with mental illness lead normal lives
- 20 percent feel persons with MI are dangerous to others
- Two thirds believe addiction can be prevented
- 75 percent believe recovery from addiction is possible
- 20 percent say they would think less of a friend/relative if they discovered that person is in recovery from an addiction
- 30 percent say they would think less of a person with a current addiction

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
- More than 60 percent of people who experience MH problems and 90 percent of people who need SA treatment do not receive care
- Suicides are almost double the number of homicides
- Americans generally know basic first aid but do not how to recognize MI or SA, or how or when to get help for self or others
 - *Most know universal sign for choking; facial expressions of physical pain; and basic terminology to recognize blood and other physical symptoms of illness and injury*
 - *Most know basic First Aid and CPR for physical health crisis*
 - *Most do not know signs of suicide , addiction, or mental illness, or what to do*

SAMHSA Principles



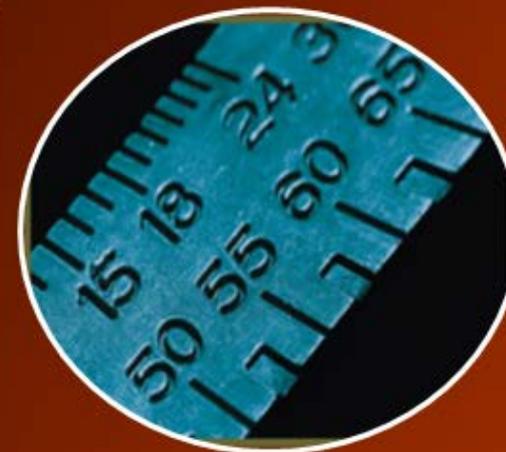
PEOPLE

Stay focused on the goal



PARTNERSHIP

Cannot do it alone



PERFORMANCE

Make a measurable difference

<http://www.samhsa.gov>