

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# Bringing Focus to Change: Understanding Drivers, Challenges and Opportunities

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**Michigan Association of Community Mental Health Boards  
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# Creating and Facilitating Change: SAMHSA's Roles

- **Leadership and Voice**
- **Funding – service capacity development**
- **Regulation and Standard setting**
- **Practice Improvement**
- **Public Awareness and Information (including surveillance)**
- **Facilitating a Clear National Dialogue**

# 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 and 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*

# 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 and Quality*
8. *Public Awareness and Support*

# SAMHSA Web Site

<http://www.samhsa.gov>

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

The screenshot shows the SAMHSA product page for 'Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014'. The page features a navigation bar with categories: Issues, Conditions & Disorders; Substances; Treatment, Prevention & Recovery; Professional & Research Topics; and Location. The product title is 'Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014'. The page includes a 'Report - In Stock' section with an 'Add To Cart' button and a 'Download Digital Version' section with a list of PDF files: 01-FullDocument.pdf (1 MB), 02-ExecutiveSummary.pdf (653 KB), 03-Prevention.pdf (117 KB), 04-TraumaAndJustice.pdf (117 KB), 05-MilitaryFamilies.pdf (93 KB), and 06-RecoverySupport.pdf (128 KB). The page also displays the SAMHSA logo, a price of 'FREE' (shipping charges may apply), and social media sharing options for Facebook (14 likes) and Twitter (30 tweets).

Issues, Conditions & Disorders | Substances | Treatment, Prevention & Recovery | Professional & Research Topics | Location

Publications ▶ SMA11-4629 [EMAIL](#) [PRINT](#) [SHARE](#)

**Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014**

Behavioral Health is Essential To Health  
Prevention Works  
Treatment is Effective  
People Recover

**Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014**

Pub id: SMA11-4629  
Publication Date: 3/2011  
Popularity: 214  
Format: Report  
Audience: Policymakers  
Population Group: People with Mental Health Problems as Population Group, Military & Veterans as Population Group, Trauma Survivors, People with Substance Use or Abuse Problems as Population Group, People in the Juvenile Justice System, People in the Criminal Justice System

**Price: FREE** (shipping charges may apply)

Introduces eight new Strategic Initiatives that will guide SAMHSA's work from 2011 through 2014 to help people with mental and substance use disorders and their families to build strong communities, prevent behavioral health problems, and promote better health for all Americans.

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**Report - In Stock**  
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**Download Digital Version**

- [01-FullDocument.pdf](#) (PDF, 1 MB)
- [02-ExecutiveSummary.pdf](#) (PDF, 653 KB)
- [03-Prevention.pdf](#) (PDF, 117 KB)
- [04-TraumaAndJustice.pdf](#) (PDF, 117 KB)
- [05-MilitaryFamilies.pdf](#) (PDF, 93 KB)
- [06-RecoverySupport.pdf](#) (PDF, 128 KB)

# Components of Change



# Challenge and Opportunity

## Relevance

- **Can we keep up?**
- **Can we survive?**

## Innovation

- **Can we lead?**
- **Can we follow?**

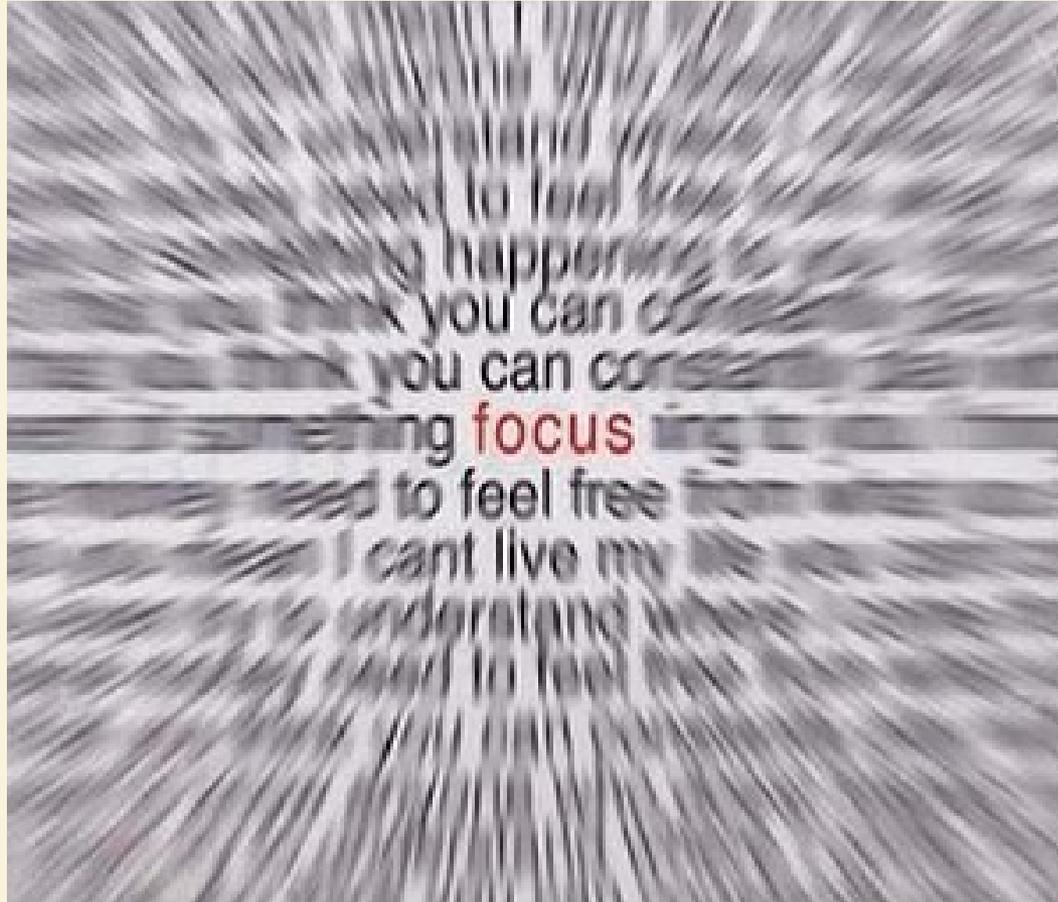
# Context of Change – 1

- **Budget constraints, cuts and realignments – economic challenges like never before**
- **There is 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**

# Pursuing a Vision - 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**

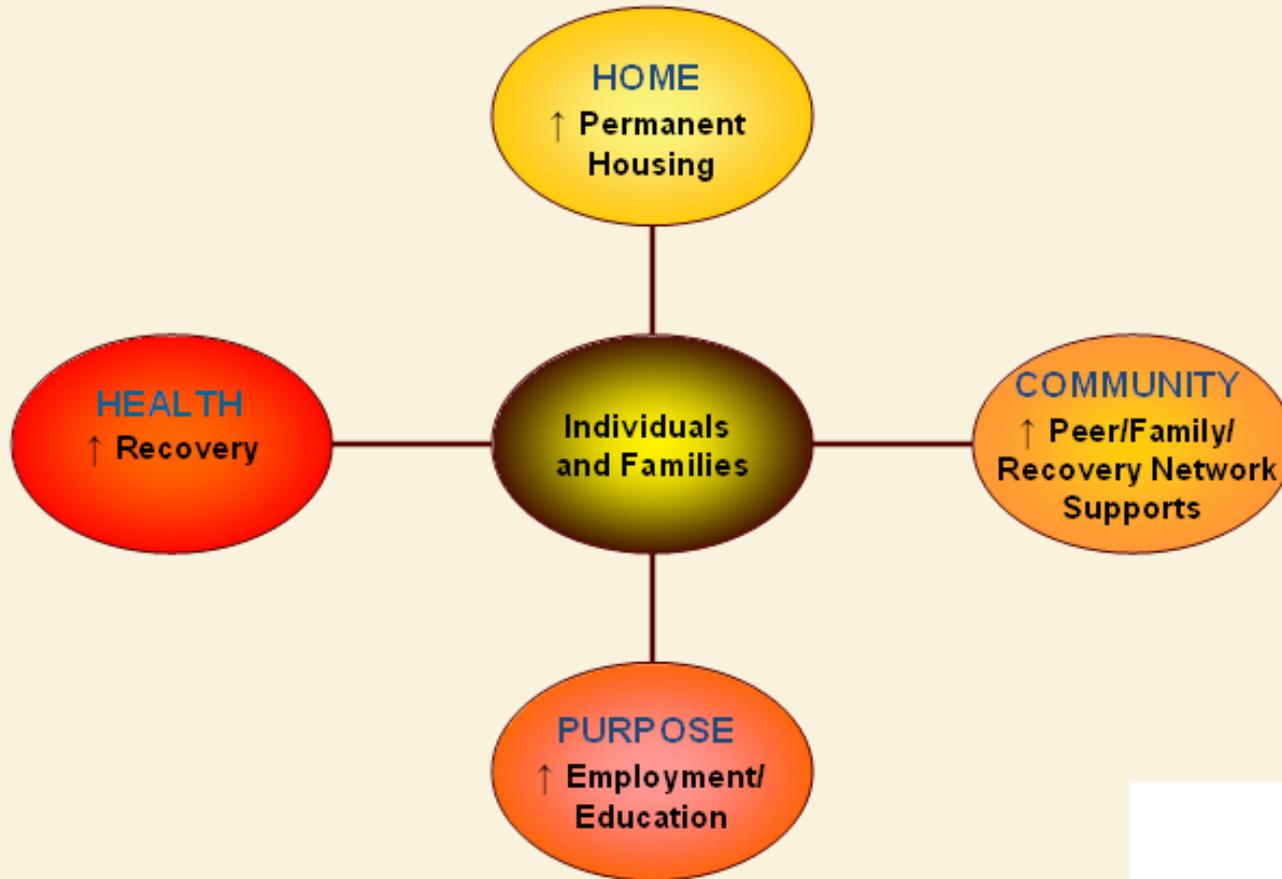
# Focus # 1 - People and Recovery

- **People – Not Money, Diseases, Programs or Authorities**
  - *People come to us with multiple diseases/conditions, multiple social determinants, multiple cultural backgrounds and beliefs*
  - *We are 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**

# Recovery

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

# Recovery Support



# Focus # 2 - Unique Cultures

## Disparities

- *Ethnic Minorities*
- *LGBTQ Populations*
- *AI/AN – Tribal Issues*
- *Women and Girls*

## Office of Behavioral Health Equity

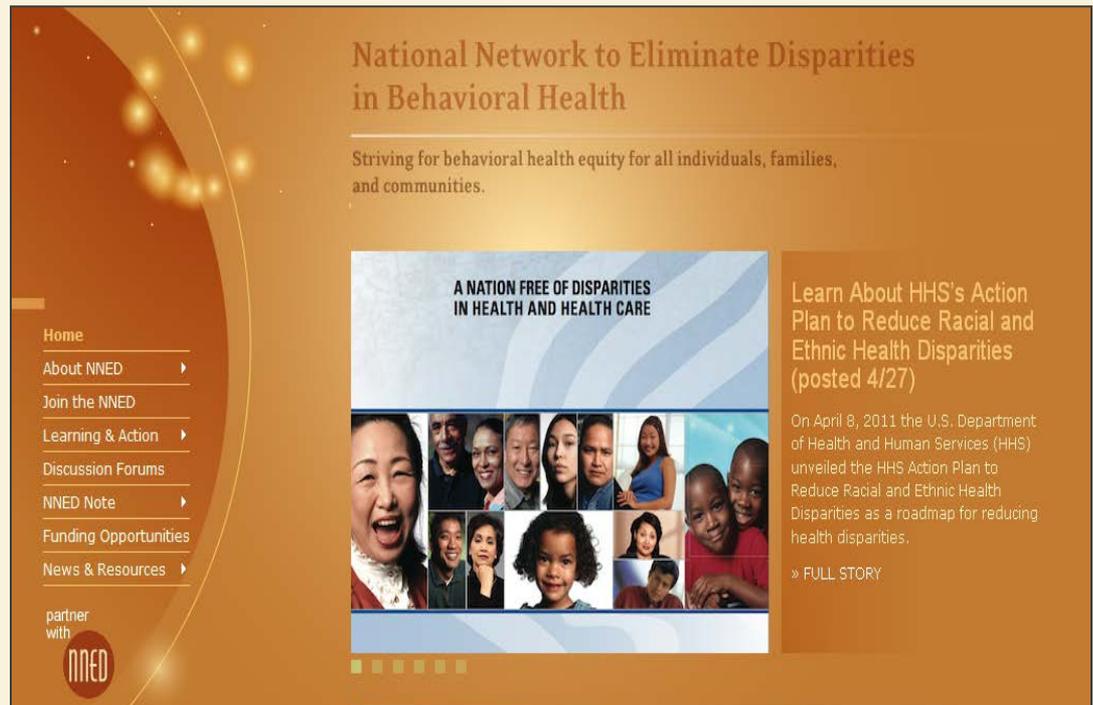
- *Planning (Strategic Initiatives)*
- *Workforce (NNED)*
- *Data*
- *Highlighting*

# National Network to Eliminate Disparities in Behavioral Health (NNED)

<http://www.nnwd.net>

## National Partners

- 2008: 35
  - 2009: 134
  - 2010: 320
  - 2011: 386
- + 500 Affiliates
- Total: 986



The screenshot shows the NNED website homepage. The main heading is "National Network to Eliminate Disparities in Behavioral Health". Below it is the tagline "Striving for behavioral health equity for all individuals, families, and communities." A central banner features the text "A NATION FREE OF DISPARITIES IN HEALTH AND HEALTH CARE" above a collage of diverse people. To the right, there is a news article titled "Learn About HHS's Action Plan to Reduce Racial and Ethnic Health Disparities (posted 4/27)". The article text states: "On April 8, 2011 the U.S. Department of Health and Human Services (HHS) unveiled the HHS Action Plan to Reduce Racial and Ethnic Health Disparities as a roadmap for reducing health disparities." Below the text is a link that says "» FULL STORY". On the left side of the page, there is a navigation menu with links for Home, About NNED, Join the NNED, Learning & Action, Discussion Forums, NNED Note, Funding Opportunities, and News & Resources. At the bottom left, there is a logo that says "partner with NNED".

# Focus # 3 - 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*

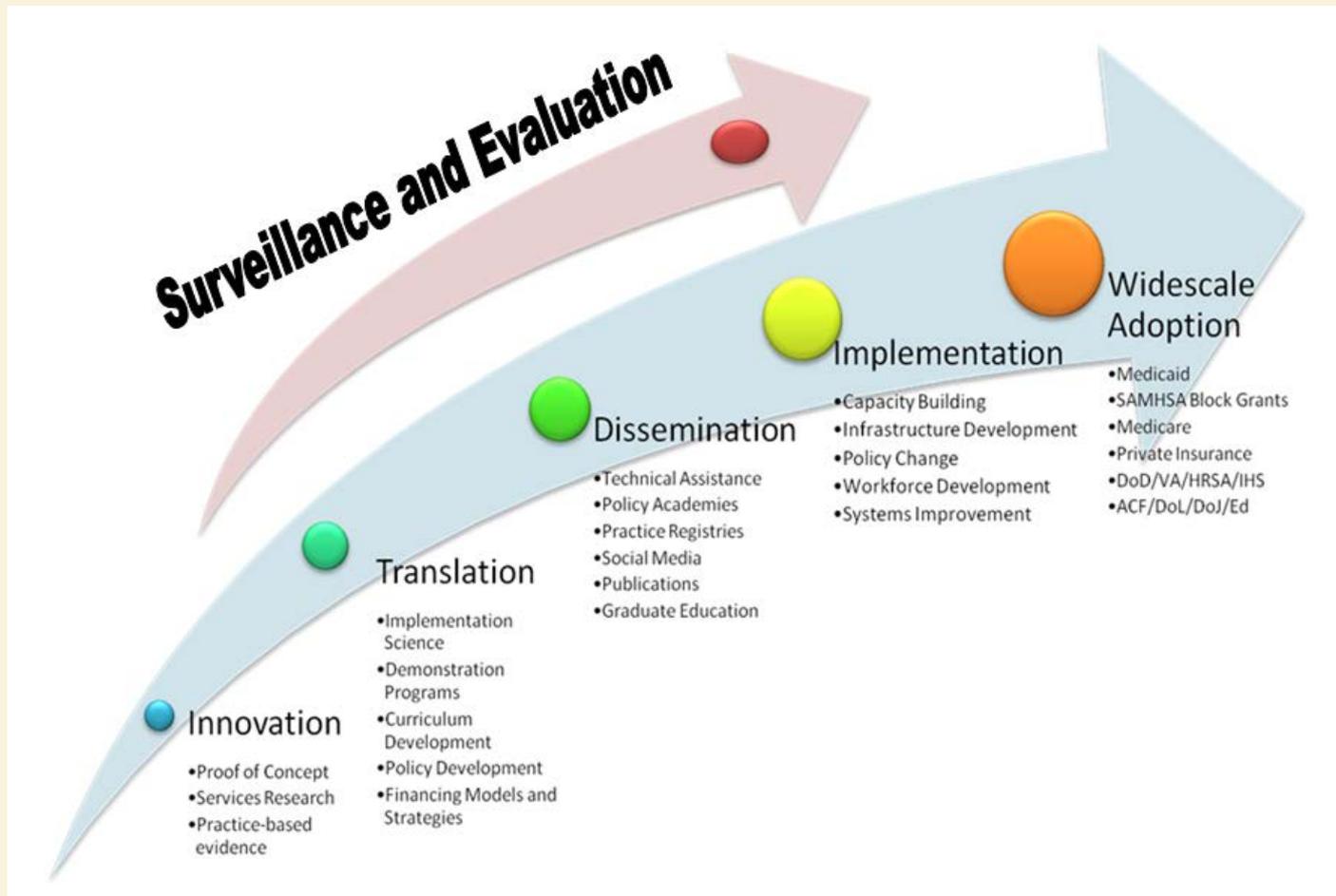
- **Revised Approach to Grant-Making**

- *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*

# Budget and Funding – 2

- **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 and data collection activities and functions*
  - *Revised BG application and reporting*

# SAMHSA's Theory of Change



# Focus # 4 - 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 # 5 - 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**

# SAMHSA Strategic Initiative - Public Awareness and Support

- **Understanding of and Access to Services**
- **Cohesive SAMHSA Identity**
  - *SAMHSA Branding*
  - *Consolidation of Web Sites*
  - *Common Fact Sheets*
  - *Single 800 Number*
- **Consistent Messages**
  - *Communications Plan for Initiatives*
  - *Use of Social Media*
- **Tools to Improve Policy and Practice**
- **Increase Social Inclusion and Decrease Discrimination**

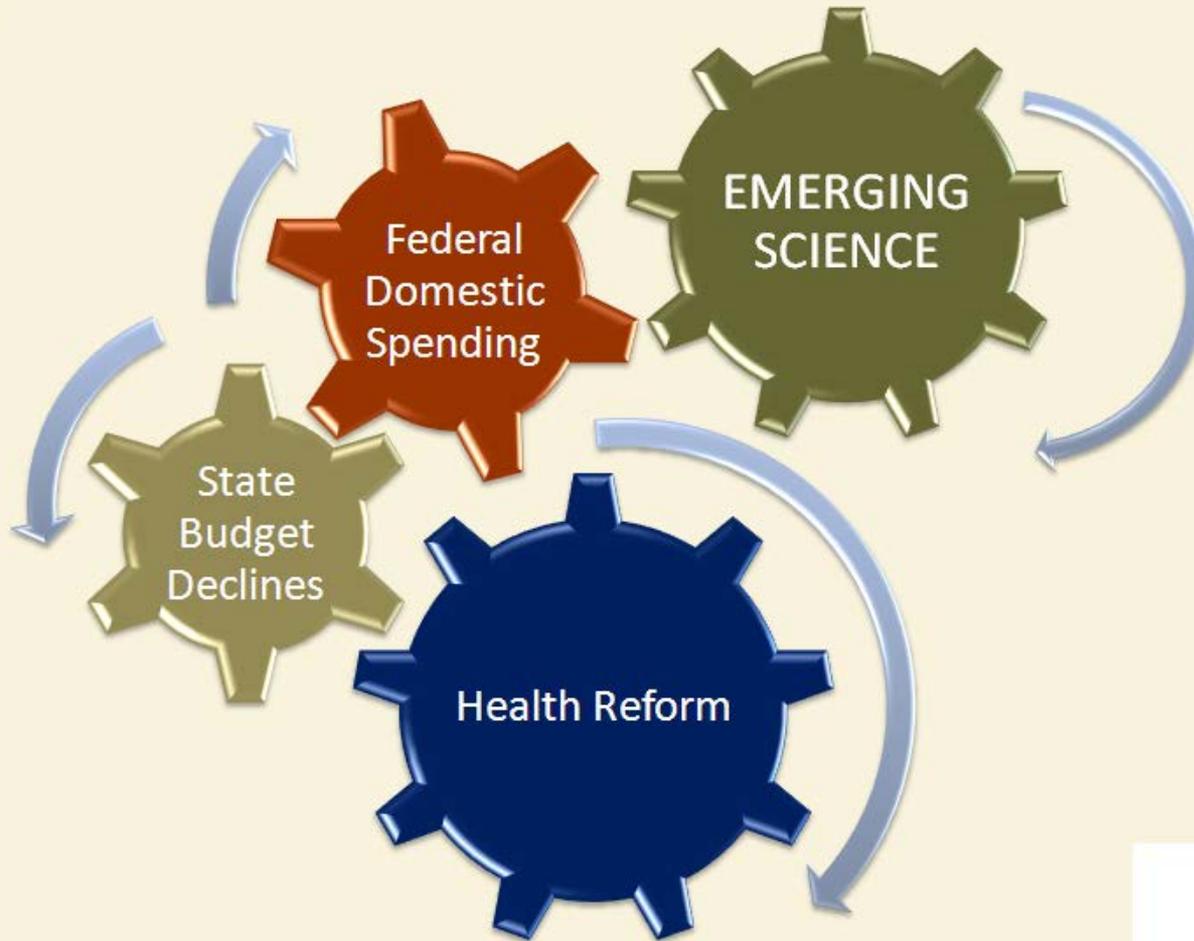
# National Dialogue on the Role of Behavioral Health in Public Life

- **Tucson, Fort Hood, Virginia Tech, Red Lake and 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**

# National Dialogue on the Role of Behavioral Health in Public Life

- **Suicides are almost double the number of homicides**
- **Americans have general knowledge of basic first aid but 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*

# 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 mil (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*

# **SAMHSA Strategic Initiative - Prevention**

- **Prevent Substance Abuse and Mental Illness (Including Tobacco) and Build Emotional Health**
- **Prevention Prepared Communities (PPCs)**
- **Suicide**
- **Underage Drinking/Alcohol Polices**
- **Prescription Drug Abuse**

# SAMHSA Strategic Initiative - Trauma and Justice

- **Public Health Approach to Trauma**
- **Trauma Informed Care and Screening**
  - *Trauma specific service*
- **Decrease Impact of Violence and Trauma on Children/Youth**
- **Increase BH Services for Justice Involved Populations**
  - *Prevention*
  - *Diversion from juvenile justice and adult criminal justice systems*
- **Decrease Impact of Disasters on BH of Individuals, Families, and Communities**

# SAMHSA Strategic Initiative - Military Families

- **Improve access of military families to community-based BH care**
- **Help providers respond to needs within military family culture**
- **Promote BH of military families with programs and evidence-based practices**
  - *Support resilience and emotional health*
  - *Prevent suicide*
- **Develop effective and seamless BH service system for military families**

# Driver - Emerging Science - 2

- **Policy – Prevention, Treatment and Recovery**
- **Financing – For Quality Rather than Quantity**
- **Standard Setting – Outcomes and Quality**
- **Health Information Technology (Electronic Health Records (EHRs), Personal Devices and Social Media)**
  - *For Quality and Cost-savings*
- **Performance Measurement**
  - *Outcomes and Tracking; Including Disparities and Recovery*

# SAMHSA Strategic Initiative - Health Information Technology

- **Develop infrastructure for EHRs**
  - *Privacy*
  - *Confidentiality*
  - *Data Standards*
- **Provide incentives and create tools to facilitate adoption of HIT and EHRs with BH functionality in general and specialty health care settings**
- **Deliver TA to State HIT leaders, BH and health providers, patients and consumers, and others to increase adoption of EHRs and HIT**
- **Increase capacity for exchange and analysis of EHR data to assess quality of care and improve patient outcomes**

# SAMHSA Strategic Initiative - Data, Outcomes and Quality

- **Integrated Approach**
  - *Single SAMHSA Data Platform*
- **Common Data Requirements for States to Improve Quality and Outcomes**
  - *Trauma and Military Families*
  - *Prevention Billing Codes*
  - *Recovery Measures*
- **Common Evaluation and Service System Research Framework**
  - *For SAMHSA Programs*
  - *Working with researchers to move findings to practice*
  - *Improvement of NREPP as registry for EBPs*

# 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**
  - *Increased 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**

# **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

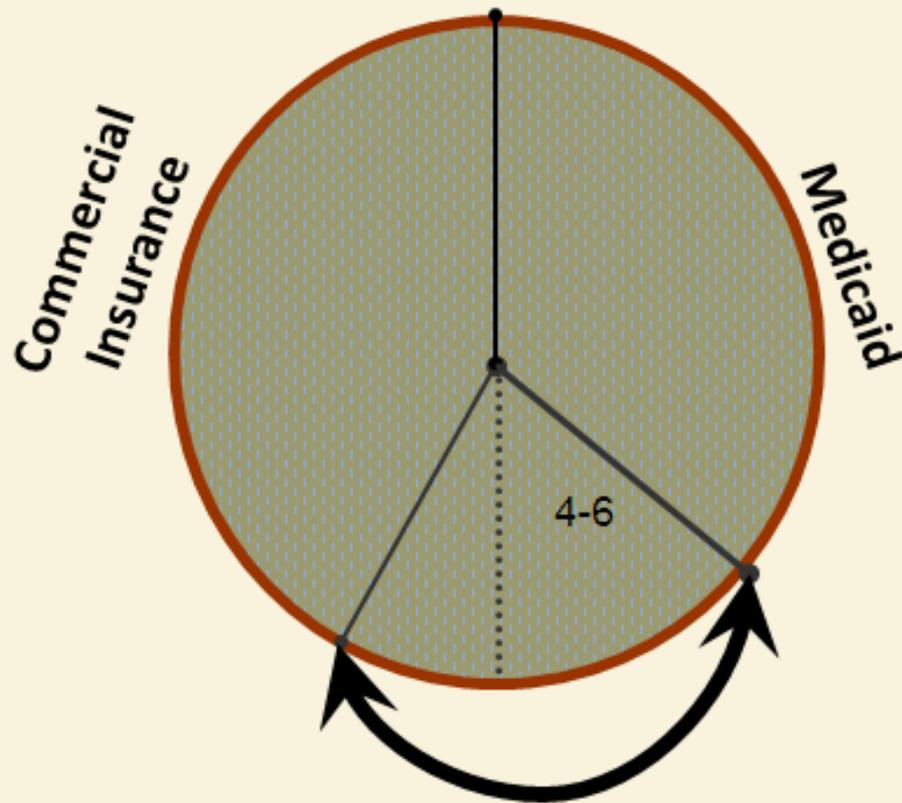
## MAJOR INSURANCE REFORM

- Youth to age 26
- No pre-existing condition 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

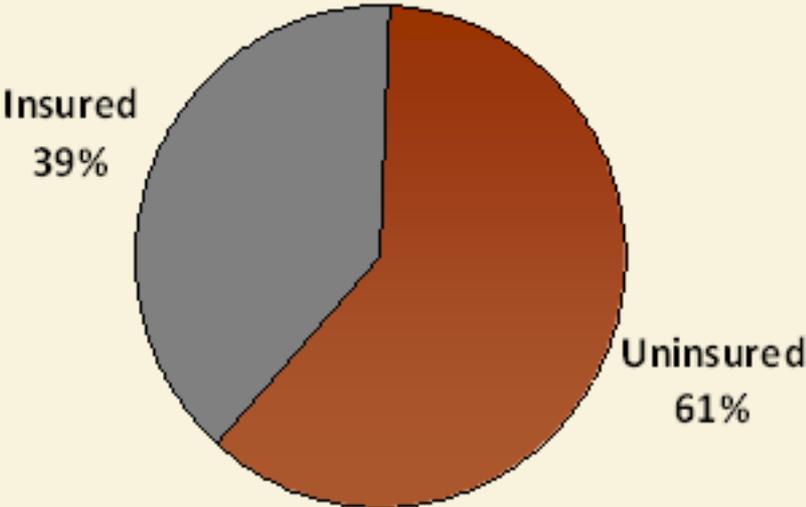
# In 2014 - 32 Million More Americans Will Be Covered



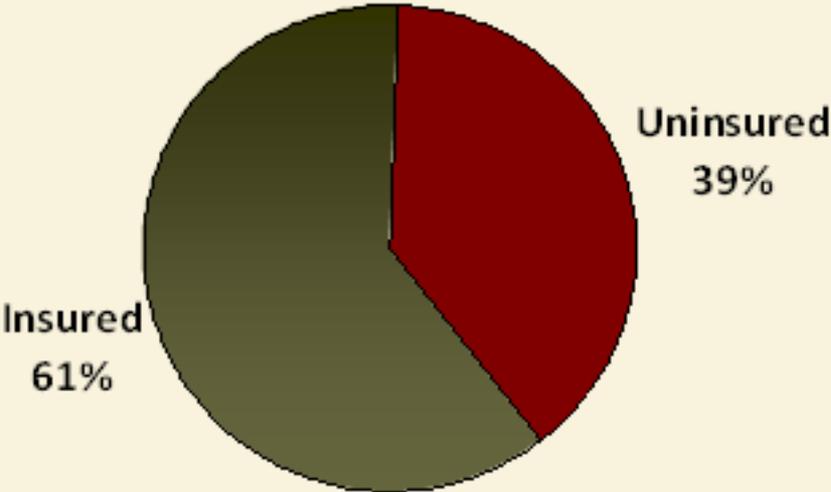
6-10 Million with M/SUDs

# Challenges – State MHAs and SSAs

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 eligible's 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 are 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 HER; even less are interoperable**
- **Few have working agreements with health centers**
- **Many staff without credentials required through practice acts and MCOs**
- **Compliance knowledge and infrastructure lacking**

# 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 States/Counties/Providers

- **Technical Assistance Centers**
- **Posted resources such as tip sheets, webinars, and timelines available at:**  
<http://www.samhsa.gov/healthreform>
- **Additional resources located at:**  
<http://www.healthcare.gov>
  - *Highly interactive website to help people find health coverage and provides in-depth information about the ACA*
- **Regional Presence**

# 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*

# Certainties 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*

# 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, Director**
  - *10 Regions – Liaison for each by 2012*

# SAMHSA Principles



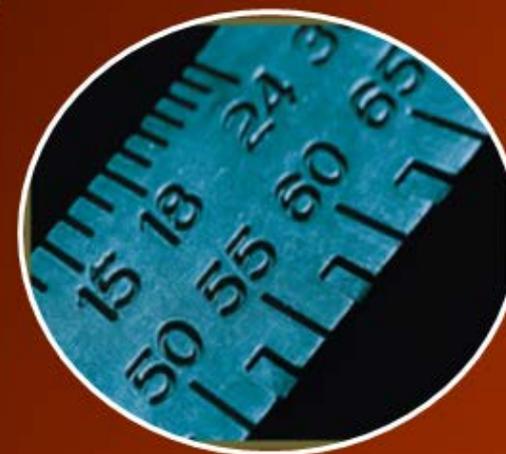
## PEOPLE

Stay focused on the goal



## PARTNERSHIP

Cannot do it alone



## PERFORMANCE

Make a measurable difference

<http://www.samhsa.gov>