

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# Staying Focused in Changing Times – Challenges and Opportunities

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Annual Conference  
Indianapolis, IN • June 9, 2011



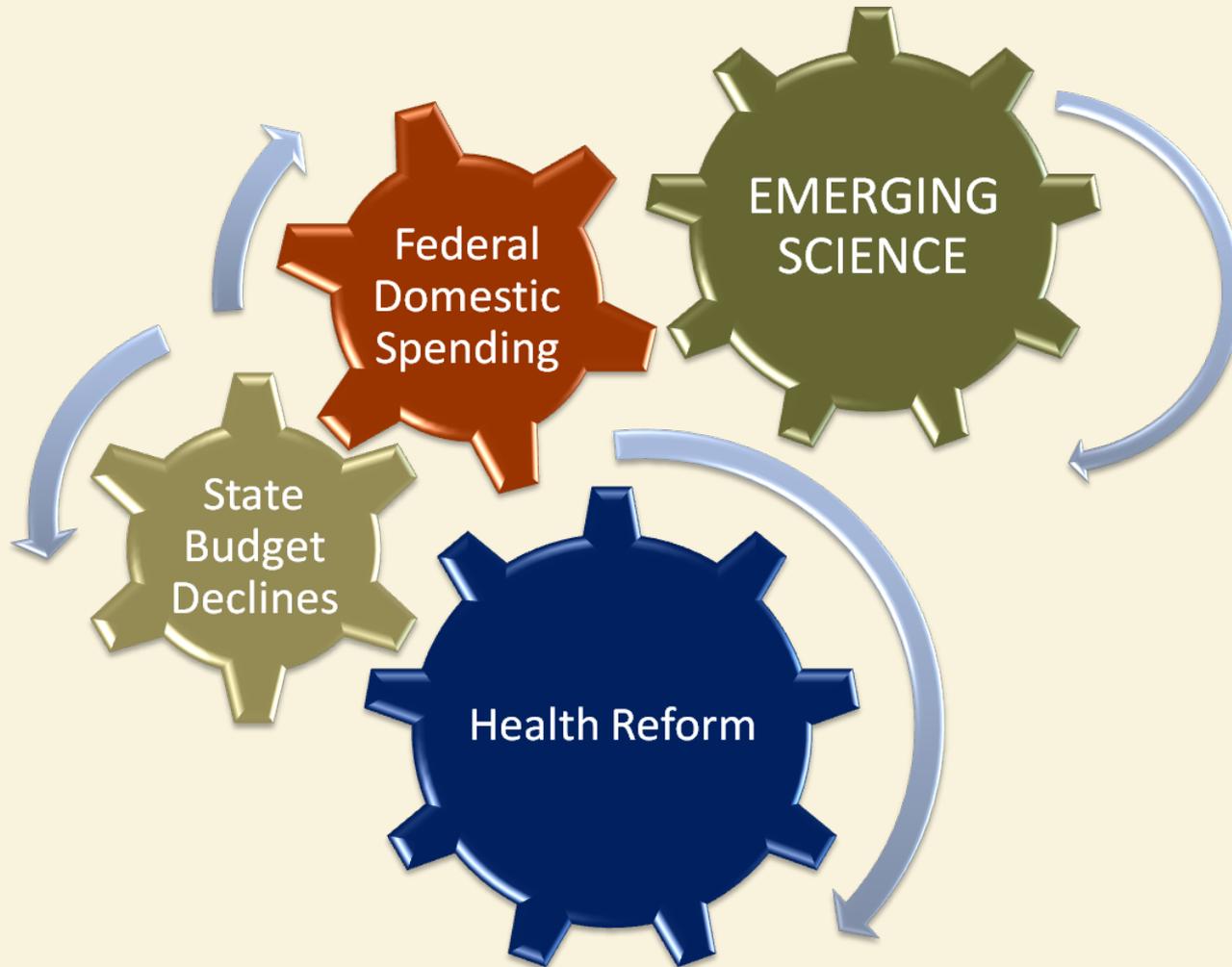
# Context of Change

- **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 (cont.)

- **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**

# Drivers of Change



# Staying Focused During Change



# 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

# Focus Areas for Today's Discussion

- Recovery
- Disparities
- Budget
- Block Grant
- National Behavioral Health Quality Framework
- Communications & Message

# SAMHSA Strategic Initiative

## Recovery Support

- Recovery domains
- Recovery principles
- Recovery month
- Recovery outcome measures
- Recovery TA Center (BRSS TACS)
- Recovery curricula for/with practitioners

# Recovery: Working Definition

Recovery from mental health problems and addictions is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choosing.

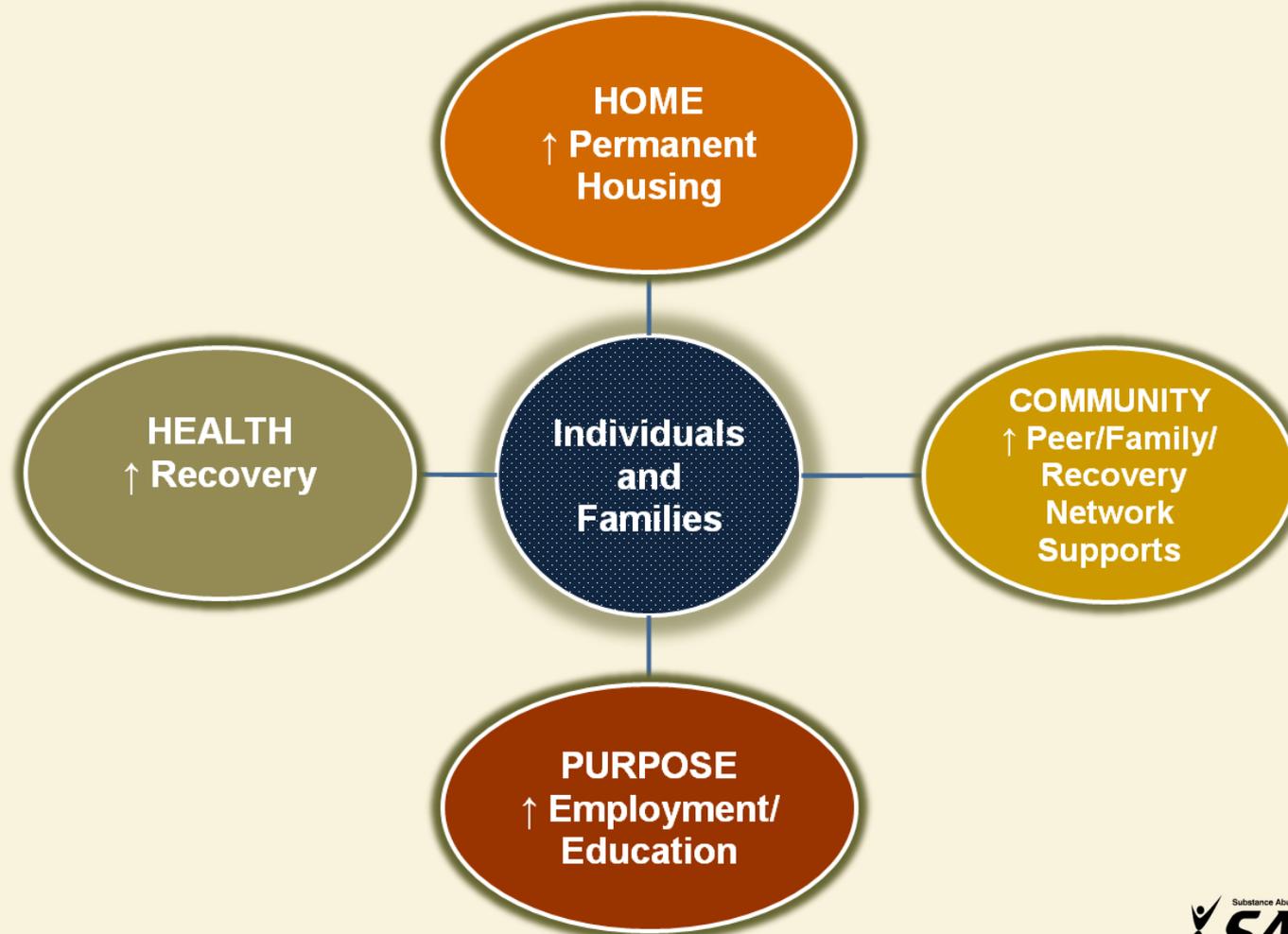
# Recovery: Principles

1. Person-centered
2. Occurs via many pathways
3. Holistic
4. Supported by peers
5. Supported through relationships

# Recovery: Principles (cont.)

6. Culturally based and influenced
7. Supported by addressing trauma
8. Involves individual, family, and community strengths and responsibility
9. Based on respect
10. Emerges from hope

# Recovery Construct



# Disparities

- Disparities
  - Ethnic minorities
  - LGBTQ populations
  - AI/AN – Tribal issues
  - Women and girls
- Office of Behavioral Health Equity - Key Drivers
  - HHS Secretary's plan to reduce health disparities
  - HHS Office of Minority Health five core goal areas: awareness, leadership, health system and life experience, cultural and linguistic competency, and data, research and evaluation
  - AHRQ's National Healthcare Disparities Report – identifies improving, maintaining and worsening health indicators, including depression, illicit drug use and suicide
  - SAMHSA's Eight Strategic Initiatives

# Disparities (cont.)

- Office of Behavioral Health Equity - Activities
  - HHS Strategic Action Plan to Reduce Racial & Ethnic Health Disparities; LGBT Coordinating Committee; WH Asian/Pacific Islanders Meeting; Tribal Consultations
  - Highlighted in Strategic Initiatives
  - Workforce (NNED)
  - Data

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

<http://www.nned.net>

National Network to Eliminate Disparities  
in Behavioral Health

Striving for behavioral health equity for all individuals, families,  
and communities.

A NATION FREE OF DISPARITIES  
IN HEALTH AND HEALTH CARE

Learn About HHS's Action  
Plan to Reduce Racial and  
Ethnic Health Disparities  
(posted 4/27)

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.

» FULL STORY

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partner  
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## National Partners

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

# Budget: State Budget Declines

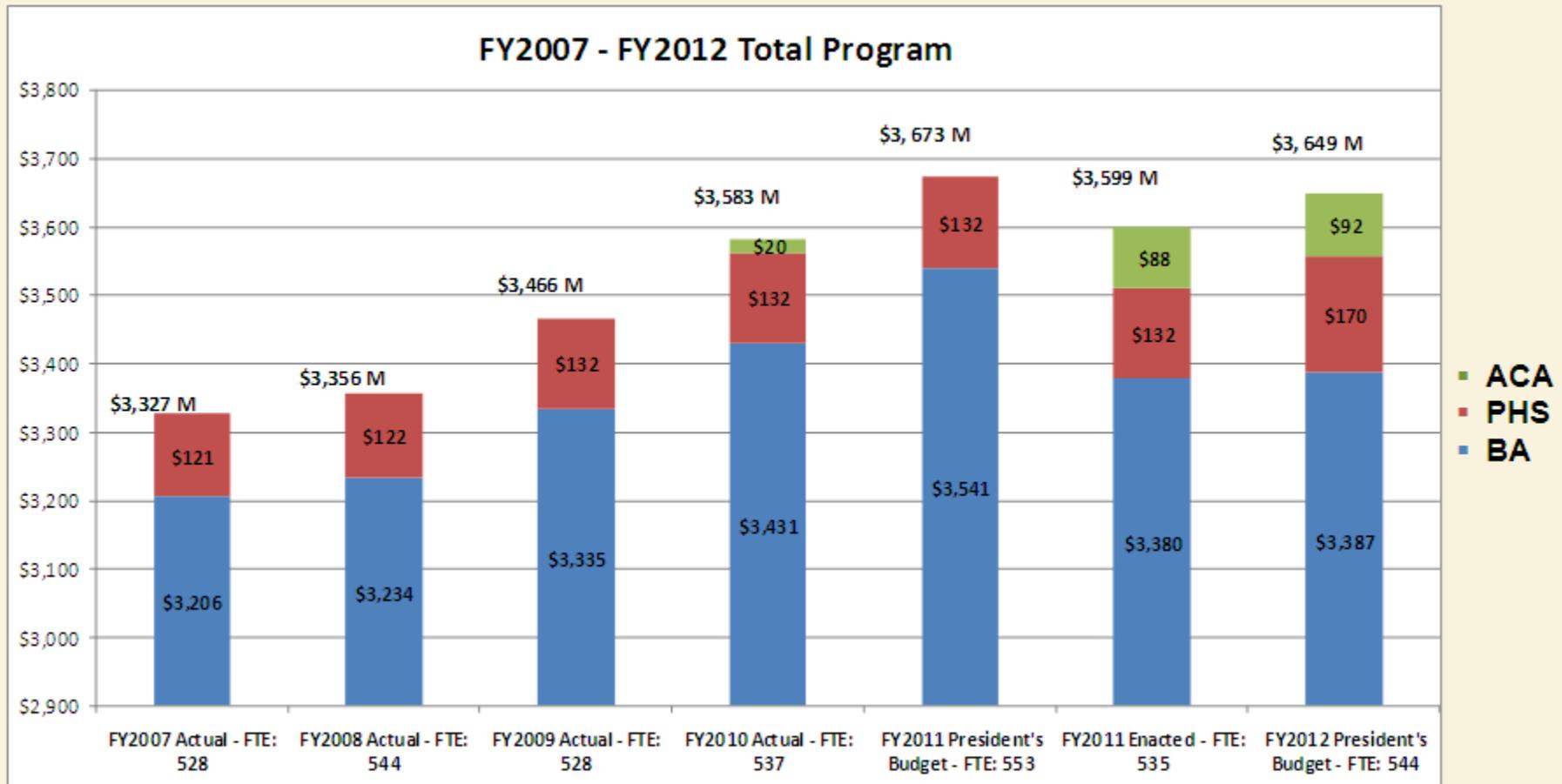
- Maintenance of Effort (MOE) Waivers
  - FY10/SY09 – 13 SA waivers; \$26,279,454
  - FY10/SY09 – 16 MH waivers; \$849,740,799.50
  - FY11/SY10 – 18 SA waivers; \$179,410,946\*
  - FY11/SY10 – 19 MH waivers; \$517,894,884\*
- \*FY11/SY10 waiver information reflects information available as of June 7, 2011
- State Funds
  - MH – \$ 2.2 billion reduced
  - SA – Being Determined

# Budget: Federal Domestic Spending

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

# Budget: SAMHSA

Dollars in Millions



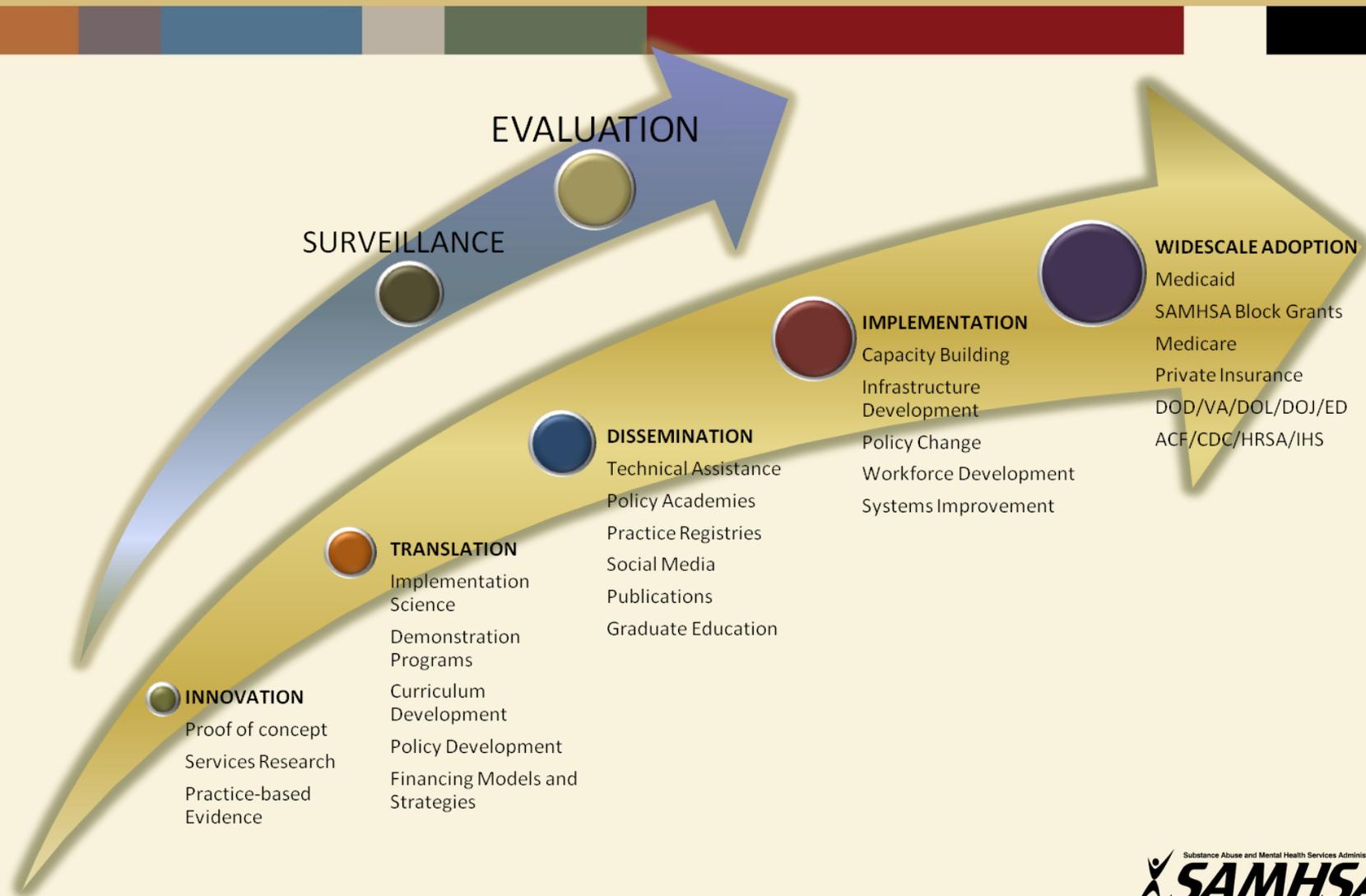
# Budget: FY 2011 to FY2014

- Focusing on the Strategic Initiatives
  - FY 2011 budget reductions & RFAs
  - FY 2012 budget proposal; SIs, IEI, moving to 2014
  - FY 2013 tough choices about programs and priorities
- Revised Approach to Grant-Making
  - Braided funding within SAMHSA & with partners
  - Engaging with States, Territories & Tribes – Flexibility
    - Funding for States to plan or sustain proven efforts
    - Encouraging work with communities
  - Revised BG application

# Budget: FY2011 to FY2014 (cont.)

- Implementing a Theory of Change
  - Taking proven things to scale (SPF, SOC, Trauma)
  - Researching/testing things where new knowledge is needed
- Efficient & Effective Use of Limited Dollars
  - Consolidating contracts & TA Centers
  - Consolidating public information & data collection activities and functions
  - Regional presence & work with states

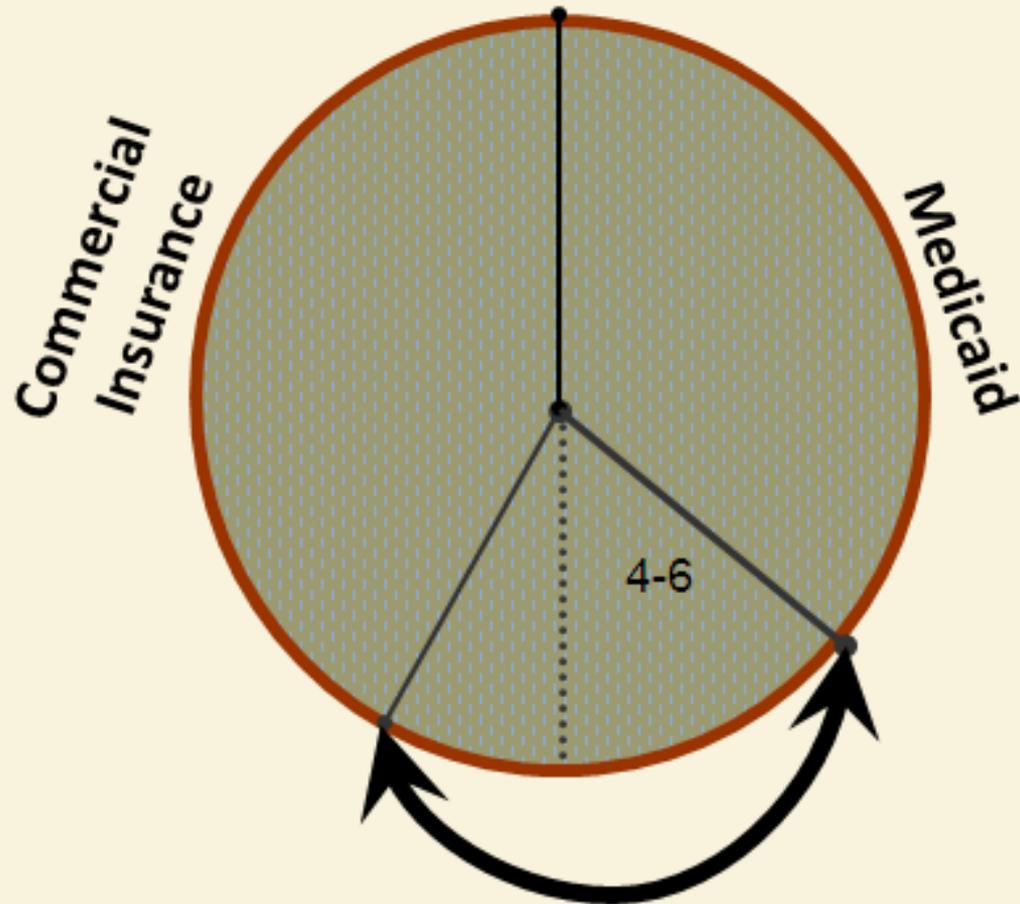
# SAMHSA'S Theory of Change



# Block Grants: Focus

- Promotes consistent planning, application, assurance and reporting dates
- Take broader approach – reach beyond those historically served
- Flexibility – one every two years v two every year
- Preparation for 2014
- BG dollars for prevention, treatment, recovery supports and other services that supplement services covered by Medicaid, Medicare and private insurance

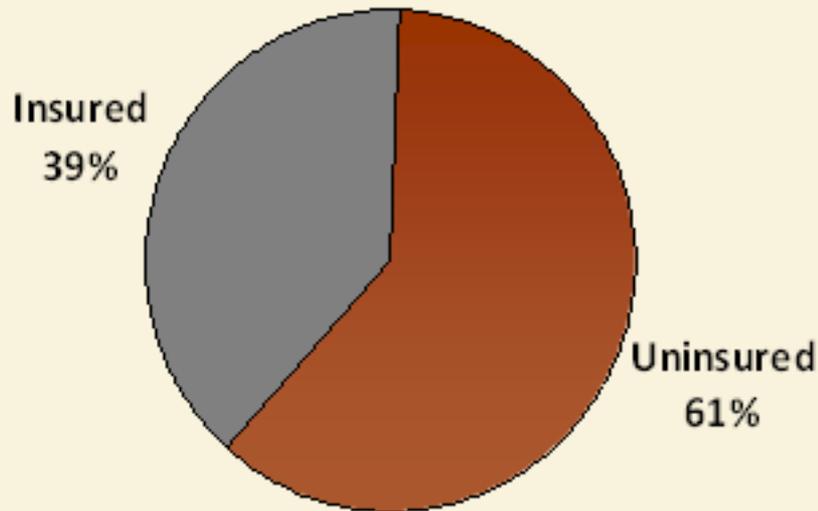
# Beginning in 2014: 32 Million More Americans Will be Covered



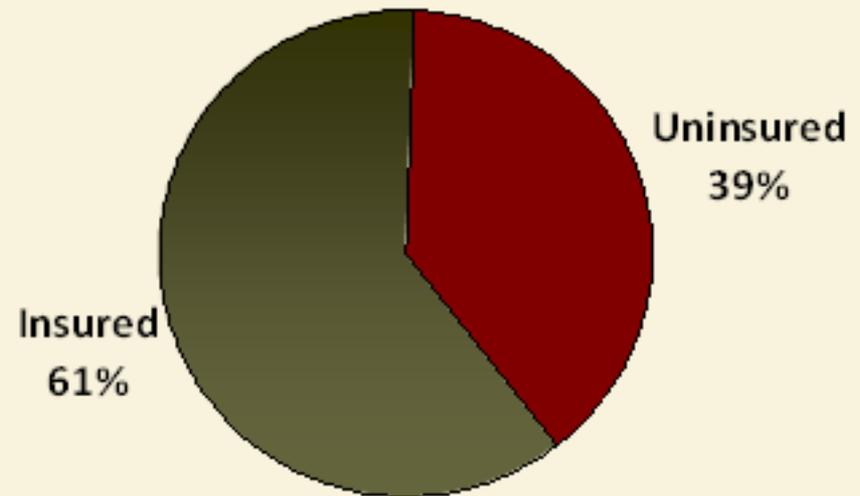
6-10 Million with M/SUDs

# 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

# Block Grants: Planning Process

- Conduct a needs assessment and develop a plan - identify and analyze strengths, needs and priorities of the State's behavioral health system
- Design/develop collaborative on plans for health information systems - grants and other funding
- Form strategic partnerships for better access to good and modern behavioral health services
- Focus more on services in support of those in recovery
- Improving accountability for quality & performance
- Description of tribal consultation activities

# Block Grant(s) Application

- Comments due June 9
  - Positive Direction
  - Clarifying Requirements
  - Timelines
  - Reporting Burden Concerns
- 30-day comment period begins ~ June 24
- Plans due September 1 for 20 months
- Phased in planning approach
- Moving toward April 1, 2013 for next two-year application
- Annual reporting

# National Behavioral Health Quality Framework

- National Behavioral Health Quality Framework – similar to National Quality Framework for Health
  - SAMHSA funded programs measures
  - Practitioner/system-based measures
  - Population-based measures

# National Behavioral Health Quality Framework (cont.)

- Use of SAMHSA tools to improve practices
  - Models (SPF, coalitions, SBIRT, SOCs, suicide prevention)
  - Emerging science (oral fluids testing)
  - Technical Assistance (TA) capacity (trauma)
  - Partnerships (meaningful use; Medicaid & Medicare quality measures)
  - Services research as appropriate

# National Behavioral Health Quality Framework (cont.)

- Draft document on web this week
- Public meeting/listening session
  - June 15: 3:00 – 5:00 p.m. Eastern
  - In-person and webcast/telephone
- Encourage discussion and input

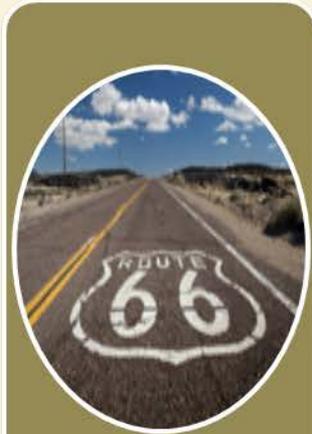
# Communications & Message

- Internal: Communications Governance Council
  - Consolidation of Website/800 #s – saving money and increasing customer use and satisfaction
  - Social Media
  - Review of publications & materials
- External: Public campaigns in partnership with others – common messages, common approaches
  - STOP Act; What a Difference a Friend Makes

# 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
- >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
- As many people need SA treatment as diabetes, but only 1.6% v 84% receive care
- SA and MH often misunderstood
  - Discrimination
  - Prejudice

# Assessing Public Knowledge and Attitudes: 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

# What Americans Know

- 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

# Certainties of Change

## Things will be different

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

## People will object and disagree

- Tough decisions will generate disagreement

# Certainties of Change (cont.)



# SAMHSA Principles



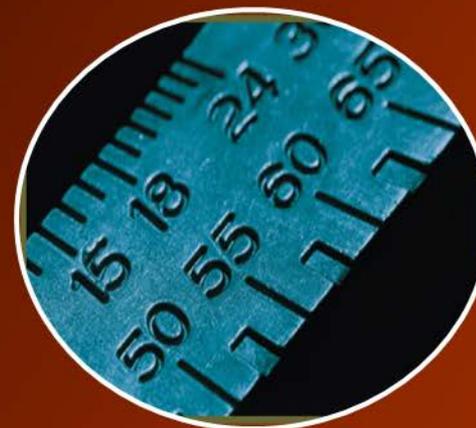
## PEOPLE

Stay focused on the goal



## PARTNERSHIP

Cannot do it alone



## PERFORMANCE

Make a measurable difference



<http://www.samhsa.gov>