

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# Shaping the Future of Behavioral Health: Understanding Drivers, Challenges and Opportunities

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SAMHSA Administrator  
Mental Health America Annual Conference  
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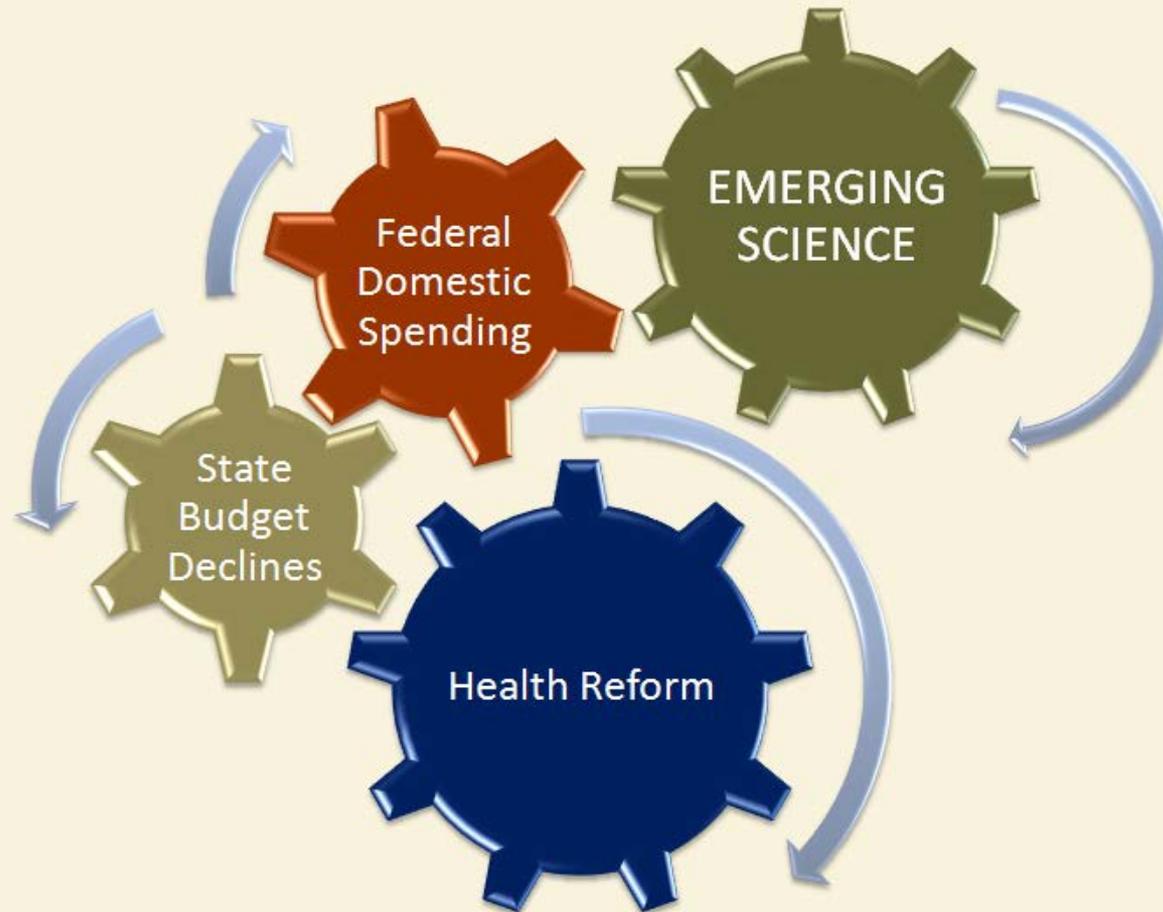
# Context of Change

- **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

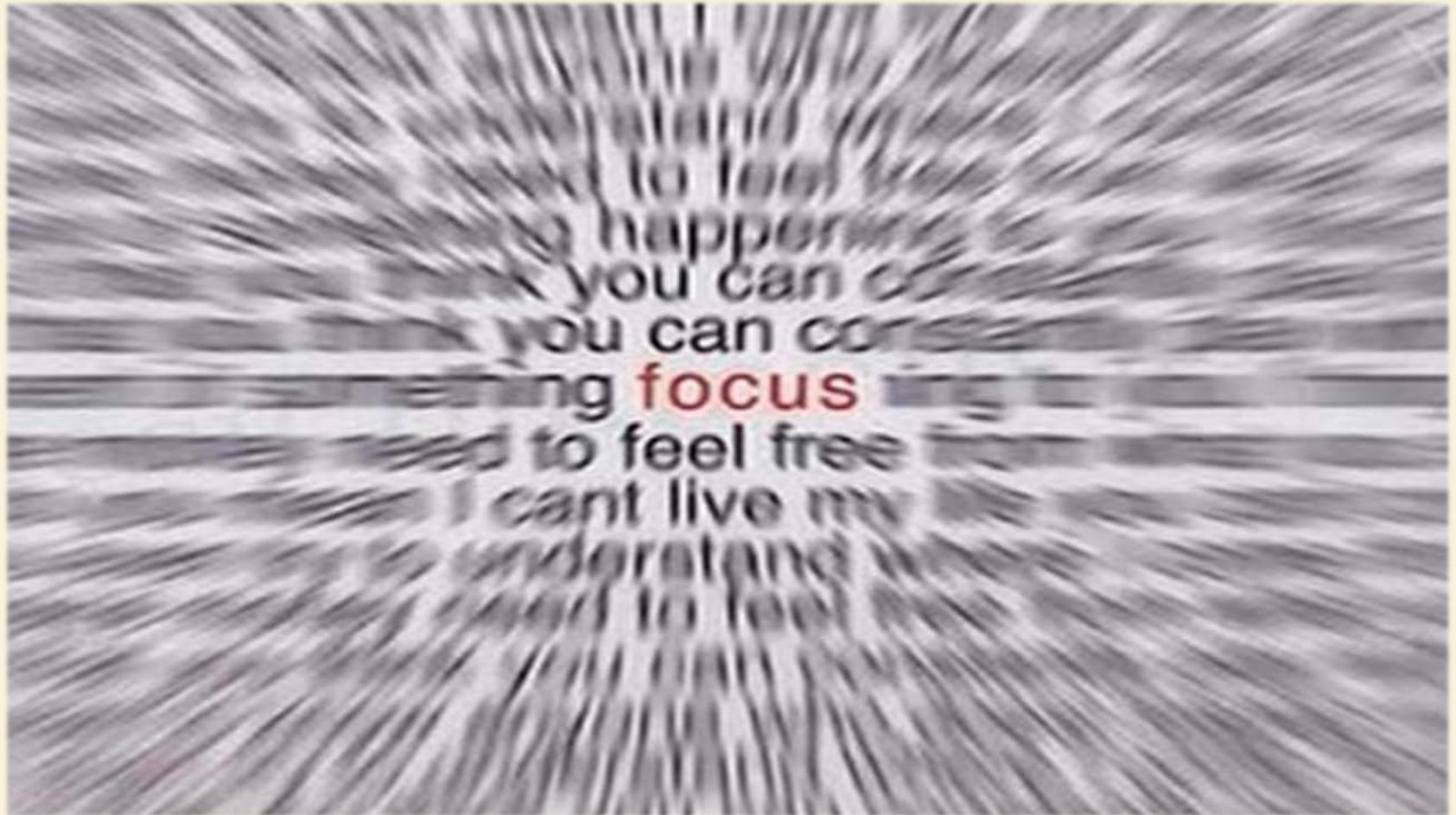
# Context of Change (cont.)

- **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

# 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.

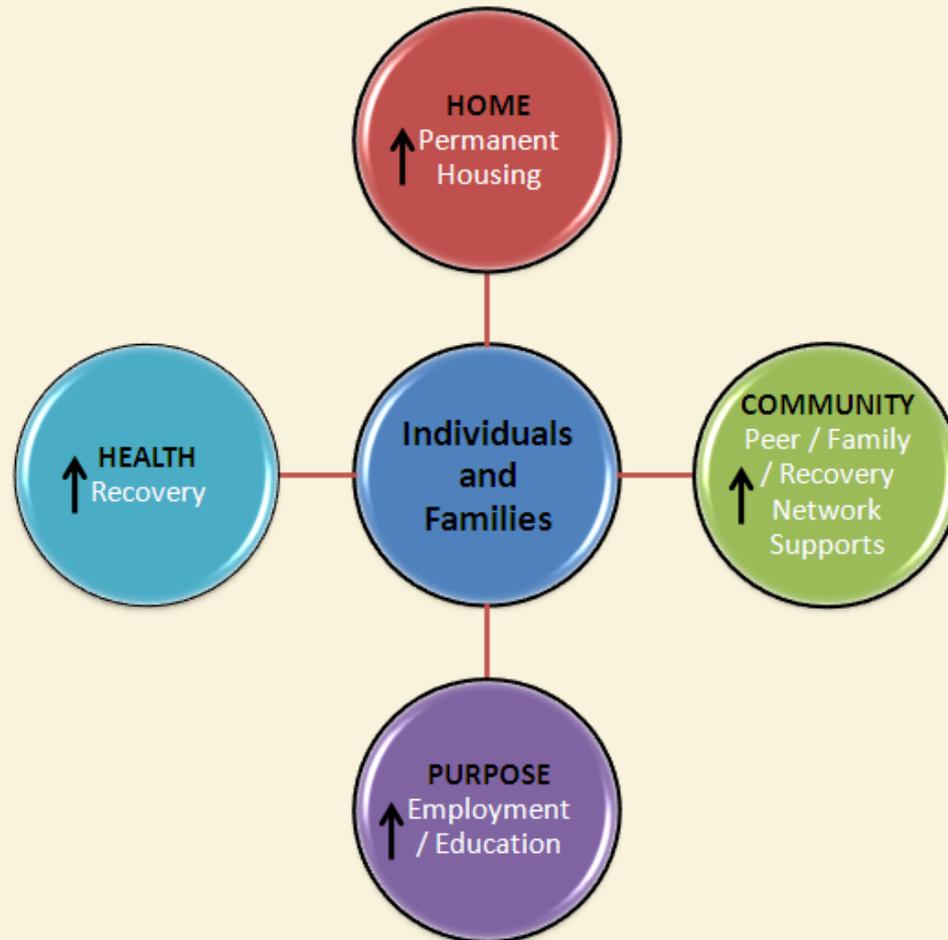
# Recovery: Principals

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

# Recovery: Principals (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



# SAMHSA Strategic Initiative Recovery Report

- Recovery Domains
- Recovery Principles
- Recovery Month
- Recovery Outcome Measures
- Recovery TA Center (BRSS TACS)
- Recovery Curricula for/with Practitioners

# Disparities

- Disparities
  - Ethnic minorities - HHS Strategic Action Plan to Reduce Racial & Ethnic Health Disparities
  - LGBTQ populations - LGBT Coordinating Committee
  - AI/AN Issues - Tribal Consultations
  - Women and Girls

# Disparities (cont.)

- Office of Behavioral Health Equity - Key Drivers and Activities
  - HHS Office of Minority Health five core goal areas:
    1. Awareness
    2. Leadership
    3. Health System and Life Experience
    4. Cultural and linguistic Competency
    5. Data, Research and Evaluation

# Disparities (cont.)

- Office of Behavioral Health Equity - Key Drivers & Activities (continued)
  - 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
  - Workforce (NNED)

# 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](#)

**RECENT NEWS**

- Study Suggests Flaw In Methods Used To Measure Racial Health Disparities (posted 4/27)
- PBS's Independent Lens Premier's Documentary on Two Spirits 6/14
- IOM Releases Report to Help Focus Action Aimed at Achieving Healthy People 2020 Goals (posted 4/6)
- Indian Youth Suicide Crisis Baffles Fort Peck (posted 3/29)

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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

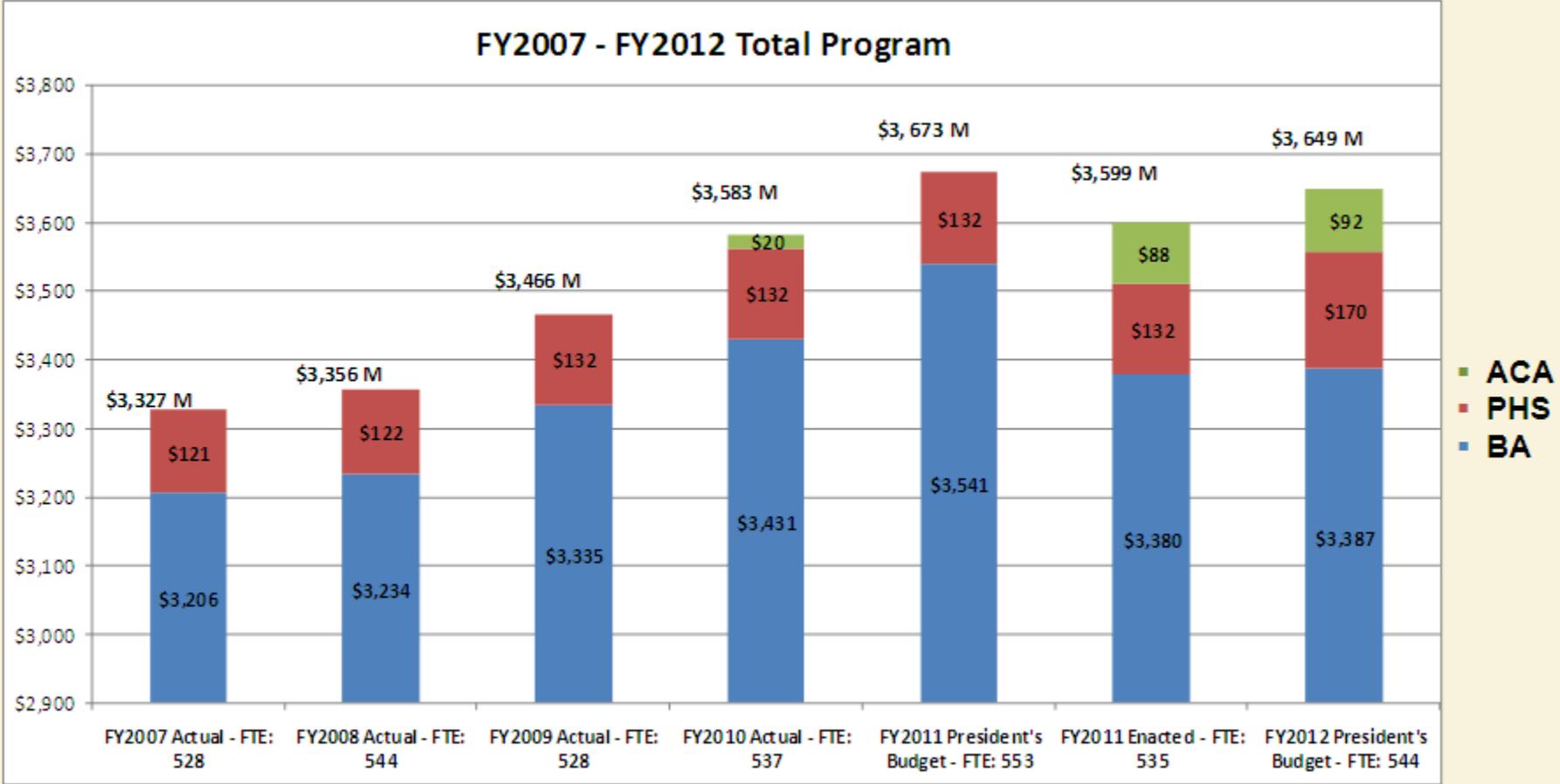
- MH – \$ 2.2 billion reduced
- SA – Being Determined

# Budget: Federal Domestic Spending

- FY 2011 Reductions
  - \$42 Billion
  - SAMHSA – \$38.5 mil (plus >\$15 million 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 FY 2014

- Focusing on the Strategic Initiatives
  - FY 2011 budget reductions and RFAs
  - FY 2012 budget proposal; SIs, IEI, moving to 2014
  - FY 2013 tough choices about programs and priorities

# Budget: FY 2011 to FY 2014 (cont.)

- 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

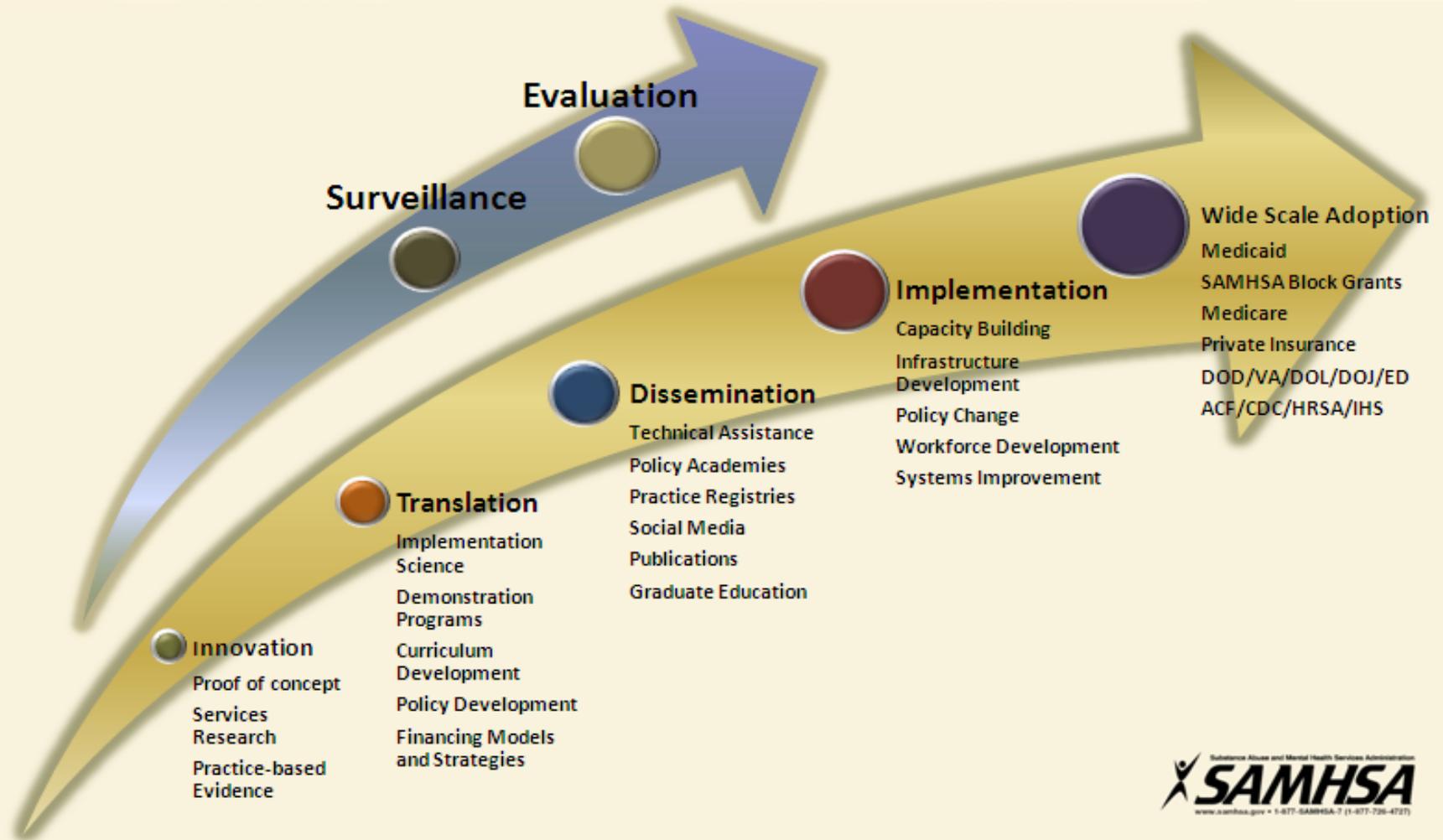
# Budget: FY 2011 to FY 2014 (cont.)

- Implementing a Theory of Change
  - Taking proven things to scale (SPF, SOC, Trauma)
  - Researching/testing things where new knowledge is needed

# Budget: FY 2011 to FY 2014 (cont.)

- 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



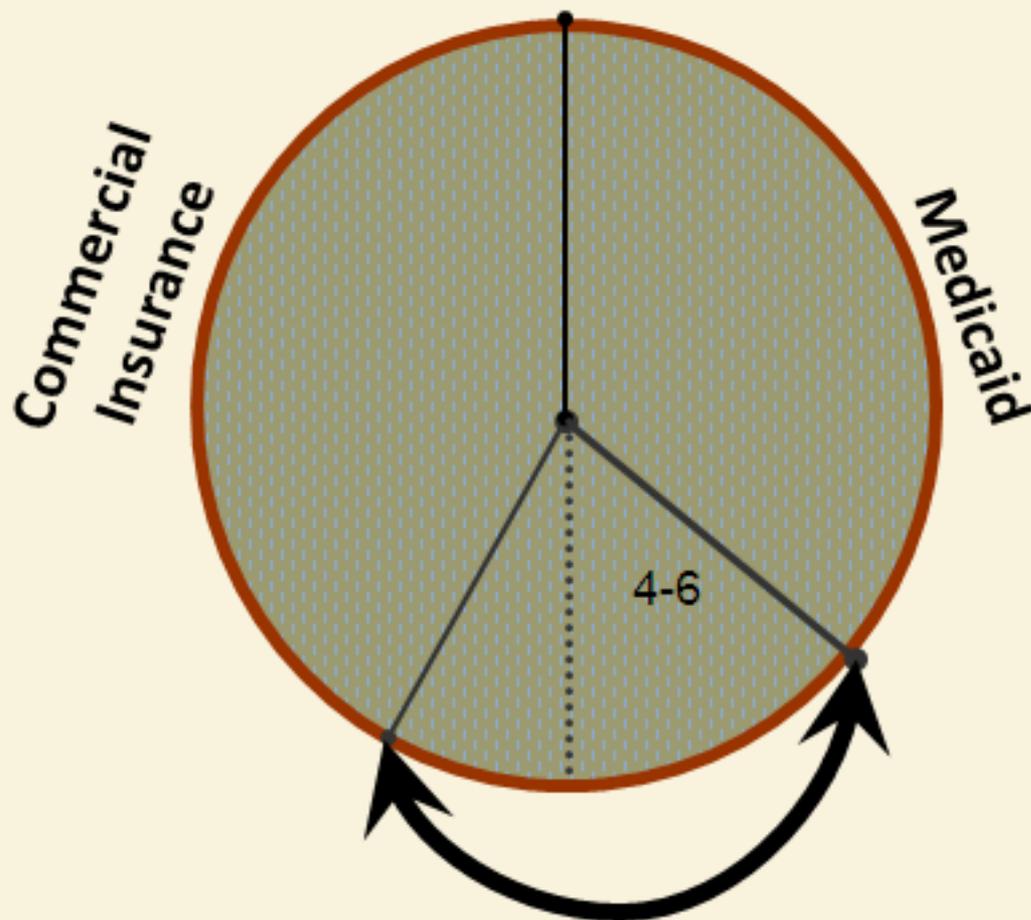
# Block Grants: Focus

- 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

# Block Grants: Focus (cont.)

- BG dollars for prevention, treatment, recovery supports and other services that supplement services covered by Medicaid, Medicare and private insurance
- Form strategic partnerships for better access to good and modern behavioral health services
- Improving accountability for quality & performance
- Description of tribal consultation activities

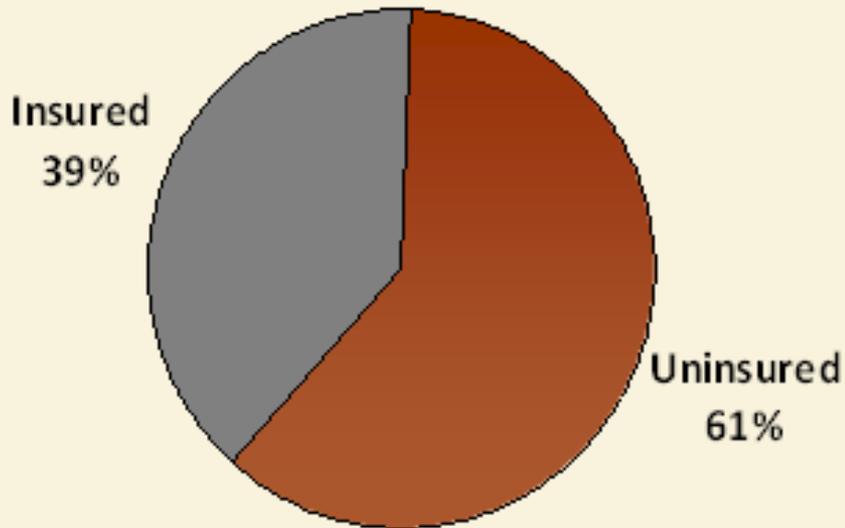
# Beginning in 2014: 32 Million more Americans will be covered



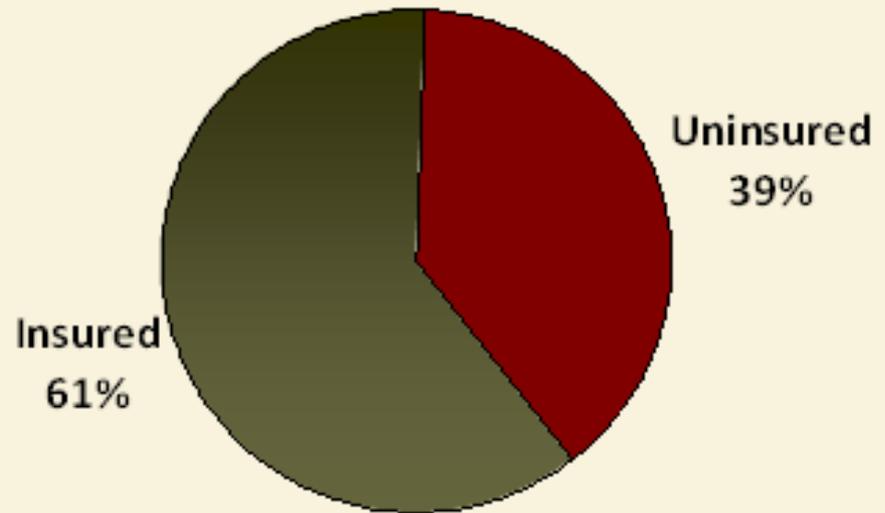
6-10 Million with M/SUDs

# Challenges – State MHAs & SSAs

Individuals Served by SSAs



Individuals Served by MHAs



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

# Block Grant(s) Application

- Comments Received
  - Positive Direction
  - Clarifying Requirements
  - Timelines
  - Reporting Burden Concerns

# Block Grant(s) Application (cont.)

- 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.)

- Webcast/Listening Session
  - Draft document on web  
<http://www.samhsa.gov/>
  - June 15: 3:00 – 5:00 p.m. Eastern
  - In-person and webcast/telephone

# 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)

# National Behavioral Health Quality Framework (cont.)

- Use of SAMHSA tools to improve practices (cont.)
  - Technical Assistance (TA) capacity (trauma)
  - Partnerships (meaningful use; Medicaid & Medicare quality measures)
  - Services research as appropriate

# Communications & Message

- Internal: Communications Governance Council
  - Consolidation of Website / 800 numbers – saving money and increasing customer use and satisfaction
  - Social Media
  - Review of publications and materials

# Communications & Message (cont.)

- External: Public campaigns in partnership with others – common messages, common approaches
  - STOP Act; What a Difference a Friend Makes

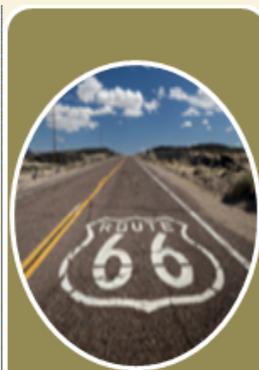
# National Dialogue on the Role of Behavioral Health in Public Life

- 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
- More than 60 percent of people who experience MH problems and 90 percent of people who experience SA problems perceive need for treatment but do not receive care

# National Dialogue on the Role of Behavioral Health in Public Life (cont.)

- 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 mental illness 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



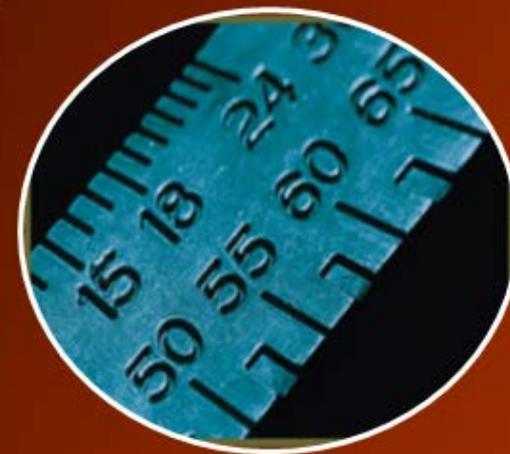
## PEOPLE

Stay focused on the goal



## PARTNERSHIP

Cannot do it alone



## PERFORMANCE

Make a measurable difference

<http://www.samhsa.gov>