

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# Staying Focused on the Future: Drivers, Challenges and Opportunities

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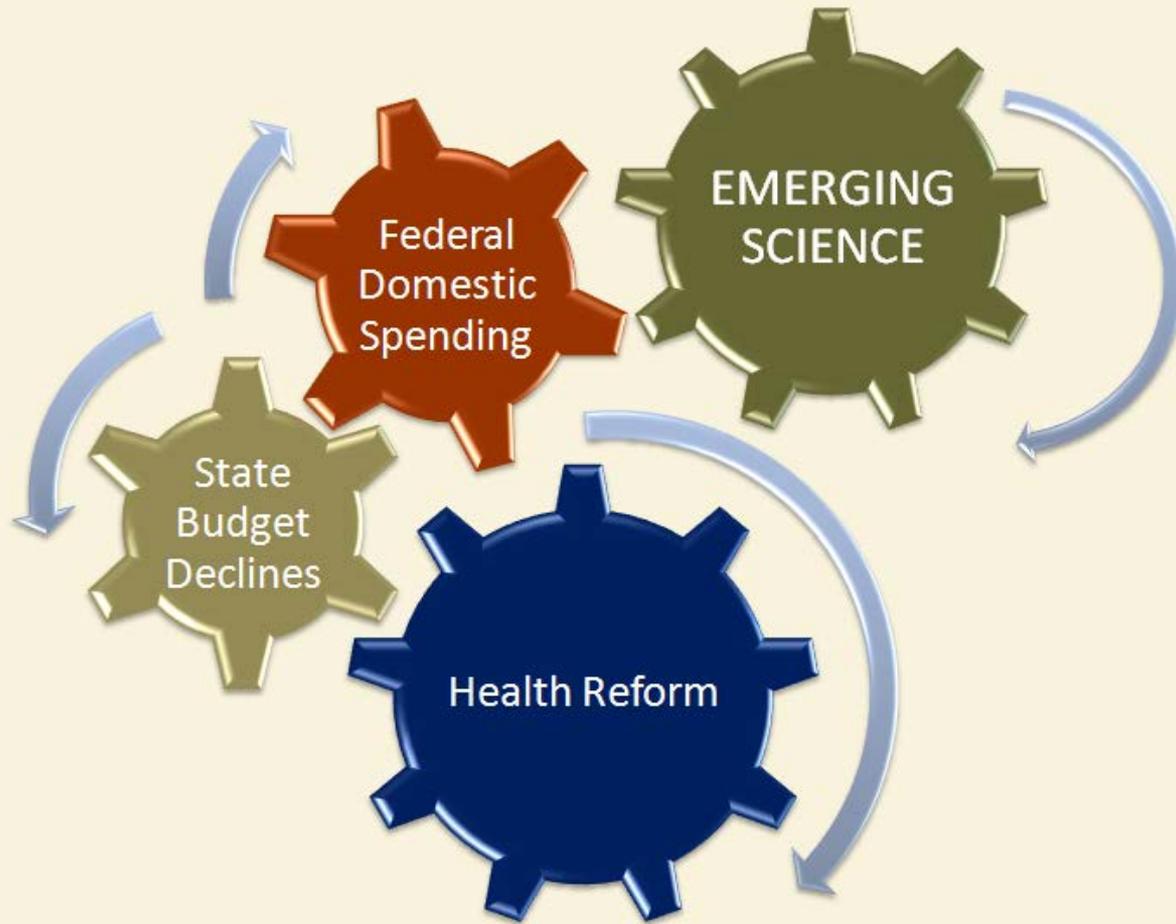
# Context of Change

- **Budget constraints**
  - Unprecedented economic challenges
- **Science and understanding has evolved**
  - Not yet a common language
  - No system in place to move to scale innovative practices and systems change that promotes recovery

# Context of Change (cont.)

- **Integrated care requires new thinking**
  - About recovery, wellness, role of peers
  - Responding to whole health needs; not just one disease
- **Evolving role and new opportunities of behavioral health in health care**
  - Parity/Health Reform
  - Tribal Law and Order Act
  - National Action Alliance for Suicide Prevention

# Drivers of Change



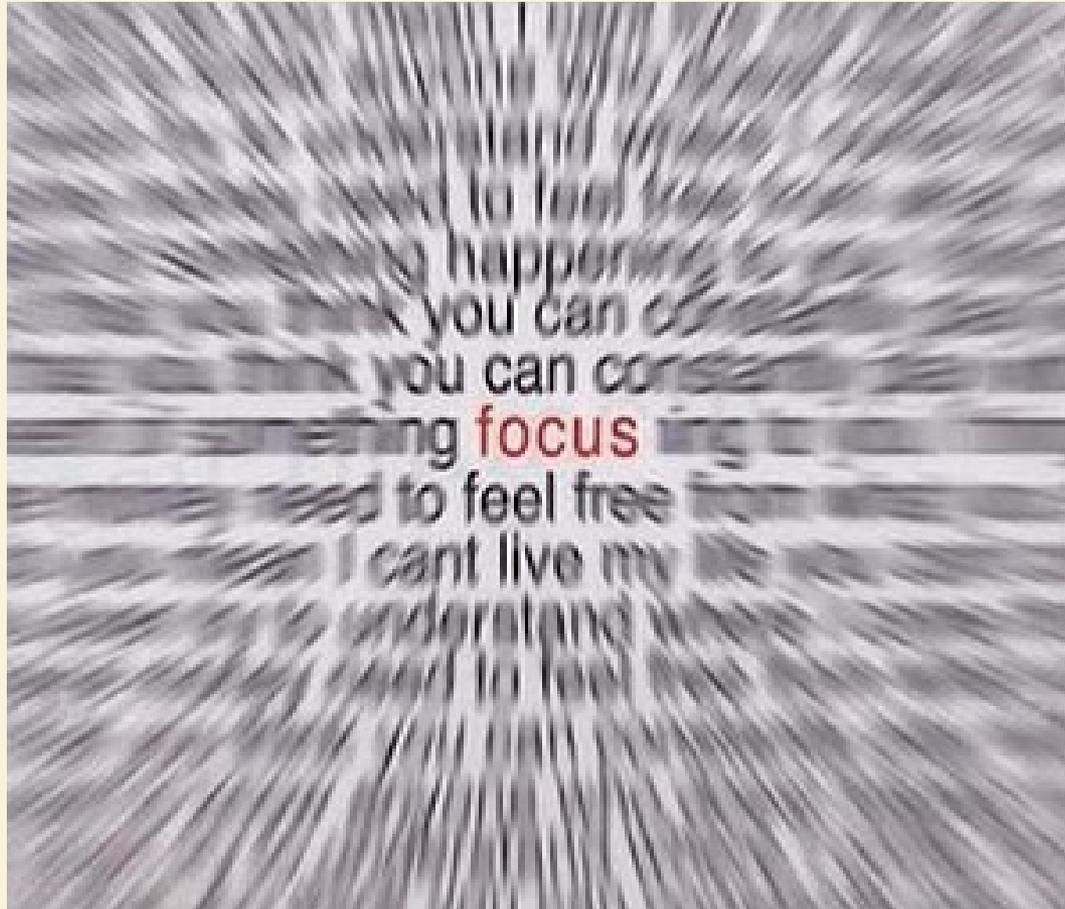
# SAMHSA Strategic Initiatives

- **AIM: Improving the Nation's Behavioral Health**
  1. Prevention
  2. Trauma and Justice
  3. Military Families
  4. Recovery Support

# SAMHSA Strategic Initiatives (cont.)

- **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

# Staying Focused During Change



**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 Areas for Today's Discussion



# Recovery Working Definition

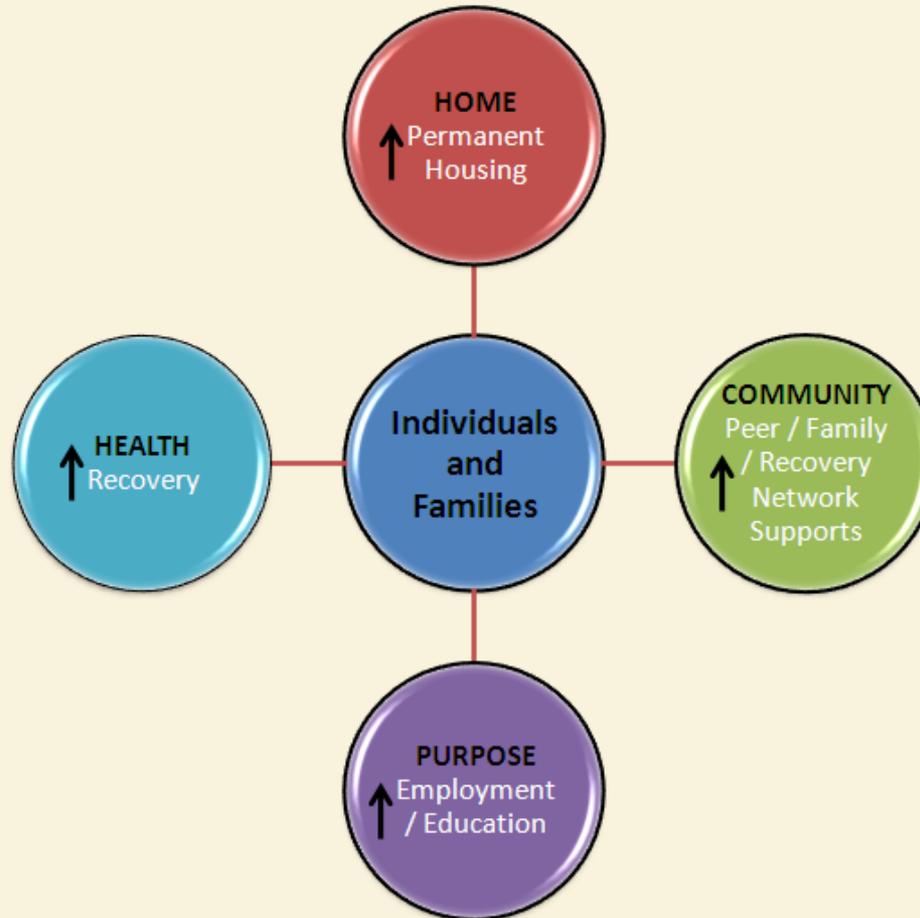
**In a context in which Behavioral Health is essential to health, recovery is the following:**

- 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 choice while striving to achieve their full potential

# Recovery Principles



# Recovery Construct



# Recovery Activity Examples

- **Recovery Support Strategic Initiative**
- **Recovery Support Services in Health**
- **Reform and Block Grant**
- **Recovery outcome measures**
- **Recovery curricula for/with practitioners**
- **Recovery TA Center (BRSS TACS)**

# Recovery Support Goal and Objectives

## **Goal of Health is to promote health and recovery-oriented service systems for individuals with or in recovery from M/SUDs**

- Promote health, wellness, and resiliency
- Promote recovery-oriented service systems
- Engage individuals in recovery and their families in self-directed care, shared decision making, and person-centered planning
- Promote self-care and alternatives to traditional care

# Recovery Support Goal and Objectives (cont.)

## **Goal of Home is to ensure permanent housing and supportive services are available for individuals with or in recovery from M/SUDs**

- Improve access to mainstream benefits, housing assistance programs, and supportive BH services
- Build leadership, promote collaborations, and support the use of evidence-based practices related to permanent supportive housing for individuals and families who are homeless or at risk of homelessness and have M/SUDs
- Increase knowledge of BH field and SAMHSA grantees about housing and homelessness among people with M/SUDs

# Recovery Support Goal and Objectives (cont.)

## **Goal of Purpose is to increase gainful employment and educational opportunities for individuals with or in recovery from M/SUDs**

- Increase proportion of individuals with M/SUDs who are gainfully employed and/or participating in self-directed educational endeavors
- Develop employer strategies to address national employment and education disparities among people with and without identified BH problems

# Recovery Support Goal and Objectives (cont.)

**Goal of Purpose is to increase gainful employment and educational opportunities for individuals with or in recovery from M/SUDs (cont.)**

- Improve employment and educational outcomes among individuals with M/SUDs served by SAMHSA
- Implement evidence-based practices related to employment and education for individuals with M/SUDs throughout all service systems

# Recovery Support Goal and Objectives (cont.)

## **Goal of Community is to promote peer support and social inclusion of individuals with or in recovery from M/SUDs in the community**

- Increase number and quality of consumer/peer recovery support specialists and consumer-operated/peer-run recovery support service provider organizations
- Promote the social inclusion of people with M/SUDs

# Budget for 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 – 19 SA waivers; \$182,804,671\*
- FY11/SY10 – 19 MH waivers; \$517,894,884\*

\*FY11/SY10 waiver information reflects information available as of June 20, 2011

- **State Funds**

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

# Budget for Federal Domestic Spending

- **FY 2011 Reductions**

- \$42 Billion
- SAMHSA – \$38.5 million (plus greater than \$15 million in earmarks)

- **FY 2012 Proposals**

- \$4 to 6.5 Trillion over 10 years; as much as 18% in 2012
- Fundamental changes to Medicaid, Medicare & federal and or state roles in health care

- **FY 2013 Budget Development Now**

# Budget for FY 2011 to FY 2014

## Focusing on the Strategic Initiatives

- FY 2011 budget reductions and RFAs and RFPs changing
- FY 2012 budget proposal – focus on SIs, restructured to support prevention and theory of change (IEI)
- FY 2013 tough choices about programs and priorities

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

## Revised Approach to Grant Making

- Revised BG application – moving toward 2014
- Braided funding within SAMHSA and with partners
- Engaging with States, Territories and Tribes – Flexibility
  - Funding for States to plan or sustain proven efforts
  - Encouraging work with high need communities

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

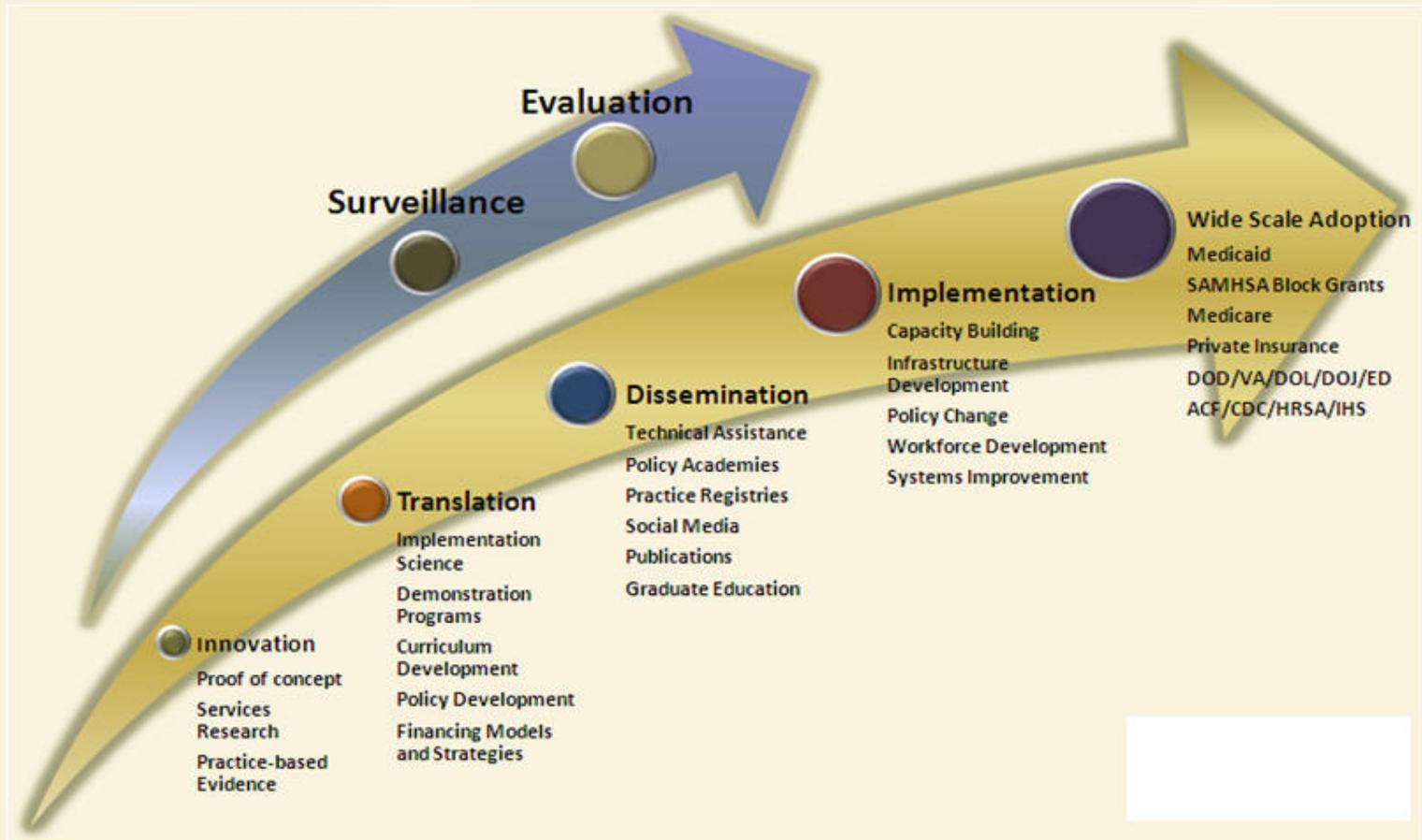
## Implementing a Theory of Change

- Taking proven things to scale (SPF, SOC, child trauma)
- Researching and or testing things where new knowledge is needed (examples: adult trauma, HIT, military families)

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

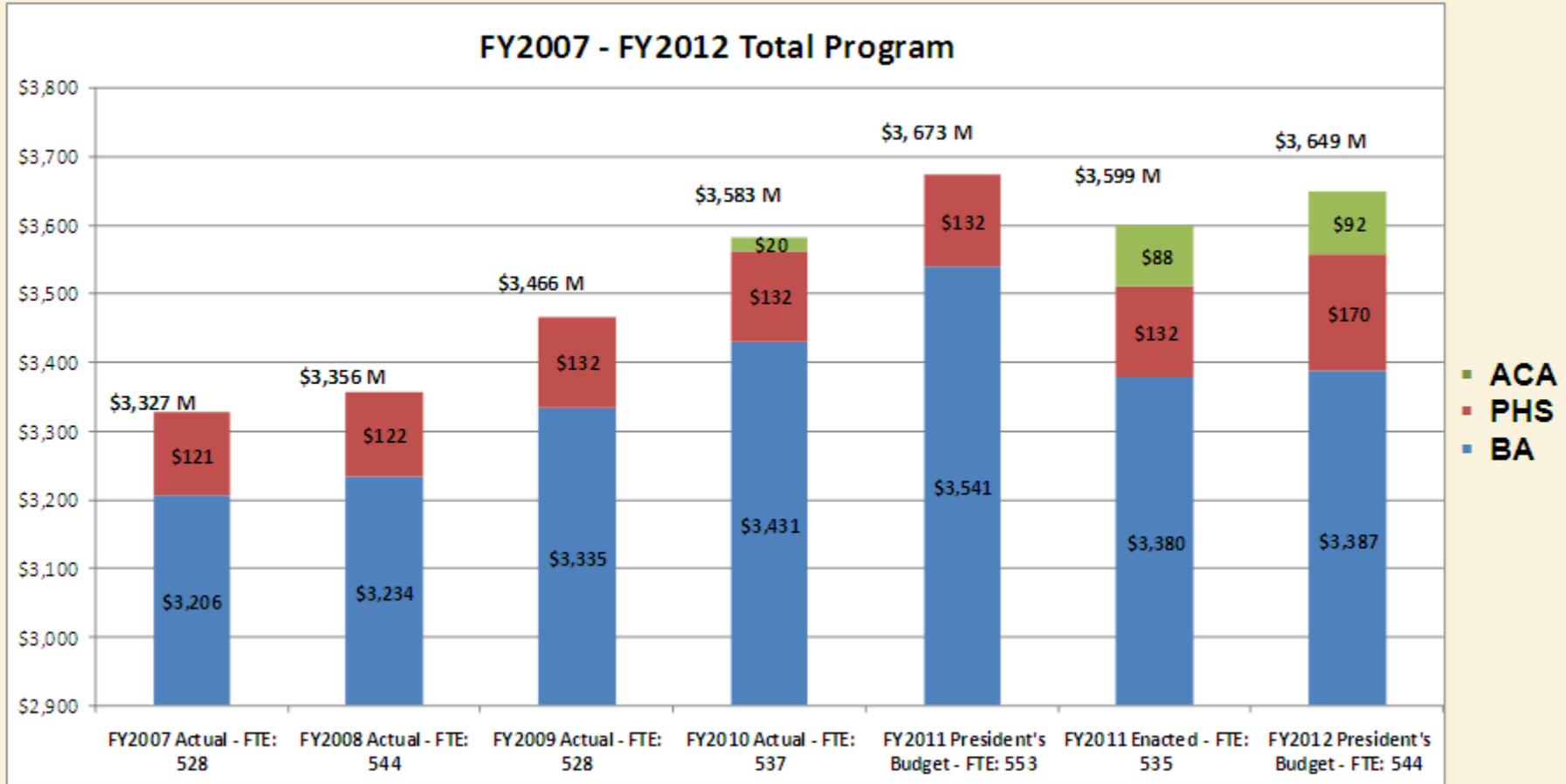
- **Efficient and Effective Use of Limited Dollars**
  - Consolidating contracts and TA Centers
  - Consolidating public information and data collection activities and functions
- **Regional Presence and Work with States**

# SAMHSA's Theory of Change



# Budget for SAMHSA

Dollars in Millions



# National Behavioral Health Quality Framework

## National Behavioral Health Quality Framework similar to National Quality Strategy for Improving Health Care

- SAMHSA funded programs measures
- Practitioner and or system-based measures
- Population based measures

## June 15 Webcast or Listening Session is Archived

- Draft document on web <http://www.samhsa.gov>

# 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

# Communications and Messages

- **Behavioral Health means prevention, treatment and recovery supports and is not viewed as a public health issue (cf. diabetes)**
- **Result equals to focus on individual rather than focus on the community**
  - Blame, assumption of morality in behavior, discrimination, prejudice
- **Need equals to public commitment to children, families, prevention and treatment for healthy communities, recovery**

# Communications and Messages (cont.)

- **More than 60 percent of people who experience MH problems and 90 percent of people who experience SA problems and need treatment, do not perceive the need for care**
- **Suicides are almost double the number of homicides**
  - 2005-2009: 55 percent increase in emergency department visits for drug related suicide attempts by men aged 21 to 34
  - 2005-2009: 49 percent increase in emergency department visits for drug related suicide attempts by women aged 50 plus

# Communications and Messages (cont.)

- **Almost as many people need SA treatment as diabetes, but only 18.3 percent vs. 84 percent receive care**

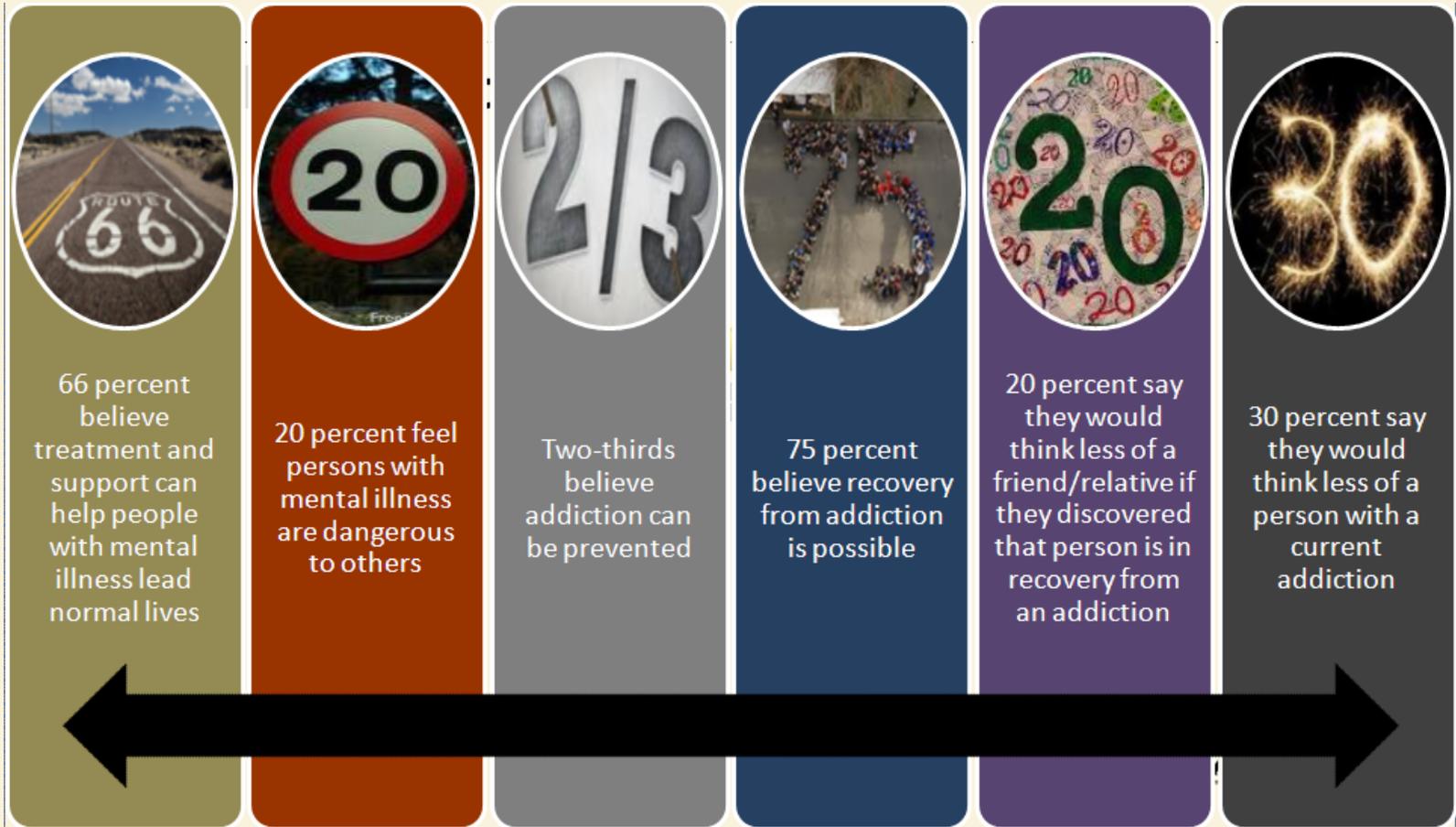
# Communications and Messages (cont.)

- **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 – Tucson, Fort Hood, Virginia Tech, Red Lake, Columbine**
- **Social problems that are visible and difficult – homelessness; drug-related gangs; child welfare issues due to drugs, addiction and mental illness**

# Communications and Messages (cont.)

- **Multiple messages; multiple philosophies is equal to multiple and inconsistent responses and messages**
- **Responses to problems rather than to people**
- **Responses are concerned with fixing the problem (access to guns, security, background checks, more jail cells, increased police protection, shelters) rather than providing a public health solution for people and communities**

# Assessing Public Knowledge and Attitudes. What Americans Believe



# 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

# Public Information and Campaigns

## Internal: SAMHSA Communications Governance Council

- Consolidation of Websites and 800 Numbers means saving money; increasing customer use and satisfaction
- Social Media
- Review of publications and materials

# Public Information and Campaigns (cont.)

**External: Public campaigns in partnership with others – common messages, common approaches**

- STOP Act; What a Difference a Friend Makes

# How Do We Create?

- **A national dialogue on the role of Behavioral Health in public life**
- **With a common message and a public health approach that engages everyone**
  - General public, elected officials, schools, families, churches, health professionals
  - As well as persons affected by MI and addiction, and their families

# SAMHSA Principles



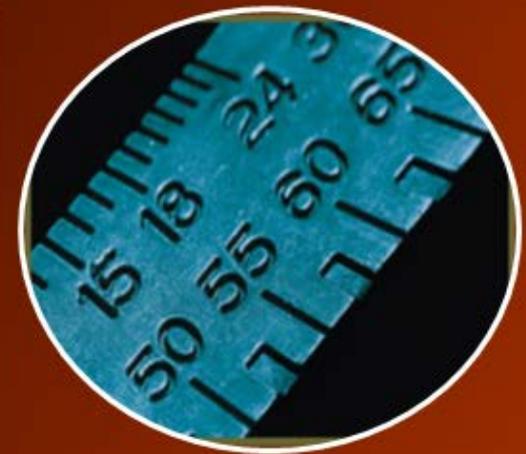
## PEOPLE

Stay focused on the goal



## PARTNERSHIP

Cannot do it alone



## PERFORMANCE

Make a measurable difference

<http://www.samhsa.gov>