

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Behavioral Health in an Era of Health Reform: Challenges, Opportunities and the Need for Block Grant Redesign

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SAMHSA National Block Grant Conference

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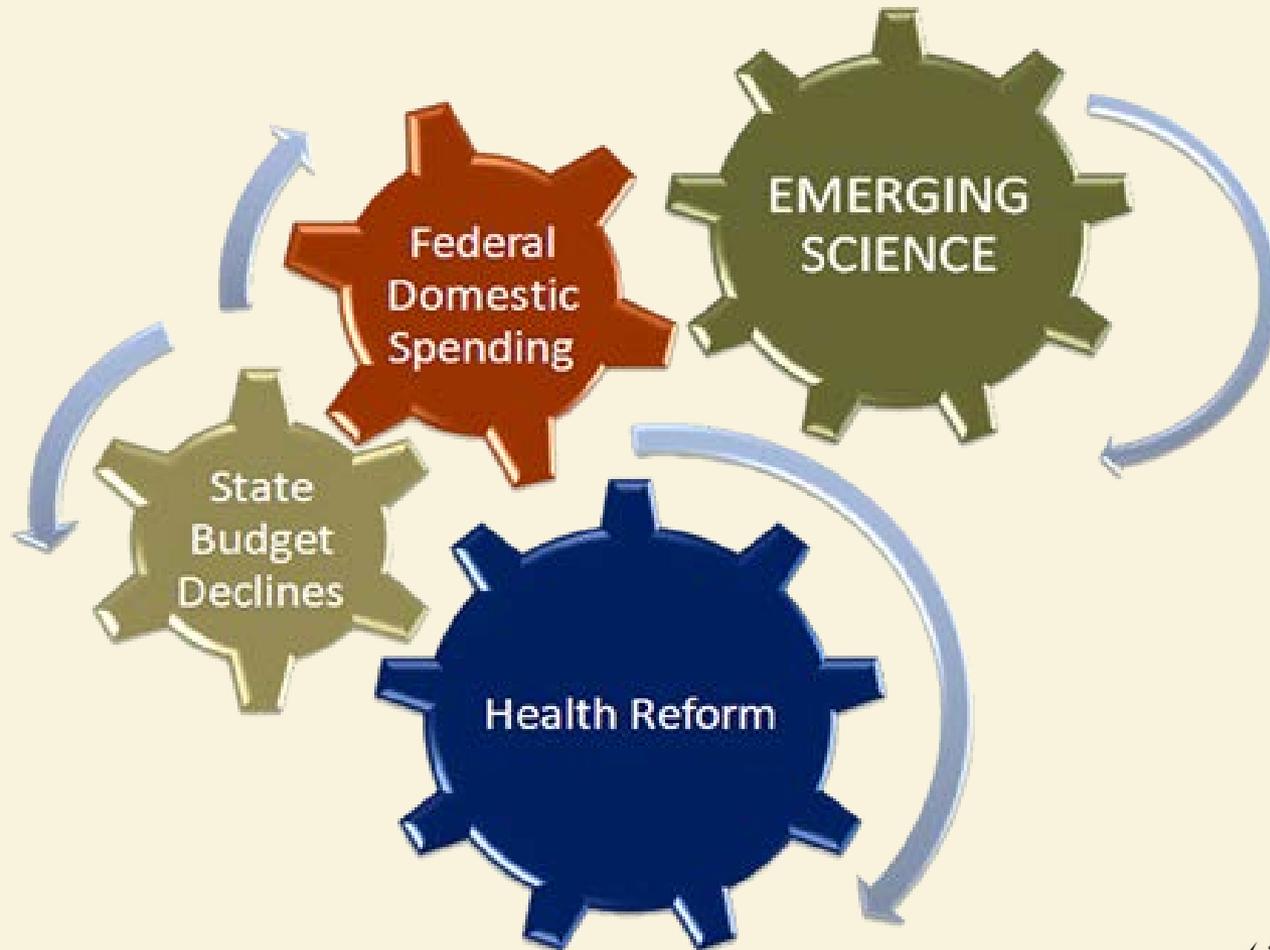
Context of Change

- 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
 - Behavioral health still seen as moral failure or social problem

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 for behavioral health in health care
 - Parity or Health Reform
 - Tribal Law and Order Act
 - National Action Alliance for Suicide Prevention

Drivers of Change



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 – 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

Budget: State Budget Declines (cont.)

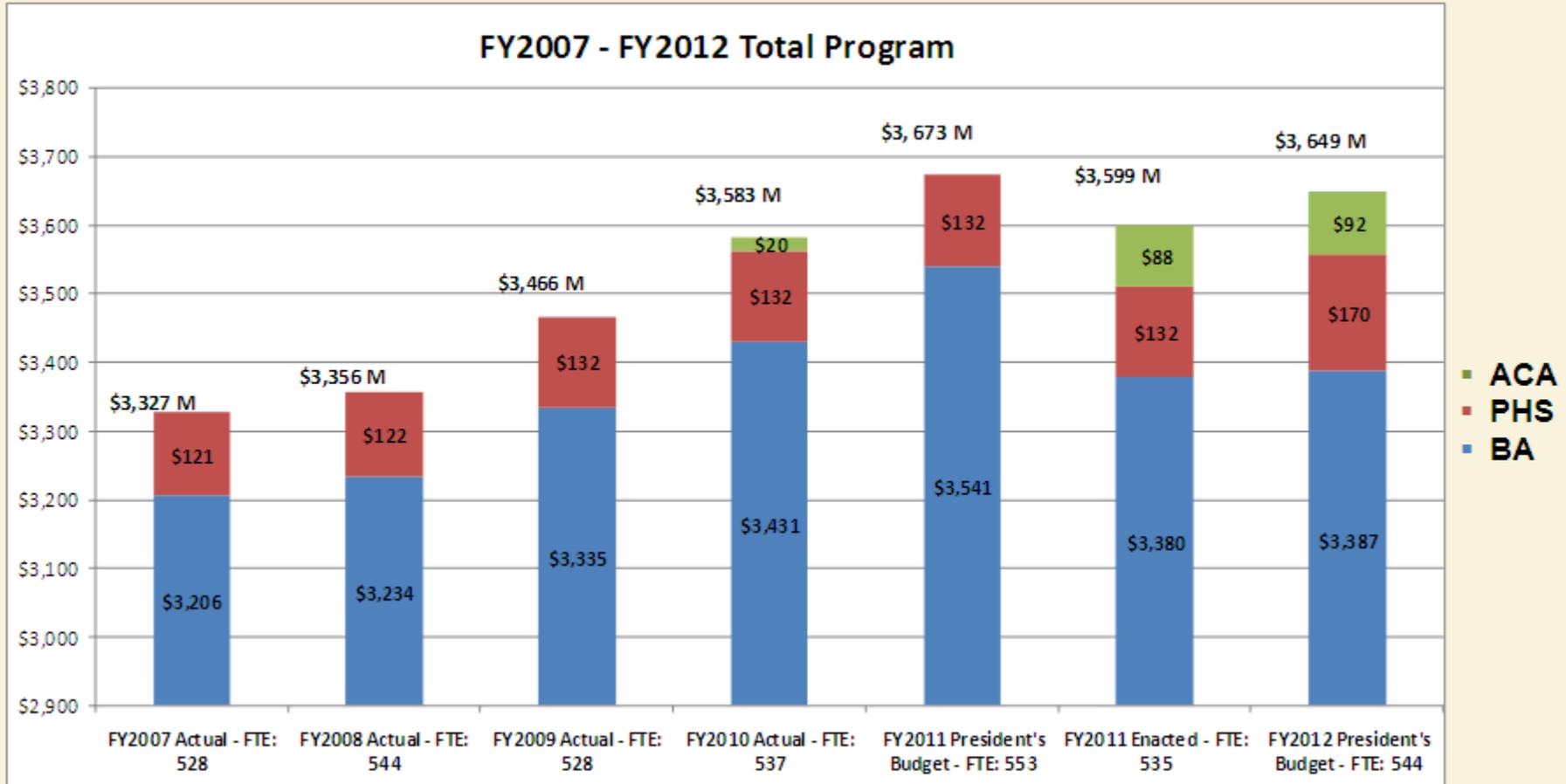
- State Funds
 - MH – \$ 2.2 billion reduced
 - SA – Being Determined

Budget: Federal Domestic Spending

- FY 2011 Reductions
 - \$42 Billion
 - SAMHSA – \$38.5 mil (plus more than \$15 mil in earmarks)
- FY 2012 Proposals
 - \$2 – 4.0 trillion in 10 years – domestic or military spending
 - Fundamental changes in federal or state roles in healthcare
- FY 2013 Budget Development with Reductions

Budget: SAMHSA

Dollars in Millions



Staying Focused During Change



SAMHSA's Strategic Initiatives

AIM: Improving the Nation's Behavioral Health (1-4)

AIM: Transforming Health Care in America (5-6)

AIM: Achieving Excellence in Operations (7-8)

1.
Prevention

2. Trauma
and Justice

3. Military
Families

4. Recovery
Support

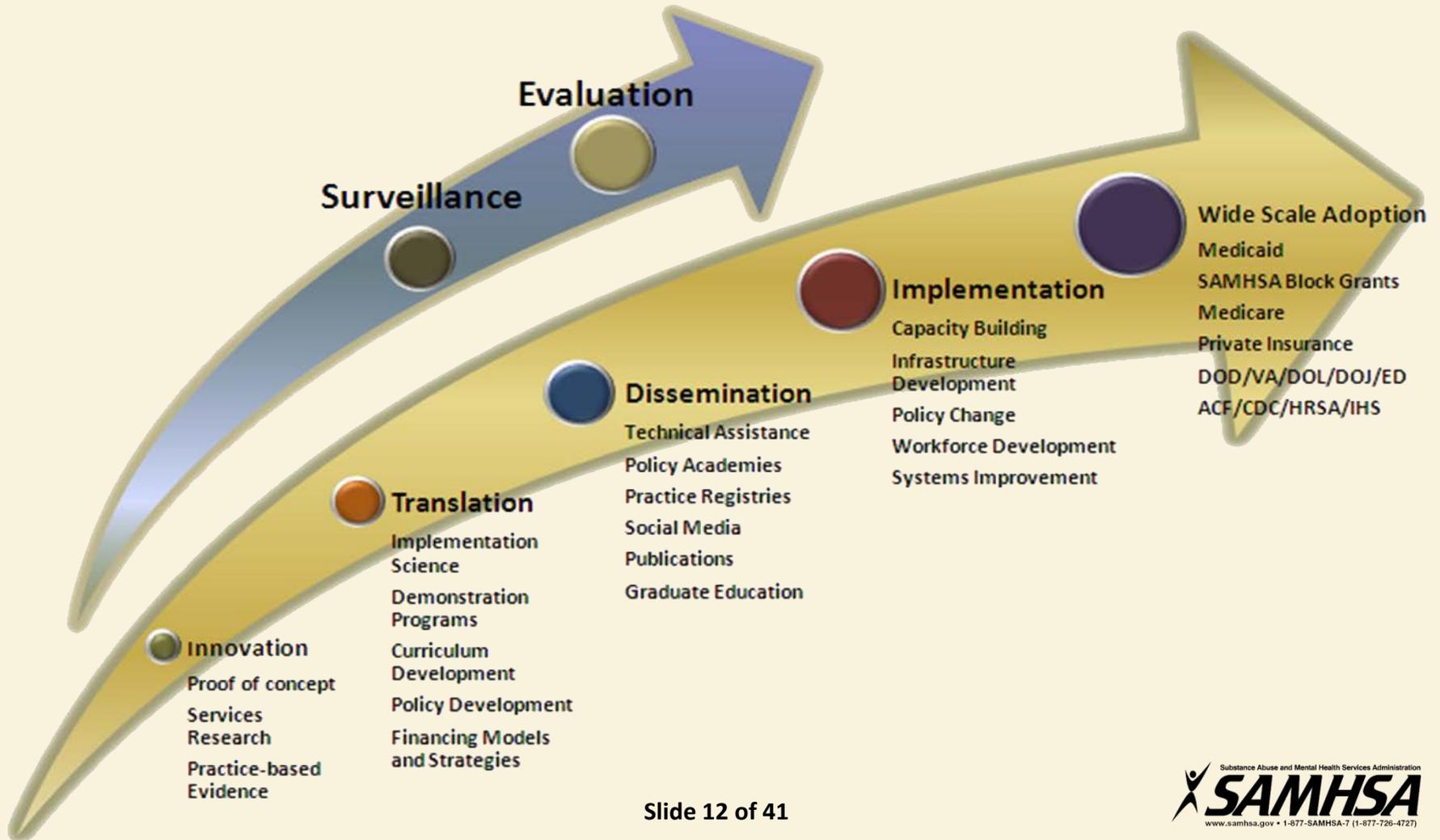
5. Health
Reform

6. Health
Information
Technology

7. Data,
Outcomes
& Quality

8. Public
Awareness
& Support

SAMHSA's Theory of Change



Budget: FY 2011 to FY 2014

- Focusing on the Strategic Initiatives
 - FY 2011 budget reductions & RFAs & 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: 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: FY 2011 to FY 2014 (cont.)

- Implementing a Theory of Change
 - Taking proven things to scale (SPF, SOC, child trauma)
 - Researching or testing things where new knowledge is needed (e.g., adult trauma, HIT, military families)

Budget: FY 2011 to FY 2014 (cont.)

- Efficient and Effective Use of Limited Dollars
 - Consolidating contracts and TA Centers
 - Consolidating public information & data collection activities and functions
- Regional Presence and Staff on or with States

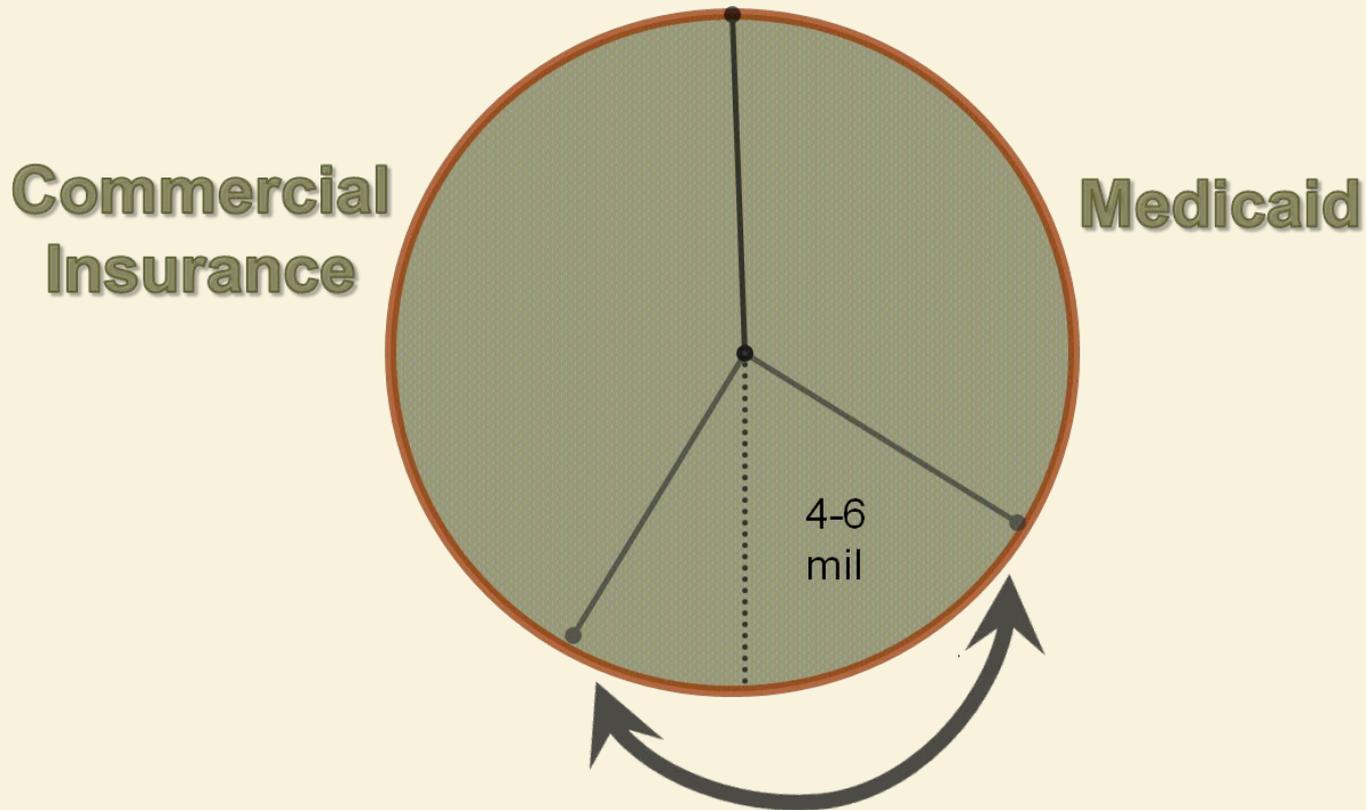
Context For Block Grant Changes – Responding to a Changing Environment

- 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

Context For Block Grant Changes – Responding to a Changing Environment

- 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

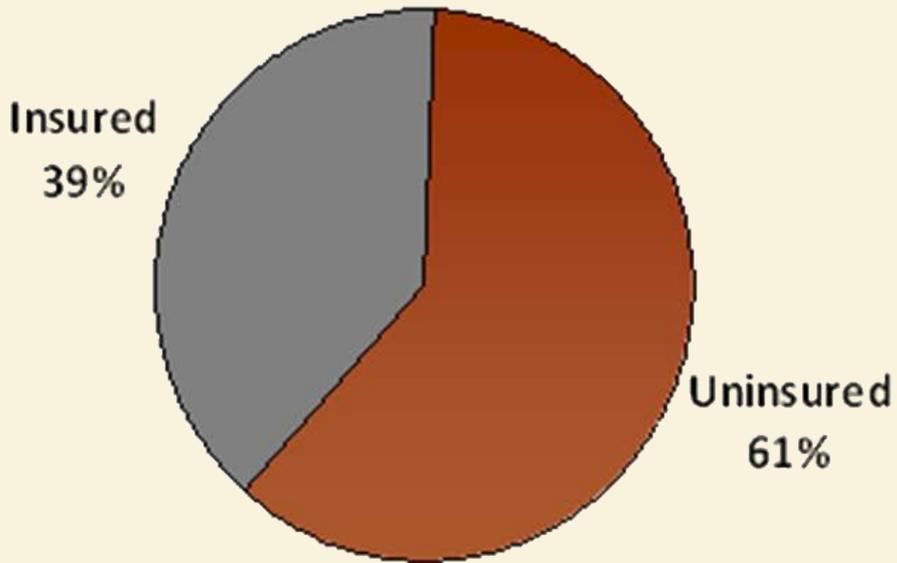
Beginning 2014: 32 Million More Americans Will *(Be Able To)* Be Covered



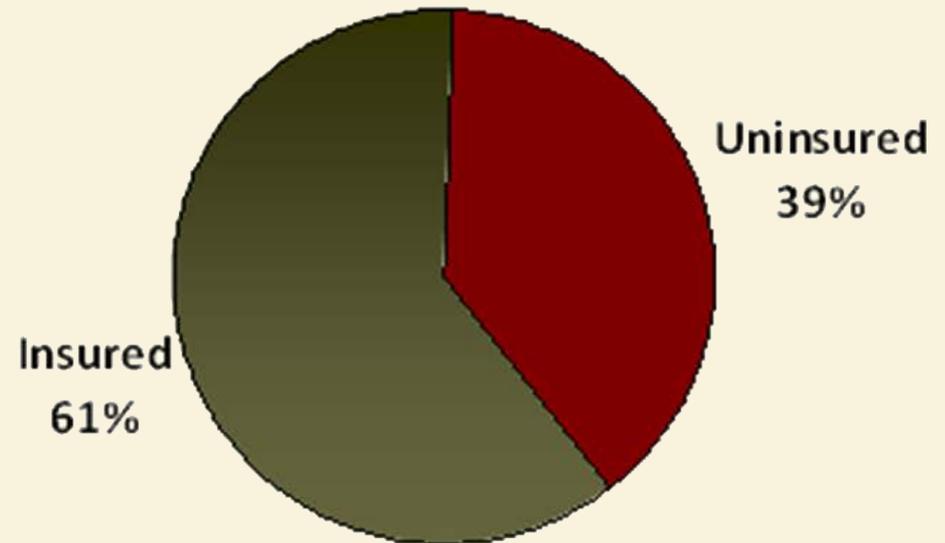
6-10 Million with M/SUDs

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

New Roles – State MHAs and SSAs

- Critical role in design and implementation of health reform – BE THE EXPERT in other processes
- More strategic in purchasing services
- Design or collaboratively plan for health information systems (HIT/EHRs)
- Form or enhance strategic partnerships – BE THE EXPERT

New Roles – State MHAs & SSAs

- Think more broadly than populations traditionally served with Block Grants
- Get people covered! – enrollment processes
- Be more accountable for improving experience of care and overall health of populations served
- Focus on recovery services, helping people get and stay well

Help Us Change The Conversation!



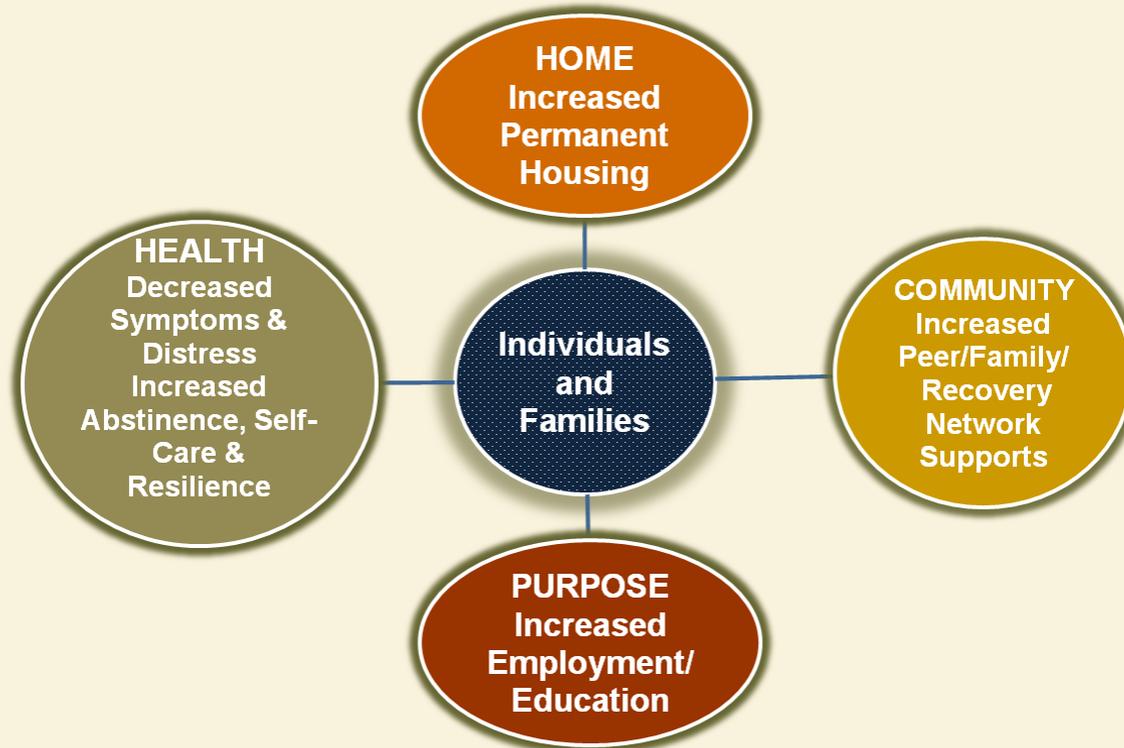
**BEHAVIORAL HEALTH IS
ESSENTIAL TO HEALTH**



IT'S A PUBLIC HEALTH ISSUE!!!

Block Grant - New Approach and Goals

1. Promote *recovery or resiliency* or community integration



Block Grant Goals

2. Promote *participation*

- Shared decision-making
- Person-centered planning
- Self-directed care

Block Grant Goals (cont.)

3. Ensure access to effective culturally or linguistically competent ***services for populations with disparities***
 - American Indian or Alaska Natives and Tribes
 - Racial and ethnic minorities
 - LGBTQ individuals
 - Women and girls

Block Grant Goals (cont.)

4. Ensure access to ***comprehensive service delivery system*** by good needs assessment and plan, focusing on good and modern services
5. ***Coordinate*** prevention, early intervention, treatment, recovery support services ***with other health or social services***

Block Grant Goals (cont.)

6. Increase ***accountability*** for BH services through uniform reporting on access, quality, and outcomes of services
7. ***Prevent*** the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications

Block Grant Goals – SA

8. Conduct ***outreach*** to encourage individuals injecting or using illicit and or abusing licit drugs ***to seek and receive treatment***
9. Provide ***HIV prevention*** as early intervention services

Block Grant Application Focus

- ***Broader approach*** – beyond those historically served
- ***Simplicity*** – plan every two years instead of annually; align planning, application, assurance and reporting dates
- ***Flexibility*** – one plan rather than two
- ***Elasticity*** – amend plan as often as needed

Block Grant Application Focus (cont.)

- ***Preparation for FY2014*** – more opportunity; more challenges; align planning to time before start of year
- ***BG dollars preserved and targeted*** – for “good and modern” prevention, treatment, & recovery supports to supplement services covered by Medicaid or Medicare or private insurance and for those populations not otherwise covered

Block Grant(s) Application

- Initial comments were due June 9
 - Positive direction
 - Clarifying requirements
 - Initial timelines concerns
 - Reporting burden concerns
- Last 30-day comment period ends July 18

Block Grant(s) Application (cont.)

- Phased-in planning approach
 - Plans due 9-1-11 for 20 months thru 6-30-13;
 - Moving toward April 1, 2013 for next 2-year application
 - May plan for more planning
- Annual reporting

Data, Quality and Outcomes

National Behavioral Health Quality Framework - building on the National Quality Strategy for Improving Health Care

Six Goals:

1. Effective prevention, treatment and recovery practices
2. Person and family-centered
3. Coordinated
4. Best practices
5. Safe
6. Affordable, high quality

Data, Quality and Outcomes (cont.)

- 3 types of measures
 1. SAMHSA funded programs
 2. Practitioner or system-based
 3. Population-based

National Behavioral Health Quality Framework

- June 15 Webcast or Listening Session – 500-plus people
 - 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 (e.g., oral fluids testing)
 - Technical Assistance (TA) capacity (trauma)

National Behavioral Health Quality Framework (cont.)

- Use of SAMHSA tools to improve practices (Cont.)
 - Partnerships (meaningful use; Medicaid and Medicare quality measures)
 - Services research as appropriate

Certainties Of Change – 1



Things will be different

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

People will object & disagree

- Tough decisions will generate disagreement

Certainties Of Change – 2



SAMHSA Principles



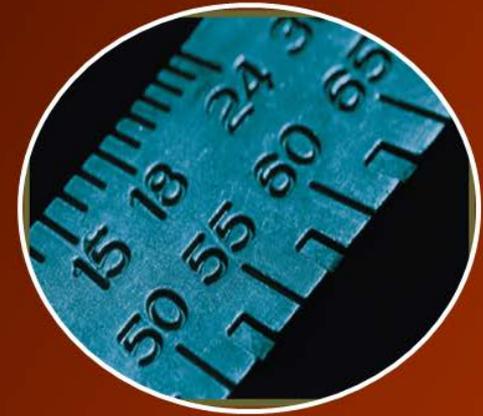
PEOPLE

Stay focused on the goal



PARTNERSHIP

Cannot do it alone



PERFORMANCE

Make a measurable difference



www.samhsa.gov

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