

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



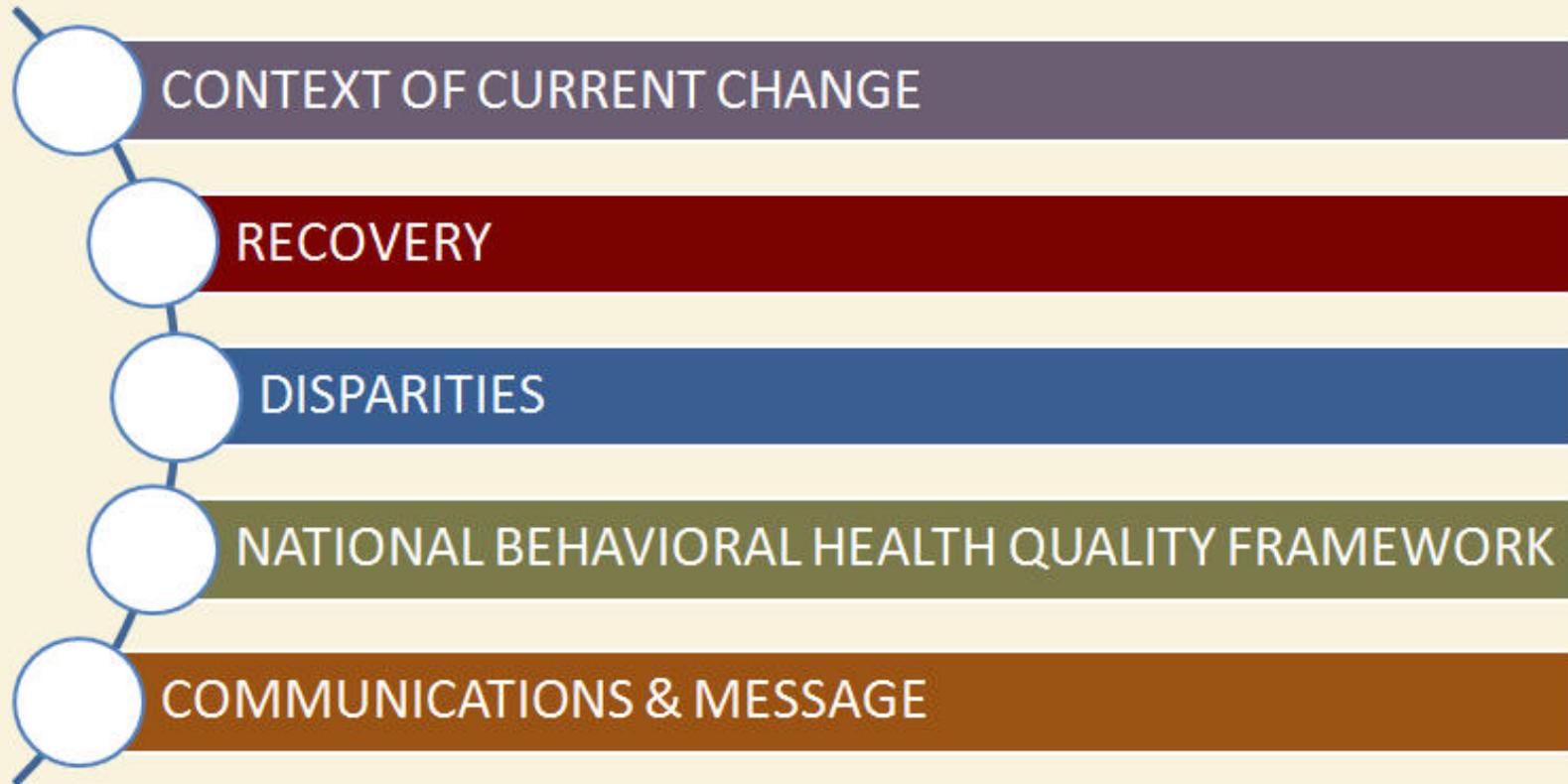
Shaping the Future: Challenges and Opportunities

Pamela S. Hyde, J.D.
SAMHSA Administrator

NAITx Summit / SAAS Conference - Federal Leadership Panel
Boston, MA • July 12, 2011



Focus for Today's Discussion



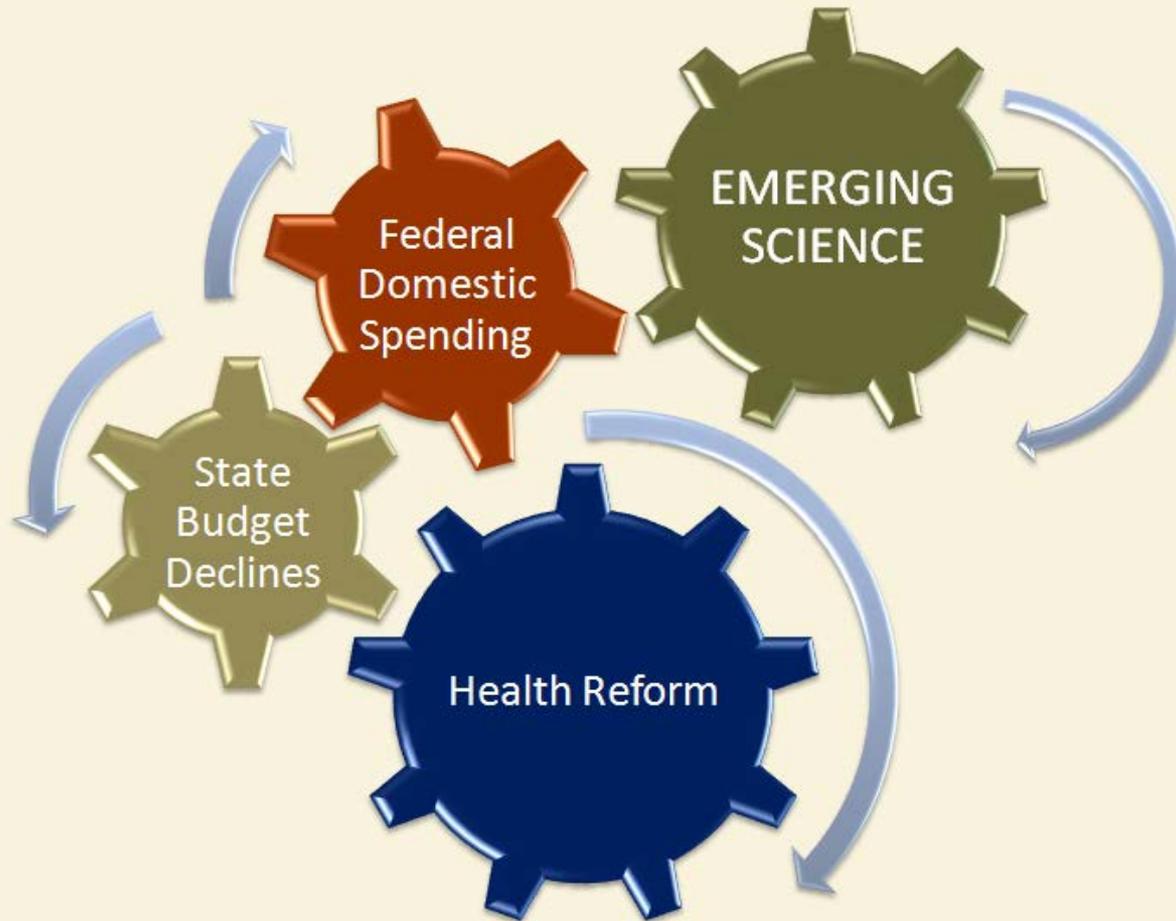
Context of Change

- **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.)

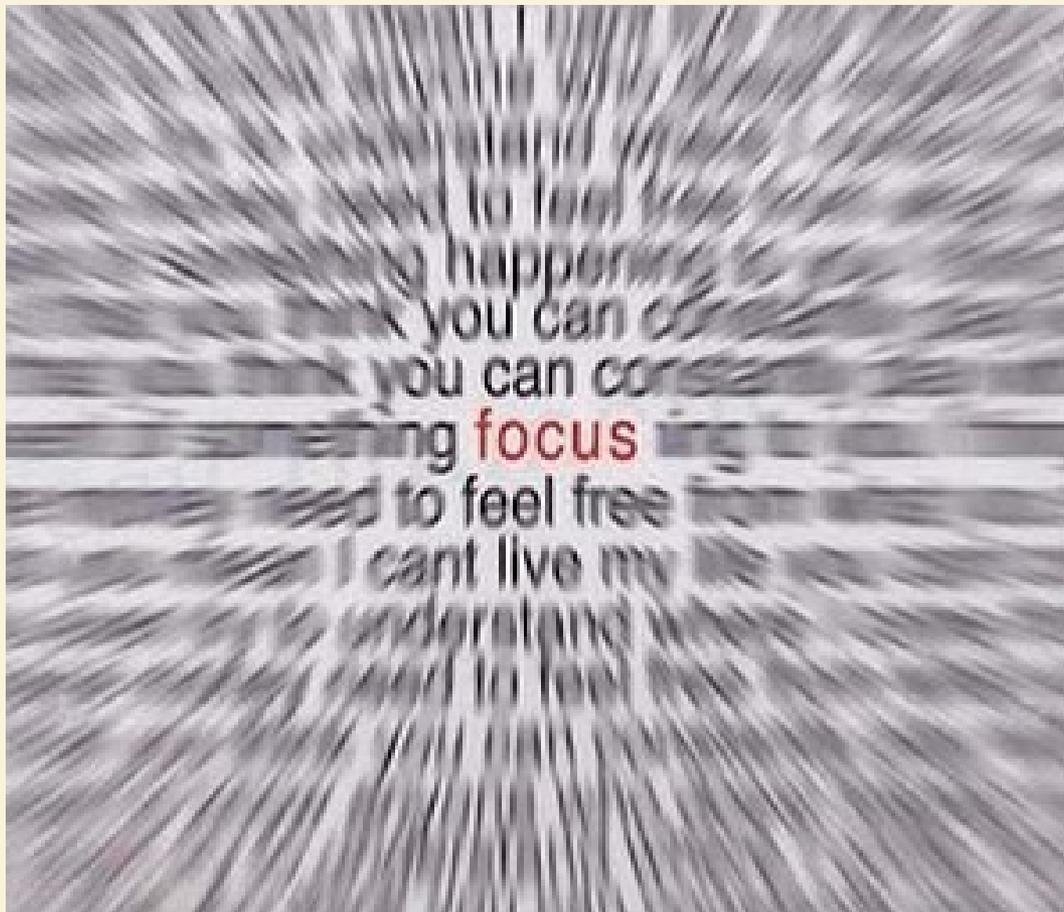
- **Integrated care requires new thinking**
 - *About recovery, wellness, role of peers*
 - *Responding to whole health needs; not just one disease*
- **Evolving role and new opportunities for behavioral health in health care**
 - *Parity/Health Reform*
 - *Tribal Law and Order Act*
 - *National Action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

Drivers of Change



Slide 6

Staying Focused During Change



Slide 7

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**

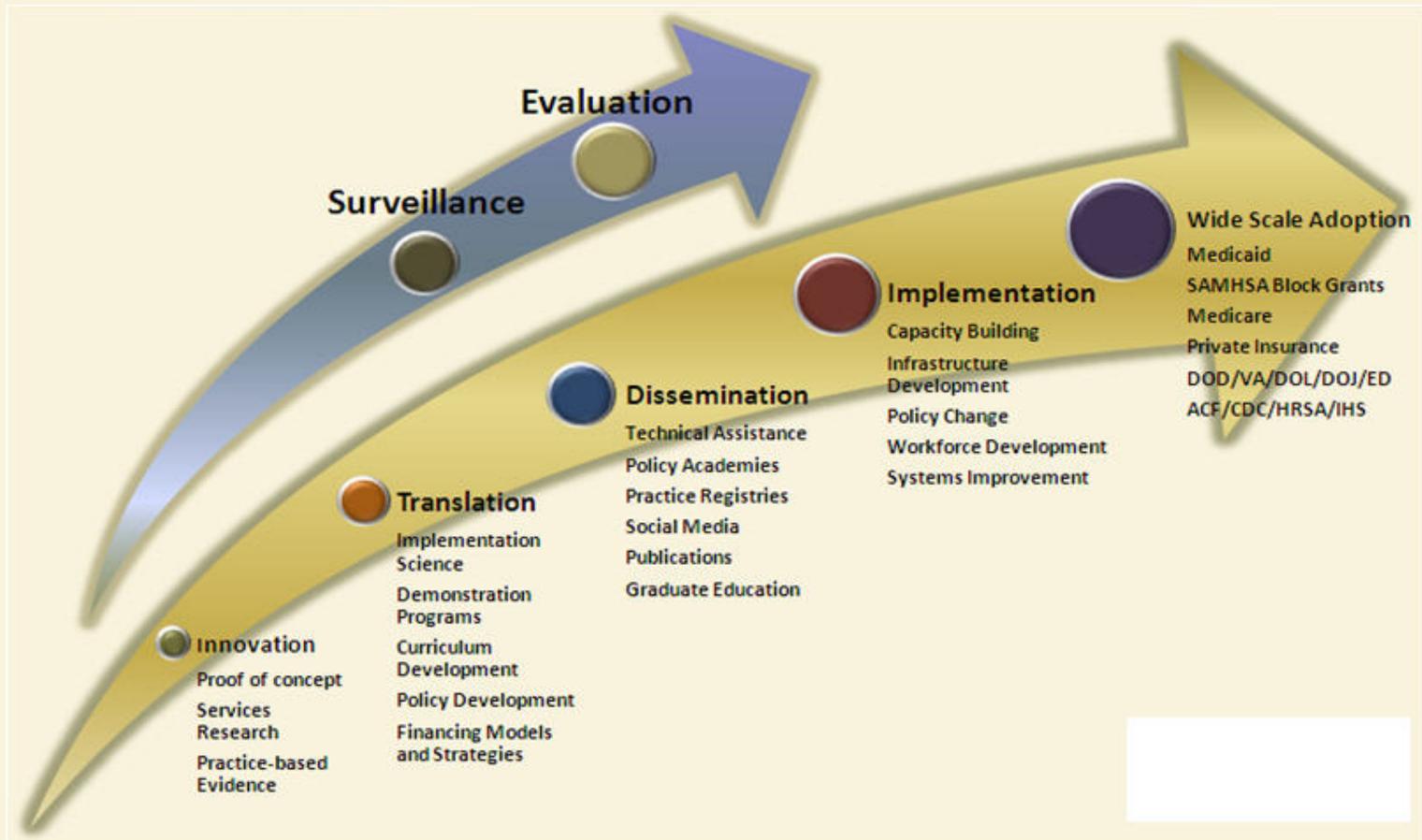
**5. Health
Reform**

**6. Health
Information
Technology**

**7. Data,
Outcomes
and Quality**

**8. Public
Awareness
and Support**

SAMHSA's Theory of Change



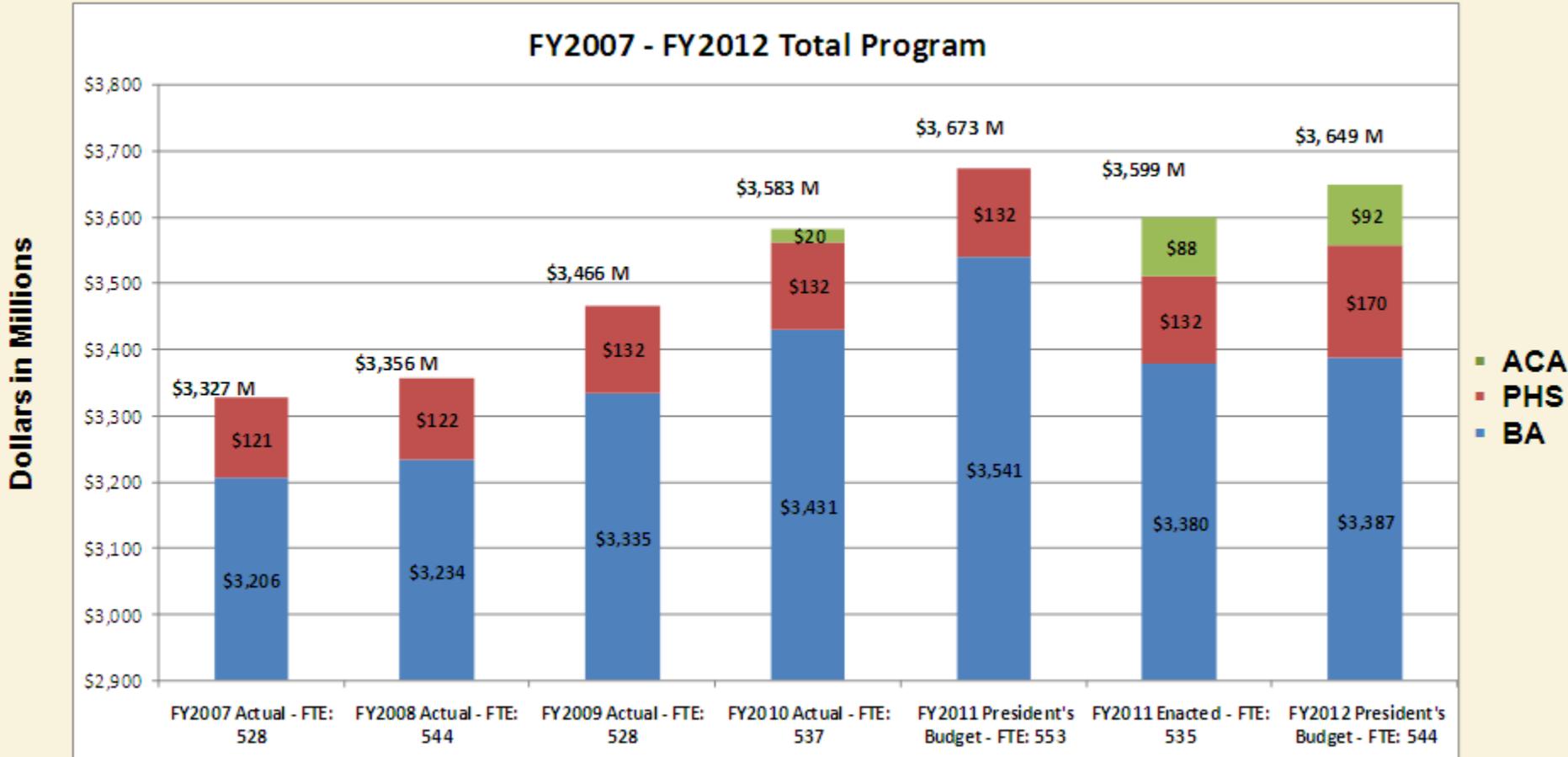
Budget: FY 2011 to FY 2014

- **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*
- **Revised Approach to Grant-Making**
 - *Revised BG application – moving toward 2014*
 - *Braided funding within SAMHSA & with partners*
 - *Engaging with States, Territories & 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/testing things where new knowledge is needed (e.g., adult trauma, HIT, military families)*
- **Efficient and Effective Use of Limited Dollars**
 - *Consolidating contracts and TA Centers*
 - *Consolidating public information and data collection activities and functions*
- ***Regional Presence and Staff focus on States***

Budget: SAMHSA

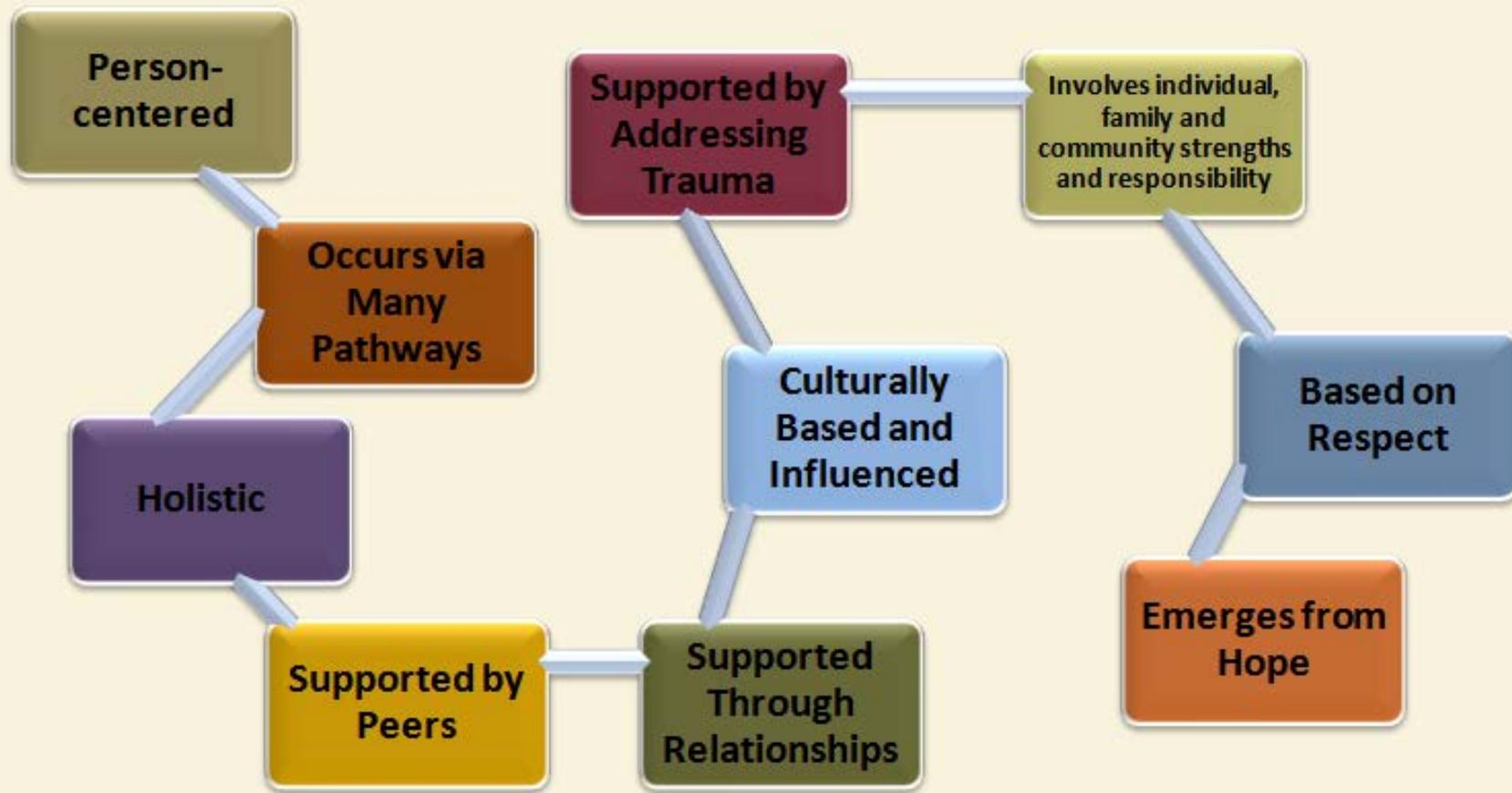


Recovery: Working Definition

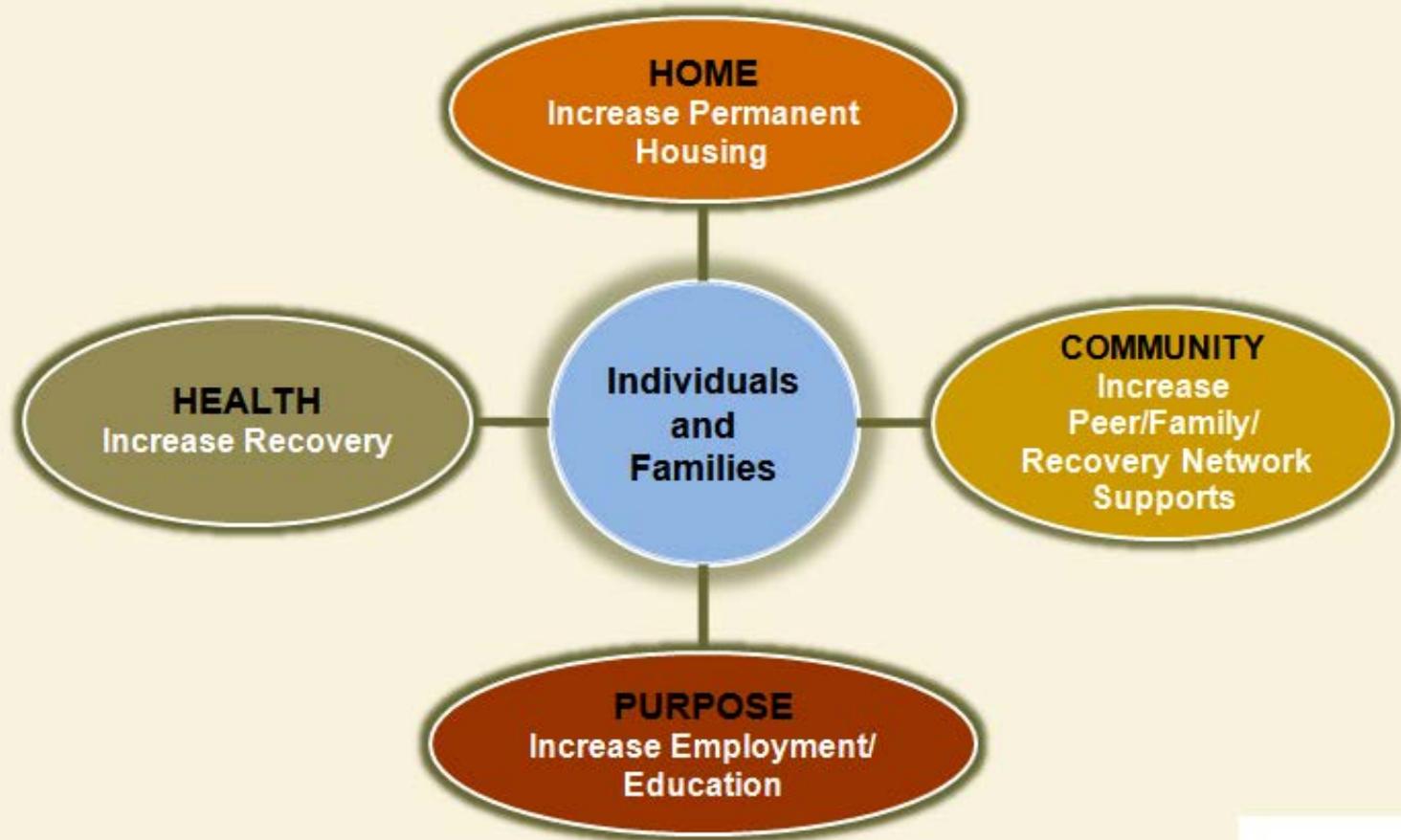
In a context in which behavioral health is essential to health, Recovery is:

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 choice while striving to achieve their full potential.

Recovery Principles



Recovery Construct



Recovery Activities - 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)**

Disparities

- **Disparities**

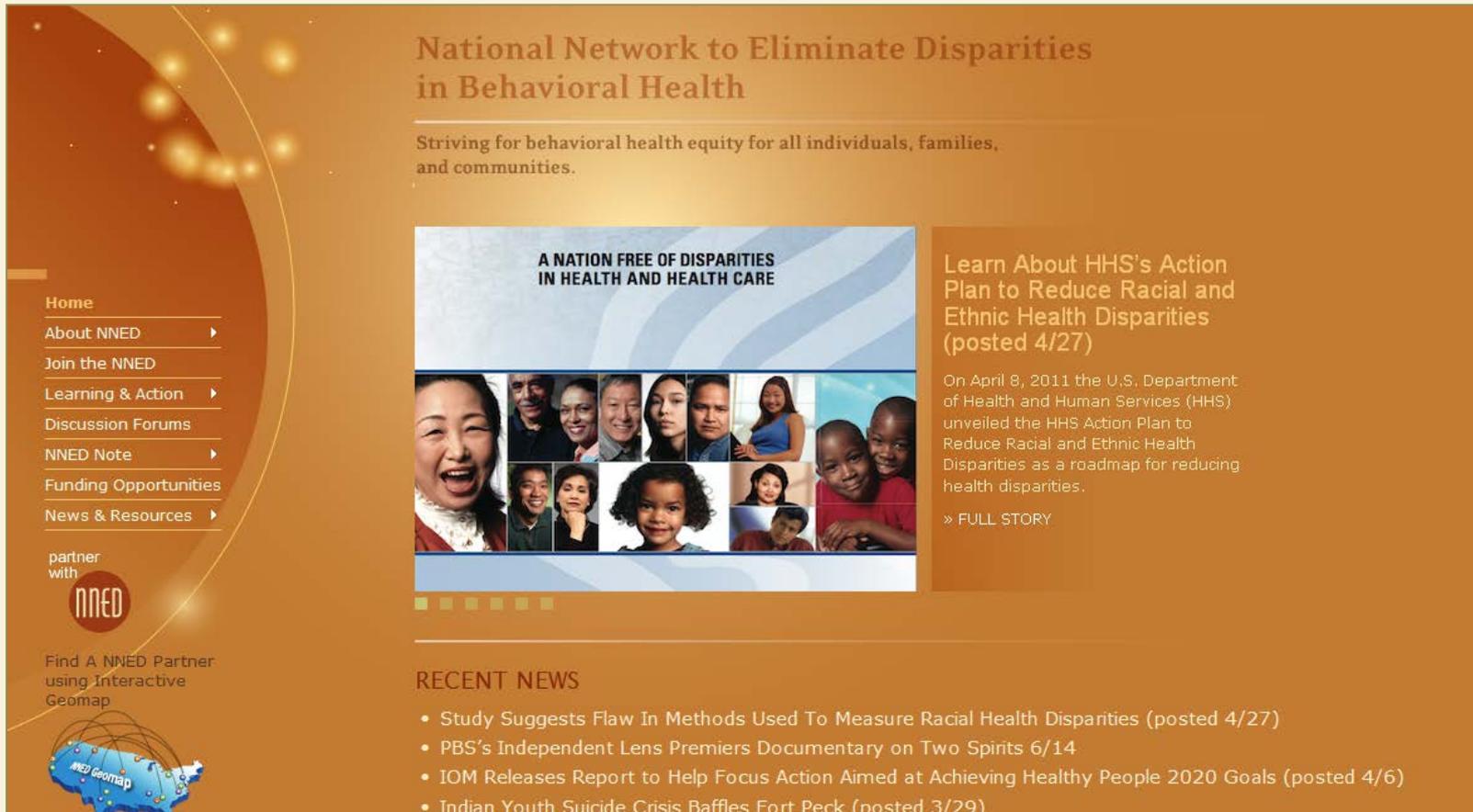
- *Ethnic minorities - HHS Strategic Action Plan to Reduce Racial and Ethnic Health Disparities*
- *LGBTQ populations - LGBT Coordinating Committee*
- *AI/AN Issues - Tribal Consultations*
- *Women and girls*

Disparities

- **Office of Behavioral Health Equity - Key Drivers and Activities**
 - *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*
 - *Workforce (NNED)*

National Network to Eliminate Disparities in Behavioral Health (NNED)

<http://www.nned.net>



The screenshot shows the NNED website homepage with a navigation menu on the left, a main content area with a featured article, and a recent news section at the bottom. The navigation menu includes links for Home, About NNED, Join the NNED, Learning & Action, Discussion Forums, NNED Note, Funding Opportunities, and News & Resources. The featured article is titled 'Learn About HHS's Action Plan to Reduce Racial and Ethnic Health Disparities (posted 4/27)' and includes a photo of diverse people and a 'FULL STORY' link. The recent news section lists several articles with their respective dates.

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)

Data, Quality and Outcomes

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

Six Goals:

- Effective prevention, treatment and recovery practices
- Person- and family-centered
- Coordinated
- Best practices
- Safe
- Affordable, high quality

Three Types of Measures:

- SAMHSA funded programs
- Practitioner/system-based
- Population-based

National Behavioral Health Quality Framework

- **June 15 Webcast/Listening Session – 500+ people**
 - *Draft document on web www.samhsa.gov*
- **August 16 – SAMHSA National Advisory Council**
- **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)*
 - *Partnerships (meaningful use; Medicaid & Medicare quality measures)*
 - *Services research as appropriate*

National Dialogue – Where Do We Start...

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

Perception Challenges

- **More than 60% of people who experience MH problems and 90% 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% increase in emergency department visits for drug related suicide attempts by men aged 21 to 34*
 - *2005-2009: 49% increase in emergency department visits for drug related suicide attempts by women aged 50+*
- **Almost as many people need SA treatment as diabetes, but only 18.3 percent vs. 84 percent receive care**

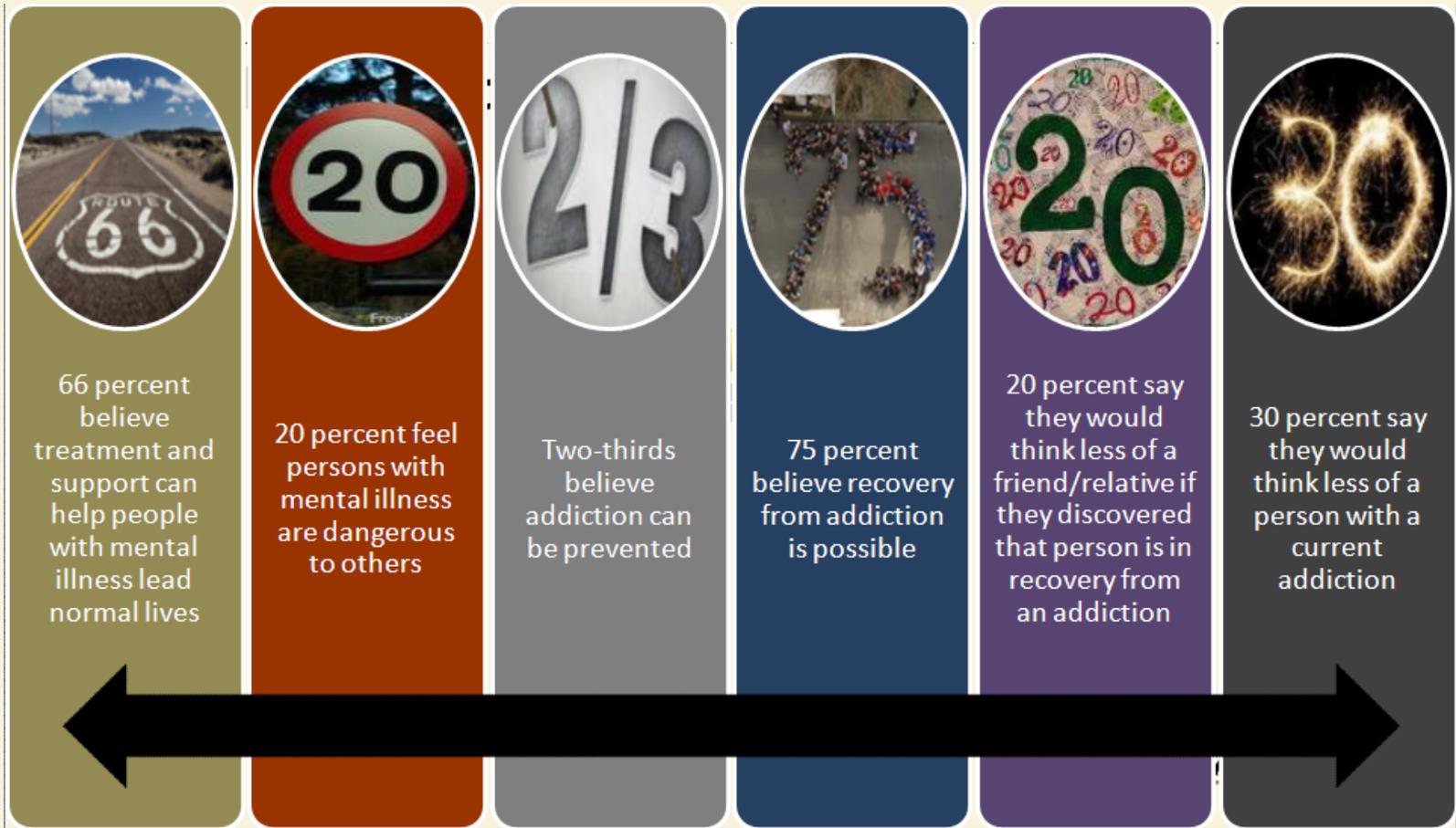
Public Events and Problems

- **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 – Grand Rapids, 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

- **Multiple messages and multiple philosophies = 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, more drug courts, 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*

How Do We Create...

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

Help Us Change the Conversation!



**Behavioral Health is
Essential to Health!**



It's a Public Health Issue!