

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



ADVANCING THE BEHAVIORAL HEALTH OF THE NATION

Pamela S. Hyde, J.D.
SAMHSA Administrator

SAMHSA Power Session
CADCA National Leadership Forum
National Harbor, MD • February 6, 2013



OPTIONS FOR TODAY'S DISCUSSION

- 1 4: SAMHSA'S BUDGET
- 2 9: PREVENTION AS PRIORITY NUMBER ONE
- 3 22: MARIJUANA ????
- 4 39: NATIONAL DIAGLOGUE, *NOW IS THE TIME*
- 5 53: INTEGRATED CARE – FEDERAL EFFORTS, IMPLICATIONS FOR BH
- 6 60: ACCESS TO CARE – ACA, ENROLLMENT STRATEGY
- 7 72: WELLNESS INITIATIVES

1 SAMHSA'S BUDGET

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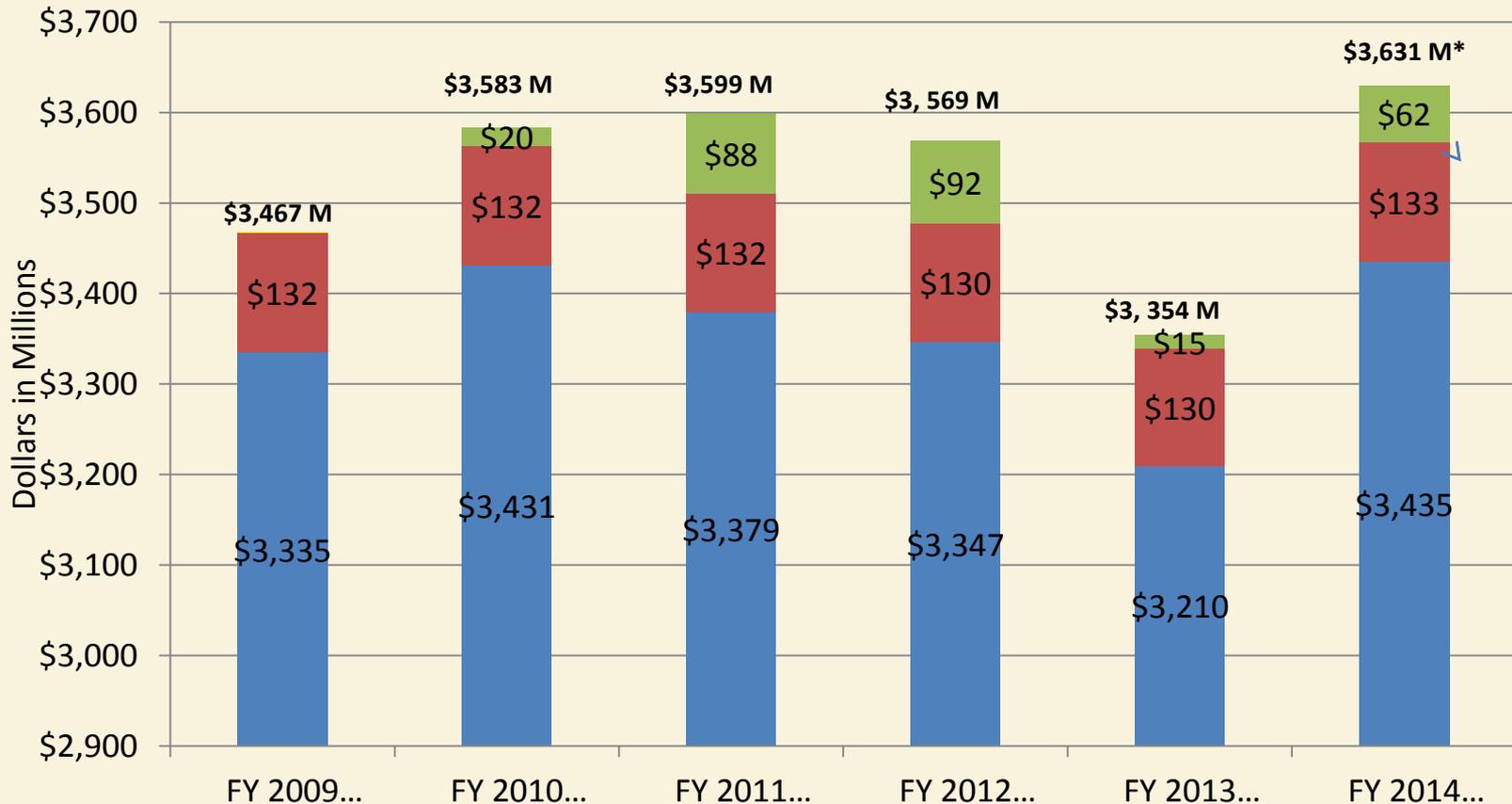
→ FY 2009-2014 PROGRAM LEVELS

→ 2014 ENACTED LEVELS

SAMHSA BUDGET

- Prevention Funds
- PHS Funds
- Budget Authority

FY 2009 - FY 2014 Total Program Level



Total Program Level includes: Budget Authority, PHS Evaluation Funds, and Prevention and Public Health Funds.

*FY 2014 total also includes \$1.5M estimated for User Fees for Extraordinary Data and Publication Requests.

Totals may not add due to rounding

FY 2013 BUDGET

- ➔ FY 2013 Full Year CR is **\$3.354 B** (includes \$168M in sequestration reductions, \$7M in rescissions, and a Secretary's Transfer of \$38M)
 - FY 2013 is a decrease of \$210M from FY 2012 Enacted
- ➔ Community Mental Health Block Grant: \$437M
 - ↓ \$23M from FY 2012 Enacted
- ➔ Substance Abuse Prevention and Treatment Block Grant: \$1.710 Billion
 - ↓ \$90M from FY 2012 Enacted
- ➔ The majority of SAMHSA's program areas ↓; however, there were a few increases in Mandatory Drug Testing (\$56K), STOP (\$7K), CAPT (\$39K), and Science and Service Program Coordination (\$388K)

FY 2014 BUDGET

- ➔ FY 2014 Enacted is **\$3.631 B** - ↑ \$277M from FY 2013 Enacted
- ➔ Community Mental Health Services Block Grant: \$483.744M
 - ↑ \$47M from 2013 Enacted
- ➔ Substance Abuse Prevention and Treatment Block Grant: \$1.82 B
 - ↑ \$110M from 2013 Enacted
- ➔ Other Activities w/ Increased Funding : Homeless Prevention (\$2M), Treatment Systems for Homelessness (\$2M), PATH (\$3M), PAIMI (\$2M), SPF (\$2M), and Criminal Justice Activities (\$11M)
- ➔ New Funding:
 - *Now is the Time* (\$115M) – Proj Aware, Workforce, Healthy Transitions
 - Tribal BH Grants (\$5M) – (SA, Suicide, MH development)
- ➔ Drug Free Communities

FY 2015 AND FY 2016 BUDGETS

- ➔ FY 2015 – President’s Budget released 3-4-14
- ➔ FY 2016 – Planning begins April 2014; goes through January 2015
- ➔ Issues
 - Debt ceiling
 - Deficit
 - Mid-term elections
 - Type of funding
- ➔ Prevention priority not just about budget

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PREVENTION AS PRIORITY NUMBER ONE

➔ WHY BEHAVIORAL HEALTH
MATTERS TO PUBLIC HEALTH

➔ WHY FOCUS ON YOUNG
PEOPLE?

SAMHSA'S STRATEGIC INITIATIVES

Leading Change – A Plan for 2011– 2014

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
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Trauma and
Justice

3
Military
Families

4
Recovery
Support

5
Health
Reform

6
Health
Information
Technology

7
Data,
Outcomes
& Quality

8
Public
Awareness
& Support

Leading Change 2.0

A Plan for 2015 – 2018

→ Planning now

- Out for public comment in March
- National Advisory Committees in early April
- Final due around mid year

→ Internal work – SAMHSA's Internal Operating Strategies

→ Enhancing SAMHSA's public health role in beginning, testing, disseminating, influencing

BEHAVIORAL HEALTH MATTERS TO PUBLIC HEALTH



Half of us will meet criteria for MI or SUD in life

Half of us know someone in recovery from addiction now



*In a given year:
1 in 4, if substance use disorders are included*

WHY FOCUS ON BEHAVIORAL HEALTH IN YOUNG PEOPLE?

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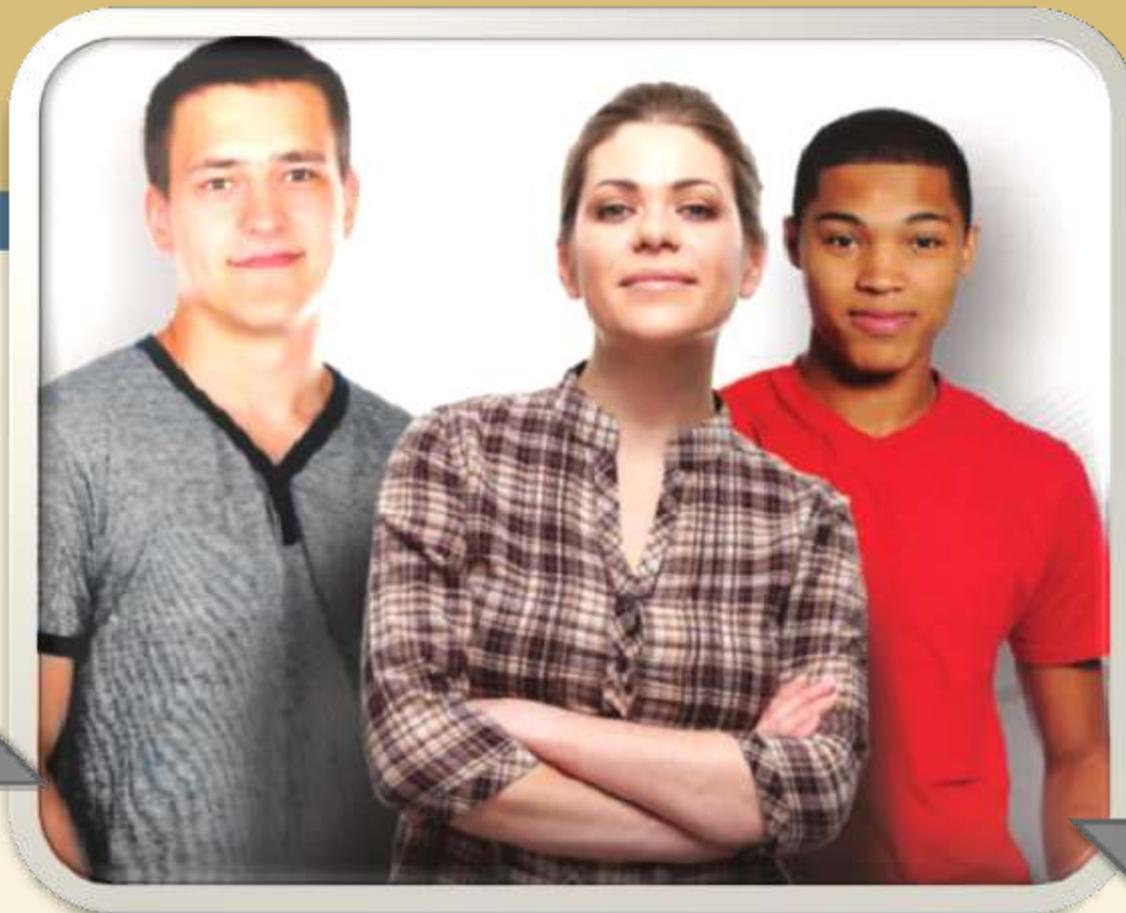
Half of adult mental illness begins before age 14



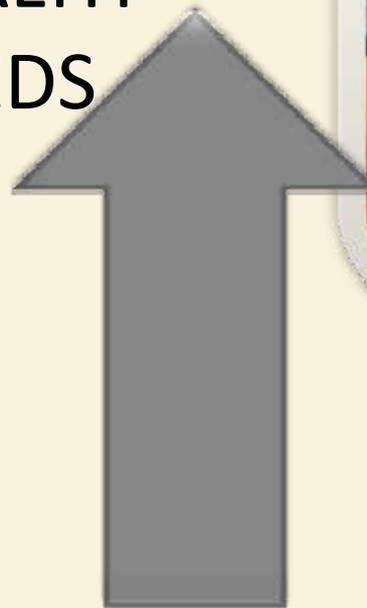
WHY YOUNG ADULTS?

Three-quarters
before age 24





HIGHEST
BEHAVIORAL
HEALTH
NEEDS



LOWEST RATE OF
HELP-SEEKING
BEHAVIORS



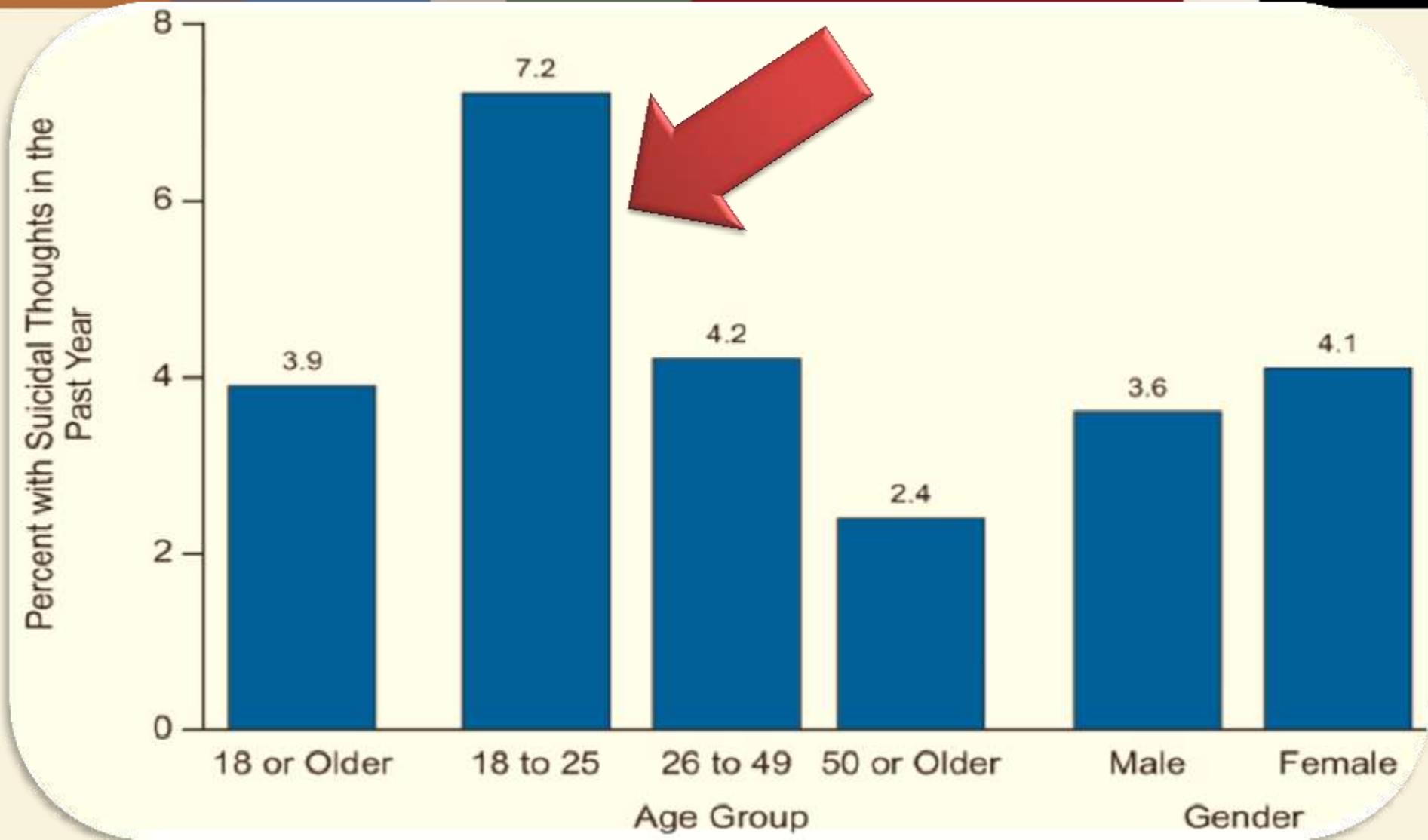
SUICIDE

16



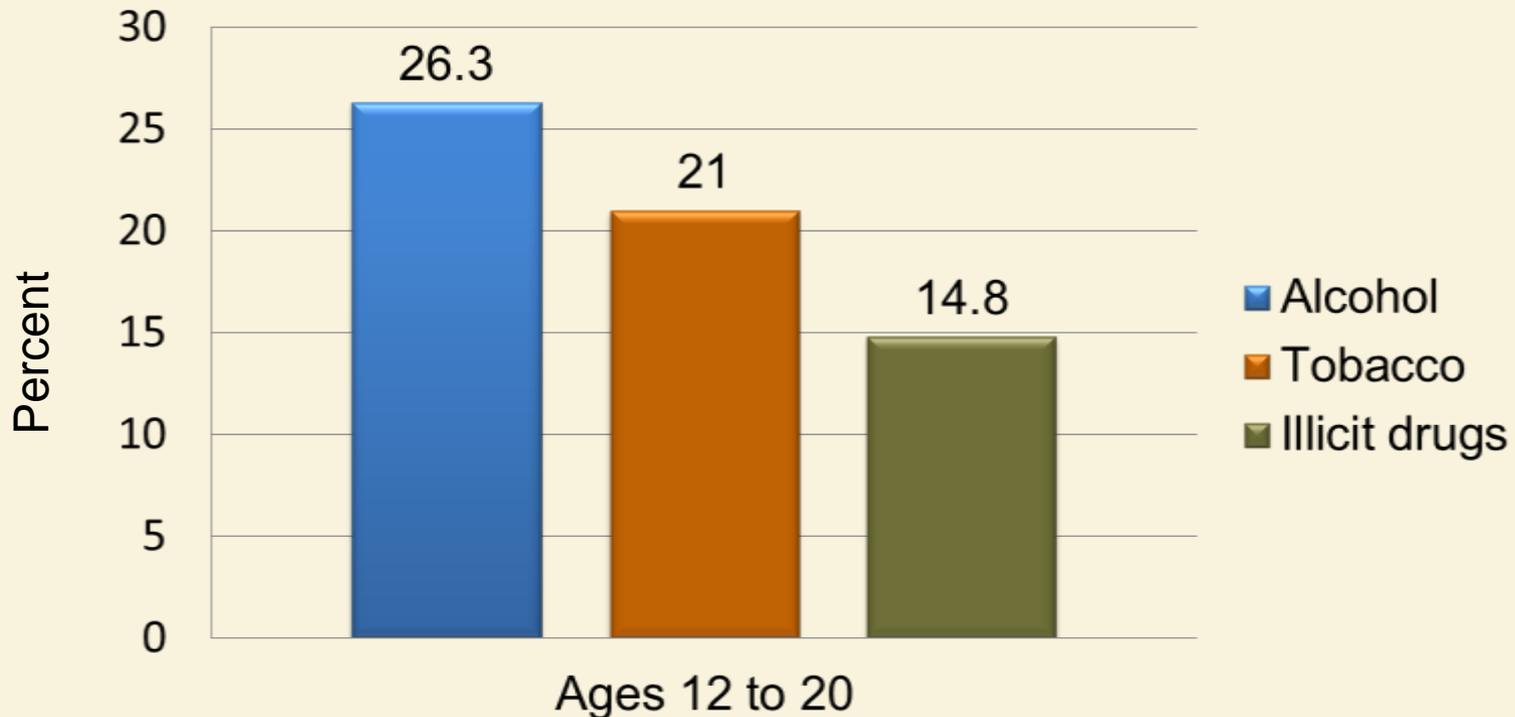
Age 15-24: 3rd leading cause of death, behind accidents and homicide

2012: SUICIDAL THOUGHTS, PAST YEAR ADULTS AGED 18 OR ↑, BY AGE AND GENDER

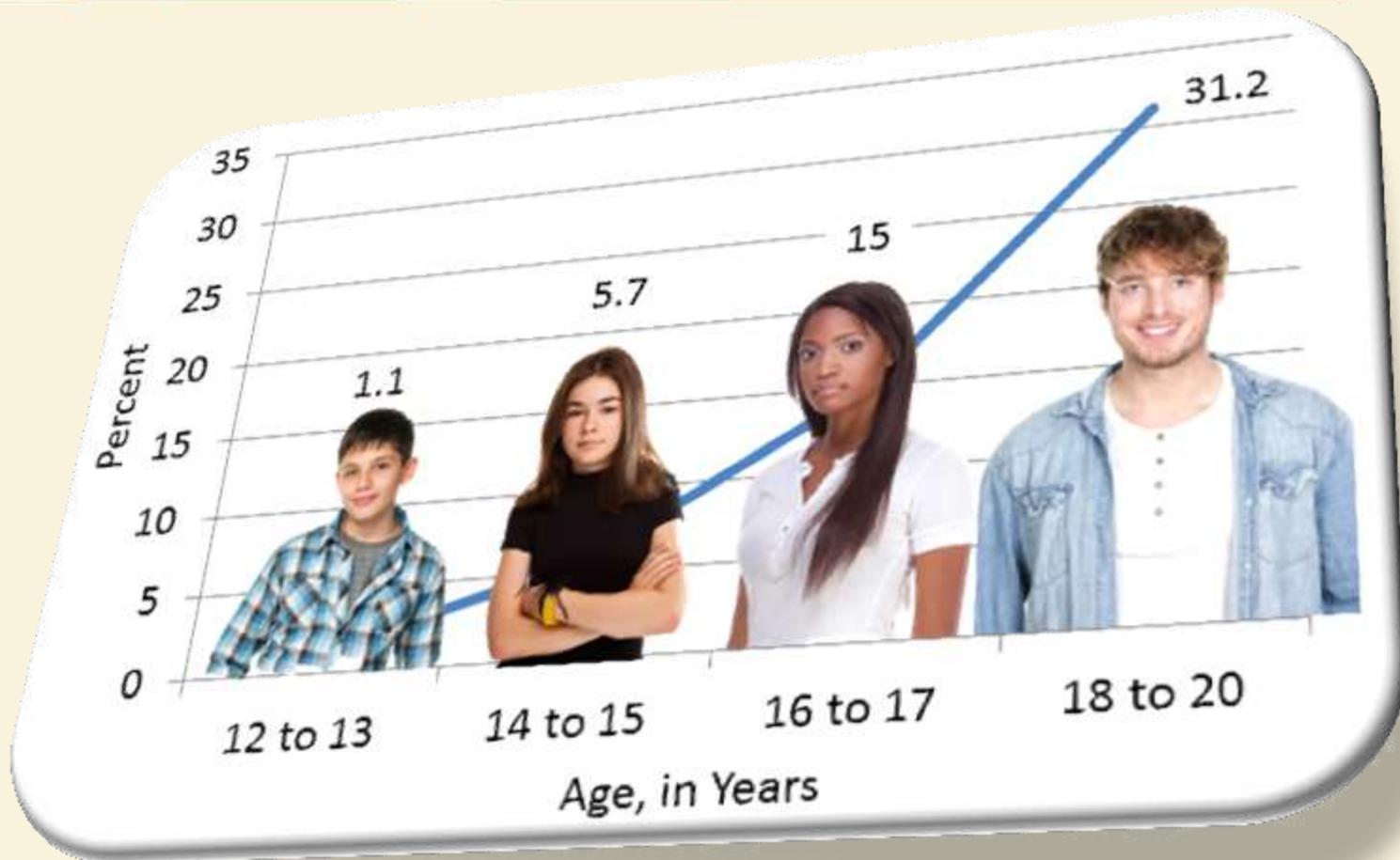


ALCOHOL – DRUG OF CHOICE

Past-month substance abuse among 12- to 20-year-olds, 2010



UNDERAGE BINGE DRINKING



PREVENTION IS THE NEW CHALLENGE

WHAT IF TODAY'S YOUNG PEOPLE KNEW...

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- By 5th grade, mental disorders were among the top 5 most commonly treated conditions among the other kids in their school
- By 7th grade, over 40 percent of other young people age 13 to 17 had experienced a behavior health problem
- Among kids who have their 1st drink before age 15, two-thirds (67 percent) will try an illicit drug, and over 4 in 10 will eventually become dependent on alcohol
- Facts about suicide prevalence and contexts
- They could talk about behavioral health without negative consequences
- They could get help

This message resonated differently for different people





REACHING THEM???

- ➔ Community Coalitions
- ➔ Print, Radio, Television
- ➔ Social Media
- ➔ Chats
- ➔ Tweets
- ➔ Apps
- ➔ PSAs
- ➔ Pop Stars
- ➔ Movie Stars
- ➔ Athletes
- ➔ **Peers – Ask Them!**



→ A LOOK BACK

→ LEGALIZATION & CURRENT
MEDICINAL USES

→ HEALTH RISKS

→ FEDERAL EFFORTS

MARIJUANA: A LOOK BACK

- Cannabis has been used medicinally and recreationally for centuries; early medicinal use included pain relief
- Therapeutic use common in 19th century; by early 20th century, cannabis products marketed freely
- Shifting societal and legal sanctions emerged associated w/the psychotropic and addictive effects
- Removed from U.S. Pharmacopoeia in 1942
- Designated as a Schedule 1 drug by Congress in 1970

MARIJUANA: TRANSITION TO MEDICINAL

- 1985: FDA approved dronabinol and nabilone
- Increased use medical practice has been supported by popular votes/legislative acts at the state level
- Legalized for recreational use in 2 states: WA & CO

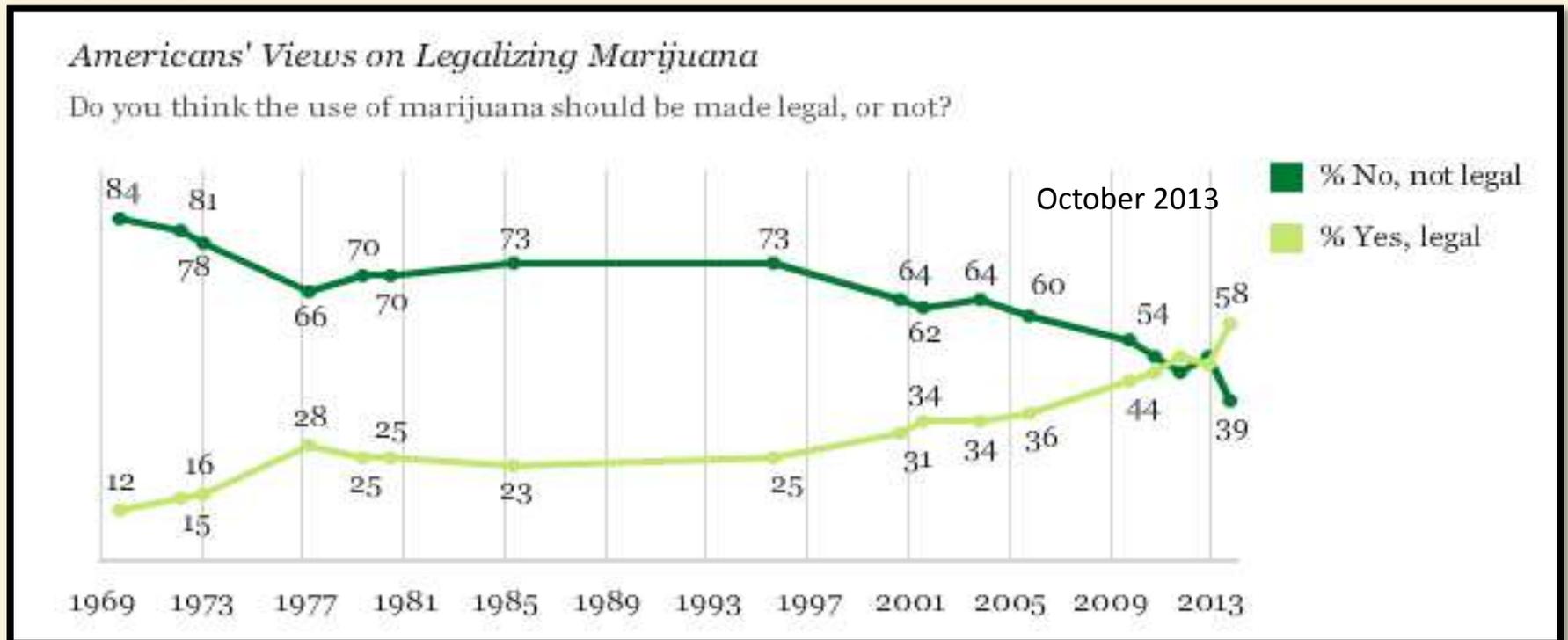
MARIJUANA: REMAINS A SCHEDULE 1 CONTROLLED SUBSTANCE

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- Marijuana remains a Schedule 1 controlled substance and is illegal under federal law:
- October 2009: Memo from Administration to federal prosecutors encouraging them not to prosecute people who distribute marijuana for medical purposes in accordance w/state law
- August 2013: DOJ issued memorandum providing guidance re marijuana enforcement to U.S. Attorneys

MARIJUANA: WHAT DO AMERICANS THINK?

- ➔ Recent Gallup poll: 58 percent of Americans now support legalization
- ➔ Americans 65 and ↑: only age group that still opposes legalization, although support among this group has jumped 14 percentage points since 2011



MARIJUANA: TODAY'S MEDICAL USES

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- ALS
- Alzheimer's Disease
- Anorexia
- Anxiety
- Arthritis
- Cachexia
- Chemotherapy Side Effects
- Crohn's Disease
- Chronic Pain
- Cirrhosis, decompensated
- Fibromyalgia
- Glaucoma

MARIJUANA: TODAY'S MEDICAL USES (cont.)

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- Hepatitis C & HIV/AIDS
- Migraine Headaches
- Multiple Sclerosis
- Muscle Spasms, severe
- Muscular Dystrophy
- Nausea & vomiting

- Pancreatitis, severe
- Parkinson's Disease
- TBI & PTSD
- Seizure Disorders (e.g., epilepsy)
- Spinal Cord Injury
- And more...

MARIJUANA: RISKS/COMPLICATIONS

30

- Distorted perceptions & impaired coordination
 - Drugged driving
- Difficulty with thinking and problem solving
- Disrupted learning and memory (long term)
- Alterations in neurobiological development/use during pregnancy associated with ↑ risk of neurobehavioral problems in babies
- Respiratory issues
- Potential immune dysfunction
- Psychotic episodes
- Dependency and addiction

MARIJUANA: RISKS/COMPLICATIONS (cont.)

- Heavy marijuana users often report ↓ life satisfaction, poorer mental and physical health, relationship problems, and ↓ academic/career success compared to peers w/similar backgrounds
- Several studies also associate workers' marijuana smoking w/ increased absences, tardiness, accidents, workers' compensation claims, job turnover

MARIJUANA: LINK BETWEEN USE AND MENTAL ILLNESS

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- Studies link chronic marijuana use and mental illness
- High doses can produce a temporary psychotic reaction (hallucinations, paranoia) in some users
- Use can worsen course of illness in those w/ schizophrenia
- Studies following users across time showed link between marijuana use and later development of psychosis
 - Those who start young are at increased risk for later problems
- Studying assoc between marijuana use & other BH problems
 - Depression, anxiety, suicidal thoughts (esp. adolescents), personality disturbances, e.g., lack of motivation to engage in typically rewarding activities

2012: U.S. MARIJUANA USE

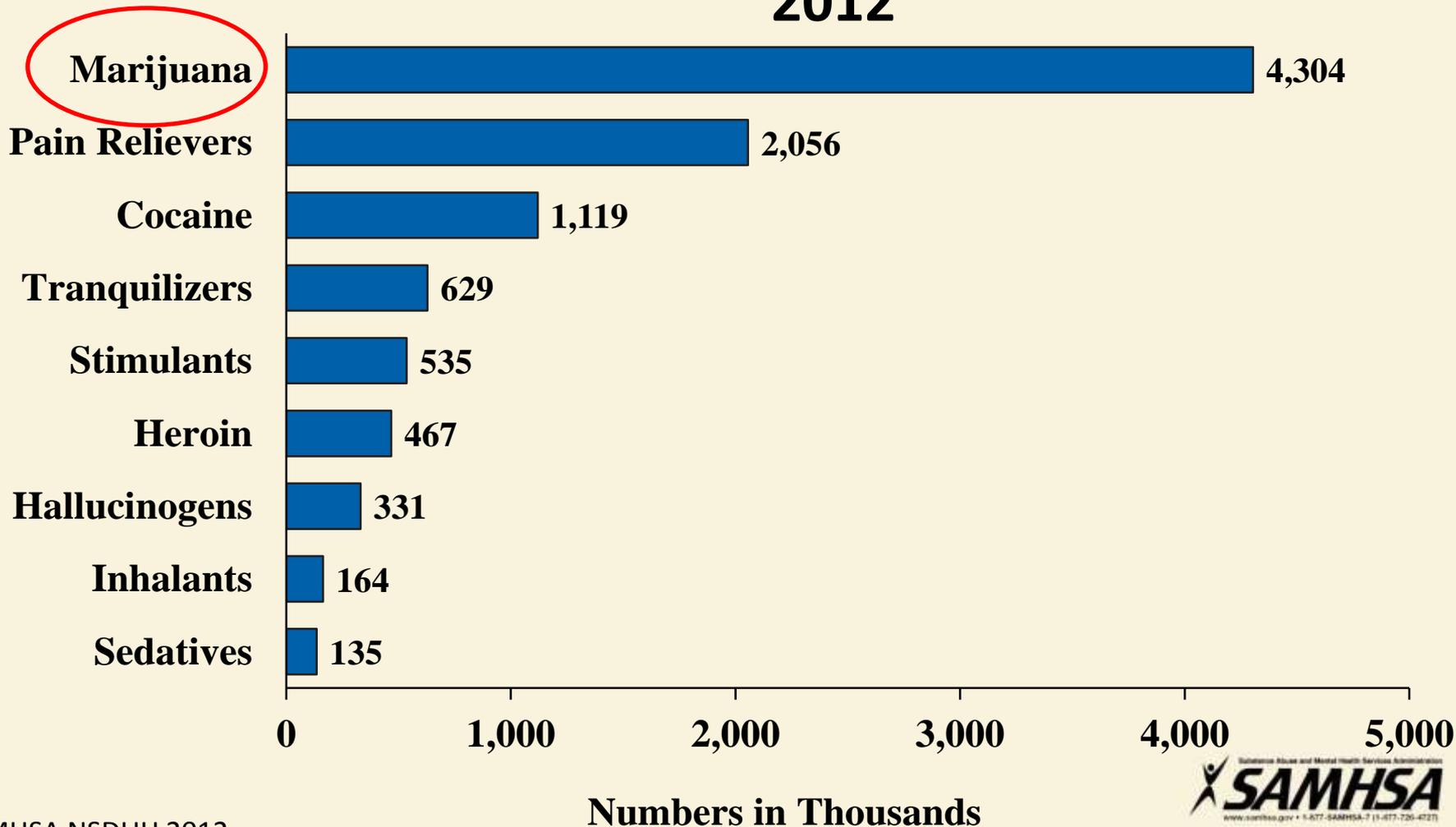
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- ➔ Most commonly used illicit drug: 18.9 million past month users. Between 2007 and 2012, the rate of current use increased from 5.8 to 7.3%.
 - Daily or almost daily use of marijuana increased from 5.1 million persons in 2007 to 7.6 million persons in 2012.
- ➔ In comparison, in 2012, 136 million individuals reported past month alcohol use: 60 million reported binge drinking & 17 million reported heavy use.

SPECIFIC ILLICIT DRUG DEPENDENCE OR ABUSE PAST YEAR, 12 OR ↑

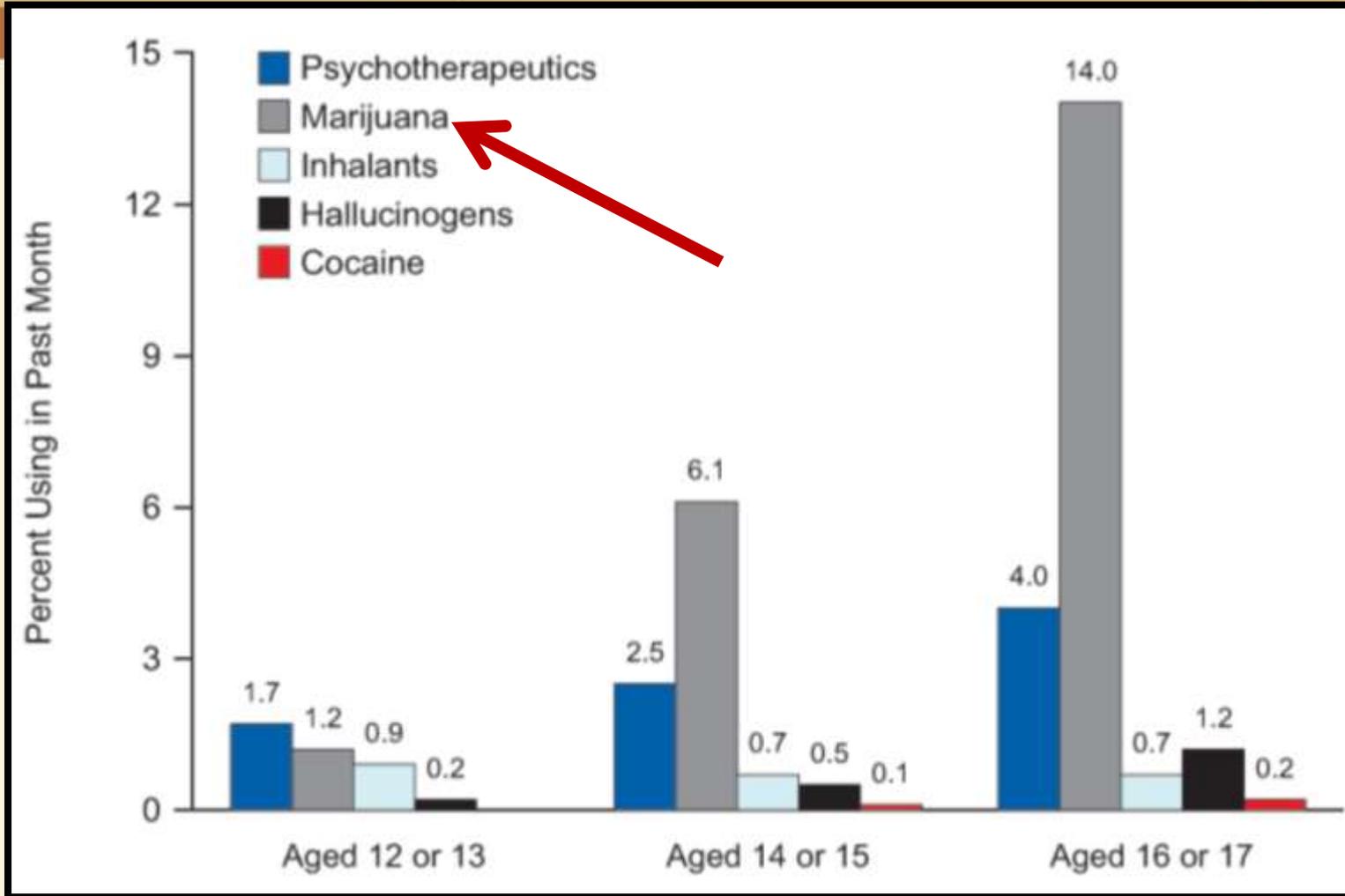
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2012

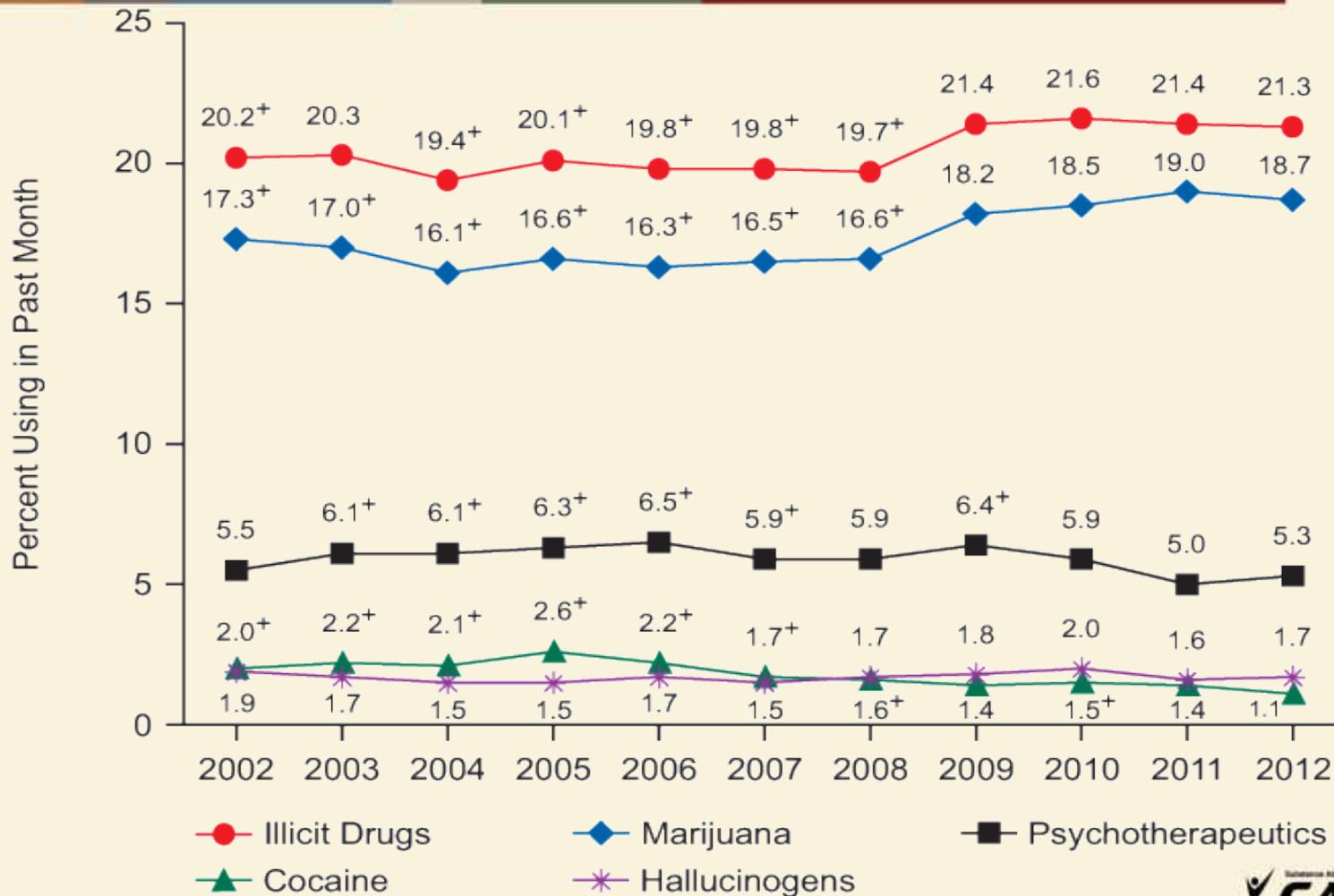


Numbers in Thousands

PAST MONTH USE OF SELECTED ILLICIT DRUGS AMONG YOUTH, 12 to 17



PAST MONTH USE OF SELECTED ILLICIT DRUGS YOUNG ADULTS, 18-25: 2002-2012



Washington state attorney general: Cities and counties don't have to allow legal marijuana



Elise Thompson / AP Photo

Different strains of marijuana were displayed in February 2013 during the opening of the Seattle location of the

PREVENTION MESSAGING: LOST IN THE FRAY?

Marijuana contests join county fair in Colorado

AP By KRISTEN WYATT
January 27, 2014 5:46 PM



Pay Close Attention To This Marijuana Millionaire's Weed Venture Capital Fund

A "high" tech startup boom could grow around the pot plant, as legalization efforts gain momentum. And Emerald Ocean Capital is going to help fund it.

0 NOTES / 0 PIN / 12 PLUS / 96 TWEET / 270 LIKE / 10 SHARE

BEHAVIORAL HEALTH COORDINATING COMMITTEE (BHCC) – SUBCOMMITTEE ON MARIJUANA

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- Focus: Impact of current status of marijuana on BH, not legalization
- Inventory and Recommend Activities: Data/surveillance, regulation of medicinal uses, addiction treatment, prevention, research, messaging/communications, coordination with other departments
 - Review of DOJ, DEA, WH public positions: disparities
 - Potential health impact: drug-drug, underage or public use, etc.
- Goals: Identify emerging issues, e.g., data re use, research, policy, program, enforcement of legal use (e.g., youth, driving), workplace drug testing, etc.

OUT OF THE SHADOWS – *NOW IS THE TIME*

→ RESPONDING TO
DISASTERS/TRAGEDIES

→ NATIONAL DIALOGUE

→ *NOW IS THE TIME* BUDGET
INITIATIVES

TRAGEDIES

Grand Rapids, MI
2011 – 8 Lost



Aurora, CO
2012 - 12 Lost



Berrendo Middle School, Roswell, NM
Jan 2014 – 2 Injured

Tucson, AZ
2011 – 6 Lost



Newtown, CT
2012 – 26 Lost



Nickel Mines, PA
2007 – 6 Lost



Boston, MA
2013 – 3 Lost



Asher Brown
2010 – 1 Lost
13 yrs old



Virginia Tech, VA
2007 - 33 Lost



Red Lake Band of Chippewa,
MN, 2005 – 10 Lost



Columbine High School, Littleton, CO
1999 - 15 Lost



CHICAGO 2012: TRAGEDIES ON A DAILY BASIS MANY RELATED TO DRUGS & GANGS

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- ➔ ~500 people slain
- ➔ Of 2,853 people shot in the city (Jan. 1, 2012 – Jan. 1, 2013):
 - 89 shootings involved 3 victims
 - 31 shooting involved 4 victims
 - 9 shootings involved 5 victims

DID YOU KNOW ABOUT THIS MASS SHOOTING LAST FALL?

News US World Sports Comment Culture Business Money Environment

News World news Chicago

Chicago park shooting was carried out with assault-style rifle – police

Back of the Yards shooting wounded 13 people, including a three-year-old boy who is reported to be in critical condition

Facebook Share 22
Twitter Tweet 103
Google+ 0
Pinterest Pin it
LinkedIn Share 1
Email

Associated Press in Chicago
theguardian.com, Friday 20 September 2013 14.53 EDT

Jump to comments (67)

Article history

World news:
Chicago - Illinois - US
crime - Gun crime -
United States

More news



Police say the park shootings stem from an on-going drug territory dispute between the Gangster Disciples gang and the Black P Stone Nation gang

BEHAVIORAL HEALTH IN TRANSITION . . .

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SOCIAL PROBLEM



TO PUBLIC HEALTH ISSUE



DIFFERENT VIEWS = DIFFERENT INDIVIDUAL & PUBLIC POLICY RESPONSES

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- ➔ Public sees social rather than health consequences
 - Homelessness, gangs, jails, tragedies (e.g., mass casualty shootings), disability, lost productivity, high health care and government costs results in
 - Inadequate responses – mandates, exclusions, controls
- ➔ Mental disorders seen as public safety issue & substance use disorders seen as moral issue (matter of will)
 - Comprehensive responses – diseases or conditions to be prevented, treated, recovered from, with whole community engagement and support
 - Example: Diabetes is not just about eating choices

PUBLIC ATTITUDES

CHANGING, BUT CHALLENGES REMAIN

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- 2/3 think treatment & support can help people w/ MI lead normal lives
- 2/3 believe addiction can be prevented
- 3/4 believe recovery from addiction is possible
- 30% think less of person w/ addiction
- 20% think less of friend/relative in recovery
- 38% unwilling to be friends w/ a person with MI
- 64% would not want person w/ schizophrenia as co-worker
- 68% would not want persons w/ depression to marry into family
- Less willing to pay to ameliorate condition, even when understand implications
 - Don't trust that BH treatment will help them

OUT OF THE SHADOWS... A NATIONAL DIALOGUE BEGINS

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What is the National Dialogue?



How can I participate?



What are the outcomes?

Twitter

Tweets



MentalHealthGov @MentalHealthGov 8 Nov
Most [#behavioralhealth](#) conditions are treatable yet many Americans go w/out needed services b/c of inadequate access to treatment [#MHPAEA](#)
Expand



MentalHealthGov @MentalHealthGov 8 Nov
Watch LIVE at 12.30 p. ET: Briefing on today's final [#MentalHealth](#) rule [hhs.gov/live#MHPAEA](#)
Expand



MentalHealthGov @MentalHealthGov 8 Nov
Starting today: Final [#MHPAEA](#) rules breaks down financial barriers & provides consumer

Compose new Tweet...

Facebook

Find us on Facebook



Mentalhealth.gov

Like 2,281



Mentalhealth.gov

Have you visited our website on your phone? On your tablet? What worked well? What didn't? Here's how you can stay connected with us on the go: <http://www.mentalhealth.gov/connect/index.html>
November 5 at 2:42pm near Washington, DC



Mentalhealth.gov

Dealing with an anxiety disorder can be hard. The first step is to be aware and informed. <http://go.usa.gov/W3JA>
November 4 at 12:37pm near Washington, DC

www.mentalhealth.gov



NEW PUBLIC/PRIVATE PARTNERSHIPS EMERGING

OK2TALK.ORG



"THE NEXT TIME YOU ASK SOMEONE HOW THEY ARE DOING — DON'T JUST SETTLE FOR "FINE." ENCOURAGE AN HONEST ANSWER. IT COULD SAVE THEIR LIFE."

- GORDON SMITH, NAB PRESIDENT & CEO

CREATINGCOMMUNITYSOLUTIONS.ORG



NATIONAL DIALOGUE: KEEPING THE VOLUME TURNED UP

→ Community Conversations

- 2013: 80 community dialogues held in lead cities including Washington, DC; Kansas City, KS/MO; Sacramento, CA; Albuquerque, NM; Columbus/Franklin County, OH; Birmingham, AL
- 2014: 52 community dialogues are in planning phase
- ***Text, Talk, Act*** event very successful with ~600 telephone lines participating and ~2,400 participants

THE PRESIDENT'S PLAN: MENTAL HEALTH AS A PUBLIC HEALTH ISSUE

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➔ **Less than half of people w/ BH conditions receive the care they need**

➔ 23 Executive Actions to reduce access to guns and increase MH services

➔ FY 2014 Budget MH Proposals –

➔ \$235M (Requested)

- SAMHSA – \$115M of \$130M requested

➔ National Dialogue on Mental Health – www.mentalhealth.gov

- Twitter
- Facebook
- Community conversations

“We are going to need to work on making access to mental health care as easy as access to a gun.”

– President Obama

FY 2014 BUDGET*:

\$126.2M IN NEW PROGRAMS

50

→ Health & Human Services (includes SAMHSA)– \$126.2M (\$160M requested)

CDC – \$11.2M (\$30M requested)

- 1. Nationwide Violent Deaths Surveillance System:** \$11.2M (\$20M requested) to increase reporting system to all states
- 2. Gun Violence Research:** \$0M (\$10M requested) to understand causes and impacts, including relationship between video games, media images, and gun violence (Not funded in Consolidated Appropriations Act, 2014 , Public Law No: 113-76)

*Consolidated Appropriations Act, 2014 , Public Law No: 113-76

FY 2014 NEW MENTAL HEALTH PROGRAMS: SAMHSA \$115M*

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SAMHSA -- \$115M (\$130M requested)

- 1. Project AWARE (Advancing Wellness and Resilience in Education): \$55M** to reach 750,000 young people through programs to identify mental illness early and refer to treatment
 - **Project AWARE State Grants:** \$40M to ensure students with signs of mental illness get a critical first referral to treatment, and toward ensuring local organizations are all coordinating appropriately
 - **Mental Health First Aid:** \$15M to train teachers and other adults who interact with youth to detect and respond to mental illness in children and young adults, including how to seek treatment

*Consolidated Appropriations Act, 2014 , Public Law No: 113-76

FY 2014 NEW MENTAL HEALTH PROGRAMS: SAMHSA \$115M* – cont'd

- 2. **Healthy Transitions:** \$20M (\$25M requested) for states to help 16-25 year olds get treatment and to help communities develop an integrated network to support schools working w/ law enforcement, MH agencies, and other local organizations

- 3. **Behavioral Health Workforce:** \$40M (\$50M requested) (w/HRSA) to train 5,000 additional MH professionals to serve students and young adults
 - **Masters level clinical and paraprofessionals:** \$35M co-administered with HRSA's Mental and Behavioral Health Education Training (MBHET) program
 - **Peer professionals:** \$0M (\$10M requested) with community colleges and peer organizations (Not funded in Consolidated Appropriations Act, 2014 , Public Law No: 113-76)
 - **Minority Fellowship Program – Youth:** \$5M new aspect of SAMHSA's Minority Fellowship Program, focusing on preparing masters level behavioral health professionals serving youth/young adults

*Consolidated Appropriations Act, 2014 , Public Law No: 113-76



→ INTEGRATION: THE CONCEPT

→ SAMHSA-HRSA CENTER FOR
INTEGRATED HEALTH SOLUTIONS (CIHS)

→ PRIMARY AND BEHAVIORAL HEALTH
CARE – IMPLICATIONS

INTEGRATION: THE CONCEPT

- How we think about BH as part of individual and community health
- BH's relationship to health and to costs of care
- Community prevention
- Health care/behavioral healthcare workforce
- Primary care, specialty care, emergency care, long term care
- Recovery
- Community wellness

PRIMARY CARE/BEHAVIORAL HEALTH INTEGRATION

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- **OASH**: Co-morbidity working group
- **SAMHSA'S Primary/BH Integration (PBHCI)**: Physical health of adults w/ SMI and TA for bi-directional integration (Center for Integrated Health Solutions, w/ HRSA)
- **HRSA FQHCs**: Integrating BH screening, brief intervention and treatment
- **AHRQ Center for Integration Models**: Developing models of integrated BH care in primary care settings

INTEGRATION – Cont'd

- **CMMI Innovative Financing Models for Integration:**
Grants to test models
- **Medicare Accountable Care Organizations:**
Payment for integrated care and outcomes (ASPE tracking impacts for BH)
- **CMS Health Homes:** Whole person care for persons with specific characteristics or health conditions (SAMHSA consultation)
- **CMS Partnership for Patients:** Reducing hospital readmissions; increasing quality

SAMHSA/HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS (CIHS)

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→ **Goal:** Promote planning and development of integrated PC and BH care for those w/SMI and/or addiction disorders, whether seen in specialty or PC settings (bi-directional)



→ **Purpose:** Serve as a national training and technical assistance center on bi-directional integration of PC and BH care and related workforce development needs.

CIHS POPULATIONS AND SERVICES

→ Target Populations/Participants

- SAMHSA funded Primary and Behavioral Health Care Integration (PBHCI) Grantees
- HRSA funded programs (including health centers funded under Section 330 of Public Health Service Act)
- General public – providers and impacted or interested individuals

→ Services

- Training and technical assistance
- Knowledge development
- ***Prevention and health promotion/wellness activities***
- Workforce development
- ACA monitoring and updates

INTEGRATION IMPLICATIONS

- Primary care's role in MH and SA – screening and treatment
- Specialty care's role as specialty care AFTER primary care referral
- Relationships
- Workforce

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ACCESS TO CARE

→ ACA AND PREVENTION

→ SAMHSA'S ENROLLMENT STRATEGY

www.healthcare.gov and www.cuidadodesalud.gov



October 1, 2013
Open Enrollment
Began

January 1, 2014
Coverage Began

March 31, 2014
Open
Enrollment
Closes

Future
All Americans
Have Access
to Affordable
Health Care

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TIMELINE TO A HEALTHIER AMERICA

ACA AND PARITY PROJECTED BH REACH

	Individuals who will gain MH, SUD, or both benefits under the ACA including federal parity protections	Individuals with existing MH and SUD benefits who will benefit from federal parity protections	Total individuals who will benefit from federal parity protections as a result of the ACA
	3.9 million	7.1 million	11 million
	1.2 million	23.3 million	24.5 million
	27 million	n/a	27 million
	<u>32.1 million</u>	<u>30.4 million</u>	<u>62.5 million</u>

NOTE: These estimates include individuals and families who are currently enrolled in grandfathered coverage

ACA: COVERAGE TOOK EFFECT

JANUARY 1, 2014

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- ➔ January 1: Coverage took effect for individuals enrolled in Health Insurance Marketplace plans and the Medicaid expansion
- ➔ HHS Report: Over 2.15 million individuals purchased Marketplace plans through December 28, 2013
- ➔ First data on enrollee age:
 - 6 percent of enrollees are under 18
 - 24 percent are 18 to 34
 - 37 percent are 35 to 54
 - 33 percent are 55 and older
- ➔ Washington Post: 4.4 million individuals were determined eligible for the Medicaid expansion through December 2013

ACA HAS IT ALL FOR BEHAVIORAL HEALTH



- ✓ Physical/Emotional Health Promotion
- ✓ Prevention, including M/SUDs

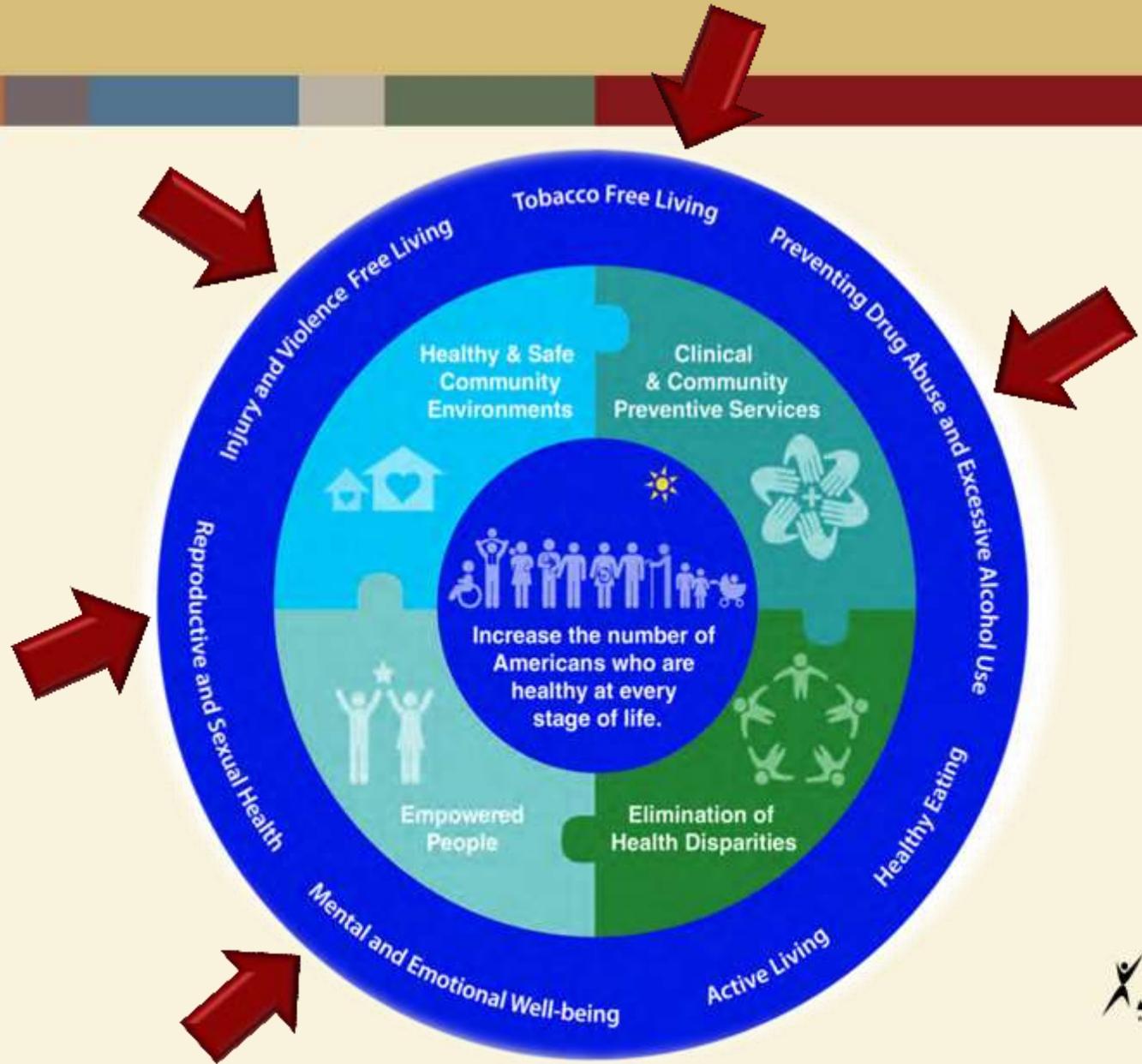
- ✓ Universal
- ✓ Selective
- ✓ Indicated

- ✓ Case Identification
- ✓ Essential Health Benefits (EHBs)

- ✓ Treatment to Prevent Relapse & Recurrence
- ✓ Rehabilitative/habilitative services



ACA NATIONAL PREVENTION STRATEGY



NATIONAL PREVENTION COUNCIL ACTION PLAN



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→ Tobacco Free Living

- SYNAR Program – preventing sales to minors

→ Preventing Drug Abuse and Excessive Alcohol Use

- SPF, SBIRT, DFC, Drug Courts, Primary/BH Integration, Prescription Drug Monitoring Program, Opioid Overdose Toolkit, National Prevention Week

→ Injury and Violence Free Living

- National Forum on Youth Violence Prevention, Trauma-informed approach, Suicide Prevention Lifeline, Garrett Lee Smith Suicide Prevention program

→ Reproductive and Sexual Health

- National HIV/AIDS Strategy, Integrating HIV and hepatitis testing into SU treatment programs, HHS 12 Cities Project

→ Mental and Emotional Well-Being

- MHPAEA, Project Launch, Safe Schools/Healthy Students, www.stopbullying.gov; Million Hearts wellness program

ACA – PREVENTING DISEASE AND PROMOTING WELLNESS

- ➔ Targeted Prevention Activities – Commercial Insurance, Medicare, Medicaid
 - Required screenings (tobacco; alcohol; depression; DV for women; SA, developmental, & behavioral assessments for youth; HIV and STIs for adolescents)
 - Limitations on cost-sharing
 - Personalized prevention plans

- ➔ Community Prevention Activities - Grant Programs
 - Prevention and Public Health Trust Fund
 - Community Transformation Grants
 - Incentives to participate in healthy lifestyle programs (Medicaid); to develop wellness programs (employers)
 - Home visiting grants (including SA screening)

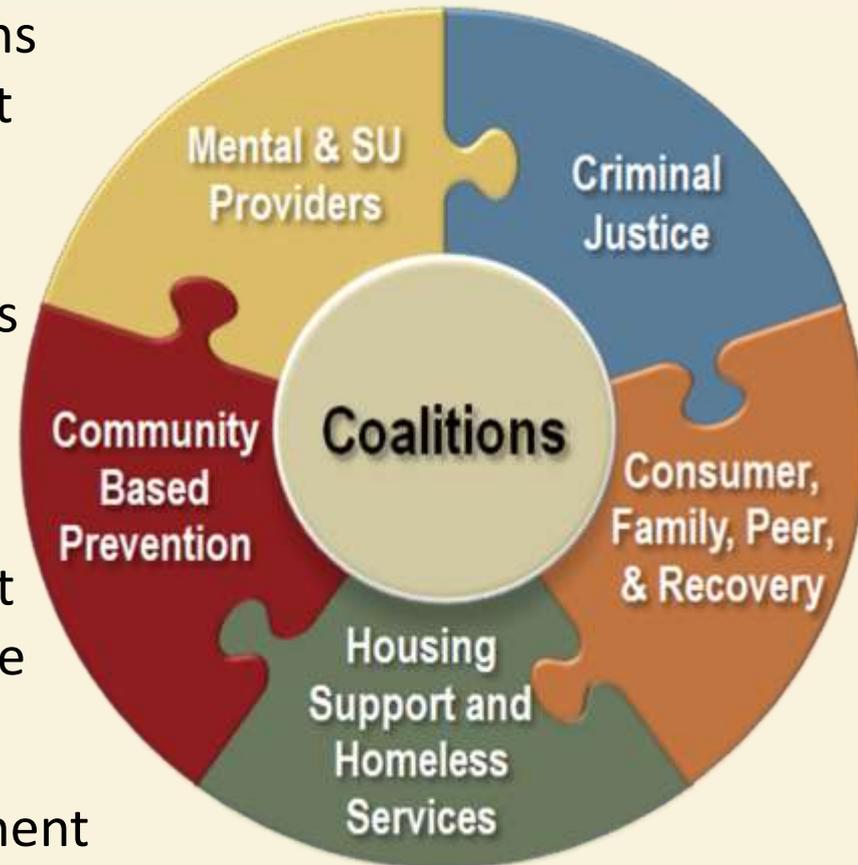
TODAY'S YOUNG PEOPLE WILL EXPERIENCE HEALTH & BH DIFFERENTLY

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- ➔ An unprecedented health care delivery system
 - **Because of ACA, 3.1 million young adults have already gained insurance through their parents' plans**
 - **Coverage without pre-existing condition exclusions**
 - **No lifetime limits on coverage**
 - **Coverage is expected – 30 percent of new enrollees are under age 35**
- ➔ Thinking/talking about, and understanding BH in the context of, not separate from, their health
- ➔ Access to BH treatment and services at **parity** with other health care

SAMHSA ENROLLMENT STRATEGY

- ➔ Collaborate with national organizations whose members/constituents interact regularly with individuals who have M/SUDs to create and implement enrollment communication campaigns
- ➔ Promote and encourage use of CMS marketing materials
- ➔ Provide T/TA in developing enrollment communication campaigns using these materials
- ➔ Provide training to design and implement enrollment assistance activities
- ➔ Channel feedback and evaluate success



ENROLLMENT RESOURCES

➔ SAMHSA Enrollment Webpage

- <http://www.samhsa.gov/enrollment/>

➔ State Refor(u)m Exchange Decisions

- <http://www.statereforum.org/node/10222>

➔ Enroll America Best Practices

- <http://www.enrollamerica.org/best-practices-institute>

➔ Healthcare.gov

- <http://www.healthcare.gov/marketplace/index.html>

➔ HHS Partners Resources

- <http://www.cms.gov/Outreach-and-Education/Outreach/HIMarketplace/index.html>

- Wellness Initiative – CMHS
- Smoking Cessation Programs – CSAT, CSAP, CMHS and CBHSQ
- Primary and Behavioral Health Care Integration (PBHCI) – CMHS
- National Behavioral Health Quality Framework – CBHSQ
- SAMHSA’s Million Hearts Initiative – CSAT, CSAP, CMHS and CBHSQ

WELLNESS TOOLS

Visit store.samhsa.gov

- How to Improve Your Wellness:
 - Wellness posters, brochures
 - Informational Webinars
- See Web sites:
 - <http://samhsa.gov/wellness>
 - <http://fda.gov/women>
 - http://www.cdc.gov/mentalhealth/about_us/micd.htm
 - <http://millionhearts.hhs.gov>
 - <http://www.welltacc.org>



EXAMPLE: CDC/CMS MILLION HEARTS CAMPAIGN & WELLNESS



millionhearts.hhs.gov

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- ➔ Heart Disease/Stroke are First/Fourth Leading Causes of Death in US
- ➔ Heart Disease is Responsible for 1 of Every 3 Deaths
- ➔ Million Hearts™ – National Initiative to Prevent 1 Million Heart Attacks and Strokes by 2017
- ➔ CDC and CMS Co-Lead w/ Other Federal Partners
 - SAMHSA, ACL, NIH, AHRQ, FDA, HRSA, ONC, VA
- ➔ Key Private-Sector Partners
 - American Heart Association, YMCA, 1100+ Others

“BE ONE IN A MILLION”

→ *People with M/SUDs Have and Die Younger from These Preventable Diseases*

→ SAMHSA’s Alignment with Million Hearts™

- SAMHSA’s Wellness Initiative: addresses early mortality among people w/BH problems; specific focus on preventing heart disease & stroke
- SAMHSA wellness website: summary of Million Hearts™ Initiative, along with a link to Million Hearts™ information and resources; <http://samhsa.gov/wellness>
- SAMHSA contributes social marketing, messaging, educational, and training resources
- Million Hearts™ gains exposure to SAMHSA’s sizeable national partnerships and grassroots relationships
- www.millionhearts.gov – *special call out for BH issues!*

