

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# Behavioral Health and Justice Involved Populations

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# SAMHSA – Leading Change

- **Mission**
  - To reduce the impact of substance abuse and mental illness on America's communities
- **Roles**
  - Leadership and Voice
  - Funding - Service Capacity Development
  - Information/Communications
  - Regulation and Standard setting
  - Practice Improvement
- **Leading Change**
  - 8 Strategic Initiatives

# SAMHSA Strategic Initiatives

- **Prevention**
- **Trauma and Justice**
- **Military Families**
- **Health Reform**
- **Recovery Supports**
- **Health Information Technology**
- **Data, Outcomes & Quality**
- **Public Awareness & Support**

# SAMHSA and Justice Involved Populations



- More than 1/2 of all inmates have mental health problems
- 6 in 10 have a substance use problem
- More than a 1/3 meet criteria for having both

# SAMHSA and Justice Involved Populations

- In a 2004 survey, the Bureau of Justice Statistics estimated 53% of State and 45% of Federal prisoners met DSM criteria for drug abuse or dependence
- Substance abuse or dependence rates of prisoners are more than four times that of the general population
- 14.5% of male and 31.0% of female inmates recently admitted to jail have a serious mental illness
- Recidivism rates are higher among inmates with mental health problems
- The GAINS Center estimates approximately 1.1 million persons with serious mental illness are admitted annually to U.S. jails; Among these admissions, 72% also meet criteria for co-occurring SU disorder

# Prevalence of Current Substance Abuse Among Jail Detainees with Severe Mental Disorders



## Prevalence of Current Substance Abuse Among Jail Detainees with Severe Mental Disorders

Disorder	Males		Females	
	Alcohol Abuse/ Dependence	Drug Abuse/ Dependence	Alcohol Abuse/ Dependence	Drug Abuse/ Dependence
Schizophrenia	59%	42%	56%	60%
Major Depression	56%	26%	37%	57%
Mania	33%	24%	39%	64%
Any Severe Disorder	58%	33%	40%	60%

Detainees with severe mental disorder plus either alcohol or drug abuse/dependence

**72%**

**72%**

*Adapted from: Abram, K.M. and Teplin, L.A. "Co-Occurring Disorders Among Mentally Ill Jail Detainees: Implications for Public Policy." American Psychologist, 46(10):1036-1045, 1991 and Teplin, L.A. "Personal Communication." Policy Research Associates, Inc. 6/17/98*

# SAMHSA and Justice Involved Populations

- **On any given day, veterans account for nine of every hundred individuals in U.S. jails and prisons**
- **194,000 homeless veterans**
- **Approximately 46% of people who are homeless have a mental illness. Among inmates who had MH problems, 13% of state prisoners and 17% of jail inmates said they were homeless in the year before their incarceration**
- **Providing housing for persons with mental illnesses who are homeless reduces criminal justice involvement by 38% for jail days and 84% for prison days**

# SAMHSA and Justice Involved Populations



- Youth in juvenile justice have high rates of SA/MI - with prevalence rates as high as 66% - with the vast majority (95%) experiencing functional impairment
- A survey of juvenile detainees in 2000 found that about 56% of the boys and 40% of the girls tested positive for drug use at the time of their arrest

# Full of Challenges... Full of Opportunities

## A day in the life of American Adolescents

On an average day in  
the U.S., adolescents  
(12-17):

- 508,000 drink alcohol
- 641,000 use illicit drugs
- Greater than 1 million smoke cigarettes



# Full of Challenges... Full of Opportunities

## A day in the life of American Adolescents



**Adolescents who used substances for the first time on an average day:**

- **Approximately 7,500 drank alcohol for the first time**
- **Approximately 4,360 used an illicit drug for the first time**
- **Around 3,900 smoked cigarettes for the first time**
- **Nearly 3,700 used marijuana for the first time**
- **Approximately 2,500 abused pain relievers for the first time**

# Full of Challenges... Full of Opportunities

## A day in the life of American Adolescents

**Young people with major depressive episodes are twice as likely to take the 1st drink or use drugs for the 1st time as those who do not experience a major depressive episode.**

# Prevention Challenges

- **Increasing rates of illicit drug use & prescription drug misuse**
- **Emergency room visits involving pharmaceutical drugs misuse or abuse have doubled over the past five years; and, for the third year in a row, exceed the number of visits involving illicit drugs**
- **Over half (55.9 percent) of youth and adults who use prescription pain relievers non-medically got them from a friend or relative for free**
- **Reduced perception of harm**
- **Nearly 5,000 deaths each year attributable to underage drinking**
- **Adults who report they began drinking alcohol before age 21 are more likely to have alcohol problems than those who had their first drink after age 21**

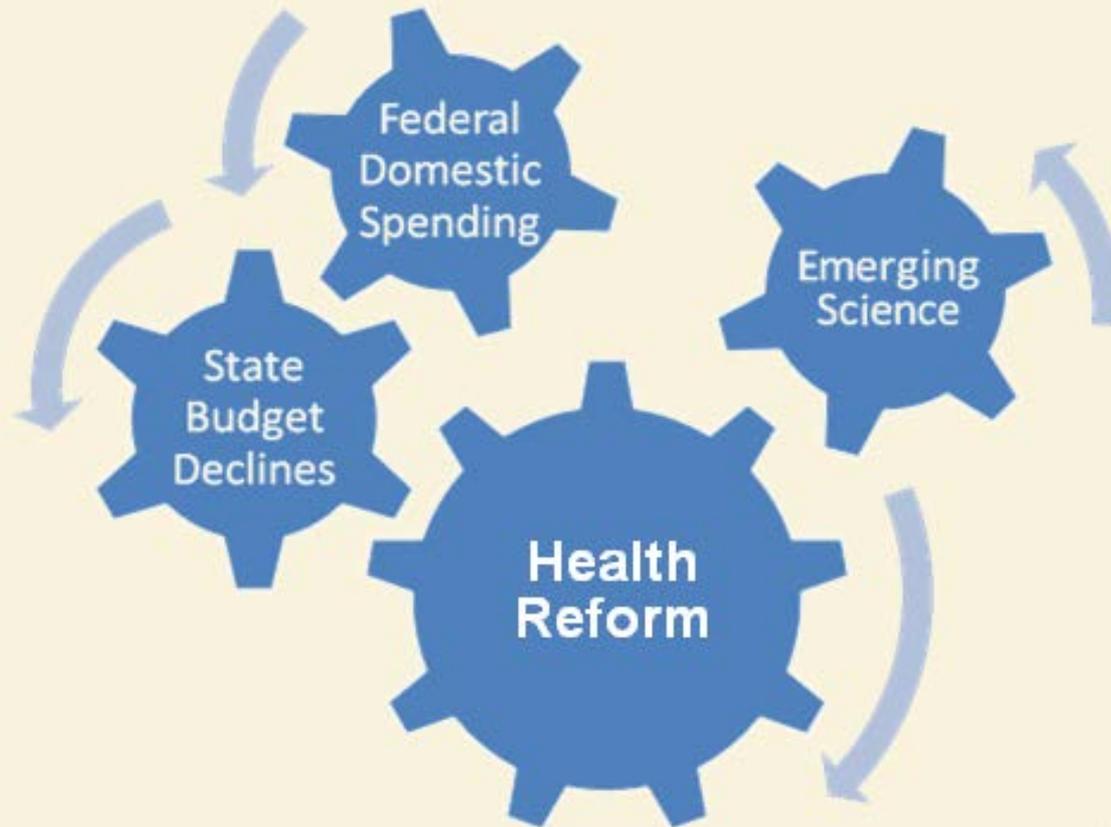
# Prevention Challenges

- **Half of all lifetime cases of mental and substance use disorders begin by age 14 years and three-fourths by age 24**
- **Over 8 million American adults seriously considered suicide; over 2 million had a plan to commit suicide; over 1 million attempted suicide**
- **More than 34,000 suicides occurred in the U.S. in 2007; 100 suicides per day; one suicide every 15 minutes**
- **Almost 30 percent of deaths by suicide involved alcohol intoxication (i.e., blood alcohol concentration [BAC] at or above the legal limit of 0.08 g/dL)**
- **Childhood traumas/difficulties potentially explain 32.4 percent of psychiatric disorders in adulthood and are a significant risk factor for substance abuse**

# Time For Change

- **Strategies of the past appear to have stalled out with generation ‘next’**
- **Science has evolved**
- **No system in place to move pockets of excellence to scale**
- **Support for prevention like never before (Parity/Health Reform)**
- **Economic challenges like never before**

# Context For Change



# Using Emerging Science

- **Prevention – top priority based on science**
- **Address emerging issues and move EBPs to scale**
  - Demonstration and implementation programs should strategically support moving EBPs to wide-scale adoption via public and private payers/systems
  - Need flexibility to address emerging issues
- **Necessity for quality data and public information for SAMHSA, BH field, Congress and the public**
  - Surveillance and evaluation, quality and outcome data need to detect emerging issues, inform program priorities, and help determine when to move an issue or practice to the next phase along the change continuum

# Prevention Science

- **Common risk and resiliency factors**
  - Build emotional health in young children
  - Prevent substance abuse, adolescent depression, conduct disorders
- **Signs evident 2-4 years before disorder**
- **Intervene earlier, consistently and across multiple institutions**
  - Parents, teachers, clergy, community, health practitioners, peers
- **Universal, selective and indicated prevention**
- **Coordinate/collaborate at policy levels**

# SAMHSA'S Prevention Priorities

- Prevention Prepared Communities (PPCs)
- Suicide
- Underage Drinking/Alcohol Policies
- Tobacco Use Among Persons with SA/MI
- Prescription Drug Abuse



# Trauma and Justice



- **Youth violence 2nd leading cause of death for young people**
- **Among America's youth:**
  - 60% exposed to violence within last year
  - 8% reported a lifetime prevalence of sexual assault
  - 17% reported physical assault
  - 39% reported witnessing violence

# Trauma and Justice

**Childhood traumas /  
difficulties potentially  
explain 32.4% of  
psychiatric disorders in  
adulthood.**

*Source: February 2010 Archives of General  
Psychiatry*

Based on analyses of the National Comorbidity  
Survey Replication



# Trauma and Justice

- **An estimated 772,000 children were victims of maltreatment in 2008**
- **Adverse Childhood Experiences (physical, emotional and sexual abuse, and family dysfunction) associated with MI/SA & suicidality**
- **First three cohorts of grantees SAMHSA's TCE for Jail Diversion Programs initiative - 92.9% of participants had experienced sexual or physical abuse in their lifetime: within the past 12 months, 61.1% had experienced sexual or physical abuse**
- **1999 study of women inmates in a New York State maximum security prison - high rates of severe childhood physical victimization by a caretaker (70%), severe childhood sexual molestation (59%), physical violence by an intimate partner as an adult (75%), and physical or sexual violence by a non-intimate (77%)**

# Trauma and Justice

- **Expand alternative responses & diversion opportunities**
- **Improve ability/capacity of first responders to respond appropriately to people with BH problems and histories of trauma**
- **Increase availability of trauma-informed care, screening, and treatment in criminal and JJ systems**
- **Improve coordination of BH services for offenders re-entering community**

# Trauma and Justice

- **Impacts of Violence and Trauma on Children and Youth**
- **Incidence of Community Violence**
- **Historical Trauma**
- **Re-traumatization**



# Multiple Efforts at SAMHSA

- **Grant Programs Specific to Violence/Trauma:**
  - Safe Schools/Healthy Students
  - National Child Traumatic Stress Initiative
  - Alternatives to Seclusion and Restraint
  - Jail Diversion and Trauma Recovery
  - Adult, Juvenile and Family Treatment Drug Courts
  - Crisis Counseling Program
- **Contracts Focusing on Trauma**
  - Disaster TA Center
  - National Center for Trauma Informed Care
  - National Center on Substance Abuse and Child Welfare
- **National GAINS Center**



# Trauma and Justice



- **When done right, jail diversion works:**
  - Divertees use less alcohol and drugs
  - Have fewer arrests after diversion compared to 12 months before (2.3 vs. 1.1)
  - Fewer jail days (52 vs. 35)
- **Communities want jail diversion programs:**
  - 3 out of every 4 of our jail diversion programs keep operating after federal funding ends

# Trauma and Justice

- **What can SAMHSA do to:**
- Prevent the occurrence of and exposure to trauma for families and communities?
- Decrease the number of children/ women and girls experiencing and exposed to trauma and violence?
- Reduce the physical and behavioral health impact of trauma?
- Help train CJ/JJ professionals, from administrators to line officers, in the principles of a trauma informed care?
- Work with criminal and juvenile justice system to divert youth and adults with mental and substance use disorders into treatment and recovery?
- Ensure that service systems and supports are not re-traumatizing?

# The Role of Problem Solving in Courts

- **Cuts across all SAMHSA initiatives – prevention, early intervention, treatment, and recovery support services – shared vision (e.g. Prevention Prepared Communities, Community Resilience and Recovery Initiative, SBIRT, Access to Recovery)**
- **Expand access to community based behavioral health services at all points of contact with the justice system**
- **People who are served by drug courts and mental health courts tend to have multiple issues which create multiple challenges / opportunities**

# Trauma and Justice

## Opportunities for Partnership

- **Federal Partners group - meets regularly to share information and strategize - CMHS, CSAT, GAINS Center, NIC, OJJDP, BJA**
- **New opportunity with Attorney General's newly formed (Jan 2011) Interagency Reentry Council to focus on prisoner reentry**
- **Work with OJP/BJA & OJJDP and National Institute of Corrections to continue expanding new approaches for BH treatment courts & diversion initiatives**

# Trauma and Justice

## Opportunities for Partnership

- **Work with OJP to provide training for adult and juvenile court judges, prosecutors, defense attorneys, probation officers, court managers, and other judicial staff**
- **Partner with criminal justice, law enforcement, and related groups, (e.g., International Association of Chiefs of Police, Associations of Sheriffs, and the National Association of Drug Court Professionals) to increase the use of culturally appropriate crisis intervention training and pre-booking diversion for people w/BH problems & histories of trauma**
- **Collaborate w/BJA and CSG Justice Center - engage American State Corrections Association, NASADAD and NASMHPD in developing and provide training on standards of care for reentry**

# Health Reform

## Impact of Affordable Care Act

- **More people will have insurance coverage**
- **Medicaid will play a bigger role in MH/SUD than ever before**
- **Focus on primary care & coordination with specialty care**
- **Major emphasis on home & community based services & less reliance on institutional care**
- **Preventing diseases & promoting wellness is a huge theme**

# ACA and Justice Involved Populations

- Coverage expansions included in the ACA - individuals reentering communities from jails and prisons (generally haven't had health coverage in the past) will now have coverage
- CJ population with comparatively high rates of SA/MH disorders are an opportunity to coordinate new health coverage with other efforts to increase successful transitions
- Addressing BH needs can decrease recidivism and decrease expenditures in CJ system while increasing public health and safety outcomes
- SAMHSA will collaborate with partners in the OJP to develop standards and improve coordination around coverage expansions

# ACA and Justice Involved Populations

- **The ACA also presents opportunities to improve outcomes related to trauma**
- **New home visiting funding to states will fund a range of programs that have been proven effective in reducing traumatic events like child maltreatment**
- **Coverage expansions through health reform will mean more individuals will have access to treatment for psychological trauma**
- **SAMHSA will continue working with Federal, State, and local partners to improve practices around the prevention and treatment of trauma**

# SAMHSA Principles

- **People**

- *Stay focused on the goal*



- **Partnership**

- *Cannot do it alone*



- **Performance**

- *Make a measurable difference*



# SAMHSA Key Messages

- **Behavioral Health is Essential to Health**
- **Prevention Works**
- **Treatment is Effective**
- **People Recover**

