

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Shaping the Future: Challenges and Opportunities

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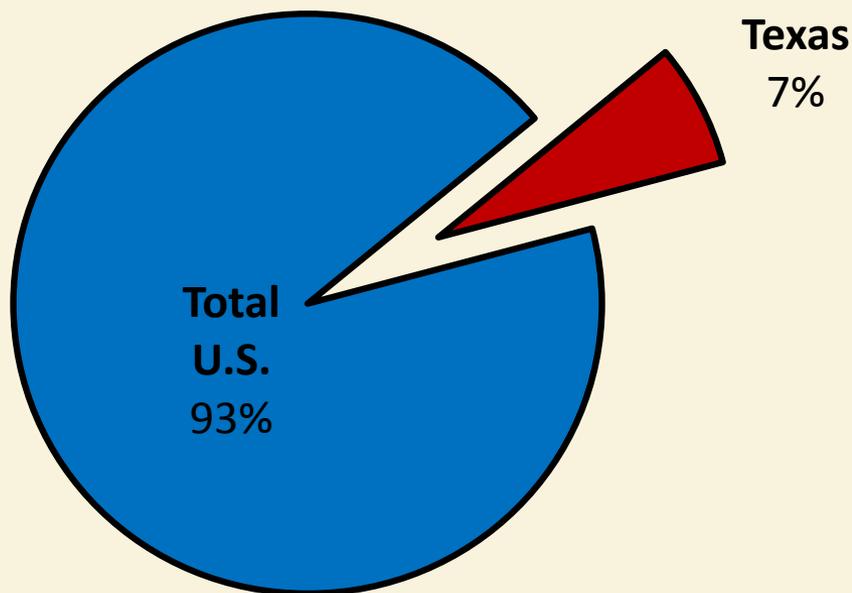
Annual Texas Behavioral Health Institute

Austin, TX • July 18, 2011



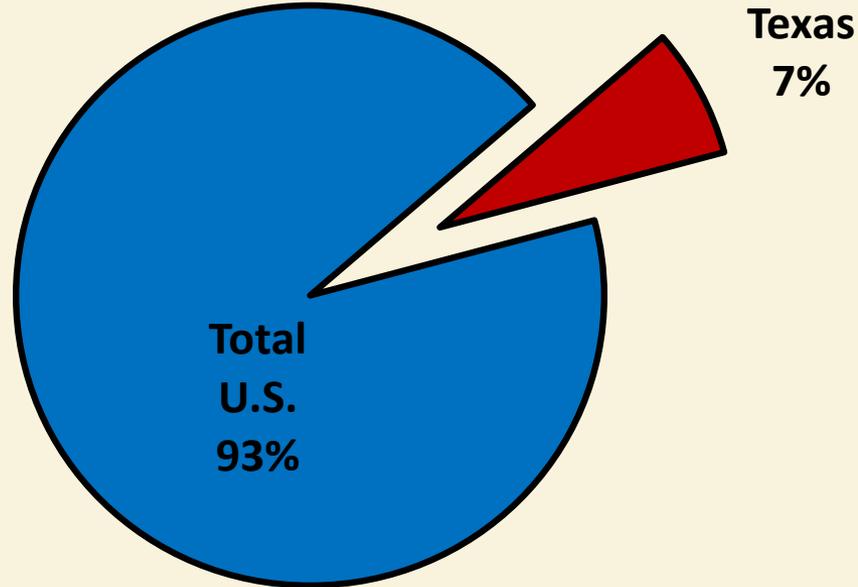
Alcohol or Illicit Drug Dependence or Abuse

Texas = 8.1% of Total US Pop



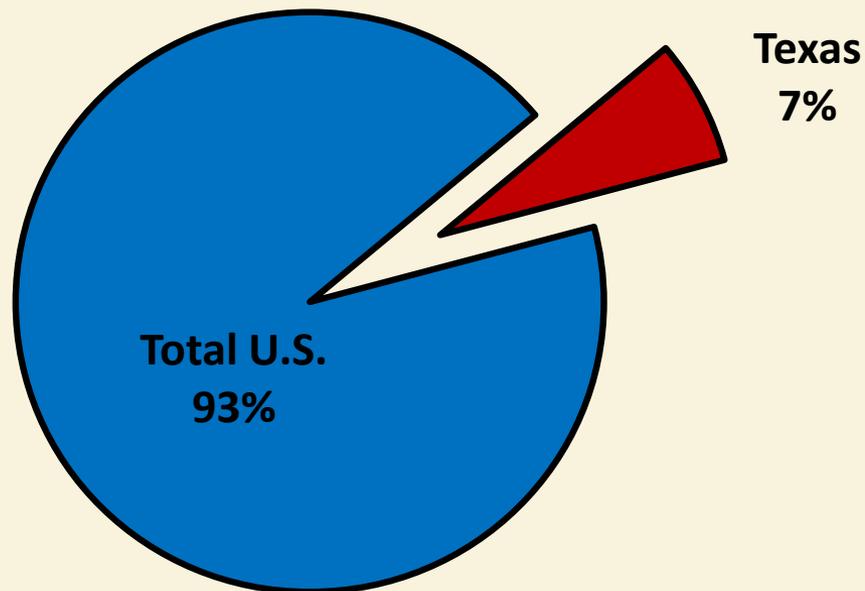
By Age Group 12+
Estimated Numbers (in Thousands)
Annual Averages Based on 2008-2009 NSDUHs

Needing But Not Receiving Treatment for Illicit Drug Use



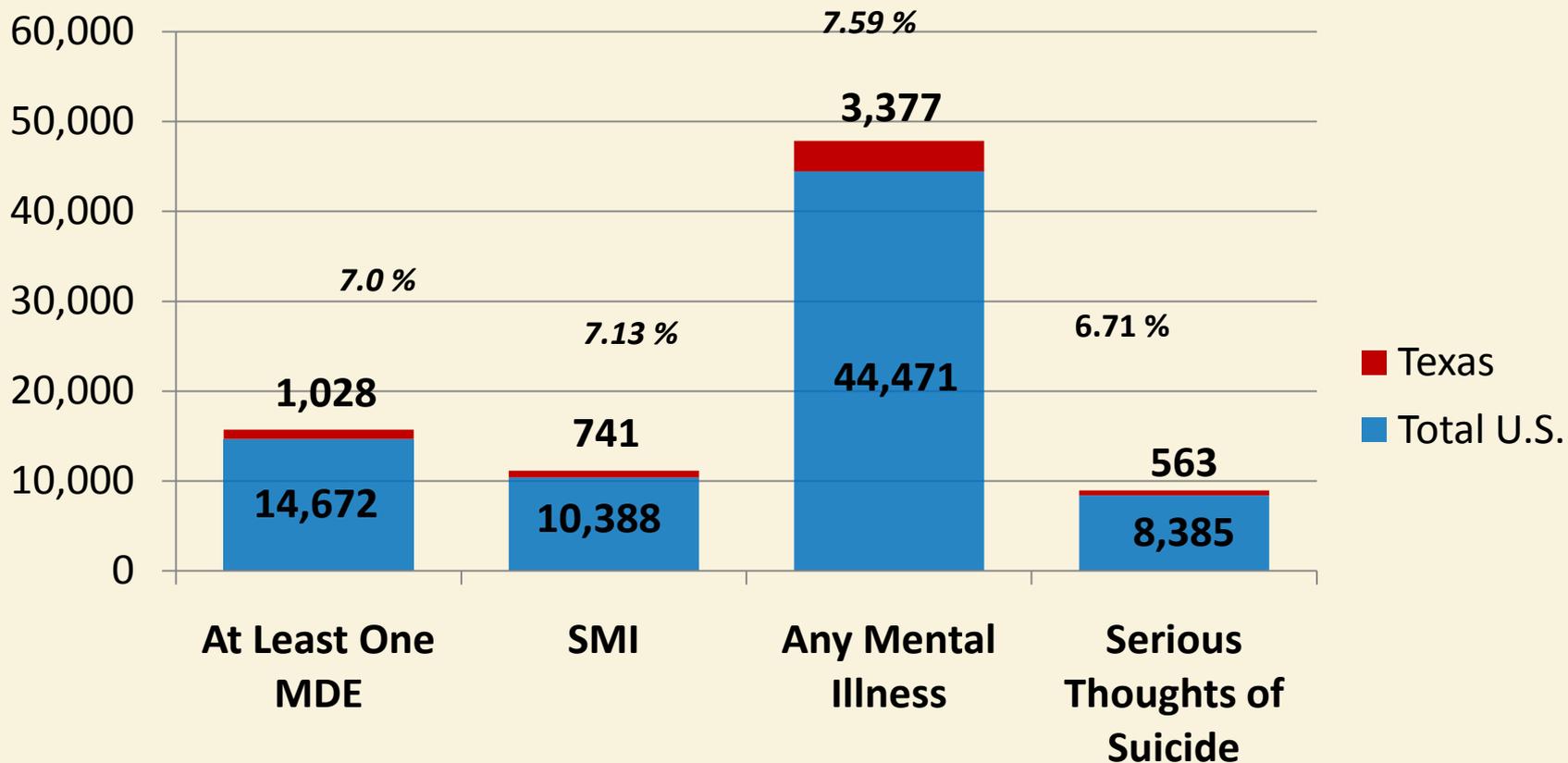
By Age Group 12+
Estimated Numbers (in Thousands)
Annual Averages Based on 2008-2009 NSDUHs

Needing But Not Receiving Treatment for Alcohol Use



By Age Group 12+
Estimated Numbers (in Thousands)
Annual Averages Based on 2008-2009 NSDUHs

Past Year Mental Health



By Age Group 18+

Estimated Numbers (in Thousands)

Annual Averages Based on 2008-2009 NSDUHs

Side 6

Focus Areas For Today's Discussion

- Context of Current Change
- Health Reform
- Recovery
- National Behavioral Health Quality Framework
- National Dialogue on the Role of Behavioral Health

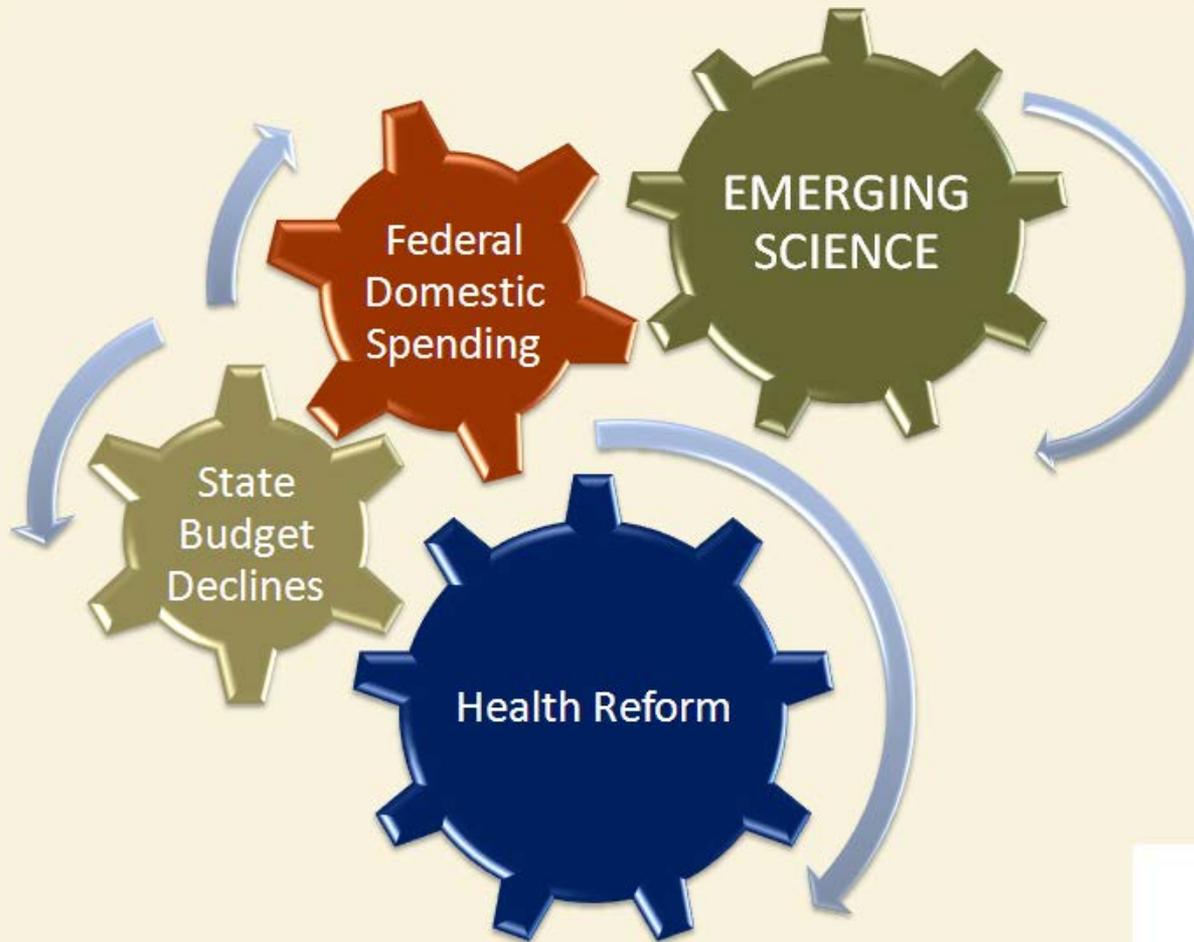
Context of Change - 1

- **Budget Constraints**
 - Unprecedented economic challenges
 - \$3.2B less state MH money; (total less SA unknown)
 - Approximately \$850M less maintenance of effort (MOE) last year
 - Approximately \$750M less MOE this year, as of early July
- **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 - 2

- 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



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

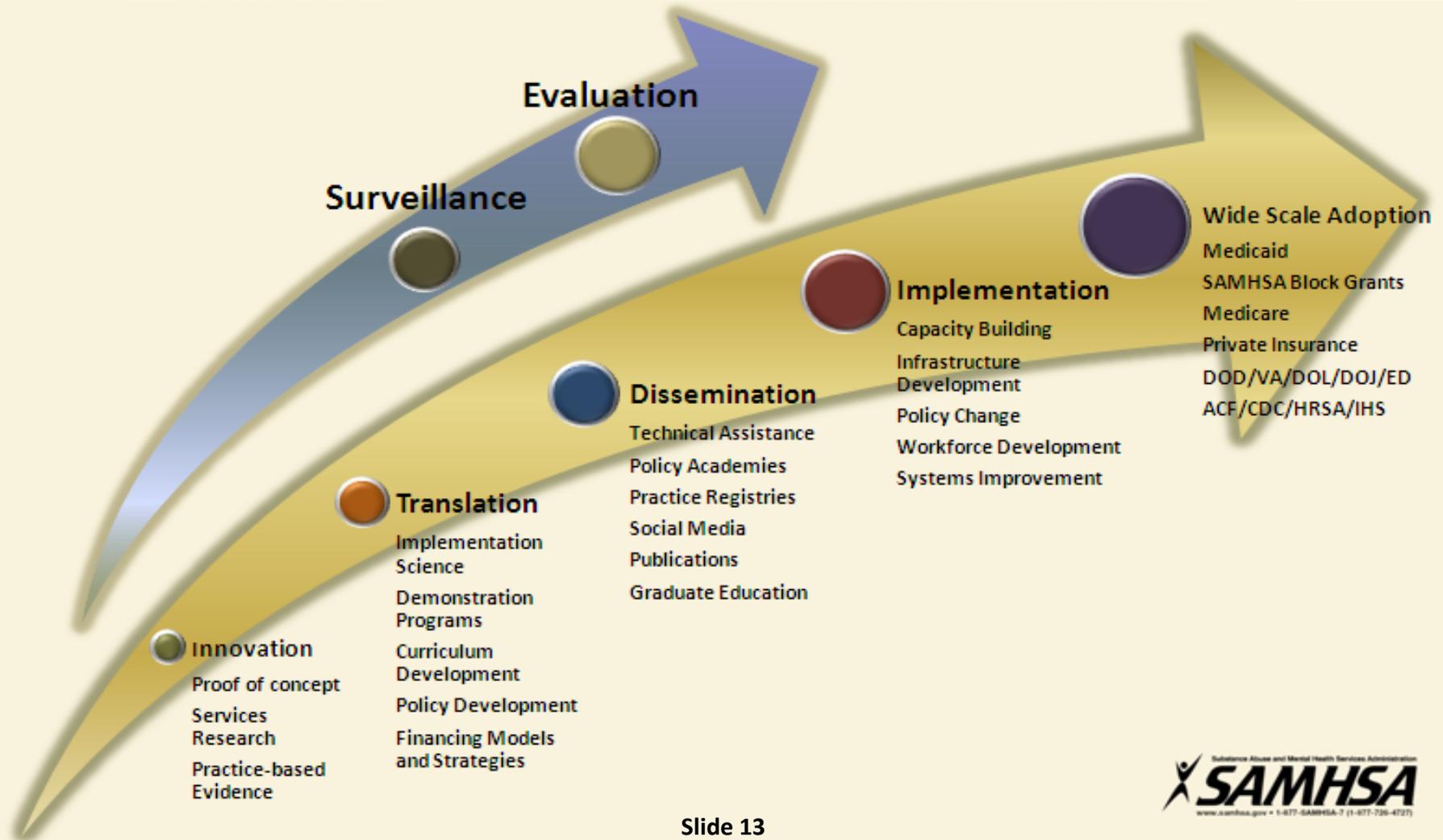
5.
Health
Reform

6.
Health
Information
Technology

7.
Data,
Outcomes
and
Quality

8.
Public
Awareness
and
Support

SAMHSA's Theory of Change



SAMHSA Budget: FY 2011 to FY 2014

- Focusing on the Strategic Initiatives and SAMHSA's Leadership Role
 - <http://store.samhsa.gov/shin/content/SMA11-4629/01-FullDocument.pdf>
- Revised Approach to Grant-Making
- Implementing a Theory of Change
- Efficient and Effective Use of Limited Dollars
- Regional Presence - Staff Focused on States/Regions

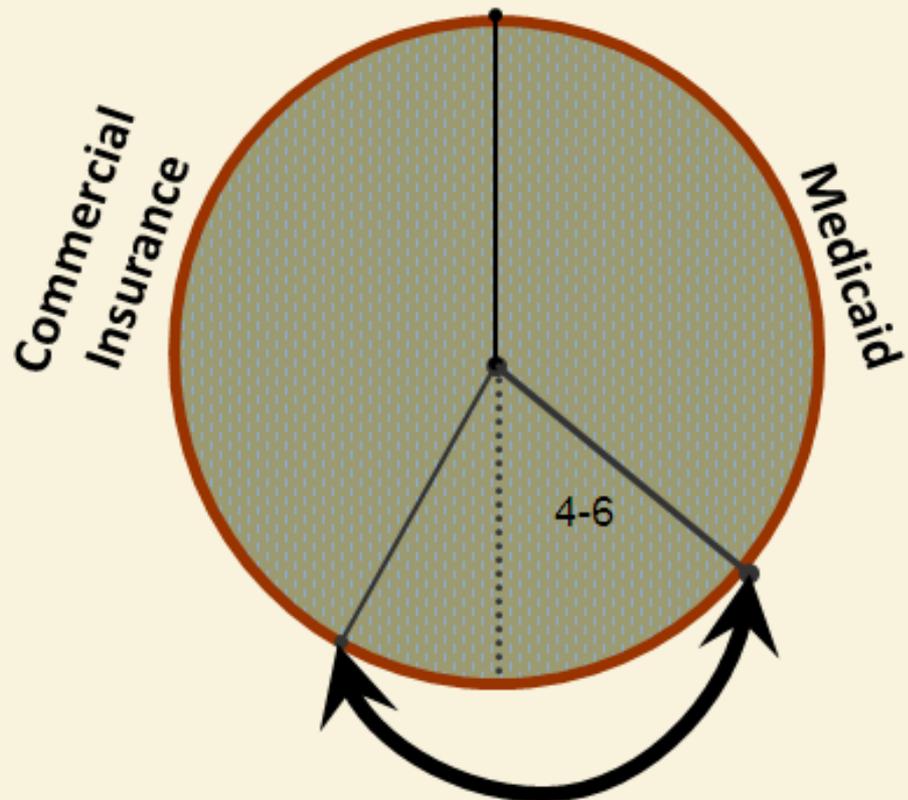
Health Reform Impact on Affordable Care Act

- More people will have insurance coverage
- Medicaid (and States) will play a bigger role in M/SUDs
- Focus on primary care & coordination w/ specialty care
- Emphasis on home & community-based services; less reliance on institutional & residential care (health homes)
- Priority on prevention of diseases & promoting wellness
- Focus on quality rather than quantity of care (HIT, accountable care organizations)
- Behavioral health is included – parity

ACA Benefits for Behavioral Health – Examples Year one

- Free Preventive Care, including Alcohol and Depression screening
- Rebates to Help Cover Medicare Part D “Donut Hole” Expenses
- Removal of Lifetime Limits on Health Benefits
- Young Adult Coverage on Parents’ Insurance Plans Up to Age 26
- No Exclusion for Children with Pre-Existing Conditions
- New Workforce Resources, Including for BH Professionals
- Promulgated Rules and Regulations Include M/SUDs
- Health Homes Expansion; Consultation on State Plans
- BH Included in National Prevention Strategy

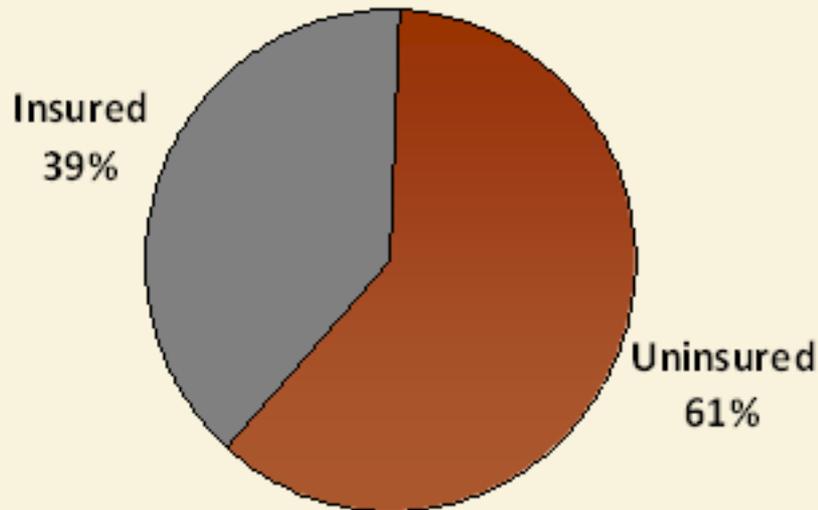
In 2014: 32 Million More Americans Will Be Covered



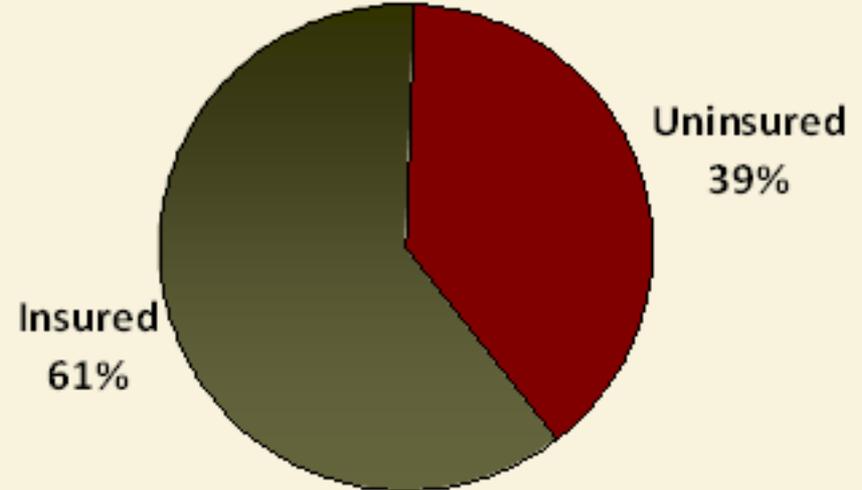
6-10 Million with M/SUDs

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

Challenges – Expenditures and Services

- More than one-third (35 percent) of SABG funds used to support individuals in long-term residential settings
 - Some States spend 75 percent of their public behavioral health funds on children in residential settings
- CMS spends \$370 billion on dual eligibles and approximately 60 percent of these individuals have a mental disability
- Few BH practitioners trained to work with peers and/or in health homes or ACOs
- Few practitioners or programs oriented toward trauma-informed care or recovery being the goal
- Enrollment systems unclear

Challenges - Providers

- Increase in numbers insured elevates workforce and access issues; enrollment will be a huge issue
- Approximately one-third of SA providers and 20 percent of MH providers have no experience with third party billing
- Less than 10 percent of BH providers have electronic health records; even less are interoperable with health care
- Few have working agreements with health centers
- Many staff without credentials required through practice acts and MCOs
- Compliance knowledge and infrastructure

SAMHSA Focus

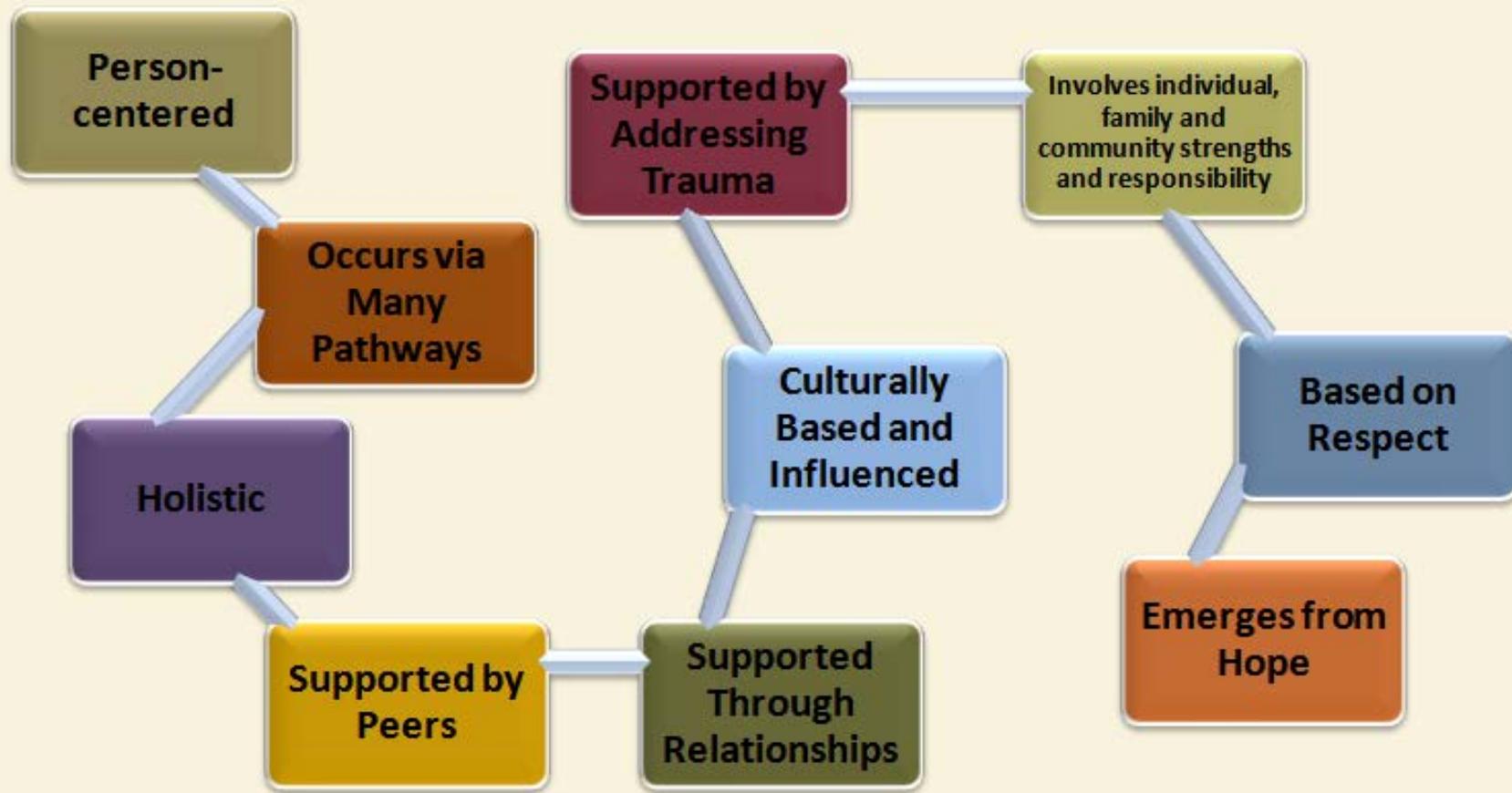
- Essential Benefits
- Enrollment Strategies
- Provider Capacity (To Serve and to Bill Payers)
- State Partnerships
- Primary and Behavioral Health Care Integration
- Prevention
- Participant-Directed Care
- Good and Modern BH Services – Recovery Goal
- Quality

Recovery: Working Definition

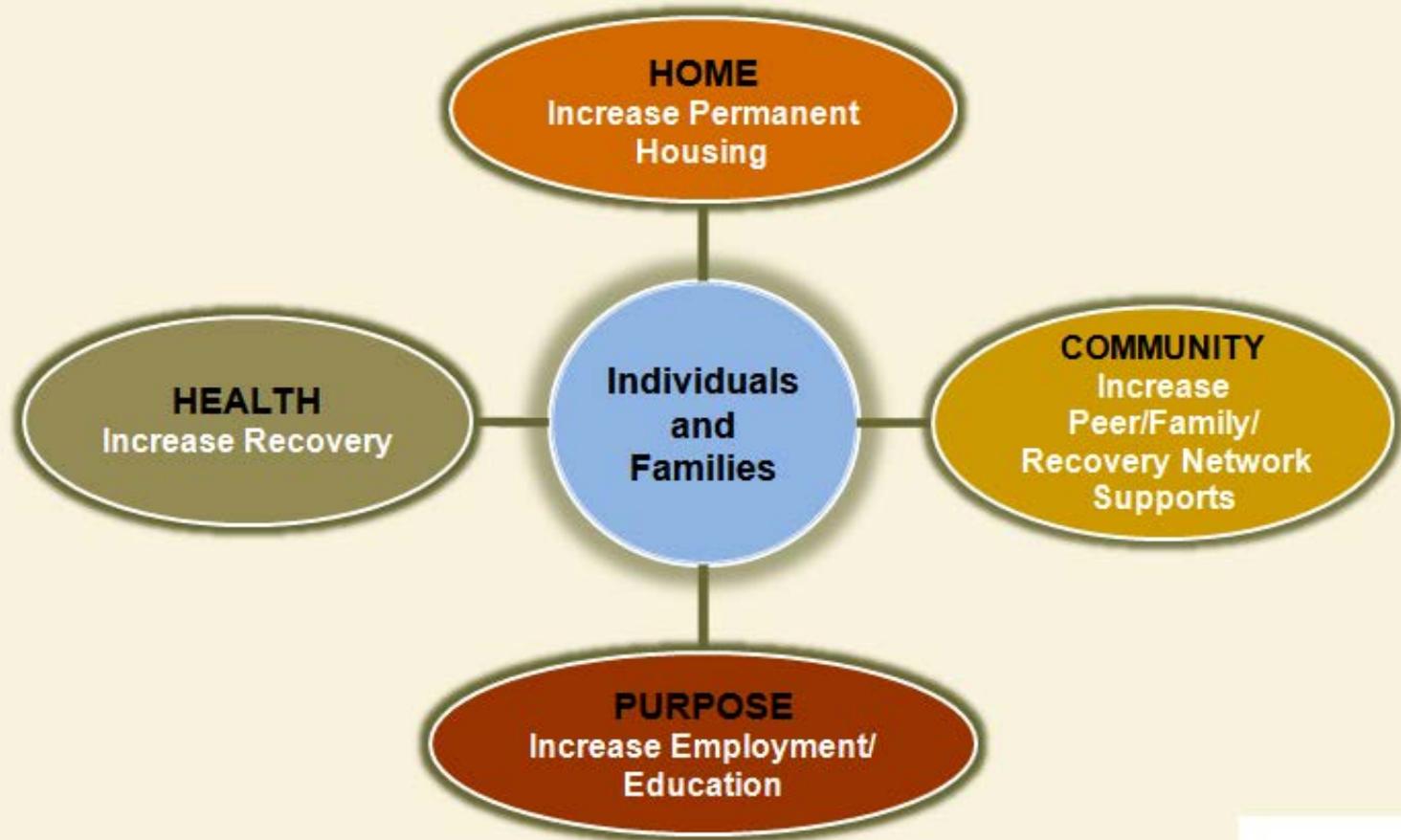
In a context in which behavioral health is essential to health, Recovery is:

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)

Data Quality and Outcomes

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

6 Goals: Prevention, Treatment and Recovery Supports that are:

- Effective
- Person and family-centered
- Coordinated
- Evidence-based or best practices
- Safe
- Affordable and high value for cost

3 Types of Measures

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

National Behavioral Health Quality Framework

- June 15 Webcast/Listening Session – 500+ people
 - Draft document on web <http://www.samhsa.gov>
- August 16 – SAMHSA National Advisory Council
- Working with NQF and Others on Measures
- Use of SAMHSA Tools to Improve Practices
 - Models (e.g., SPF, coalitions, SBIRT, SOCs, suicide prevention)
 - Emerging science (e.g., oral fluids testing)
 - Technical assistance capacity (e.g., trauma)
 - Partnerships (e.g., HIT meaningful use; Medicaid/Medicare)
 - Services research as appropriate

A Different National Dialogue: The Problem

- Behavioral Health (prevention, treatment, recovery supports) Seen As Social Problem Rather Than a Public Health Issue
- Communities/Governments Respond to Social Problems Rather Than to Health Needs of People and Community
- BH Field Has Multiple Philosophies Resulting in Multiple and Inconsistent Messages
 - Disease; disability; chronic medical condition; social reaction to difference; brain/genetic; environment/psychosocial

Public Events Lead to Inaccurate Public Dialogue

- Individual Blame Based on Misunderstanding
 - E.g., moral judgment, discrimination, prejudice, social exclusion

OR

- Attention to Symptoms
 - E.g., homelessness; drug-related gangs; child welfare issues due to addiction and mental illness; amount of jail time by persons with M/SUDs; institutional, provider, or system failures

LEADING TO

- Insufficient Responses
 - E.g., increased security & police protection; tighter background checks; controlled access to weapons; legal control of perpetrators & their treatment; more jail cells, homeless shelters, institutional/system/provider oversight)

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

What Americans Know

- **Most Know or Are Taught:**
 - Basic First Aid and CPR for physical health crisis
 - Universal sign for choking; facial expressions of physical pain; and basic terminology to recognize blood and other physical symptoms of illness and injury
 - Basic nutrition and physical health care requirements
 - Where to go or who to call in an emergency
- **Most Do Not Know and Are Not Taught:**
 - Signs of suicide, addiction or mental illness or what to do about them or how to find help for self or others
 - Relationship of behavioral health to individual or community health or to health care costs
 - Relationship of early childhood trauma to adult physical & mental/substance use disorders

What Americans Believe



So, How Do We Create...

- A national dialogue on the role of BH in public life
- With a public health approach that:
 - Engages everyone – general public, elected officials, schools, parents, churches, health professionals, researchers, persons directly affected by mental illness/addiction and their families
 - Is based on facts, science, common understandings/messages
 - Is focused on prevention (healthy communities)
 - Is committed to the health of everyone (social inclusion)

Help Us Change the Conversation!



**Behavioral Health is
Essential to Health!**



It's a Public Health Issue!