Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Improving Lives and Capitalizing on Emerging Opportunities

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Context Of Change

• Budget constraints, cuts and realignments
• Economic challenges like never before
• No system in place to move innovative practices and systems change efforts that promote recovery to scale
• Science has evolved; language is changing
• Integrated care requires new thinking about recovery, wellness, and the related practices and roles of peers in responding to whole health needs
• New opportunities for behavioral health (Parity/Health Reform/Tribal Law and Order Act)
Tough Times - Tough Choices

Staying focused in times of rapid change may be the single most important thing we can do to guide the Behavioral Health field forward.
SAMHSA’S Focus

- People - NOT Money
- People’s Lives - NOT Diseases
- Sometimes we focus so much on a disease/condition we forget people come to us with multiple diseases/conditions, multiple social determinants, and multiple cultural attitudes
Context For Change

- Federal Domestic Spending
- Emerging Science
- State Budget Declines
- Health Reform
SAMHSA’s Theory of Change
SAMHSA’s FY 2012 Budget Request - $3.6 Billion (A Net Increase of $67 Million Over 2010)

- Commitment to Behavioral Health
- Focus on SAMHSA’s Strategic Initiatives
- Implements a Theory of Change
- Efficient and Effective Use of Limited Dollars
SAMHSA FY 2012
Budget Request Highlights

- $395 million - Substance Abuse
  - State Prevention Grants
- $90 million - Mental Health
  - State Prevention Grants
- $50 million - Behavioral Health
  - Tribal Prevention Grants (allocated from ACA Prevention Funds)
- Mental Health Block Grant Increase of $14 million
  - Three percent increase; largest increase since 2005
- Substance Abuse Block Grant Increase of $40 million
  - Three percent increase
Budget Reflects Theory Of Change

Innovation and Emerging Issues Highlights:

- Military Families ($10 million)
- Health Information Technology ($4 million)
- Housing – Services Assisting in the Transition from Homelessness ($154 million; increase of $12 million)
- SBIRT – ($29 million)
- Prevention Prepared Communities ($23 million)
- Suicide Prevention ($48 million)
- Primary/Behavioral Health Care Integration ($34 million)
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
AIM: Improving the Nation’s Behavioral Health
1. Prevention
2. Trauma and Justice
3. Military Families
4. Recovery Support

AIM: Transforming Health Care in America
5. Health Reform
6. Health Information Technology

AIM: Achieving Excellence in Operations
7. Data, Outcomes & Quality
8. Public Awareness & Support
SAMHSA Strategic Initiatives

- Months of revisions to *Leading Change*
  - 3,000 participants in web-based strategic initiatives forum
  - 2,500 ideas and comments submitted
  - 23,000 votes cast

- *Leading Change: A Plan for SAMHSA’s Roles and Actions 2011-2014* just released and now on SAMHSA’s website

- Behavioral health disparities, health reform, and workforce development now incorporated throughout all initiatives as common themes

- Housing and Homelessness Initiative now in broader Recovery Supports Initiative
  - 42 CFR
  - Challenge is clarifying how 42 CFR Part 2 is impacted by Health IT
  - Q&A’s
  - Plan for future?
In 2014: 32 Million More Americans Will Be Covered

- Commercial Insurance
- Medicaid
- 6-10 Million with M/SUDs
- 4-6 Million
Health Reform - Challenges

Individuals Served by SSAs

- Insured: 39%
- Uninsured: 61%

Individuals Served by MHAs

- Insured: 61%
- Uninsured: 39%

90-95 percent will have opportunity to be covered - Medicaid/Insurance Exchanges
Health Reform
Impact of Affordable Care Act

• More people will have insurance coverage
  • *Increased demand for qualified and well-trained BH professionals*

• Medicaid will play a bigger role in M/SUDs

• Focus on primary care and coordination with specialty care

• Major emphasis on home and community-based services; less reliance on institutional care

• Theme: preventing diseases and promoting wellness

• Focus on Quality rather than Quantity of care
Health Reform – Challenges

• More than one-third (35 percent) of all SAPTBG funds used to support individuals in long-term residential settings
  • Residential services are generally not covered under Medicaid
  • 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
SAMHSA Strategic Initiative
Health Reform

• Ensure BH included in all aspects of health reform
• Support Federal, State, Territorial, and Tribal efforts to develop and implement new provisions under Medicaid and Medicare
• Finalize/implement parity provisions in MHPAEA and ACA
• Develop changes in SAMHSA Block Grants to support recovery and resilience and increase accountability
• Foster integration of primary and behavioral health care
ACA – First Year Highlights

• Significant Program Changes
  • Home visiting
  • Primary Care/Behavioral Health Integration

• Major Insurance Reform
  • Youth to age 26
  • No pre-existing condition – children
  • High risk pools
Changes Affecting Publicly Insured

- States receiving matching federal funds – low income individuals and families
- 3M “donut hole” checks to Medicare individuals
- Round 2 of “Money Follows the Person”—heavy focus on BH
- Health Homes for individuals with chronic conditions
- Medicaid 1915i Redux—very important changes
- Prevention and Public Health Trust Funds awarded
- Community Health Centers expanded – serving 20 million more individuals
- Loan forgiveness programs – primary, nurses and some BH professionals
Work Ahead - SAMHSA

- Continued work on BG applications
- Establishment of health homes/ACOs with TA to States
- Work on Exchanges – policies and operations
- Essential benefits/benchmark plans
- Decisions/implementation of prevention funds
- Regulations – home and community base services
- Evidence of good and modern services
  - Benefit decisions
  - Practice protocols
  - Research agenda
Work Ahead - Providers

• Increase in numbers of insured elevates workforce issues
• Approximately one-third of SA providers and 20 percent of MH providers have no experience with third party billing
• Less than 10 percent of all BH providers have a nationally certified EHR
• Few have working agreements with health centers
• Many staff without credentials required through practice acts MCOs
• SAMHSA working with provider organizations:
  • Billing, EHRs, Compliance, and Access
Providers – Roles to Consider in Health Reform Environment

• Promote collaboration
• Learn about new health care landscape and educate other people in recovery
• Form/join a coalition regarding parity/health reform
• Involve people in recovery and promote consumer directed care
• Identify gaps in coverage and services
• Advocate for consumer-friendly enrollment processes

• Promote high quality and integrated care
• Promote prevention and wellness
• Understand the economic environment— tough choices for States
• Be clear about what is important to guide these tough choices
• With so much changing need to stay focused on people we serve
Supporting Efforts of Providers

To support providers in these roles, SAMHSA has established:

• Technical Assistance centers

• Posted resources such as tip sheets, webinars, and timelines available at http://www.samhsa.gov/healthreform

• Additional resources are located at http://www.healthcare.gov, a highly interactive website that can help people find health coverage and provides in depth information about the ACA
Health Reform – Role Of States

• **General**
  • *Role as payer expanding*
  • *Role in preparing State Medicaid programs now for expansion in 2014 (enrollment, benefit plans, payments, etc.)*
  • *Role in HIT expanding*
  • *Role in high risk pools unfolding*
  • *Role in insurance exchanges unfolding through HHS*
  • *Role in evaluating insurance markets and weighing against possible benefits of new exchanges*
Health Reform – Role Of States

• SSAs and MHAs
  • New kind of leadership required with state agencies
  • Change in use of block grants (moving demos to practice)
  • Supporting communities selected for discretionary grants
  • Work with public health and primary care
Health Reform – Role Of Advocates

• **Learn**
  • *Continue educating yourself/others on implications of HR*

• **Participate**
  • *Continue working with your states*

• **Advocate**
  • *Continue making your voice heard to further shape HR*
  • *Continue motivating America to better understand behavioral health is essential to health*

• **BRSS TACS**
Updates: Oil Spill Response

- **$52 million in BP funding**
  - $10 million - SAMHSA
  - $15 million - Louisiana
  - $12 million - Mississippi
  - $12 million - Alabama
  - $03 million - Florida

- **SAMHSA also released $648,404 in grants to LA, MS, AL, and FL**
  - BH services
  - Other social services
  - Surveillance and data collection
SAMHSA’s Efforts – Deep Water Horizon Oil Spill

• **Services**
  • *Technical assistance and support for:*
    • Needs assessments
    • State response plans
    • Applications for BP funds

• **Outreach**
  • *Ongoing collaboration, consultation with States*
  • *Negotiation and agreement on surveillance indicators with States*

• **Education**
  • *Regional public education campaign: Tip Sheets, website, PSAs*
  • *Addressing issues w/children and schools in partnership with DoED*

• **Established Help Line - 1.800.985.5990**
  • More than 1000 calls received
  • Texting capability added to increase youth access
National Dialogue On The Role Of Behavioral Health In Public Life

- Tucson, Fort Hood, Virginia Tech, Red Lake, Columbine
- 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

- In America
  - More than 60 percent of people who experience MH problems and 90 percent of people who need SA treatment do not receive care
National Dialogue On The Role Of Behavioral Health In Public Life

• In America: Suicides almost double the number of homicides

• How do I know when a family member/someone is having a mental health crisis or AOD problem?
  • We know universal sign for choking
  • We know facial expressions of physical pain
  • We recognize blood and other physical symptoms of illness and injury

• What can I do to help?
  • We know basic terminology for physical illness, accidents, and injury
  • We know basic First Aid and CPR for physical crisis
SAMHSA - Reauthorization

• **Opportunity**
  - *Engage Congress in a discussion about behavioral health*
  - *Change current legislation to reflect current realities and new directions*

• **Challenge**
  - *Congress divided*
  - *Content disagreements*
SAMHSA - Reauthorization

• SAMHSA programs were last authorized in 2000

• In the past 11 years:
  • Knowledge of prevention of mental illness and addiction, emotional health development, and mental health recovery has increased
  • Priorities have changed
  • Parity legislation has passed and regulations issued
  • Health reform has been enacted and implementation is underway
  • Economic downturn - funding for BH reduced by more than $1 billion

• Legislation needs to reflect new realities and allow exploration of new directions
Use of Federal dollars will change to identify and fill gaps in service

- As parity and health reform are implemented, the use of block grant and discretionary grant funds will change
- As people who currently are without coverage become covered through ACA
  - Employer sponsored health insurance
  - Expansion of Medicaid
  - Establishment of Exchanges

Accountability for use of Federal funds remains an important issue
SAMHSA Principles

- **People**
  *Stay focused on the goal*

- **Partnership**
  *Cannot do it alone*

- **Performance**
  *Make a measurable difference*