Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Behavioral Health and Justice Involved Populations

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Behavioral Health – Impact On America

- **The Economy**
  - Annually - total estimated societal cost of substance abuse in the U.S. is $510.8 billion
  - Total economic costs of mental, emotional, and behavioral disorders among youth is approximately $247 billion

- **Health Care**
  - By 2020, BH conditions will surpass all physical diseases as a major cause of disability worldwide
  - Half of all lifetime cases of M/SUDs begin by age 14 and three-fourths by age 24

- **Criminal Justice**
  - More than 80 percent of State prisoners, 72 percent of Federal prisoners, and 82 percent of jail inmates meet criteria for having either mental health or substance use problems
Behavioral Health – Impact On America

- **Schools**
  - Approximately 12 to 22 percent of all young people under age 18 in need of services for mental, emotional, or behavioral problems

- **Colleges**
  - Prevalence of serious mental health conditions among 18 to 25 year olds is almost double that of general population
  - Young people have lowest rate of help-seeking behaviors

- **Child Welfare**
  - Between 50 and 80 percent of all child abuse and neglect cases involve some degree of substance misuse by a parent
  - Childhood traumas/difficulties potentially explain 32.4 percent of psychiatric disorders in adulthood

- **Homelessness**
  - Approximately two-thirds of homeless people in US have co-occurring M/SUDs
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, role 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 focus so much on a disease/condition we forget people come to us with multiple diseases/conditions, multiple social determinants, multiple cultural attitudes
Drivers Of Change

Federal Domestic Spending

Emerging Science

State Budget Declines

Health Reform
SAMHSA’s Theory of Change

- **Surveillance and Evaluation**
  - Widescale Adoption
    - Medicaid
    - SAMHSA Block Grants
    - Medicare
    - Private Insurance
    - DoD/VA/HRSA/IHS
    - ACF/DoL/DoJ/Ed
  - Implementation
    - Capacity Building
    - Infrastructure Development
    - Policy Change
    - Workforce Development
    - Systems Improvement
  - Dissemination
    - Technical Assistance
    - Policy Academies
    - Practice Registries
    - Social Media
    - Publications
    - Graduate Education
  - Translation
    - Implementation Science
    - Demonstration Programs
    - Curriculum Development
  - Innovation
    - Proof of Concept
    - Services Research
    - Practice-based Evidence

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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*
HHS Strategic Plans – SAMHSA

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
Trauma And Justice - Challenges

- Substance abuse or dependence rates of prisoners is four times greater than the general population
- Youth in juvenile justice have high rates of M/SUDs
  - Prevalence rates as high as 66 percent with 95 percent experiencing functional impairment
- Approximately three-quarters of State, Federal, and jail inmates meet criteria for either MH or SU problems, contributing to higher corrections costs
  - More than 41 percent State prisoners, 28 percent Federal prisoners, and 48 percent jail inmates meet criteria for having both
• On any given day veterans account for nine of every 100 individuals in U.S. jails and prisons

• Among inmates w/MH problems, 13 percent of State prisoners and 17 percent jail inmates were homeless in year prior to incarceration
  • Approximately 46 percent of people who are homeless have a mental illness
  • Providing housing for persons with MI who are homeless can decrease criminal justice involvement by 84 percent for prison days and 38 percent for jail days

• In 2009 nearly 76,000 veterans were homeless on a given night
  • Approximately 136,000 veterans spent at least one night in a shelter
SAMHSA Strategic Initiative

Trauma And Justice - Goals

• Public health approach to trauma
• Trauma informed care and screening; trauma specific service
• Decrease impact of violence and trauma on children/youth
• Increase BH services for justice involved populations
  • Prevention
  • Diversion from juvenile justice and adult criminal justice systems
• Decrease impact of disasters on BH of individuals, families, and communities
When done right, jail diversion works – those diverted:

- Use less alcohol and drugs (last 30 days)
  - Any Alcohol Use: Baseline at 59 percent vs. 6 months at 28 percent
  - Alcohol to Intoxication: Baseline at 38 percent vs. 6 months at 13 percent
  - Illegal Drug Use: Baseline at 58 percent vs. 6 months at 17 percent
- 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: three of four jail diversion programs keep operating after Federal funding ends
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/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 NADCP) to increase use of culturally appropriate crisis intervention training and pre-booking diversion for people with BH problems and histories of trauma

• Collaborate with BJA and CSG Justice Center - engage American State Corrections Association, NASADAD and NASMHPD to develop and provide training on standards of care for reentry

• Work with ACF and DOJ on supporting TA for their trauma grants
The Role Of Problem-Solving Courts

• Common to all SAMHSA initiatives
  • Prevention, early intervention, treatment, and recovery support services
  • Shared vision (e.g. PPCs, Community Resilience and Recovery Initiative, SBIRT, Access to Recovery)

• Expand access to community-based BH services at all points of contact with justice system

• People served by drug courts and mental health courts tend to have multiple issues which create multiple challenges and opportunities
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
In 2014: 32 Million More Americans Will Be Covered

Commercial Insurance

Medicaid

6-10 Million with M/SUDs

4-6
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
ACA and Justice Involved Populations

• Coverage expansion means individuals reentering communities from jails and prisons (generally have not had health coverage in past) will now have more opportunity for coverage.

• CJ population with comparatively high rates of M/SUDs equals an opportunity to coordinate new health coverage with other efforts to increase successful transitions.

• Addressing BH needs can reduce recidivism and reduce expenditures in CJ system while increasing public health and safety outcomes.

• SAMHSA and partners in OJP will develop standards and improve coordination around coverage expansions.
  • *Enrollment is the challenge*
ACA and Justice Involved Populations

- ACA presents opportunities to improve outcomes related to trauma.
- New home visiting funding to States includes programs proven effective in decrease traumatic events (e.g., child maltreatment).
- Coverage expansions through health reform equals more individuals with access to treatment for psychological trauma.
- SAMHSA will work with Federal, State, and local partners to improve practices around prevention/treatment of trauma.
SAMHSA Principles

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

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

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