

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Improving Lives and Capitalizing on Emerging Opportunities

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SAMHSA Administrator

ACHMA - Harnessing Disruptive Innovations

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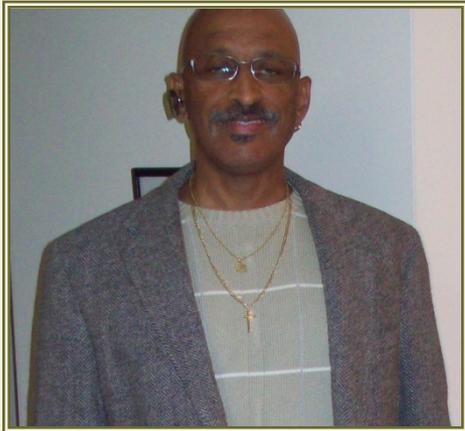


Lynn's Story



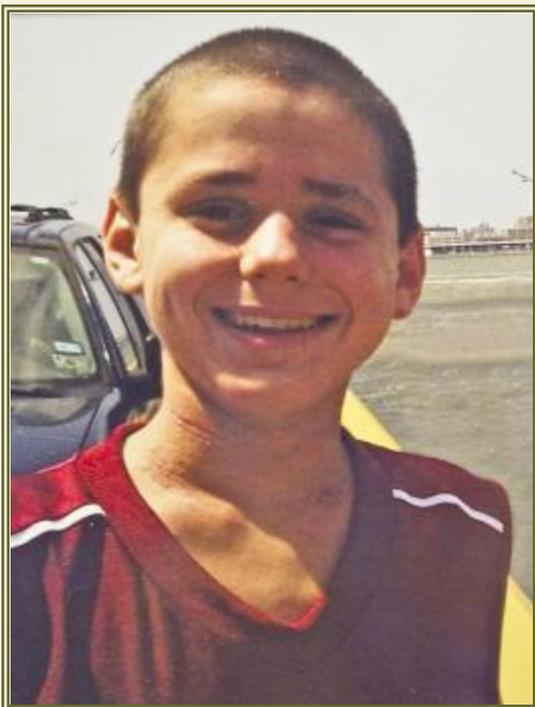
- Working mom and wife who struggled with an unknown health condition for close to 20 years
- Doctors ordered test after test to determine what was wrong
- Lynn's health continued to deteriorate
- As she missed more and more days at work her medical files grew
- Knew she was going to die unless she found out what was wrong
- Finally (after two decades) her addiction to alcohol was recognized
- Later on through treatment she learned about the mental health problems that were confounding her situation
- Now a loving grandmother gainfully employed and living a healthy life in recovery

James' Story



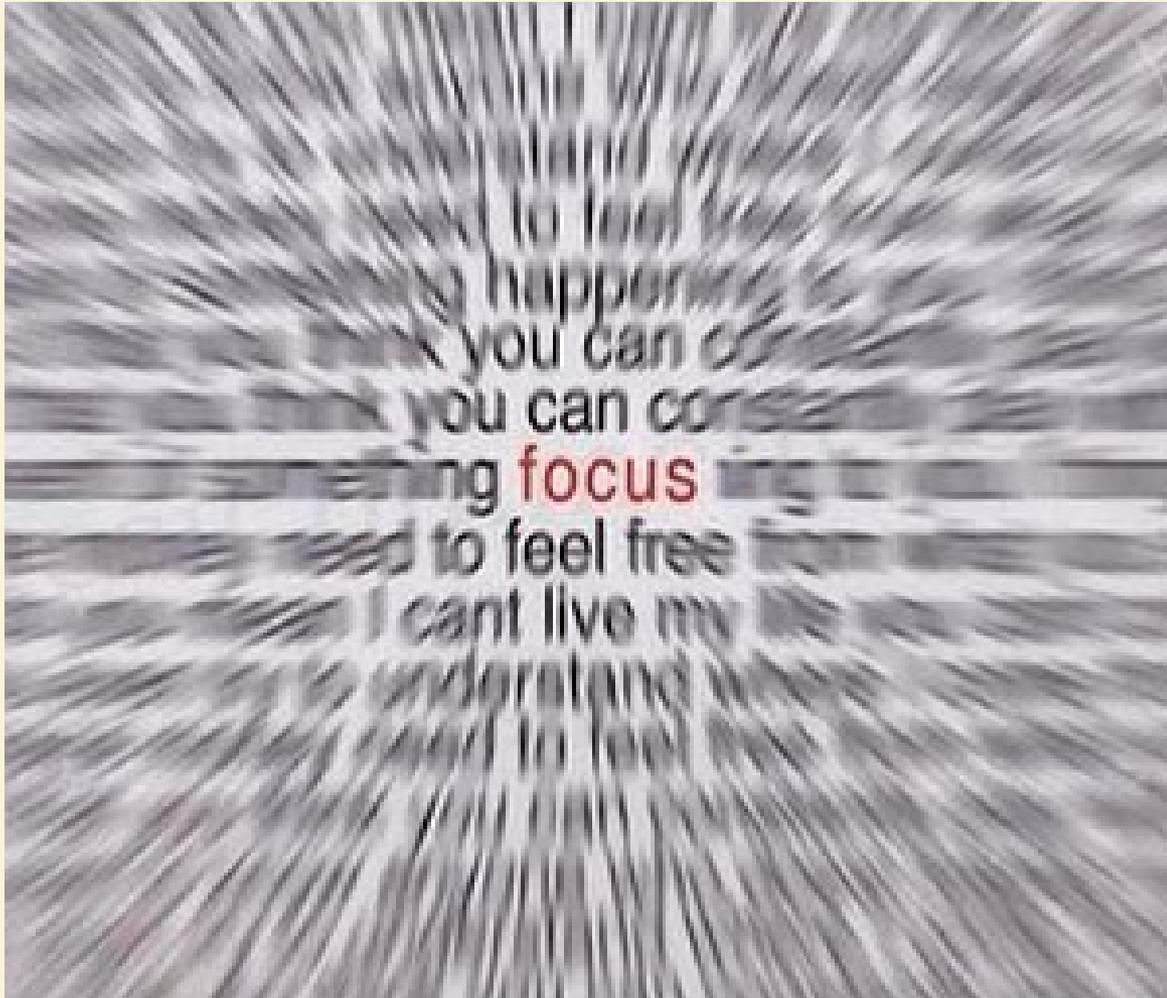
- **55 year old Veteran who struggled with addiction for 24 years**
- **Entered numerous treatment facilities and was incarcerated two times**
- **Diagnosed with AIDS in the late 1980's**
- **Began attending Narcotics Anonymous meetings and quit using illicit drugs**
- **Entered college and is currently working on his dissertation for his Doctorate**
- **Currently employed as a Behavior Clinician with a mental health treatment court program**

Asher's Story



- **13 years old; an eighth-grader**
- **Straight-A student**
- **Victim of bullying**
 - *Small size*
 - *Religion*
 - *Clothing*
 - *Sexual Identity*
- **Tragic loss - died by suicide**

Tough Times = Tough Choices



**Staying focused
in times of rapid
change may be
the single most
important thing
we can do to
guide our 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**

Challenges and Opportunities

***The Art of Possibility*, authors Rosamund Stone Zander and Benjamin Zander share this story:**

A shoe factory sends two marketing scouts to a region of Africa to study the prospects for expanding business

One sends back a telegram saying:

“SITUATION HOPELESS_ STOP_ NO ONE WEARS SHOES”

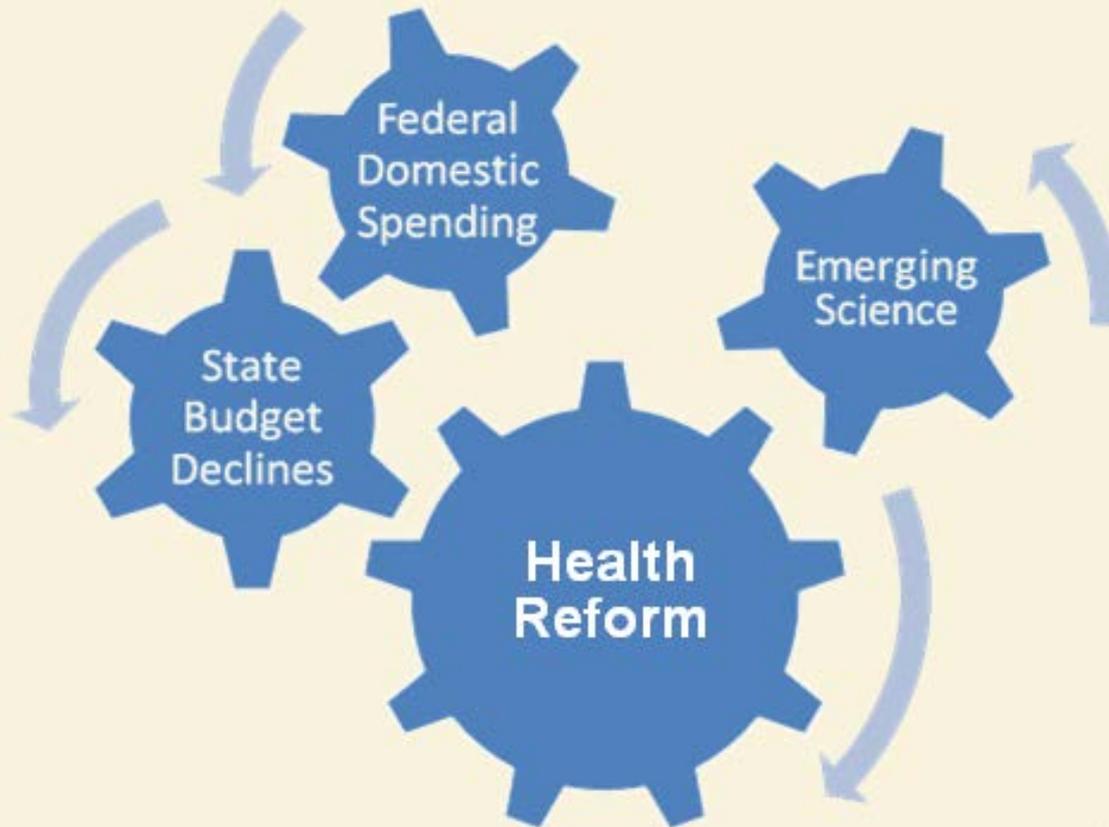
The other writes back triumphantly:

“GLORIOUS BUSINESS OPPORTUNITY_ STOP_ THEY HAVE NO SHOES”

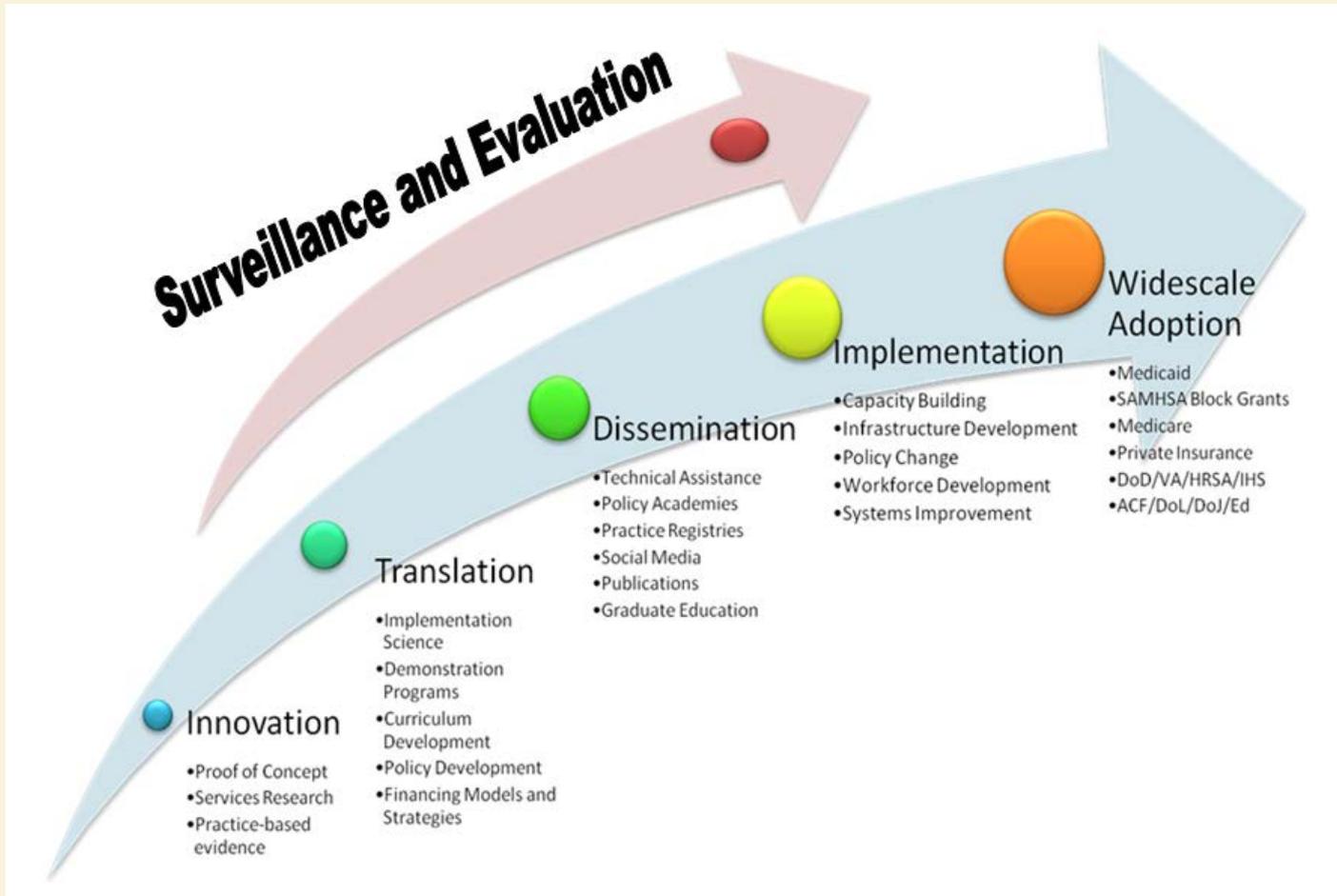
Context Of Change

- **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)**

Context For Change



SAMHSA's Theory of Change



SAMHSA's FY 2012 Budget Request - \$3.6 Billion (A Net Increase of \$67 Million Over FY 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 Increased to \$14 Million**
 - *Increase of three percent - largest increase since 2005*
- **Substance Abuse Block Grant Increased to \$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*

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*

Prevention - Challenges

- **Reduced perception of harm**
- **Increasing rates of illicit drug use and prescription drug misuse**
- **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**
- **Approximately 5,000 deaths each year attributable to underage drinking**
- **Adults who begin drinking alcohol before age 21 more likely to have alcohol dependence or abuse than those who had their first drink after age 21**
- **Over 34,000 suicides occurred in the U.S. in 2007; 100 suicides per day; one suicide every 15 minutes**
- *Approximately 30 percent of deaths by suicide involved alcohol intoxication – BAC at or above legal limit*

SAMHSA Strategic Initiative - Prevention

- **Prevent Substance Abuse and Mental Illness (Including Tobacco) and Build Emotional Health**
- **Prevention Prepared Communities (PPCs)**
- **Suicide**
- **Underage Drinking/Alcohol Polices**
- **Prescription Drug Abuse**

Trauma and Justice - Challenges

- **Substance abuse or dependence rates of prisoners are more than four times that of the general population**
- **Youth in juvenile justice have high rates of M/SUDs**
 - Prevalence rates as high as 66 percent; 95 percent experiencing functional impairment
- **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**
 - More than 41 percent of State prisoners, 28 percent of Federal prisoners, and 48 percent of jail inmates meet criteria for having both, contributing to higher corrections costs
- **On any given day, veterans account for nine of every hundred individuals in U.S. jails and prisons**
- **Trauma's impact on families**

SAMHSA Strategic Initiative – Trauma and Justice

- **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**

Military Families - Challenges

- **2009: M/SUDs caused more hospitalizations among troops than any other cause**
- **Service members back from deployment:**
 - *Approximately 18.5 percent with PTSD or depression*
 - *Approximately 19.5 percent with traumatic brain injury*
- **Approximately 50 percent of returning service members who need treatment for mental health conditions seek it - slightly more than half receive adequate care**
- **2005 – 2009: More than 1,100 members of the Armed Forces took their own lives; an average of 1 suicide every 36 hours**
- **2010 Army suicide rate among active-duty soldiers decreases slightly; number of suicides in the Guard and Reserve increases by 55%**
 - *More than half of the National Guard members who died by suicide in 2010 had not deployed*
- **2009: Any given night approximately 107,000 veterans were homeless**

SAMHSA Strategic Initiative – Military Families

- **Improve access of military families to community-based BH care**
- **Help providers respond to needs within military family culture**
- **Promote BH of military families with programs and evidence-based practices**
 - *Support resilience and emotional health*
 - *Prevent suicide*
- **Develop effective and seamless BH service system for military families**

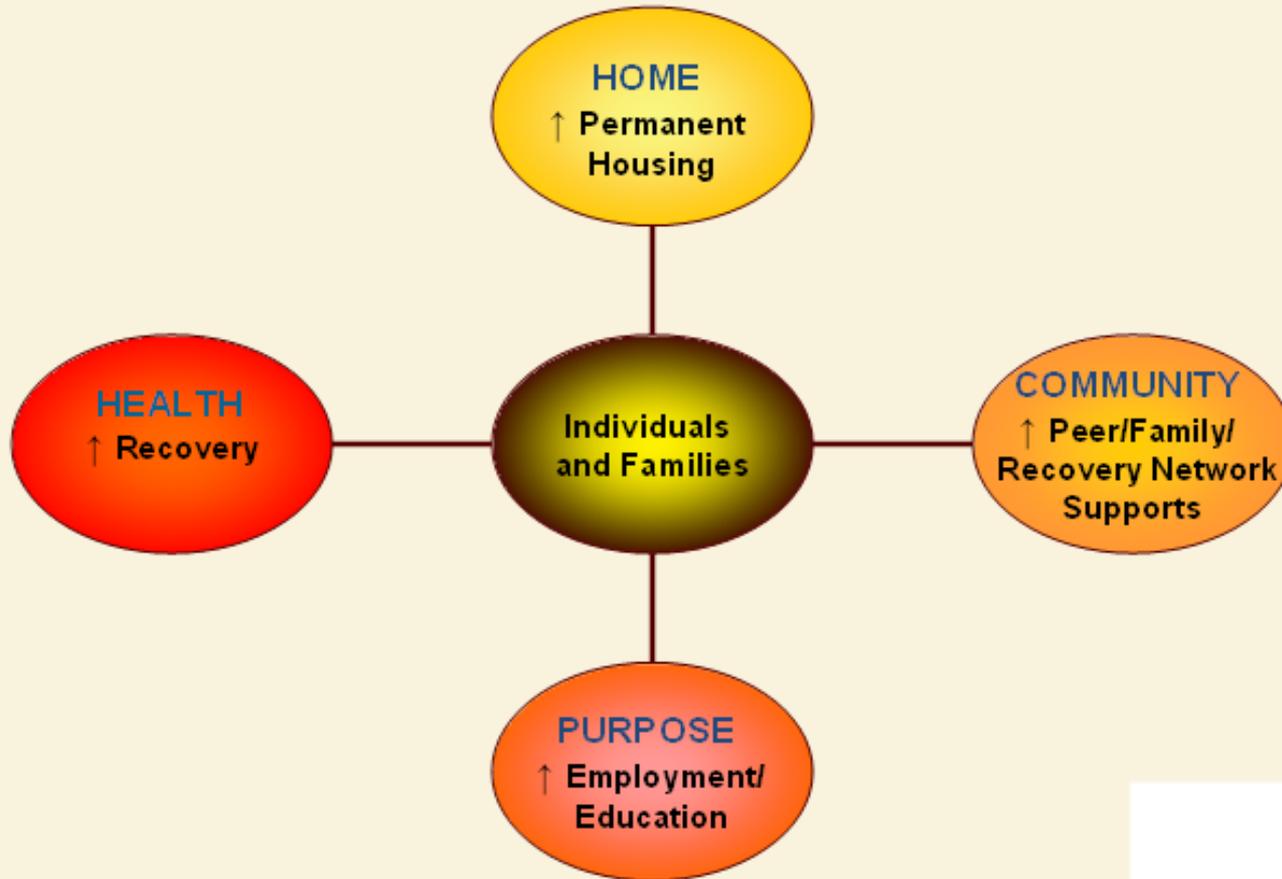
Recovery Support - Challenges

- **Up to 83 percent of people with SMI are overweight or obese**
- **People with SMI have shortened life-spans, on average living only until 53**
- **Those with M/SUDs consume 44 percent of all cigarettes in U.S.**
- **64 percent of persons who are homeless have an alcohol or SUD**
- **Any given night in U.S. over 643,000 homeless; approximately 63 percent individuals and 37 percent adults w/children**
- **Since 2007: 30 percent increase in number of homeless families**

Recovery Support - Challenges

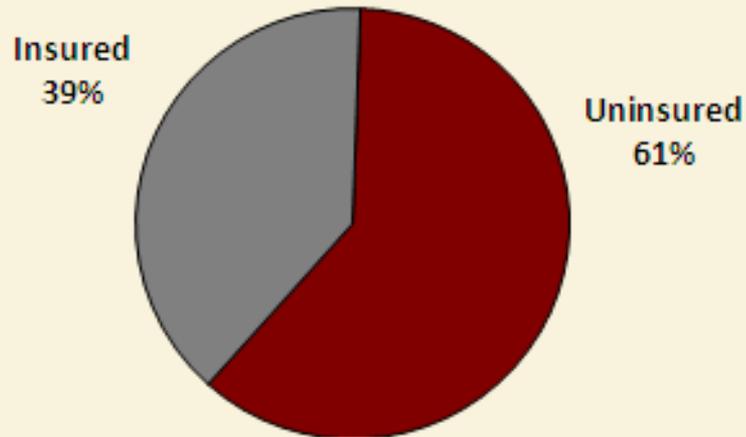
- **Of the over 6 million people served by MHAs approximately 79 percent are unemployed yet only 2.1 percent receive evidence-based supported employment services**
- **In 2009: Unemployed adults were classified with SUDs at increased rate (16.6 percent) than were full (19.6 percent) or part time (11.2 percent) employed adults**
- **Individuals with M/SUDs often lack socially valued activity, adequate income, personal relationships, recognition and respect from others, and a political voice**

Recovery Support

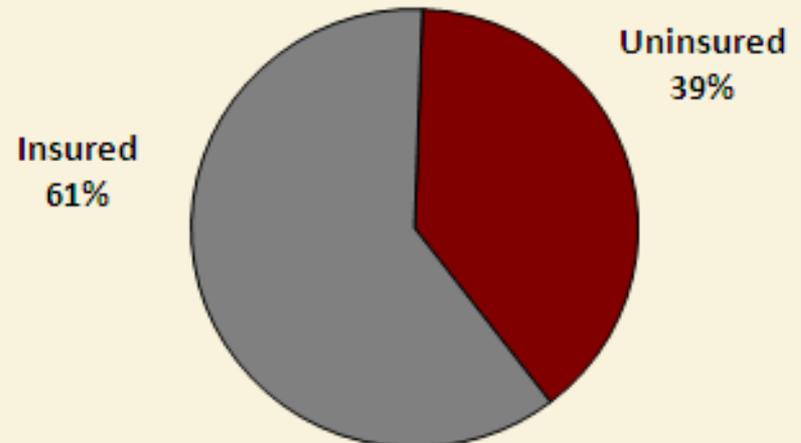


Health Reform - Challenges

Individuals Served by SSAs



Individuals Served by MHAs



90-95 percent will have opportunity to be covered -
Medicaid/Insurance Exchanges

Health Reform - Challenges

- **In 2014, 32 Million more Americans will have health insurance**
 - *Between 20 to 30% of these people (6 -10 million) will have a M/SUD*
- **More than one-third (35%) 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% of their public behavioral health funds on children in residential settings*
- **CMS spends \$370 billion on dual eligible's and approximately 60% 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**

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 & coordination with specialty care**
- **Major emphasis on home & community-based services; less reliance on institutional care**
- **Theme: preventing diseases & promoting wellness**
- **Focus on quality rather than quantity of 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*

ACA – First Year Highlights

- **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*

Health Reform – State Roles

- **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*

- **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 – Consumer Roles

- **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**

Work Ahead - Providers

- Increase in numbers insured elevates workforce issues
- Approximately one-third of SA providers and 20% of MH providers have no experience with third party billing
- Less than 10% 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*

HIT - Challenges

- **20% of 175 substance abuse treatment programs surveyed, had no information systems, e-mail, or even voicemail**
- **Only 8.2% of community mental health centers surveyed in 2009 had interoperable systems with medical and primary care systems**
- **IT spending in BH and human services organizations represents 1.8% of total operating budgets (compared to 3.5% for general health care services)**
- **Less than half of BH and human services providers possess fully implemented clinical electronic record systems**
- **State and Territorial laws vary on extent providers can share medically sensitive information, such as HIV status and treatment for psychiatric conditions**

SAMHSA Strategic Initiative – Health Information Technology

- **Develop infrastructure for EHRs**
 - *Privacy*
 - *Confidentiality*
 - *Data standards*
- **Provide incentives and create tools to facilitate adoption of HIT and EHRs with BH functionality in general and specialty health care settings**
- **Deliver TA to State HIT leaders, BH and health providers, patients and consumers, and others to increase adoption of EHRs and HIT**
- **Increase capacity for exchange and analysis of EHR data to assess quality of care and improve patient outcomes**

Data, Outcomes, and Quality – Challenges

- **Fragmented data systems reinforce the historical separateness of systems of care**
- **Discrete approaches to treatment**
- **Distinct funding streams for state mental health, substance abuse, and Medicaid agencies**
- **Data requirements are not consistent across programs**
- **Separate treatment systems create—access barriers, uneven quality, disjointed coordination, and information silos across agencies and providers**

SAMHSA Strategic Initiative – Data, Outcomes, and Quality

- **Integrated approach – single SAMHSA data platform**
- **Common data requirements for states to improve quality and outcomes**
 - *Trauma and military families*
 - *Prevention billing codes*
 - *Recovery measures*
- **Common evaluation and service system research framework**
 - *For SAMHSA programs*
 - *Working with researchers to move findings to practice*
 - *Improvement of NREPP as registry for EBPs*

Public Awareness and Support - Challenges

What Americans Believe:

- 66 percent believe treatment and support can help people with MI lead normal lives
- 20 percent feel persons with MI are dangerous to others
- Two thirds believe addiction can be prevented
- 75 percent believe recovery from addiction is possible
- 20 percent say they would think less of a friend / relative if they discovered that person is in recovery from an addiction
- 30 percent say they would think less of a person with a current addiction

SAMHSA Strategic Initiative – Public Awareness and Support

- **Understanding of and access to services**
- **Cohesive SAMHSA Identity**
 - *SAMHSA branding*
 - *Consolidation of Web Sites*
 - *Common Fact Sheets*
 - *Single 800 Number*
- **Consistent messages – communications plan for initiatives**
 - *Use of Social Media*
- **Tools to improve policy and practice**
- **Increase social inclusion and decrease discrimination**

National Dialogue on the Roles 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% of people who experience MH problems and 90% of people who need SA treatment do not receive care**

National Dialogue on the Roles 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 Principles

- **People**

Stay focused on the goal



- **Partnership**

Cannot do it alone



- **Performance**

Make a measurable difference

