

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Shaping the Future of Behavioral Health: Understanding Drivers, Challenges and Opportunities

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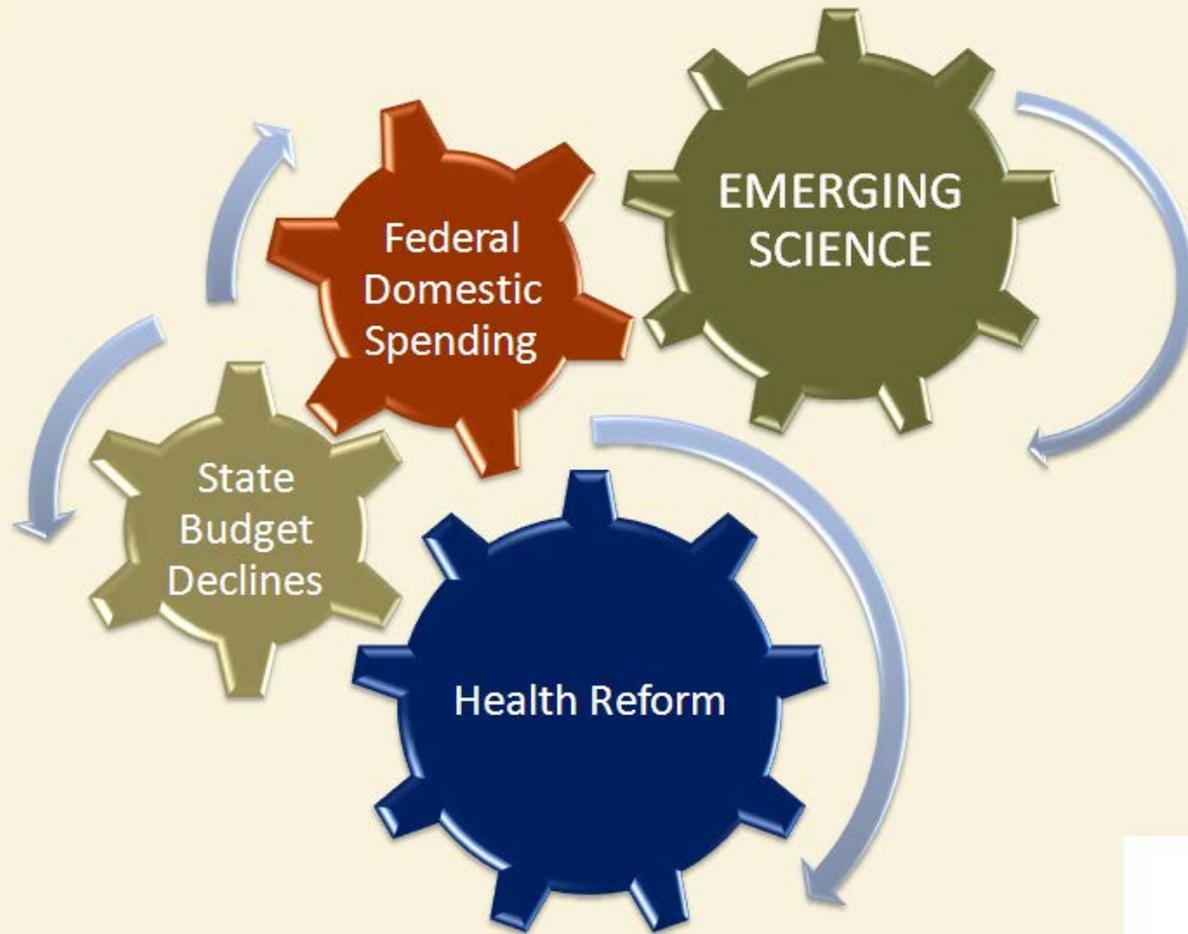
Context of Change – 1

- **Budget constraints, cuts and realignments – economic challenges like never before**
- **No system in place to move to scale innovative practices and systems change efforts that promote recovery**
- **Science has evolved; language and understanding is changing**

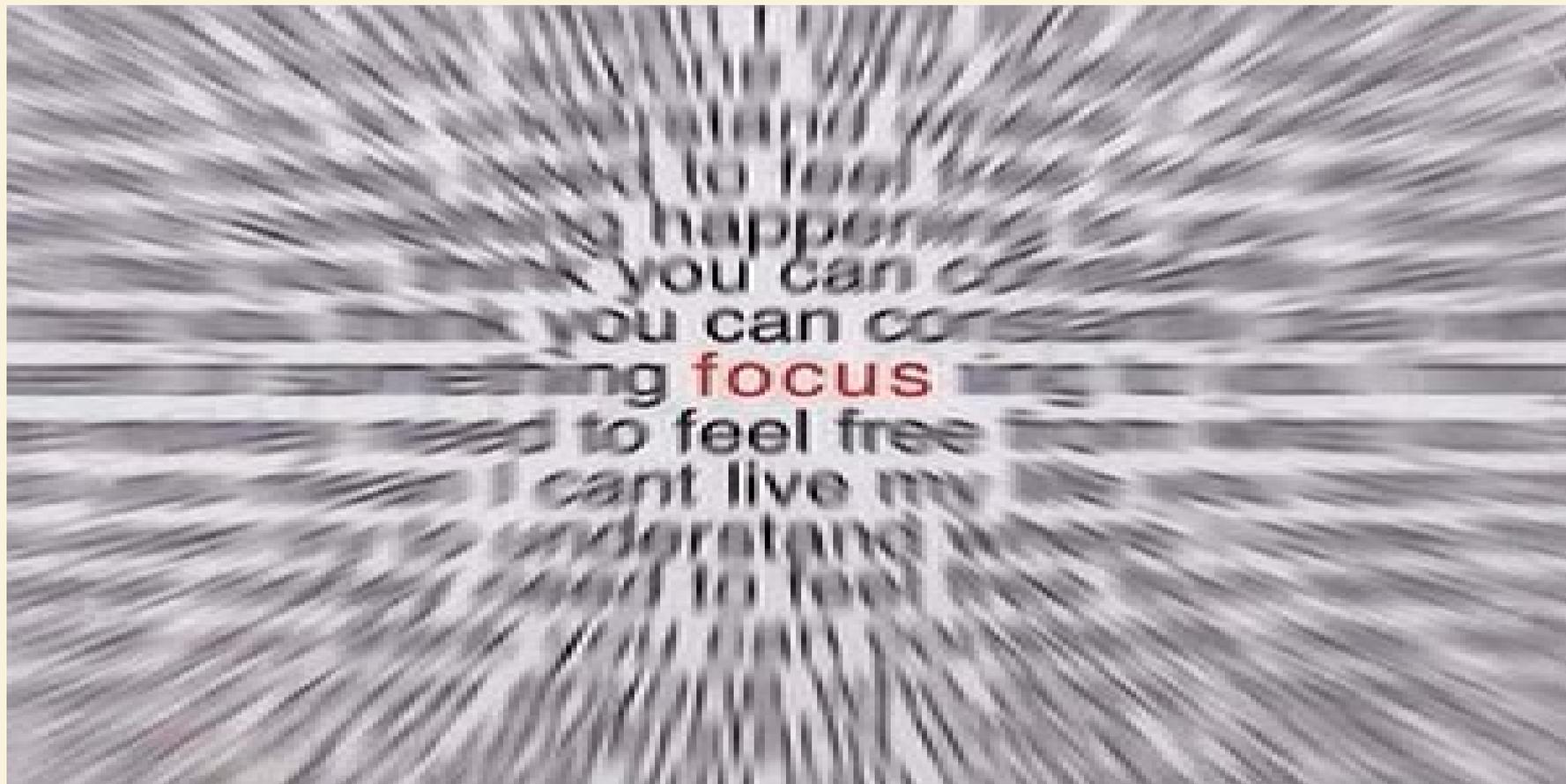
Context of Change – 2

- **Integrated care requires new thinking about recovery, wellness, role of peers, responding to whole health needs**
- **New opportunities for behavioral health**
 - Parity/Health Reform
 - Tribal Law and Order Act
 - National Action Alliance for Suicide Prevention
- **Evolving role of behavioral health in health care**

Drivers of Change



Staying Focused During Change



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*

Focus Areas for Today's Discussion

- **Recovery**
- **Disparities**
- **Budget**
- **National Behavioral Health Quality Framework**
- **Communications and Message**

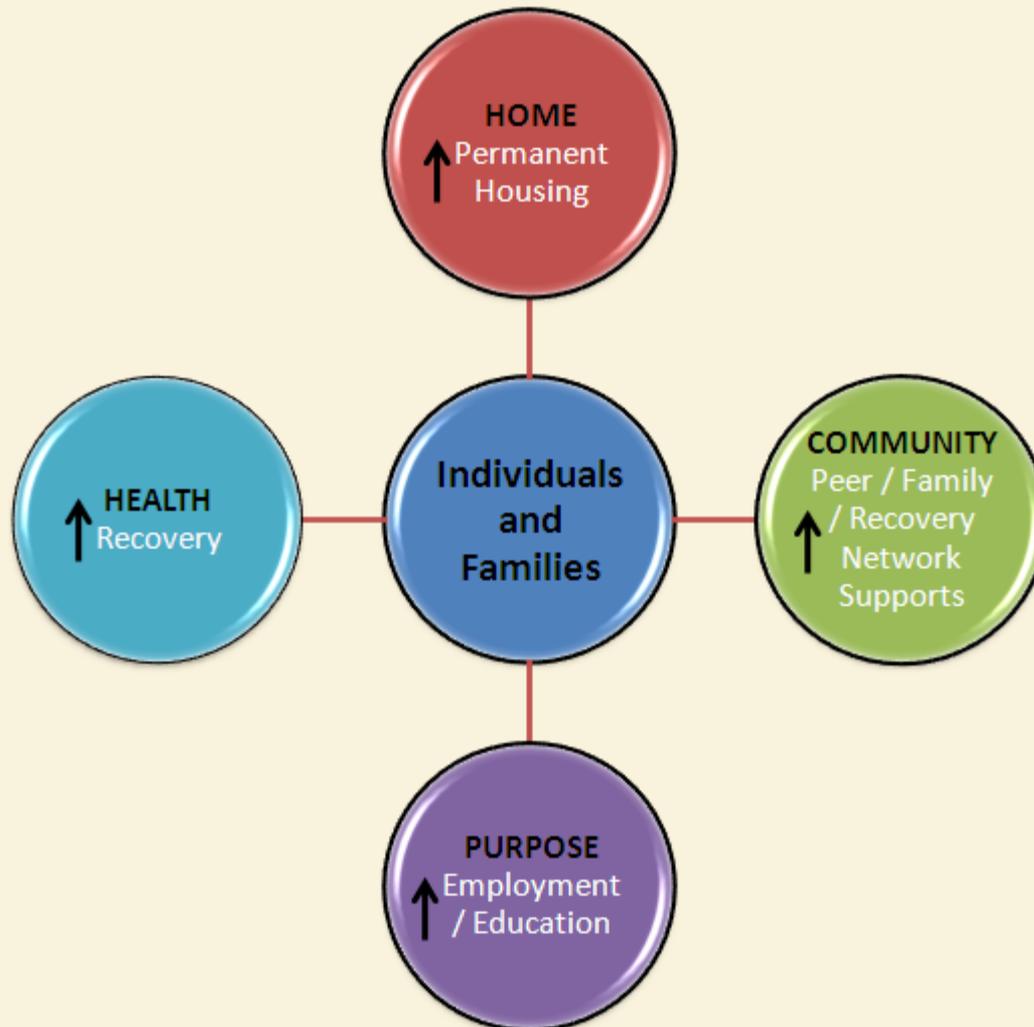
Recovery: Working Definition

“Recovery from mental health problems and addictions 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 choosing.”

Recovery: Principles

1. **Person-centered**
2. **Occurs via many pathways**
3. **Holistic**
4. **Supported by peers**
5. **Supported through relationships**
6. **Culturally based and influenced**
7. **Supported by addressing trauma**
8. **Involves individual, family, and community strengths and responsibility**
9. **Based on respect**
10. **Emerges from hope**

Recovery Construct



Recovery Activities

- **Recovery Support Services in Health Reform and Block Grants**
- **Recovery month**
- **Recovery outcome measures**
- **Recovery TA Center (BRSS TACS)**
- **Recovery curricula for/with practitioners**

Disparities - 1

Disparities

- *Ethnic minorities > HHS Strategic Action Plan to Reduce Racial and Ethnic Health Disparities*
- *LGBTQ populations > LGBT Coordinating Committee*
- *AI/AN Issues > Tribal Consultations*
- *Women and girls*

Disparities - 2

Office of Behavioral Health Equity - Key Drivers and Activities

- *HHS Office of Minority Health five core goal areas: awareness, leadership, health system and life experience, cultural and linguistic competency, and data, research and evaluation*
- *AHRQ's National Healthcare Disparities Report – identifies improving, maintaining and worsening health indicators, including depression, illicit drug use and suicide*
- *SAMHSA's Eight Strategic Initiatives*
- *Workforce (NNED)*

National Network to Eliminate Disparities in Behavioral Health (NNED) <http://www.nned.net>

National Network to Eliminate Disparities in Behavioral Health

Striving for behavioral health equity for all individuals, families, and communities.

A NATION FREE OF DISPARITIES IN HEALTH AND HEALTH CARE

Learn About HHS's Action Plan to Reduce Racial and Ethnic Health Disparities (posted 4/27)

On April 8, 2011 the U.S. Department of Health and Human Services (HHS) unveiled the HHS Action Plan to Reduce Racial and Ethnic Health Disparities as a roadmap for reducing health disparities.

➤ FULL STORY

partner with 

National Partners

- 2008: 35
 - 2009: 134
 - 2010: 320
 - 2011: 386
- + 500 Affiliates
- Total: 986**

Budget: State Budget Declines

Maintenance of Effort (MOE) Waivers

- *FY10/SY09 – 13 SA waivers; \$26,279,454*
- *FY10/SY09 – 16 MH waivers; \$849,740,799.50*
- *FY11/SY10 – 18 SA waivers; \$179,410,946**
- *FY11/SY10 – 19 MH waivers; \$517,894,884**

*FY11/SY10 waiver information reflects information available as of June 7, 2011

State Funds

- *MH – \$ 2.2 billion reduced*
- *SA – Being Determined*

Budget: Federal Domestic Spending

FY 2011 Reductions

- *\$42 Billion*
- *SAMHSA – \$38.5 mil (plus >\$15 mil in earmarks)*

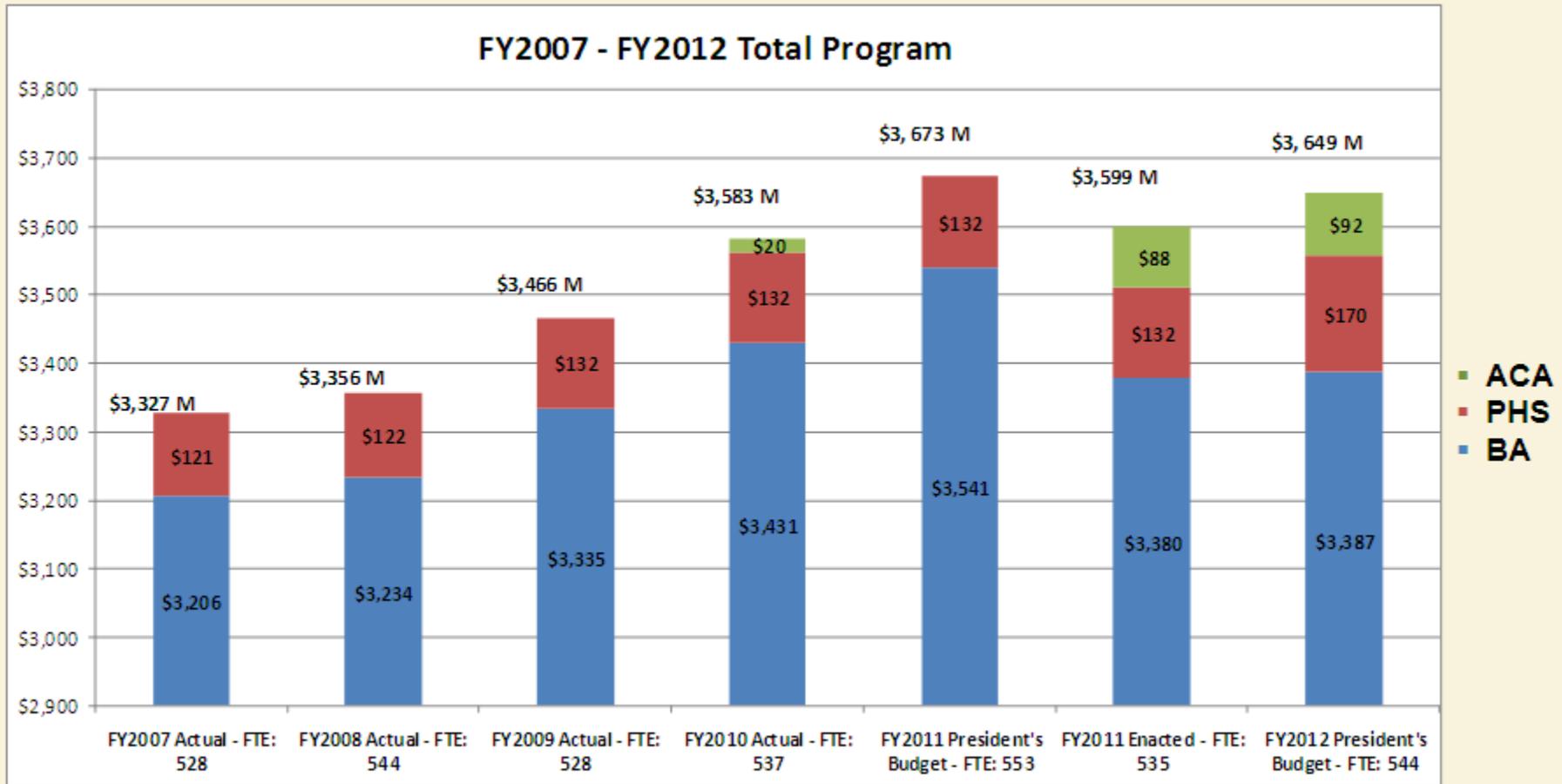
FY 2012 Proposals

- *\$4 – 6.5 Trillion over 10 years*
- *Fundamental changes to Medicaid, Medicare & federal/state roles in health care*

FY 2013 Budget Development Now

Budget: SAMHSA

Dollars in Millions



Budget: FY 2011 to FY 2014 - 1

Focusing on the Strategic Initiatives

- *FY 2011 budget reductions and RFAs*
- *FY 2012 budget proposal; SIs, IEI, moving to 2014*
- *FY 2013 tough choices about programs and priorities*

Revised Approach to Grant-Making

- *Braided funding within SAMHSA and with partners*
- *Engaging with States, Territories and Tribes – Flexibility*
 - **Funding for States to plan or sustain proven efforts**
 - **Encouraging work with communities**
- *Revised BG application*

Budget: FY 2011 to FY 2014 - 2

Implementing a Theory of Change

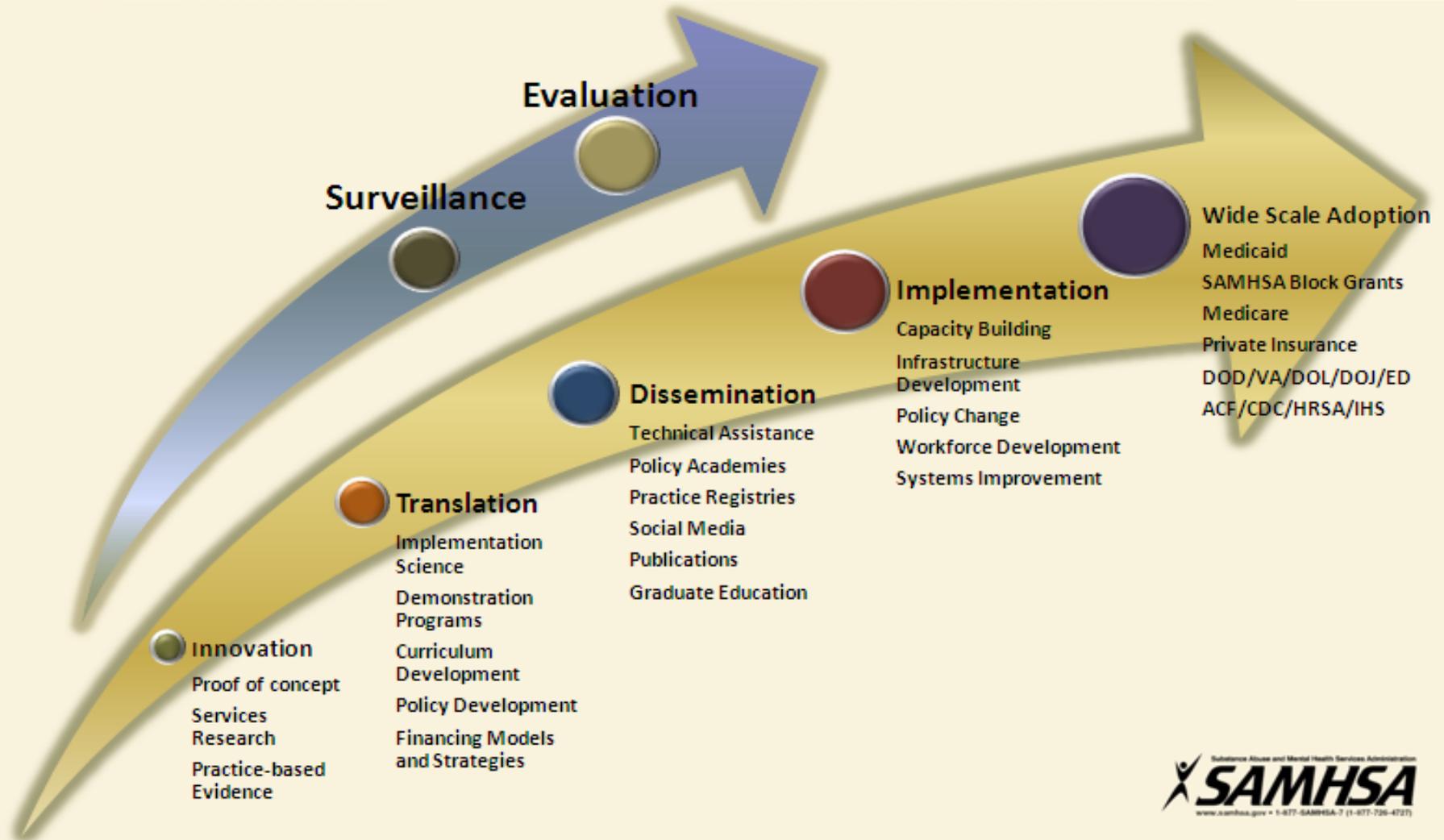
- *Taking proven things to scale (SPF, SOC, Trauma)*
- *Researching/testing things where new knowledge is needed*

Efficient and Effective Use of Limited Dollars

- *Consolidating contracts and TA Centers*
- *Consolidating public information and data collection activities and functions*

Regional Presence and Work with States

SAMHSA's Theory of Change



National Behavioral Health Quality Framework - 1

National Behavioral Health Quality Framework – similar to National Quality Framework for Health

- *SAMHSA funded programs measures*
- *Practitioner/system-based measures*
- *Population-based measures*

Webcast/Listening Session - Archived

- *Draft document on web <http://www.samhsa.gov>*

National Behavioral Health Quality Framework - 2

Use of SAMHSA tools to improve practices

- *Models (SPF, coalitions, SBIRT, SOCs, suicide prevention)*
- *Emerging science (oral fluids testing)*
- *Technical Assistance (TA) capacity (trauma)*
- *Partnerships (meaningful use; Medicaid and Medicare quality measures)*
- *Services research as appropriate*

Communications and Message

Internal: Communications Governance Council

- *Consolidation of Website/800 #s – saving money and increasing customer use and satisfaction*
- *Social Media*
- *Review of publications and materials*

External: Public campaigns in partnership with others – common messages, common approaches

- *STOP Act; What a Difference a Friend Makes*

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
- More than 60 percent of people who experience MH problems and 90 percent of people who experience SA problems and need treatment do not perceive the need for care
- Suicides are almost double the number of homicides
- As many people need SA treatment as Diabetes, but only 1.6% versus 84% receive care
- SA and MH often misunderstood
 - *Discrimination*
 - *Prejudice*

Assessing Public Knowledge and Attitudes: What Americans Believe



What Americans Know

Americans have general knowledge of basic first aid but not how to recognize MI or SA, or how or when to get help for self or others

- *Most know universal sign for choking; facial expressions of physical pain; and basic terminology to recognize blood and other physical symptoms of illness and injury*
- *Most know basic First Aid and CPR for physical health crisis*
- *Most do not know signs of suicide, addiction or mental illness or what to do*

Certainties of Change - 1

Things will be different

- Federal, state, local
- SAMHSA & other payers, standard setters, regulators
- Providers
- Partners
- Stakeholders

People will object and disagree

- Tough decisions will generate disagreement

Certainties of Change - 2



SAMHSA Principles



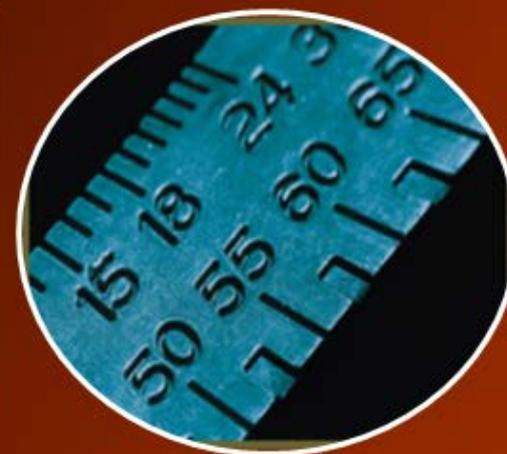
PEOPLE

Stay focused on the goal



PARTNERSHIP

Cannot do it alone



PERFORMANCE

Make a measurable difference

<http://www.samhsa.gov>

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