

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# National Behavioral Health Public Policy Past and Present: Putting Policy Into Action

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# 1800's

Only 8 “asylums for the insane” existed

Dorthea Dix began crusade to move mentally ill from almshouses and jails into mental hospitals

Salvation Army created

U.S. Census of 1840 included category of “Insane and Idiotic”

Washington Total Abstinence Movement begins

“Inebriate asylums” and “sober houses” created

# Early 1900's

Inspection of immigrants at Ellis Island – high incidence of MI prompted public to recognize as national health problem

The Mental Hygiene Movement began

Clifford Beers – *The Mind that Found Itself*

“County Farms” created to treat drug addicts

1935 – AA founded

1914 – Harrison Narcotics Act passed

1919 – Supreme Court's anti-maintenance ruling

# 1940's – 1950's

**1946 – President Truman signed the National Mental Health Act**

**1955 – Congress authorized the Mental Health Study Act**

**Narcotics Anonymous founded**

**Therapeutic Communities established**

**Lithium and Chlorpromazine (Thorazine) discovered**

**Mental Health Amendments Act supported community services for those w/MI**

# 1960's

## *Action for Mental Health delivered to Congress*

Narcotic Addiction Rehabilitation Act  
(NARA) enacted

Community Mental  
Health Center Act  
amendments enacted

E.M. Jellinek – *The  
Disease Concept of  
Alcoholism*

JFK signs legislation  
starting the Community  
Mental Health Center  
Movement

Methadone maintenance  
programs expanded and  
Buprenorphine  
discovered

# 1970's

**Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act (the "Hughes Act") enacted**

**Uniform Alcoholism and Intoxication Treatment Act drafted**

**Controlled Substance Act of 1970 enacted**

**Coverage of ambulatory mental health services (outpatient) by private health plans began**

**Medical Assistance added for community mental health services (outpatient and day treatment)**

# 1980's

## Mental Health Systems Act resulted from President Carter's Mental Health Commission

Mental Health Systems Act was repealed and replaced by the Alcohol, Drug Abuse and Mental Health (ADMS) Block Grant

Concept of BH managed care moves from theory to practice with "carve outs"

Prevention set-asides introduced for Block Grant dollars

Mental Health Planning Act implemented requiring State plans

Awareness of HIV transmission among IV drug users began to rise

# 1990's

## SAMHSA created

HIPPA, TANF & SCHIP enacted

Olmstead  
Supreme Court  
ruling

Temporary housing  
vouchers (BRIDGES)  
created

Medicaid and Medicare  
funds restructured  
through Balance Budget  
Act of 1997

1999 – *Mental Health: A  
Report of the Surgeon  
General*

# Early 2000's

President Clinton signed Children's Health Act – created national standards around use of seclusion and restraint

2002 – SAMHSA report to Congress on Co-Occurring Disorders

2002 – President Bush forms New Freedom Commission on Mental Health

2003 – *Achieving the Promise: Transforming Mental Health Care in America*

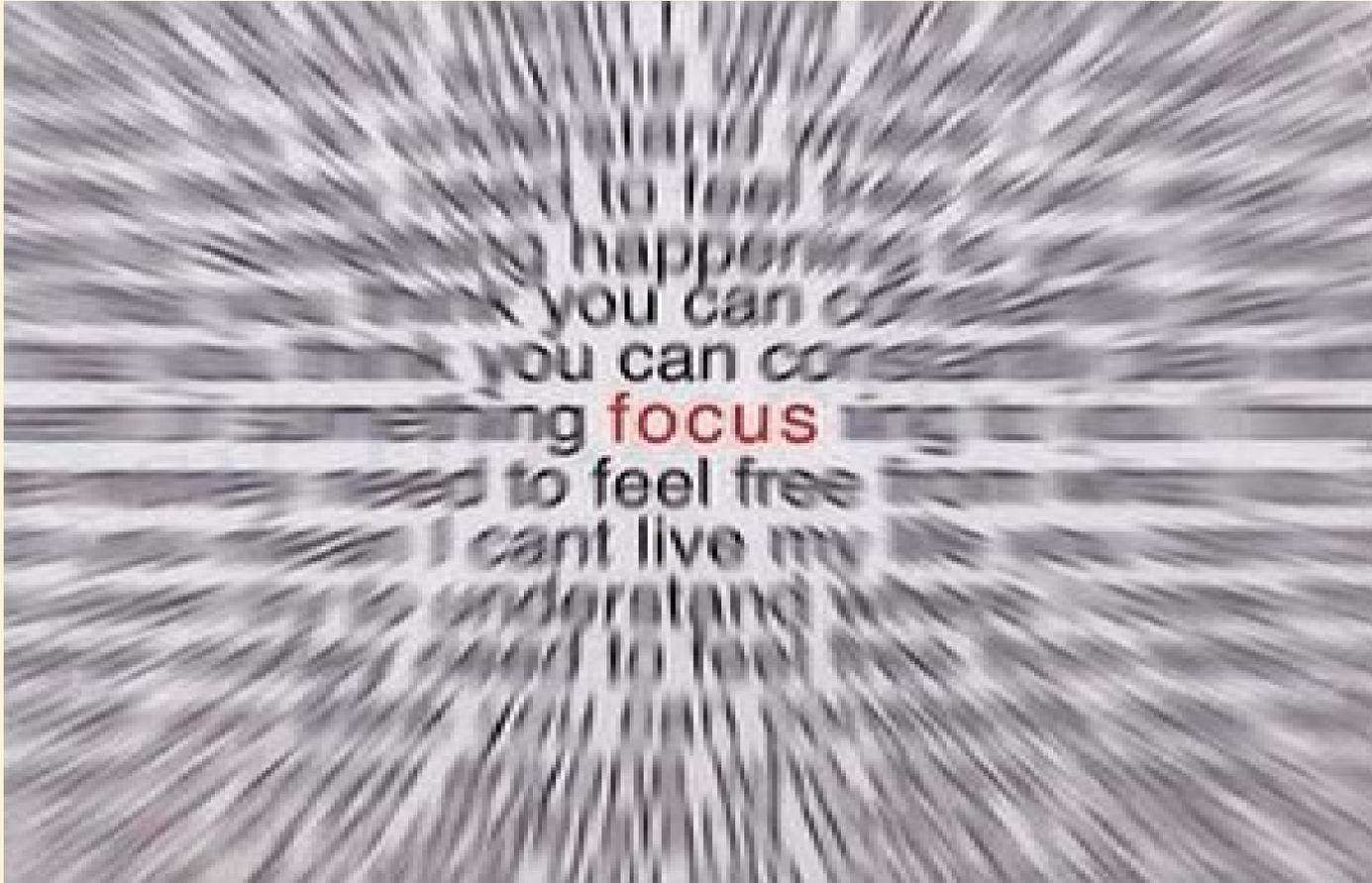
Drug Addiction Treatment Act of 2000 enacted allowing physicians to prescribe Buprenorphine

2008 – MHPAEA  
2010 – President Obama signs Affordable Care Act into law

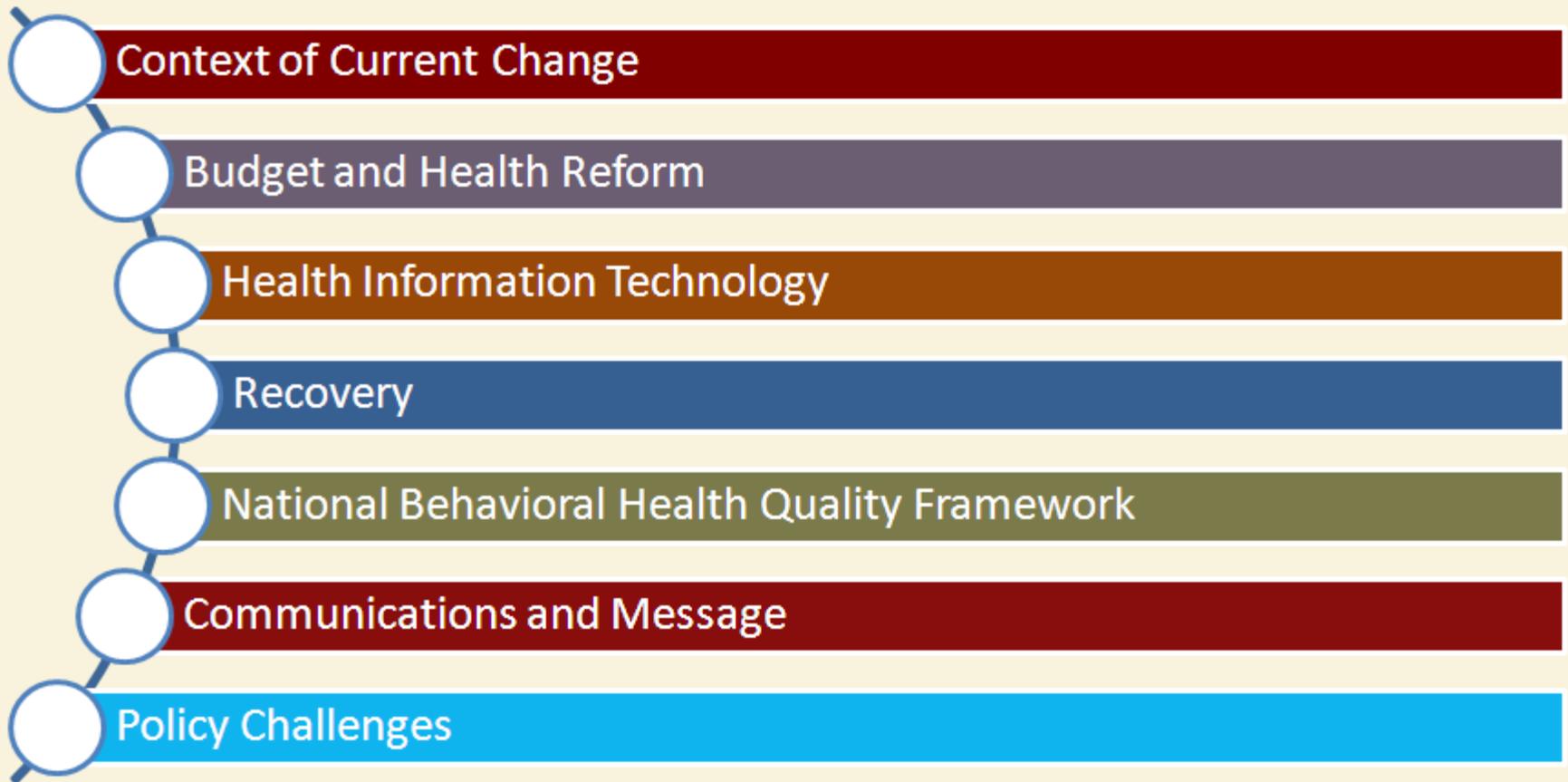
# Change is the Only Constant



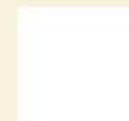
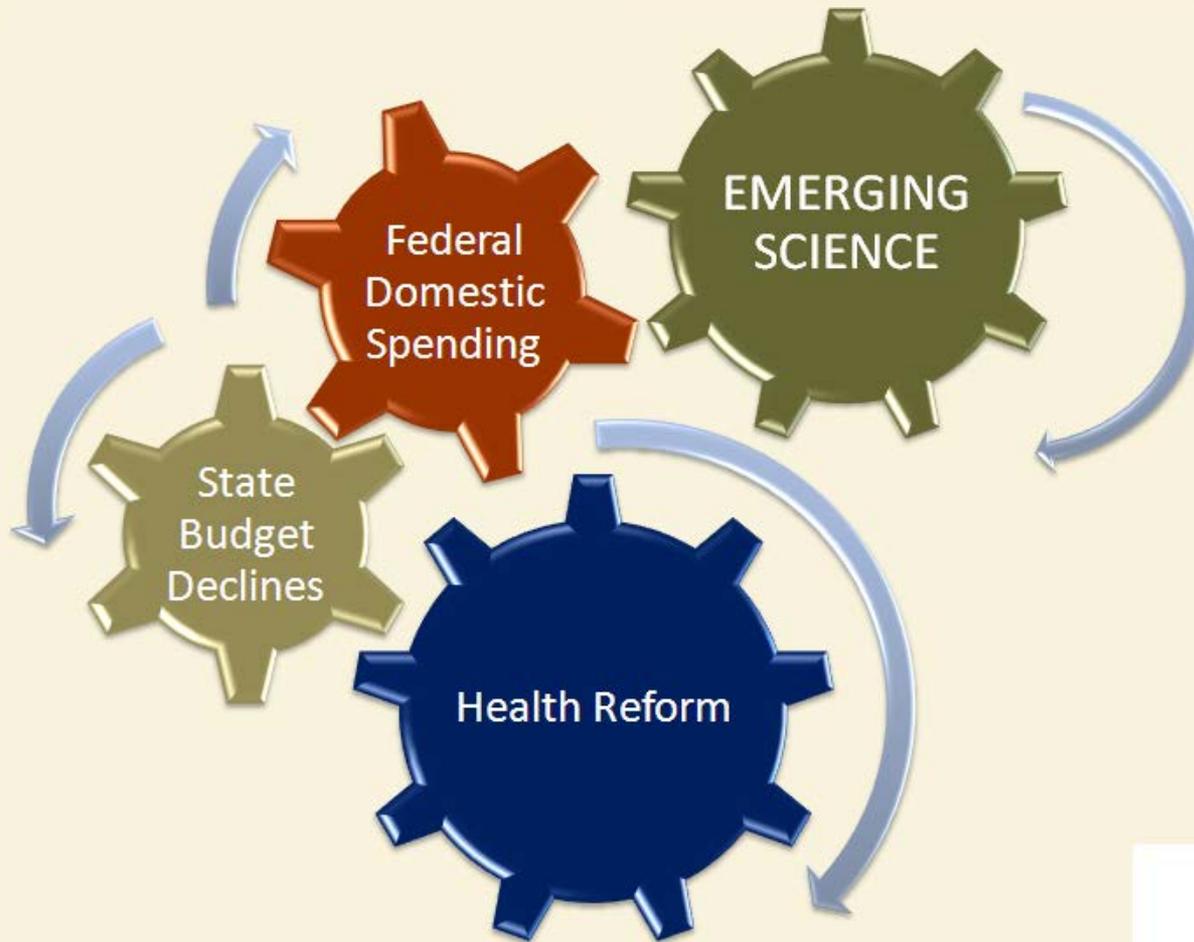
# Staying Focused During Change



# Focus Areas for Today's Discussion



# Drivers of Change



# Focus: 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

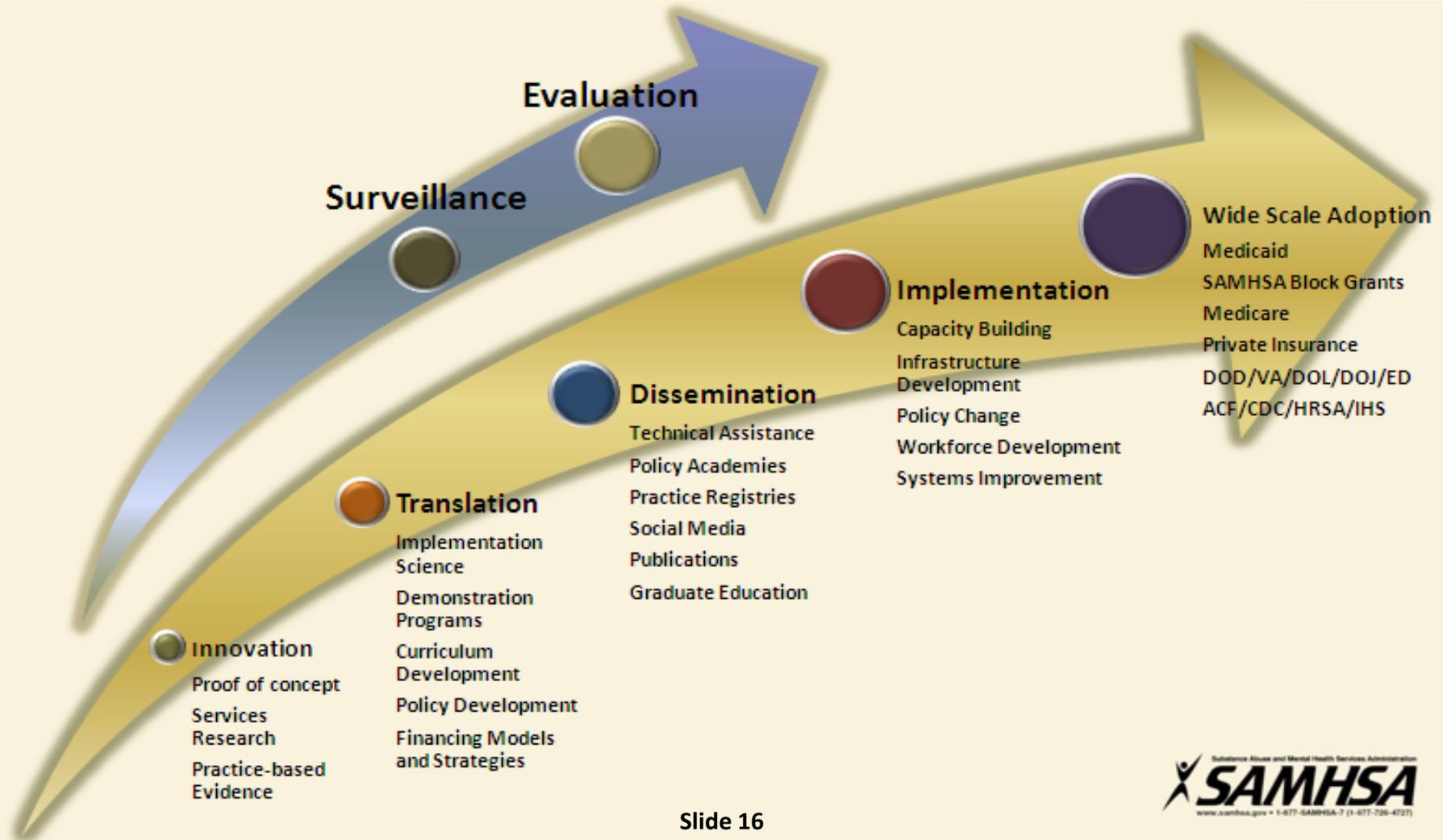
5.  
Health  
Reform

6.  
Health  
Information  
Technology

7.  
Data,  
Outcomes  
and  
Quality

8.  
Public  
Awareness  
and  
Support

# SAMHSA's Theory of Change

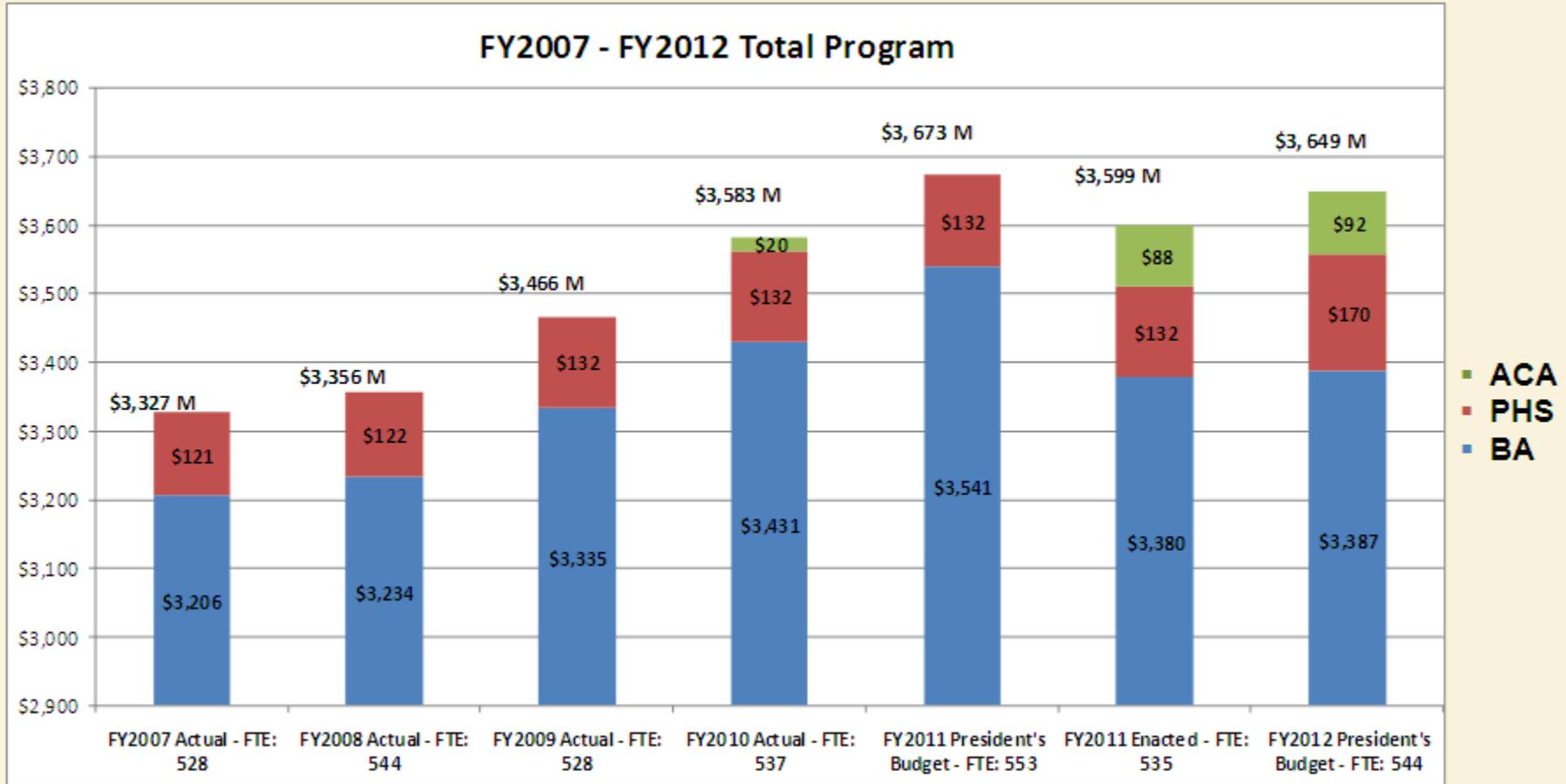


# Focus: SAMHSA's Budget – FY 2011 to FY 2014

- Focusing on the Strategic Initiatives & SAMHSA's Leadership Role
- Revised Approach to Grant-Making
- Implementing a Theory of Change
- Efficient & Effective Use of Limited Dollars
- Regional Presence

# Budget: SAMHSA

Dollars in Millions



# Focus: Health Reform

- Essential Benefits
- Enrollment
- Uniform Block Grant Application – TA to States
- Provider capacity development
- Work with Medicaid (health homes, rules/regs, good & modern services, screening, prevention)
- Work with Medicare (dually eligible pops, AWW)
- Quality (including HIT)
- Primary/Behavioral Health Integration

# Primary Care and Behavioral Health Care Integration Sites



# Focus: Health Information Technology

- Supplemental Grants to PBHCI Grantees and TA to Engage States, Providers and Vendors
- Privacy and Confidentiality Standards – Key to Interoperability

# Focus: Health Information Technology (cont.)

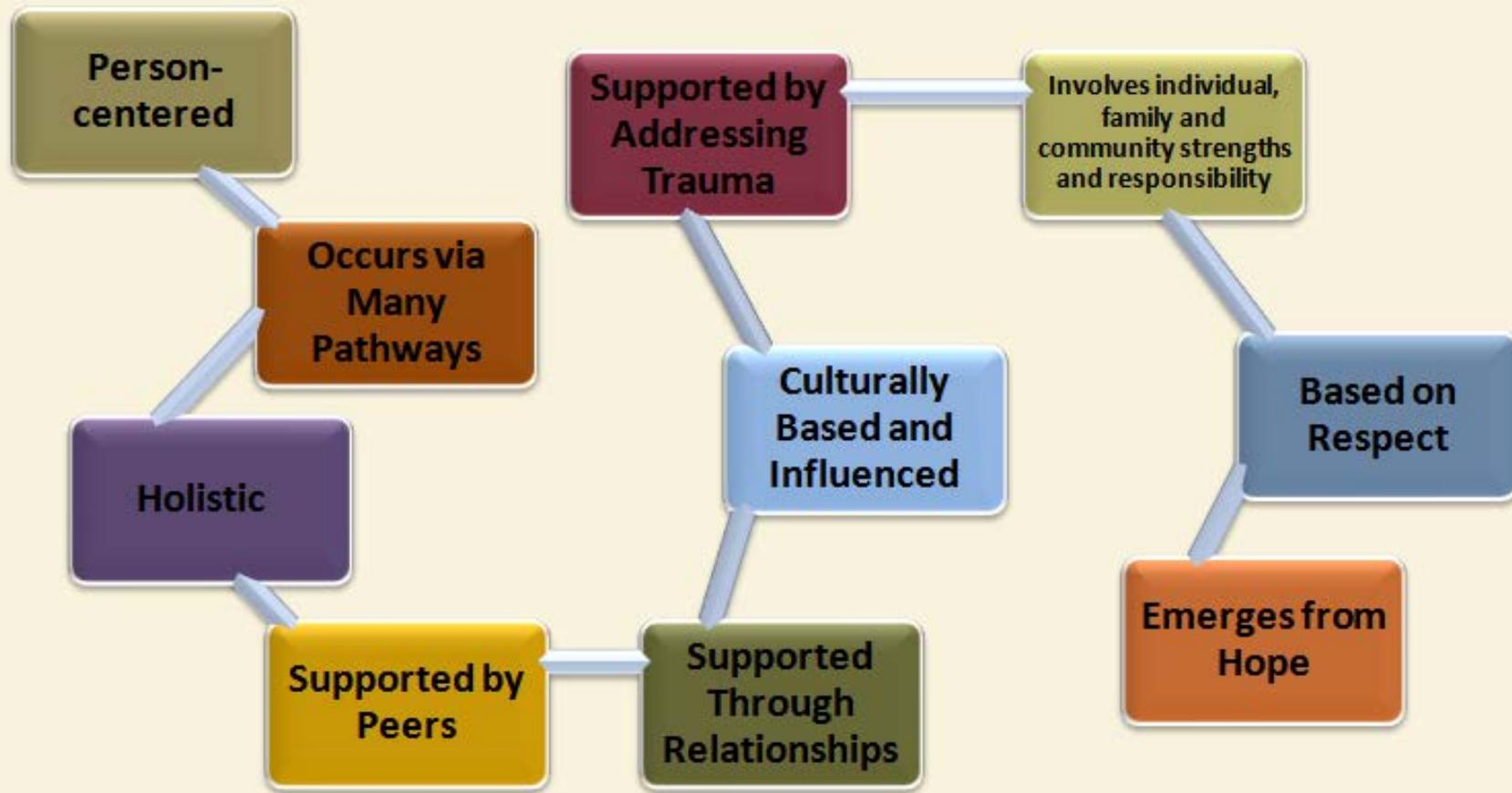
- Meaningful Use Measures Proposed - Stages 2/3
  - Quality Measures developed through coordinated efforts (HRSA, SAMHSA and CMS):
    - Appraisal for alcohol or SU in persons with bipolar or major depression
    - Assessment of depression remission – 6 and 12 months
    - F/U care for children prescribed medication for ADHD
    - Alcohol screening using validated instrument with F/U
    - Depression screening in primary care with F/U
    - Suicide risk assessment for youth and adults in primary care
  - Standard screening questions for SA in primary care
  - Standard screening questions for trauma in primary care
  - BH, post acute/long-term care providers as options proposed HIE criteria

# Focus: Recovery Working Definition

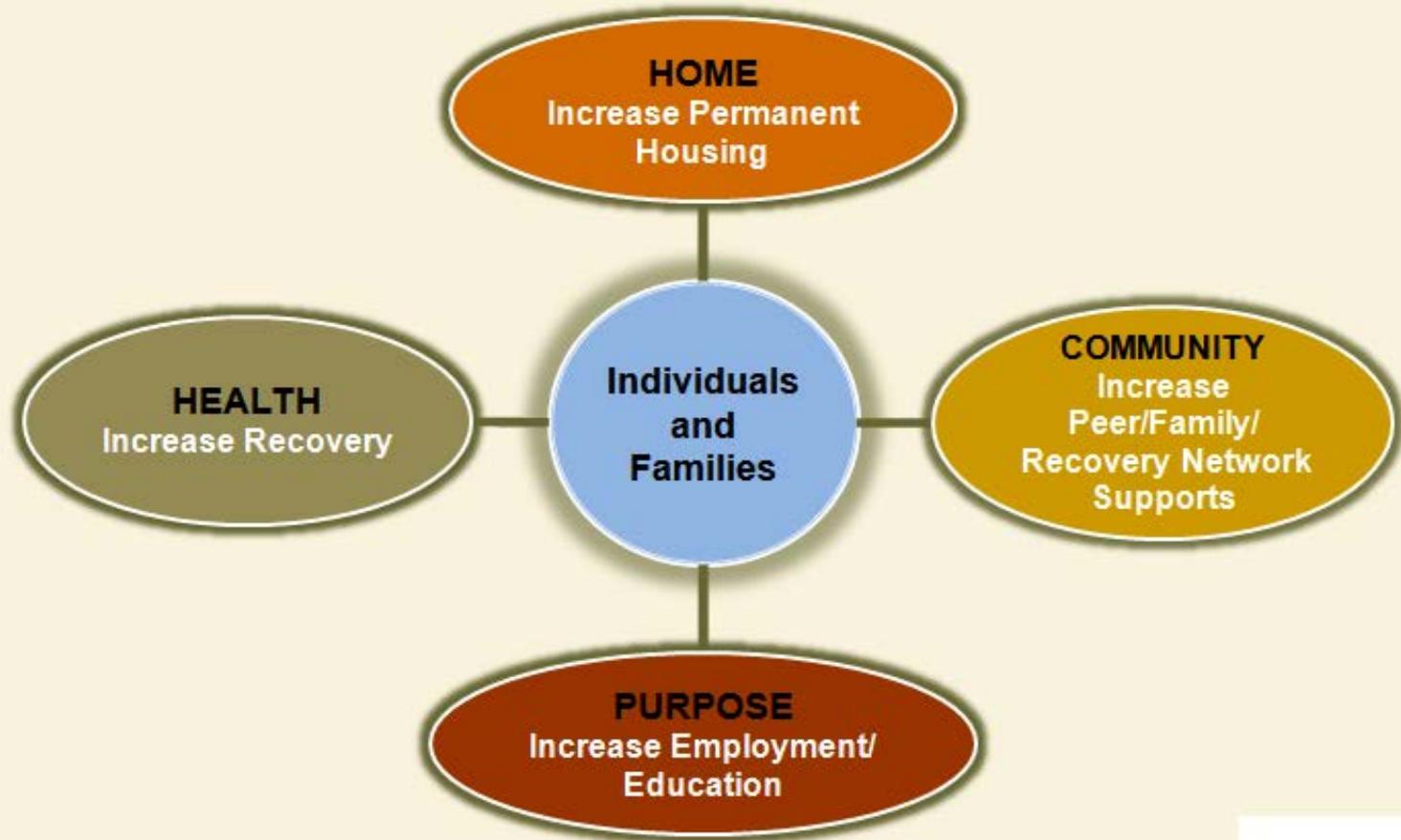
In a context in which behavioral health is essential to health, Recovery is:

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)

# Focus: Quality

## 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

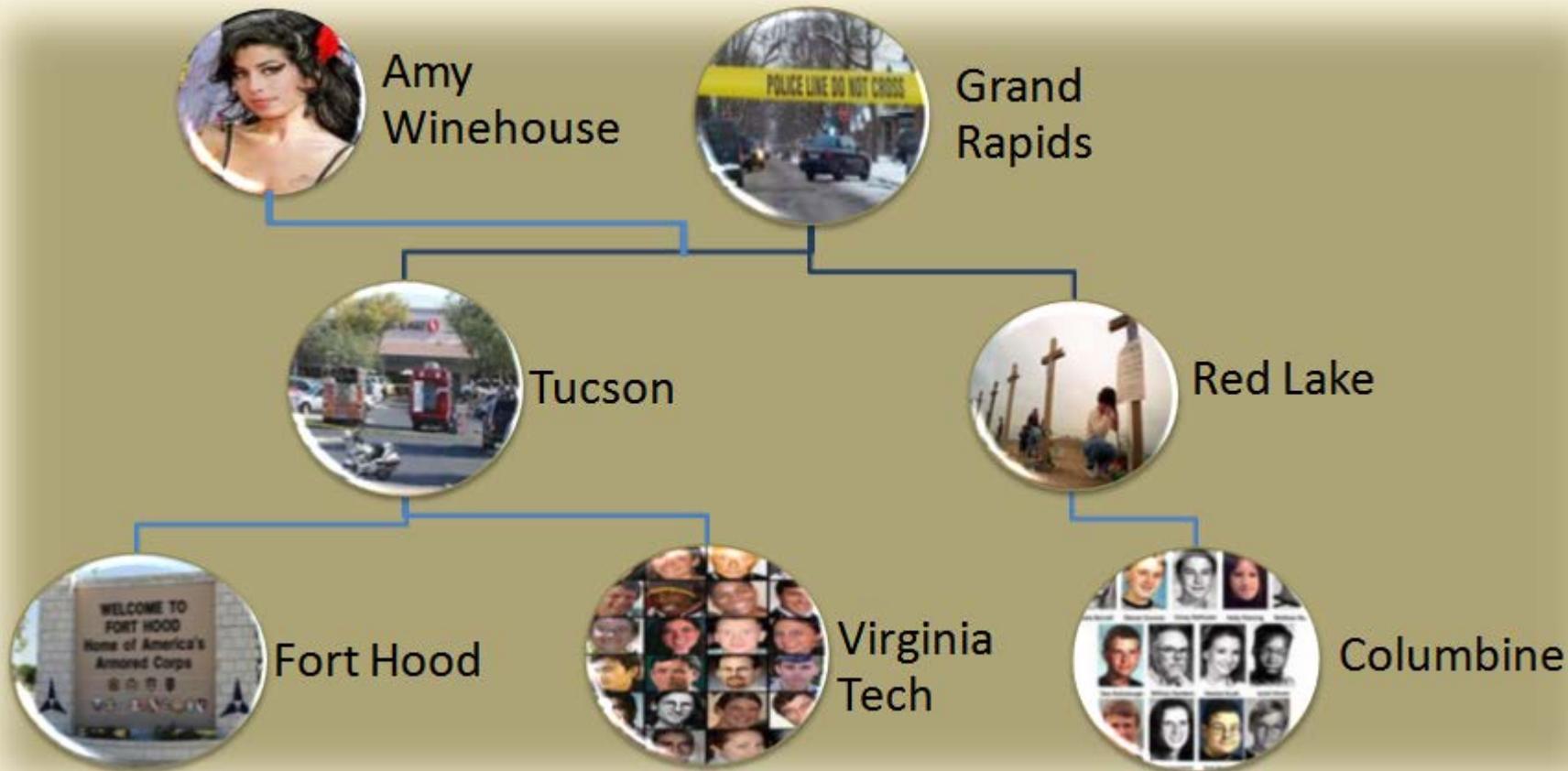
# National Behavioral Health Quality Framework

- June 15 Webcast/Listening Session – 500 plus 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

# Focus: A Different Kind of National Dialogue

- 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

# Tragedies



# 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 and police protection; tighter background checks; controlled access to weapons; legal control of perpetrators and 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 and 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, community coalitions, 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)

# Focus: Policy Challenges

- Budget
- SAMHSA Reauthorization
- Polarization of Beliefs re Government's Role, Health Care, and Spending Priorities
- Perception of BH as Part of Health
  - Central to Public Life
  - Central to Individual Health
  - Critical to Healthy Communities

# Help Us Change the Conversation!



**Behavioral Health is  
Essential to Health!**



**It's a Public Health Issue!**