



Behavioral Health is Essential To Health

Prevention Works





Treatment is Effective





Behavioral Health 2010: Challenges and Opportunities

Pamela S. Hyde, J.D.

SAMHSA Administrator

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Where Are We As a Field?

What's ahead?

How will SAMHSA lead?



How can the Council help shape the direction?



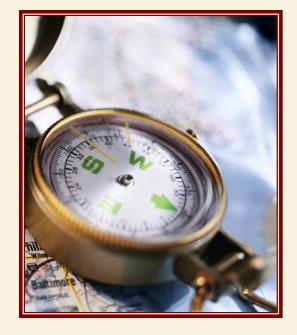
SAMHSA's Direction

→ Mission: To reduce the impact of substance abuse and mental illness on America's communities

→ Roles:

- Voice & Leadership
- Funding-Service Capacity Development
- Information/Communications
- Regulation and Standard Setting
- Improve Practice

→ 10 Strategic Initiatives





SAMHSA's 10 Strategic Initiatives

Provides Focus

- Budget planning
- Program development (New RFAs)

→ Aligns Resources

- Block Grants, formula grants, discretionary grants, contracts
- Human capital/program management
- Creates Consistent Message
- → A Work in Progress
 - Public input/open government



SAMHSA's 10 Strategic Initiatives

- 1. Prevention of Substance Abuse and Mental Illness
- 2. Trauma and Justice
- 3. Military Families—Active, Guard, Reserve, and Veteran
- 4. Health Reform
- 5. Housing and Homelessness
- 6. Jobs and Economy
- 7. Health Information Technology for Behavioral Health Providers
- 8. Behavioral Health Workforce—In Primary and Specialty Care Settings
- 9. Data, Quality, and Outcomes
- **10.** Public Awareness and Support



Prevention of Substance Abuse and Mental Illness Trauma and Justice

SAMHSA's 10 Strategic Initiatives

→ Prevention

- SA/MI Prevention Through Prevention Prepared Communities
- Suicide
- Underage Drinking/Alcohol Policies
- Tobacco Use Among Persons with SA/MI
- Prescription Drug Abuse

Trauma and Justice

- Trauma Informed Care and Screening
- Prevention & Diversion from JJ & Adult Criminal Justice Systems
- Impacts of Violence and Trauma on Children/Youth
- Incidence of Community Violence



- 3. Military Families—Active, Guard, Reserve, and Veteran
- 4. Health Reform

SAMHSA's 10 Strategic Initiatives

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Military Families

- Homelessness
- Prevention for families
- Access to Services in Civilian Service System (TRICARE)
- Suicide

Health Reform

- Affordable Care Act
- Medicaid/Medicare
- Block Grants
- Parity



Affordable Care Act

For millions of Americans the new health reform law significantly enhances access to healthcare, including prevention and treatment services for mental and substance use disorders





Affordable Care Act

- Victory for American families, for seniors; for workers and small businesses
- Holds insurance companies accountable to keep premiums down, prevent denials of care and coverage, including for pre-existing conditions
- Makes health insurance affordable for middle class and small businesses with one of largest tax cuts for health care in history - reducing premiums and out-of-pocket costs
- ➔ Expands health insurance coverage to 32 million Americans, guaranteeing that 95 percent of Americans will be covered



COVERAGE

- Expands Medicaid to 133% FPL—an estimated 16 million new enrollees, of which 1/3 are likely to have MI/SUD service needs—further strains treatment capacity shortages
- Focus of grant dollars will be for community prevention, wellness, and support services not paid for through insurance benefit plans
- Changes in Medicaid to assist youth to maintain coverage in times of transition will provide funding source, but still does not address other transition issues
- → Allows dependent coverage to age 26 (2010)
- → Elimination of pre-existing condition exclusions and policy terminations; guaranteed renewability critical for populations that often have been excluded (2010)
- Expanded options in home and community-based services for individuals with mental health and substance use disorders supports recovery orientation



SERVICES

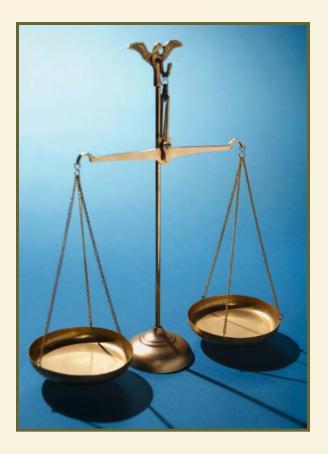
- New home visiting programs for young children—with a focus on families with substance use disorders
- Programs to expand "medical homes" to include behavioral health
- → School-based health clinics to provide mental and substance use disorder assessments, crisis intervention, counseling, treatment
- → Begin closing Medicare "doughnut hole" for prescription drugs for seniors and disabled individuals (2010)
- Establishes a "Medicaid Emergency Psychiatric Demonstration"



PARITY

 Parity required in essential benefits plans offered through exchanges

 Parity law requires parity in private health plans that choose to offer MH/SUD





PREVENTION

- Prevention research programs and national prevention plans
- Coverage of preventive services in benefits packages, including SBIRT, without cost-sharing
- → Allowing states to cover prevention services under Medicaid (2010)
- Prevention Trust Fund

TRAINING & RESEARCH

- Increased patient-centered health research
- Training grants for behavioral health workforce
- Training on MH/SUD for Primary Care Extender



COSTS & FUNDING

- → Tax credits for small businesses offering coverage (2010)
- ➔ Tax credits for individuals purchasing insurance
- Vouchers for low-income individuals not eligible for Medicaid to purchase insurance through exchanges
- Increased Medicaid and commercial insurance funding of mental health and substance abuse services
- → Allows SAMHSA block grant and grant dollars to be focused on recovery plans and support services not paid for through insurance benefit



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SUPPORT FOR WORKFORCE DEVELOPMENT

- → Funding for residencies for behavioral health included with other disciplines
- ➔ Loan repayment programs
- Push towards more national certification standards
- ➔ Push towards re-licensure and re-certification





SAMHSA's Role in Affordable Care Act

Consultation regarding health homes (in health and community mental health settings)

Primary care/behavioral health integration (both directions)

→ Centers of Excellence on Depression (up to 10, if funded)



Other SAMHSA Implementation Activities

- → Workforce Development and Training Grants (with HRSA)
- → Dual Eligibles (with CMS)
- → SA/MH Services (and Definitions):
 - Essential Benefits in Health Insurance Exchange Plans
 - Medicaid Benchmark Plans
 - Medicaid Waiver Programs
- Consumer Operated/Peer Services
- SAMHSA's Technical Assistance for and Process with State of the Sta

Housing and Homelessness
Jobs and Economy

SAMHSA's 10 Strategic Initiatives

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→Housing/Homelessness

- Permanent Supportive Housing for Chronically Homeless Persons with SA/MI
- Homeless Veterans
- Homeless Families
- Address Policy, Financial, and Capacity Barriers
- ICEH Report

Jobs and Economy

- BH Impacts of Economic Situation
- Jobs for Persons with SA/MI
- Employer and Workplace



7. Health Information Technology (HIT) for Behavioral Health Providers8. Workforce

SAMHSA's 10 Strategic Initiatives

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Health Information Technology

- Provider Adoption/Implementation of EHRs
- EHR Standards and Quality Measures
- Privacy/Confidentiality Issues

Workforce

- Numbers and Distribution of Workforce
- Primary Care/BH Integration
- Use of Peers, Recovery Coaches, Paraprofessionals
- EBP Practices and Thinking
- Recovery in Professional Curricula and Competencies



Data, Outcomes, and Quality
Public Awareness and Support

SAMHSA's 10 Strategic Initiatives

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Data, Outcomes, and Quality

- Single SAMHSA Data Platform
- Common Data Requirements for States
- Common Evaluation and Service System Research Framework
- Quality of Services (Including EBPs)
- Prevention Billing Codes
- Recovery Measures

Public Awareness and Support

- SAMHSA Branding
- Consolidation of Websites
- Common Fact Sheets
- Single 800 #
- Consistent Messages Communications Plan for Initiatives
- Use of Social Media



SAMHSA Key Messages

Behavioral health is essential to health

• Improves health status

Lowers costs for families, businesses, and governments

- Prevention works
- Treatment is effective
- People recover





SAMHSA Principles

→ People

• Stay focused on the goal

→ Partnership

Cannot do it alone



→ Performance

• Make a measurable difference



