Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
CHALLENGES AND OPPORTUNITIES FOR ADDICTION PROFESSIONALS: BEHAVIORAL HEALTH AS PUBLIC HEALTH IN AN ERA OF HEALTH REFORM

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SAMHSA: INFLUENCERS AND CHANGE DRIVERS

- BH by the numbers
- Budget
- Now is the Time
- ACA
- Congress
- Leading Change 2.0
2012 NSDUH: MENTAL HEALTH FINDINGS, PAST YEAR, 18 AND ↑

- Any Mental Illness: ~ 43.7 million (18.6 percent)
- Serious Mental Illness: ~ 9.6 million (4.1 percent)
- Major Depressive Episode: 16.0 million (6.9 percent)
- Suicide: 9.0 million (3.9 percent) had serious thoughts; 2.7 million (1.1 percent) made a plan; 1.3 million (0.6 percent) attempted
  - 11 M if include youth data from other sources
  - Almost 1/3 have BAC level above legal limit
  - Growing understanding of connection to other drugs
2012 NSDUH: SUBSTANCE DEPENDENCE OR ABUSE, PAST YEAR, 12 AND ↑

- 22.2 million classified with SA/Dependence (8.5 percent)
- Alcohol remains significant drug of abuse for many Americans
- Marijuana ↑: Still most commonly used illicit drug in America; Nearly 19 million past month users, and growing
- Prescription Drugs (Non-Medical Use) ↓ but . . .
  - Continuing ↑ in # of people w/ dependence or abuse of pain relievers
  - ↑ in adverse events and deaths – ER visits, now surpassing illicit drugs
- Heroin ↑
  - # of past year users almost doubled 2007 – 2012 (373,000 to 669,000)
  - # of persons w/ dependence/abuse >2x # since 2002 (214,000 to 467,000)
- Cocaine/Methamphetamine ↓
2012: MARIJUANA AND ALCOHOL USE

 Marijuana – most commonly used “illicit” drug
  - 18.9 million past month users
  - 2007 – 2012, current use ↑ from 5.8 to 7.3 percent
  - 2007 – 2012, daily/almost daily use ↑ from 5.1 to 7.6 M

 Alcohol – most commonly used substance
  - 136 M individuals reported past month use
  - 60 M reported binge drinking
  - 17 M reported heavy use
SPECIFIC ILLICIT DRUG DEPENDENCE OR ABUSE
PAST YEAR, 12 OR ↑

2012

- Marijuana: 4,304,000
- Pain Relievers: 2,056,000
- Cocaine: 1,119,000
- Tranquilizers: 629,000
- Stimulants: 535,000
- Heroin: 467,000
- Hallucinogens: 331,000
- Inhalants: 164,000
- Sedatives: 135,000

Numbers in Thousands

SAMHSA NSDUH 2012
NUMBER OF STATES W/ DECRIMINALIZATION AND MEDICINAL USE LAWS EXPANDING

NOW: PUBLIC OPINION AND PUBLIC POLICY SHIFTING
**Focus:** Impact of current status of marijuana on BH, not legalization

**Inventory and Recommend Activities:** Data/surveillance, regulation of medicinal uses, addiction treatment, prevention, research, messaging/communications, coordination with other departments

- Review of DOJ, DEA, WH public positions (e.g., disparities)
- Potential health impact: drug-drug, underage or public use, etc.

**Goals:** Identify emerging issues, e.g., data re use, research, policy, program, enforcement of legal use (e.g., youth, driving), workplace drug testing, etc.
RECENT PAST: A MOUNTAIN OF DATA CHALLENGING TO PUT TO PRACTICAL USE

NOW: BEHAVIORAL HEALTH BAROMETERS

→ Tracks behavioral health of the nation and the 50 states (+ DC)
→ Illuminates important trends - many positive - in Americans' behavioral health
→ Anticipated to be annual, with multiple fund sources and expanding
PREVENTION AS A PRIORITY: CHALLENGE AND OPPORTUNITY

- Trauma & violence – impact on young people/communities
- Exploring relationship between SA and suicide
- National commitment to drive ↓ # of suicide deaths; and SAMHSA commitment to drive ↓ # of suicide attempts
- Focus on prevention and early intervention in first episode psychosis and other mental illnesses (MHBG)
- Incorporating community prevention/coalitions from SA into prevention of MI and emotional health development
- Prevention of prescription drug abuse = ↑ in heroin use???
  - Prevention of death from overdose (Toolkit)
- Expanding military/vets work to include prevention
SAMHSA BUDGET – TOUGH TIMES/CHOICES

FY 2009 - FY 2014 Total Program Level

Total Program Level includes: Budget Authority, PHS Evaluation Funds, and Prevention and Public Health Funds.

*FY 2014 total also includes $1.5M estimated for User Fees for Extraordinary Data and Publication Requests. Totals may not add due to rounding.
FY 2014 BUDGET

FY 2014 Enacted is $3.631 B - ↑ $277M from FY 2013 Enacted

Community Mental Health Services Block Grant: $483.744M
  • ↑ $47M from 2013 Enacted (w/ specific requirement)

Substance Abuse Prevention and Treatment Block Grant: $1.82 B
  • ↑ $110M from 2013 Enacted

Other Activities w/ Increased Funding: Homeless Prevention ($2M), Treatment Systems for Homelessness ($2M), PATH ($3M), PAIMI ($2M), SPF ($2M), and Criminal Justice Activities ($11M)

New Funding:
  • Now is the Time ($115 M) – Proj Aware, Workforce, Healthy Transitions, MFP
  • Tribal BH Grants ($5 M) – (SA, Suicide, MH promotion)
  • Disaster Helpline and National Strategy for Suicide Prevention implementation

Drug Free Communities
FY 2015 AND FY 2016 BUDGETS

FY 2015 – President’s Budget released 3-4-14
- SAMHSA’s budget rollout 3-5-14

FY 2016 – Planning begins April 2014; goes through January 2015

Issues
- Debt ceiling
- Deficit
- Mid-term elections
- Type of funding

Prevention priority not just about budget
LESS THAN HALF OF PEOPLE W/ BH CONDITIONS RECEIVE CARE

NOW: PRESIDENT’S PLAN – MENTAL HEALTH AS A PUBLIC HEALTH ISSUE

- 23 Executive Actions to reduce access to guns and increase MH services

- FY 2014 Budget MH Proposals –
  - SAMHSA – $115M of $130M requested
  - CDC, DOJ, ED also received funding

- National Dialogue on Mental Health –
  www.mentalhealth.gov
  - Twitter
  - Facebook
  - Community Conversations

“We are going to need to work on making access to mental health care as easy as access to a gun.”
– President Obama
NOW IS THE TIME – $115 M for SAMHSA

$55 M for Project AWARE to improve MH awareness, increase referrals to BH services and support systems
  • $40 M for Project AWARE state grants
  • $15 M for Mental Health First Aid

$20 M for Healthy Transitions to support youth ages 16 to 25 w/ MH and SA problems and their families

$50 M for BH Workforce activities:
  • $35 M jointly administered w/ HRSA to expand the Mental and Behavioral Health Education and Training (MBHET) Grant Program
  • $5 M for expansion of Minority Fellowship Program - Youth
NOW: COVERAGE IS ACCESSIBLE AND AFFORDABLE

▶ > 8 M people have signed up for private insurance through the Marketplace, have learned they’re eligible for Medicaid, or have renewed their Medicaid coverage (Medicaid \textit{parity} reg coming)

▶ > 4 M people have enrolled in private insurance through the Marketplace (w/ \textit{parity} of benefits)

▶ > 6 M people have learned they’re eligible for Medicaid or have renewed their coverage

▶ > 3 M young adults had already gained coverage by staying on their parent’s plan until age 26

OPEN ENROLLMENT ENDS MARCH 31
SAMHSA REACHING OUT

- Regional Administrators
- Redesigning www.SAMHSA.gov
- Growing use of Helplines
  - Suicide prevention
  - Disaster response
- Apps and social media
  - Underage drinking
  - Recovery support
  - Suicide prevention
  - Disaster response
- Data sources and uses↑

Connect with SAMHSA
FEDERAL LEVEL INITIATIVES

Prescription Drug Abuse

Preventing Underage Drinking

Suicide Prevention Implementation

Ending Bullying

National Dialogue
NEW PUBLIC/PRIVATE PARTNERSHIPS AND RESOURCES EMERGING

OK2TALK.ORG

CREATINGCOMMUNITYSOLUTIONS.ORG

MAYOR’S RESOURCE GUIDE

SUSTAINABLE HOUSING AND MENTAL HEALTH SERVICES ADMINISTRATION
RECENT PAST: SA & MH FIELDS APPREHENSIVE
BH & PRIMARY CARE WORLDS APART

NOW: BH IS ESSENTIAL TO HEALTH – NEW *INTEGRATION* IMPLICATIONS

- BH’s role in community health
- M/SUDs understood, managed, paid for as any other health condition
- Primary care’s role in MI/SA screening and treatment
- Specialty care’s role AFTER or in collaboration with primary care referral
- Relationships
- Workforce
PRIMARY CARE/BEHAVIORAL HEALTH INTEGRATION

**OASH:** Co-morbidity working group

**SAMHSA’S Primary/BH Integration (PBHCI):** Physical health of adults w/ SMI and technical assistance for bi-directional integration (Center for Integrated Health Solutions, w/ HRSA)

**HRSA FQHCs:** Integrating BH screening, brief intervention and treatment

**AHRQ Center for Integration Models:** Developing models of integrated BH care in primary care settings
CMMI Innovative Financing Models for Integration: Grants to test models

Medicare Accountable Care Organizations: Payment for integrated care and outcomes (ASPE tracking impacts for BH)

CMS Health Homes (Section 2703): Whole person care for persons with specific characteristics or health conditions (SAMHSA consultation)

CMS Partnership for Patients: Reducing hospital readmissions; increasing quality
RECENT PAST: WORKFORCE A GROWING CONCERN & COMPLICATED CHALLENGE

NOW: AN EMERGING STRATEGIC APPROACH

- March 2013: Workforce Report to Congress
  - Capacity
  - Data and collection processes
  - Training and education
  - Non-traditional workforce – peers, community health workers, paraprofessionals

- Minimum Data Set work with HRSA

- Spring 2013: NITT workforce budget proposals w/ HRSA

- Sept 2013: SAMHSA & HRSA BH Workforce Forum (inventory)

- Sept 2013: SAMHSA Evolving BH Workforce Meeting

- Spring 2014: Budget and new SI for 2015-2018
WHAT DOES THE WORKFORCE SHORTAGE LOOK LIKE?

By one estimate...

- Nearly 91 M Americans live in federally designated MH professional shortage areas – only one psychiatrist for at least every 30,000 residents

- 55 percent of U.S. counties – all of them rural – have no psychiatrists, psychologists or social workers

- Filling just these needed positions nationally would take at least 1,846 psychiatrists & 5,931 other professionals

- Primary care and ER health workers have to be trained in BH as we train more BH specialists
CONSIDERATIONS FOR ADDRESSING TODAY’S WORKFORCE SHORTAGE?

- Competencies (specialty, primary care, peers)
- Training and Education (pre- and post-degree)
- Communication and Messaging
- Data Collection and Tracking
- Capacity: Recruitment and Retention
RECENT PAST: LEADING CHANGE W/ 8 STRATEGIC INITIATIVES

NOW: LEADING CHANGE 2.0

➤ Out for public comment by April
➤ Will contain new initiatives
➤ Will guide the next 4 years
SAMHSA OF THE FUTURE – FY 2014 AND BEYOND

SAMHSA’s Strategic Initiatives 2011 – 2014
1. Prevention
2. Trauma and Justice
3. Military Families
4. Recovery Support
5. Health Reform
6. Health Information Technology
7. Data, Outcomes & Quality
8. Public Awareness & Support

SAMHSA’s Strategic Initiatives 2015 – 2018
1. Prevention
2. Health Care and Health Systems Integration
3. Trauma and Justice
4. Recovery Support
5. Health Information Technology
6. Workforce
SAMHSA’S THEORY OF CHANGE:
ADVANCING THE BH OF THE NATION

INNOVATION
- Proof of concept
- Services
- Research
- Practice-based Evidence

TRANSLATION
- Implementation
- Science
- Demonstration Programs
- Curriculum Development
- Policy Development
- Financing Models and Strategies

DISSEMINATION
- Technical Assistance
- Policy Academies
- Practice Registries
- Social Media
- Publications
- Graduate Education

IMPLEMENTATION
- Capacity Building
- Infrastructure Development
- Policy Change
- Workforce Development
- Systems Improvement

SURVEILLANCE

EVALUATION

WIDESCALE ADOPTION
- Medicaid
- SAMHSA Block Grants
- Medicare
- Private Insurance
- DOD/VA/DOL/DOJ/ED
- ACF/CDC/HRSA/IHS

SURVEILLANCE
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