



A View from SAMHSA: Federal Updates on Behavioral Health

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SAMHSA's Mission and Vision

2

- SAMHSA's **MISSION**:
Reduce the impact of
substance abuse and
mental illness on
America's communities

Behavioral health is essential to health

Prevention works

Treatment is effective

People recover

SETTING THE CONTEXT

Scanning the Environment

- ACA –enrollment/payment
- Emerging science
- Healthcare integration
- Parity – MHPAEA Final Rule
- AG's call for treatment rather than incarceration for SA
- ↑ understanding of BH role in health promotion, prevention, treatment and costs
- President's/nation's attention to MH issues
 - www.mentalhealth.gov
 - www.creatingcommunitysolutions.org



Changing Health Care Environment

5

- **Behavioral Health** is essential to **Health**
- **Prevention/Wellness** rather than illness
- **Quality** rather than Quantity – saving costs through better care rather than less care
- Inclusive – everyone's **Eligible** for something
- **Public Payers' Roles** changing
- Implications for the **Behavioral Health Workforce**

Region VII States



6

| State | Capital | Population ¹ | Pop. Density ² | SUD Prevalence ³ | SMI Prevalence ⁴ | Suicide Rate ⁵ |
|----------------------|-----------------------|-------------------------|---------------------------|-----------------------------|-----------------------------|---------------------------|
| Iowa | Des Moines | 3,046,355 | 54.5 | 8.83 | 4.59 | 12.1 |
| Kansas | Topeka | 2,853,118 | 34.9 | 8.52 | 4.14 | 13.9 |
| Missouri | Jefferson City | 5,988,927 | 87.1 | 7.36 | 4.73 | 14.0 |
| Nebraska | Lincoln | 1,826,341 | 23.8 | 8.24 | 4.49 | 10.4 |
| <i>United States</i> | <i>Washington, DC</i> | <i>308,745,538</i> | <i>87.4</i> | <i>8.5</i> | <i>3.9</i> | <i>12.1</i> |

¹U.S. Census 2010 resident population, all ages

²U.S. Census 2010

³SAMHSA, NSDUH 2010-2011, Table 19. Dependence on or Abuse of Illicit Drugs or Alcohol in Past Year among Persons Aged 18 or Older (Substance Use Disorder).

⁴SAMHSA, NSDUH 2010-2011, Table 22. Serious Mental Illness in Past Year among Persons Aged 18 or Older (revised October 2013).

⁵CDC, National Vital Statistics System-Mortality (NVSS-M) 2010, per 100,000

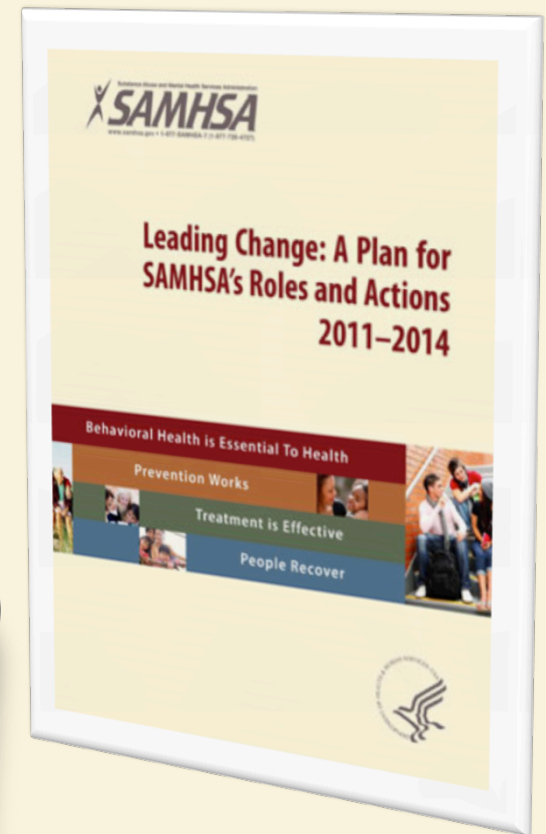
SAMHSA's STRATEGIC INITIATIVES

LEADING CHANGE W/ 8 STRATEGIC INITIATIVES

8

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 Strategic Initiatives

Business
Operations

Data

Communications

Health Financing

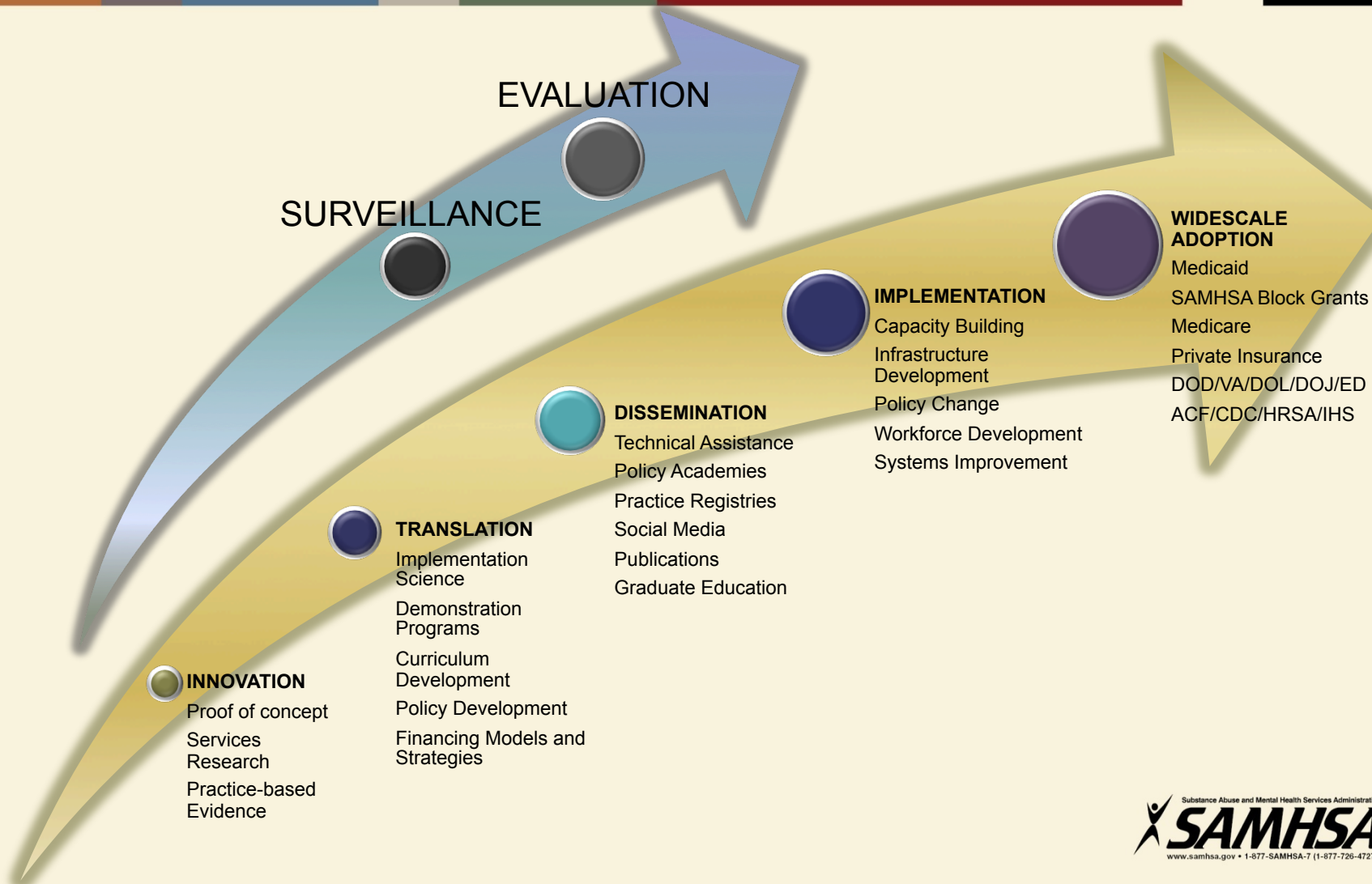
Policy

Resource
Investment

Staff
Development

SAMHSA'S THEORY OF CHANGE: ADVANCING THE BH OF THE NATION

10



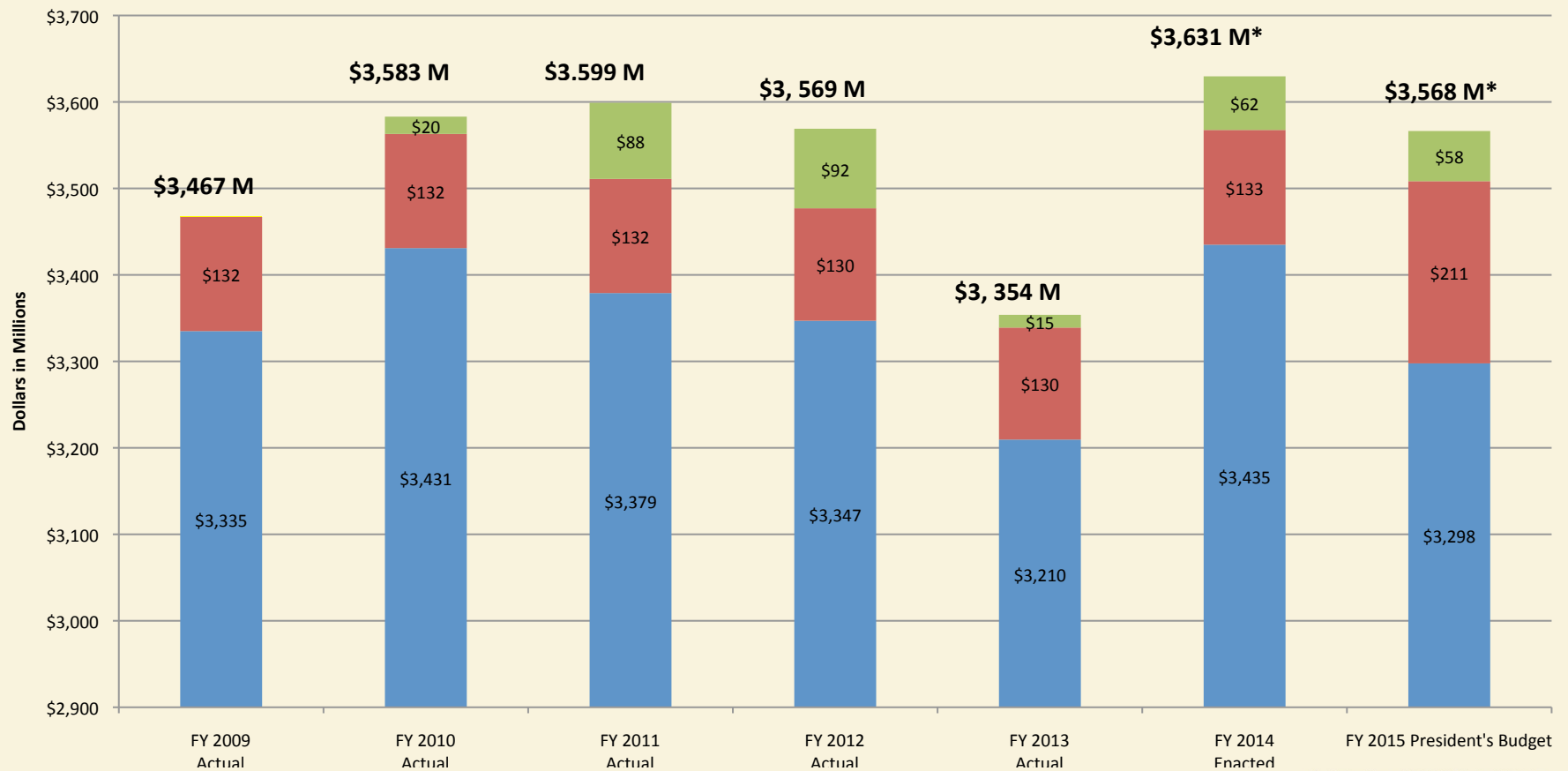
SAMHSA BUDGET UPDATE

FY 2009 – FY 2015

- Prevention Funds
- PHS Funds
- Budget Authority

12

FY 2009 - FY 2015 Total Program Level



* FY 2014 & FY 2015 totals include \$1.5 M each year for extraordinary data and publication requests user fees

FY 2014 BUDGET

13

- ➔ FY 2014 Enacted is **\$3.631 B** - ↑ \$277M from FY 2013 Enacted
- ➔ Community Mental Health Services Block Grant: \$483.744M
 - ↑ \$47M from 2013 Enacted (includes new 5% setaside)
- ➔ 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

NOW IS THE TIME – \$115 M for SAMHSA

14

- ➔ \$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
 - \$10 M Peer Professionals Workforce Program
 - \$5 M for expansion of Minority Fellowship Program

President's 2015 Budget Request

15

- ➔ Supports President's Commitment to and Investment in the Nation's Health through Key Behavioral Health Priorities
- ➔ Maintains FY 2014 Increases in Critical Block Grant Funding
- ➔ Maintains FY2014 Funding Ratio
 - SA (68 percent)
 - MH (32 percent)

President's 2015 Budget Request

16

- ➔ Requests funding for New Programs
 - Primary Care & Addiction Services Integration
 - SPF Rx
 - Adult Trauma Screening/Brief Intervention
 - Science of Changing Norms
 - Peer Professionals Workforce Development
- ➔ Continues Now is the Time
- ➔ New Access to Recovery/ATR Funding is not Requested

Block Grant in the Health Reform Era

17

- To fund priority treatment and support services for *individuals without insurance*
- To fund those priority *evidence-based treatment and support services* that are not covered by Medicaid, Medicare or private insurance for low income individuals
- To fund *primary prevention*-universal, selective and indicated prevention activities and services for persons not identified as needing treatment
- To collect *performance and outcome data* to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and to plan the implementation of new services

LEGISLATIVE/REGULATORY UPDATES

Mental Health Parity and Addiction Equity Act (MHPAEA)

19

A group health plan and a health insurance issuer offering health insurance coverage in the group or individual market must ensure that

Financial requirements and **Treatment limitations**
(such as copays and deductibles) (such as visit limits)

applicable to mental health or substance use disorder (MH/SUD) benefits are **no more restrictive than** the predominant requirements or limitations applied to substantially all medical/surgical benefits.

19

PARITY/ACA: PROJECTED REACH

20

| | Individuals who will gain MH, SUD, or both benefits under the ACA including federal parity protections | Individuals with existing MH and SUD benefits who will benefit from federal parity protections | Total individuals who will benefit from federal parity protections as a result of the ACA |
|--|--|--|---|
| Individuals currently in individual plans | 3.9 million | 7.1 million | 11 million |
| Individuals currently in small group plans | 1.2 million | 23.3 million | 24.5 million |
| Individuals currently uninsured | 27 million | n/a | 27 million |
| <u>Total</u> | <u>32.1 million</u> | <u>30.4 million</u> | <u>62.5 million</u> |

NOTE: These estimates include individuals and families who are currently enrolled in grandfathered coverage

Source: ASPE Research Brief, February 2013

Excellence in Mental Health Act Medicaid Pilot Program

21

- ➔ Enacted March 31, 2014 as part of the Protecting Access to Medicare Act (H.R. 4302)
- Creates Criteria for “Certified Community Behavioral Health Clinics”
- Provides \$25.0 million in planning grants to participate in the 2 year pilot (90% FMAP)
- Stipulates that 8 states will be selected
- Requires Prospective Payment System for Reimbursement

Recent Bills Introduced in the 113th Congress and Corresponding SAMHSA Programs

22

- ➔ H.R. 274/S.153, the *Mental Health First Aid Bill* -- A bill to amend section 520J of the Public Health Service Act to authorize grants for mental health first aid training programs.

Recent Bills Introduced in the 113th Congress and Corresponding SAMHSA Programs

23

- ➔ H.R. 628/S.195, the *Mental Health in Schools Act of 2013* -- To amend the Public Health Service Act to revise and extend projects relating to children and violence to provide access to school-based comprehensive mental health programs.
- ➔ H.R.1263/S.264, the *Excellence in Mental Health Act* – A bill to increase access to community behavioral health services for all Americans and to improve Medicaid reimbursement for community behavioral health services.

Recent Bills Introduced in the 113th Congress and Corresponding SAMHSA Programs

24

- ➔ H.R. 2734/S. 116, *the Garrett Lee Smith Memorial Act Reauthorization of 2013* – A bill to revise and extend provisions under the Garrett Lee Smith Memorial Act.
- ➔ H.R.2957/S. 1517, *the Behavioral Health Information Technology Act of 2013* – A bill to extend health information technology assistance eligibility to behavioral health, mental health, and substance abuse professionals and facilities, and for other purposes.

Recent Bills Introduced in the Senate (only) and Corresponding SAMHSA Programs

25

- ➔ *S. 348, the Prescription Drug Abuse Prevention and Treatment Act of 2013* - A bill to provide for increased Federal oversight of prescription opioid treatment and assistance to States in reducing opioid abuse, diversion, and deaths.

Recent Bills Introduced in the Senate (only) and Corresponding SAMHSA Programs

26

- ➔ S. 689, the *Mental Health Awareness and Improvement Act of 2013* – A bill to reauthorize and improve programs administered by both the Departments of Education and Health and Human Services related to awareness, prevention, and early identification of mental health conditions, and the promotion of linkages to appropriate services for children and youth.

Recent Bills Introduced in the House (only) and Corresponding SAMHSA Programs

27

- ➔ H.R. 498, *Sober Truth on Preventing Underage Drinking Reauthorization Act, or the “STOP Act”*— A bill to reauthorize the Sober Truth on Preventing Underage Drinking (STOP) Act to provide for programs and activities with respect to the prevention of underage drinking.

Recent Bills Introduced in the House (only) and Corresponding SAMHSA Programs

28

- ➔ H.R. 672, the *Prescription Drug Abuse Prevention and Treatment Act of 2013* - To provide for increased Federal oversight of prescription opioid treatment and assistance to States in reducing opioid abuse, diversion, and deaths.

Recent Bills Introduced in the House (only) and Corresponding SAMHSA Programs

29

- ➔ H.R. 752, the *Methamphetamine Education, Treatment, and Hope (METH) Act* - A bill to amend the Public Health Service Act to provide for the establishment of a drug-free workplace information clearinghouse, to support residential methamphetamine treatment programs for pregnant and parenting women, to improve the prevention and treatment of methamphetamine addiction, and for other purposes.

Recent Bills Introduced in the House (only) and Corresponding SAMHSA Programs

30

- H.R. 2130, the *Access to Substance Abuse Treatment Act of 2013* - It is the purpose of this Act to: (1) reduce crime and improve public safety by making treatment for heroin, cocaine, methamphetamine, 3,4-ethylenedioxymethamphetamine (ecstasy), and phencyclidine (PCP) abuse available to every American who needs it; (2) keep families together by encouraging alternatives to incarceration for nonviolent drug law offenses; (3) help identify root causes and most effective treatment methods for heroin, cocaine, methamphetamine, 3,4-methylenedioxymethamphetamine, and phencyclidine abuse; and (4) expand research into cutting-edge treatment methods for stimulant abuse.

Recent Bills Introduced in the House (only) and Corresponding SAMHSA Programs

31

- ➔ H.R. 3717, *Helping Families In Mental Health Crisis Act of 2013* – A bill to make available needed psychiatric, psychological, and supportive services for individuals diagnosed with mental illness and families in mental health crisis, and for other purposes.

Recent Bills Introduced in the House (only) and Corresponding SAMHSA Programs

32

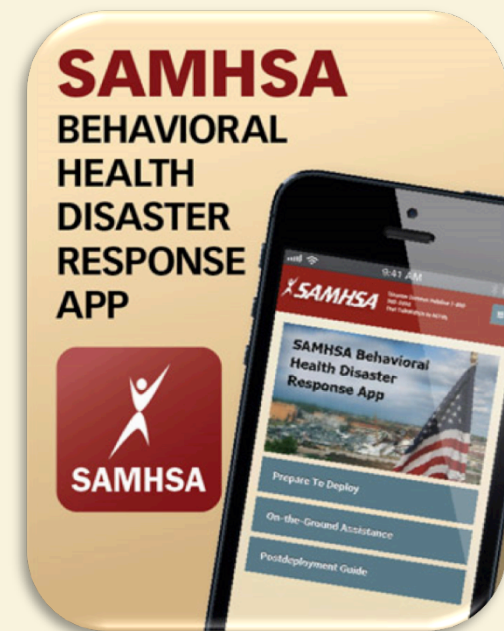
- ➔ H.R. 4574, *Strengthening Mental Health in Our Communities Act of 2014* – A bill to maximize the access of individuals with mental illness to community-based services, to strengthen the impact of such services, and for other purposes.

SAMHSA RESOURCES AND ACTIVITIES

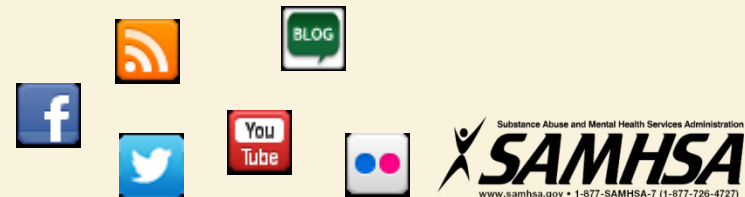
SAMHSA REACHING OUT

34

- ➔ 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 ↑

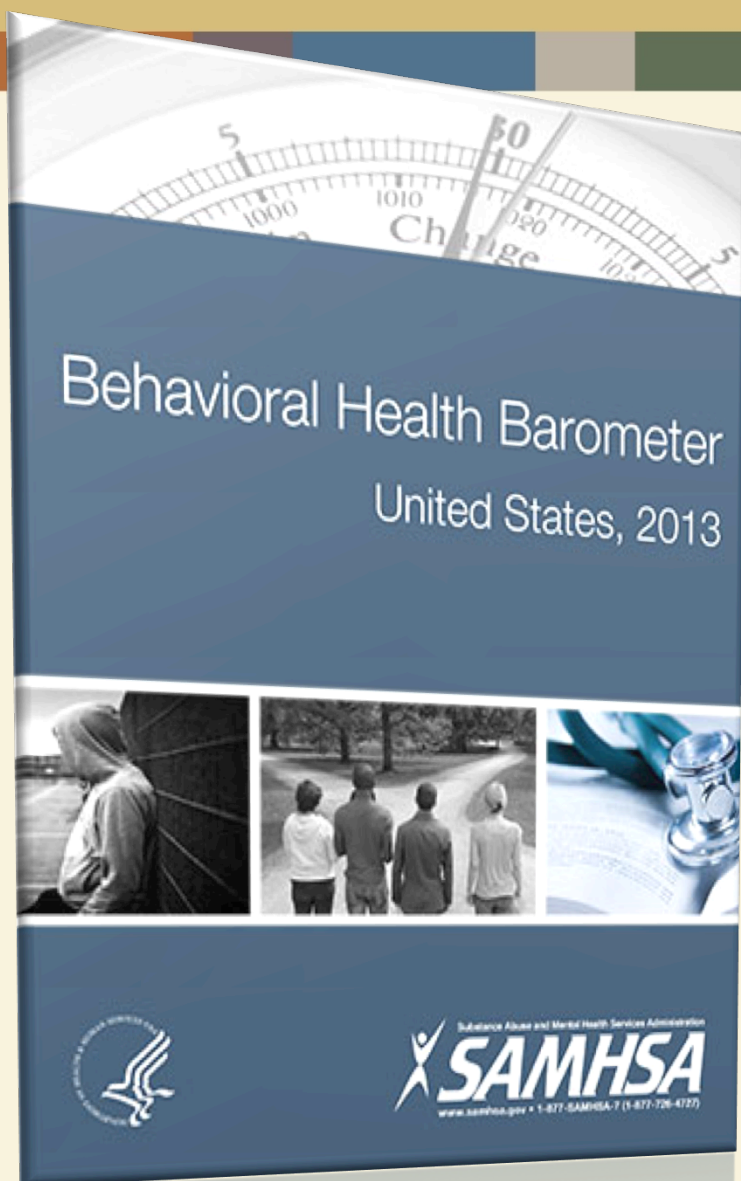


Connect with SAMHSA



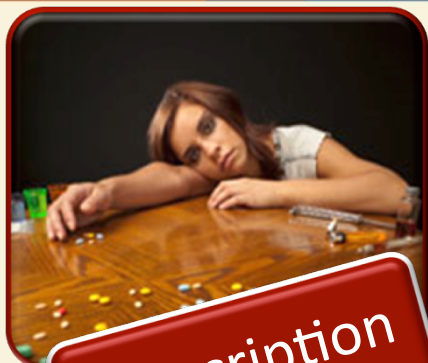
A SAMPLE OF NEW PRODUCTS AND RESOURCES

35



FEDERAL LEVEL INITIATIVES

36



Prescription
Drug Abuse

ialk
they hear you

Preventing
Underage
Drinking

Mental
Health
.gov

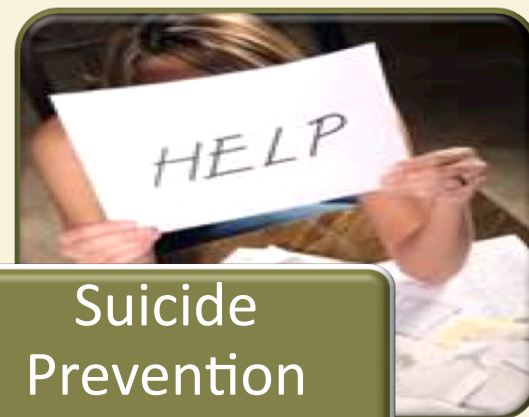
National
Dialogue



Opioid
Overdose

stopbullying.gov

Ending
Bullying



Suicide
Prevention
Implementation

NEW PUBLIC/PRIVATE PARTNERSHIPS AND RESOURCES EMERGING

37

OK2TALK.ORG



CREATINGCOMMUNITYSOLUTIONS.ORG



MAYOR'S RESOURCE GUIDE

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Thank You and Questions

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