Resilience...and the Seismic Change in Behavioral Healthcare Delivery

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DHHS Region IX

DHHS Organizational Chart

One of 11 DHHS Grant making agencies, appx.
Approximately 550 employees; 10 Regional Offices
SAMHSA’s FY 2014 budget is approximately $3.6 billion
Behavioral Health: A National Priority

- SAMHSA’s Mission:
  Reduce the impact of substance abuse and mental illness on America’s communities

SAMHSA Core Functions

- Leadership and Voice
- Data/Surveillance
- Practice Improvement -- Technical Assistance, Quality Measures, Evaluation/Services Research
- Public Awareness and Education
- Grant-making
- Regulation and Standard Setting

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 OF THE FUTURE – FY 2014 AND BEYOND

- SAMHSA’s Strategic Initiatives 2011 – 2014
- SAMHSA’s Strategic Initiatives 2015 – 2018

FY 2009 – FY 2015

- FY 2009 – FY 2015 Total Program Level
- FY 2009 – FY 2015 includes $1.5 M annually for extraordinary data and publication request user fees
SAMHSA Funding AZ 2014-15

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
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<tbody>
<tr>
<td>Total Funds</td>
<td>$68,654,706</td>
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<tr>
<td>Subtotal of Formula Funding</td>
<td>$51,845,916</td>
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<tr>
<td>Subtotal of Discretionary Funding</td>
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<tr>
<td>Total Mental Health Funds</td>
<td>$18,256,461</td>
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<tr>
<td>Total Substance Abuse Funds</td>
<td>$50,398,245</td>
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http://www.samhsa.gov/grants-awards-by-state/Arizona

SAMHSA Budget FY 2014

- One page overview
- HHS/SAMHSA FY 2014 Budget Website (beta)

SAMHSA Discretionary Grant Opportunities Page

http://samhsa.gov/grants/grant-announcements

Discretionary Grant Announcement Page Example
Resiliency Related Grants

- Adult Treatment Court Collaboratives
- Cooperative Agreements to Benefit Homeless Individuals for States (CABHI-States)
- Implementation Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and their Families Program
- Planning Grants for Expansion of the Comprehensive Community Mental Health Services for Children and their Families
- Recovery Community Services Program-Statewide Network
- Statewide Peer Networks for Recovery and Resiliency
- Supported Employment Program

SAMHSA

Behavioral Health Impact on Physical Health

NIDA Principles of Drug Addiction Treatment 3rd Edition


NIDA Principles of Drug Addiction Treatment 3rd Edition

BH Impact on Physical Health

- MH problems increase risk for physical health problems & SUDs increase risk for chronic disease, sexually transmitted diseases, HIV/AIDS, and mental illness.
- People with M/SUDs are nearly 2x as likely as general population to die prematurely, often of preventable or treatable causes.
- Cost of treating common diseases higher when a patient has untreated BH problems:
  - Hypertension – 2x the cost
  - Coronary heart disease – 3x the cost
  - Diabetes – over 4x the cost
- M/SUDs rank among top 5 diagnoses associated with 30-day readmissions: one in five of all Medicaid readmissions:
  - 12.4 percent for MD
  - 9.3 percent for SUD

BH PROBLEMS = HIGHER COSTS

- Co-morbid depression or anxiety increases physical and mental health care expenditures
- Over 80% of this increase occurs in physical health expenditures
- Average monthly expenditure for a person with a chronic disease and depression is $560 dollars more than for a person without depression
- The discrepancy for people with and without co-morbid anxiety is $710

SAMHSA

Resilience

- A HMO claims analysis found that general medical costs were 40 percent higher for people treated with bipolar disorder than without it

Behavioral Health & Readmissions

- Mental and substance use disorders rank among top five diagnoses associated with 30-day readmissions, accounting for about one in five of all Medicaid readmissions.

Individual Costs of Diabetes Treatment for Patients Per Year

<table>
<thead>
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<th>Cost of Diabetes Treatment for Patients Per Year</th>
<th>0</th>
<th>$50,000,000</th>
<th>$100,000,000</th>
<th>$150,000,000</th>
<th>$200,000,000</th>
<th>$250,000,000</th>
<th>$300,000,000</th>
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</thead>
<tbody>
<tr>
<td>With behavioral health problems and diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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Resilience, Prevention and Recovery are all related

Prevention:
Promoting mental health and preventing mental and/or substance use disorders are fundamental to SAMHSA’s mission to reduce the impact of behavioral health conditions in America’s communities.

http://www.samhsa.gov/prevention

Recovery:
SAMHSA has established a working definition of recovery that defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

http://www.samhsa.gov/recovery

What is Resilience?
Resilience refers to the ability of an individual, family, organization, or community to cope with adversity and adapt to challenges or change.

http://archive.samhsa.gov/dtac/dbhis/dbhis_stress_about_resilience.asp#culture

What is Resilience?
Resilience is the ability to:
• Bounce back
• Take on difficult challenges and still find meaning in life
• Respond positively to difficult situations
• Rise above adversity
• Cope when things look bleak
• Tap into hope
• Transform unfavorable situations into wisdom, insight, and compassion
• Endure

http://archive.samhsa.gov/dtac/dbhis/dbhis_stress_about_resilience.asp#culture
Resilience is...

Research (Aguirre, 2007; American Psychological Association, 2006; Bonanno, 2004) has shown that: resilience is ordinary, not extraordinary, and that people regularly demonstrate this ability.

• Resilience is not a trait that people either have or do not have.
• Resilience involves behaviors, thoughts, and actions that can be learned and developed in anyone.
• Resilience is tremendously influenced by a person's environment.

Community Resilience

The ability for an individual and the collective community to respond to adversity and change

- Connectedness
- Commitment to community
- Shared values
- Structure, roles, and responsibilities exist throughout community
- Supportive
- Good communication
- Resource sharing
- Volunteerism
- Responsive organizations
- Strong schools

- Access to support services
- Community networking
- Strong cultural identity
- Strong social support systems
- Norms against violence
- Identification as a community
- Cohesive community leadership
- Community leaders
- Faith-based organizations
- Volunteers
- Nonprofit organizations
- Churches/houses of worship
- Support services staff
- Teachers
- Youth groups
- Boy/Girl Scouts
- Planned social networking events

Community Resilience

http://archive.samhsa.gov/dtoc/dtac/dtac_stress_about_resilience.asp#culture

Individual Resilience

The ability for an individual to cope with adversity and change

- Optimism
- Flexibility
- Self-confidence
- Competence
- Insightfulness
- Perseverance
- Perspective
- Self-control
- Socialility

- Optimism
- Problem-solving skills
- Competence
- Problem-solving skills
- Insightfulness
- Empathy
- Perseverance
- Secure or stable family
- Perspective
- Supportive relationships
- Self-control
- Intellectual abilities
- Socialility
- Communication skills

http://archive.samhsa.gov/dtoc/dtac/dtac_stress_about_resilience.asp#culture

SAMHSA Store

www.store.samhsa.gov

SAMHSA Store
**Health Reform and Resilience**

**ESSENTIAL HEALTH BENEFITS (EHB)**

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care

**Health Reform: Impact of the Affordable Care Act**

- Focus on primary care & coordination w/ specialty care
- Emphasis on home & community-based services; less reliance on institutional & residential care (health homes)
- Priority on prevention of diseases & promoting wellness
- Focus on quality rather than quantity of care (HIT, accountable care organizations)
- Behavioral health is included – parity
Health Reform: New Opportunities for Prevention

- More people will have insurance coverage.
- Theme: Prevent diseases, promote wellness.
- Integrated care: New thinking—recovery, wellness, role of peers, response to whole health needs.
- Medicare and Medicaid changes.
- Opportunities for behavioral health:
  - Parity: Mental Health Parity and Addiction Equality Act and within Affordable Care Act
  - Tribal Law and Order Act
  - National Action Alliance for Suicide Prevention

ACA and Arizona (as of April 2014 Enrollment Period)

- **120,071** individuals selected a Marketplace plan between October 1, 2013 and March 31, 2014
- **261,953** Arizonans enrolled in Medicaid and CHIP through the end of March 2014
- **382,024 Total new beneficiaries**

http://www.hhs.gov/healthcare/facts/bystate/az.html

ACA and Arizona (as of April 2014 Enrollment Period)

- **$30,877,097** in grants for research, planning, information technology development, and implementation of its Marketplace

http://www.hhs.gov/healthcare/facts/bystate/ca.html

SAMHSA PRIORITY AREAS
EVIDENCE-BASED PRACTICES THROUGH BLOCK GRANTS

- Substance Abuse Prevention and Treatment Block Grant (SABG) – $1.8 B
  - Maintains FY 2014 level (+ $110 M over FY 2013)
- Community Mental Health Services Block Grant (MHBG) – $484 M
  - Maintains FY 2014 level (+ $47 M over FY 2013)
  - Continues new FY 2014 5 percent set aside
  
  • For “evidence-based MH prevention and treatment practices to address the needs of individuals with early SMI, including psychotic disorders,” regardless of age at onset

STRENGTHENING AND INTEGRATING CARE

- Primary Care and Addiction Services Integration (PCASI) – + $20 M
  - Allow addiction treatment providers to offer an array of physical health and addiction treatment services
  - Modeled after Primary/Behavioral Health Care Integration (PBHCI) program
- HIV/AIDS Continuum of Care
  - $24 M of existing resources
  - Links Minority Aids Initiative, PBHCI, and PCASI
  - Builds on FY 2014 pilot

PROTECTING THE HEALTH OF CHILDREN AND COMMUNITIES

- Now is the Time – $130 M (+ $15.0 M)
  - $115 M continued from FY 2014
  - Science of Changing Social Norms (+ $4 M)
  - Peer Professionals (+ $10 M)
  - Workforce Data (+ $1.0 M)

NOW IS THE TIME – FY 2014 $115 M CONTINUED IN FY 2015

- $55 M – 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 – Healthy Transitions to support youth ages 16 to 25 w/ MH and/or SA problems, and their families
- $40 M – 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
BUILDING THE WORKFORCE

• $56 M in Now Is the Time (+ $11 M)
  – In collaboration with HRSA
  – Adds commitment to BH workforce data
  – Maintains most of FY 2014 increase to Minority Fellowship Program
  – Adds commitment to peer/paraprofessional workforce

REACHING AMERICANS IN COMMON HEALTHCARE SETTINGS

• Grants for Adult Trauma Screening and Brief Intervention (GATSBI) – + $2.9 M
  – Repeat request from FY 2014
  – To advance the knowledge base to address trauma for women in primary care, OB/GYN, and emergency departments of hospitals and urgent care settings
  – Will be developed by SAMHSA in consultation with ACF, CDC, NIAAA, NIDA, NIMH, and VA

FIGHTING PRESCRIPTION DRUG ABUSE

• State Grants within Strategic Prevention Framework Program (SPF Rx) – + $10 M
  – Enhance, implement and evaluate state strategies to prevent prescription drug abuse/misuse
  – Improve collaboration on risks of overprescribing and use of Prescription Drug Monitoring Programs (PDMPs) between states public health and behavioral health authorities, and pharmaceutical and medical communities
  – Coordinated with new CDC program

PREVENTING SUICIDE

• National Strategy for Suicide Prevention (NSSP) Implementation – + $2.0 M
  – Assist states in establishing and expanding evidence-based suicide prevention efforts
  – Address middle age population – most # deaths
  – Improve follow-up after suicide attempts
  – Goals
    • Reduce # of deaths by suicide
    • Reduce # of suicide attempts
• Tribal Behavioral Health Grants – $5 M
  – Continued from FY 2014
BUILDING PARTNERSHIPS
EXPANDING PRACTICES THAT WORK

• Building BH Coalitions (BBHC) –
  – $3.0 M of existing resources
  – Jointly administered by Center for Mental Health Services (CMHS) and Center for Substance Abuse Prevention (CSAP)
  – Working to address shared risk and protective factors for substance abuse and mental illness
  – Building resilience and emotional health

OTHER NOTABLE INCREASES FROM FY 2014

• SA Targeted Capacity Expansion (TCE) – +$2.0 M (Still less than FY 2013)
  – To create the BH Privacy Center of Excellence
• Disaster Response – + $0.992 M (Increase over FY 2013 and FY 2014)

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