



# National Council's 2011 Psychiatric Leadership Meeting

“What’s New at CMHS”

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# CMHS At a Glance

- Mental Health/Mental Illnesses
- Public Health Approach
- Transformation
- Recovery:  
Promotion/Prevention/Treatment/Supports/Services
- CMHS Activities: 33 Programs

# Current Activities

- Military Families Strategic Initiative
- Recovery Support Strategic Initiative
- Behavioral Health Coordinating Council
- Primary Behavioral Health Care Integration
- Working Definition of Recovery
- National Action Alliance for Suicide Prevention
- Evidence-based Practices
- Block Grant Changes
- Health Care Reform- Parity, Partial Hospitalization
- Budget Planning/Review
- Leadership

# SAMHSA's 8 Strategic Initiatives

- #1 – Prevention of Substance Abuse and Mental Illness
- #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

# Strategic Initiative #3: Military Families

## Purpose of Initiative #3

Support America's service men and women—Active Duty, National Guard, Reserve, and Veterans—together with their families and communities by leading efforts to ensure needed behavioral health services are accessible and outcomes are positive.

# Military Families: Activities Underway/Accomplishments

- Development of a TRICARE Credentialing Resource Packet for Community Providers to include FAQ's, examples of credentialing forms, and resource contacts
- Planning for 2011/12 Returning Service Members, Veterans and their Families Policy Academies
- Working with HRSA to create TA package for FQHC and other providers including information on military culture and special needs for this population, list of potential service resources, and information on potential funding sources for care
- Fully supporting military/veteran focus on suicide hot line and national Suicide Action Alliance
  - Possible expansion to military/vets outside the continental United States (OCONUS)
- Statement has been added to all SAMHSA RFA's to include military families as priority population in all grant proposals
- Military Families will be identified as a priority population in the proposed 2012 – 2013 Mental Health and Substance Abuse Treatment and Prevention Block Grant Application
- Federal Partners Reintegration Work Group
  - Discussion to reconvene with new leadership at DCoE
- MOUs completed
  - NGB - One to create a general partnership and one for SAMSHA to host a National Guard Liaison full time
  - DCoE – to conduct collaborative activities in support of psychological health of returning service members, veterans, and their families
  - VA (under final revisions)
  - IAA with VA approved

# Strategic Initiative # 4: Recovery Support

## Purpose of Initiative #4:

Partner with people in recovery from mental and substance use disorders and family members to guide the behavioral health system and promote individual-, program-, and system-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce discriminatory barriers.

# Recovery Support: Activities Underway/Accomplishments

- Developing an education and awareness campaign for businesses to increase the hiring of individuals with mental and substance use disorders.
- Ready to release an on-line decision aid to assist individuals to make informed treatment decisions along with their providers regarding psychotropic medications.
- Collaborating with the behavioral health provider organizations to re-tool their staff to use recovery-based clinical practices.
- Providing information on how to promote wellness and reduce early mortality for individuals with behavioral health problems ([www.10x10.samhsa.gov](http://www.10x10.samhsa.gov))

# History of Behavioral Health Coordinating Council (BHCC)

- Secretary Sebelius charge OpDivs & StaffDivs (January 2010) – coordinate BH efforts
- Purpose - inventory current and planned HHS efforts and coordinate messages about the prevention and treatment of mental illness and substance use disorders
- BHCC Co-Chairs
  - Pam Hyde
  - Howard Koh
- 4 meetings (January 2010 – March 2011)

# BHCC Subcommittees

- Prescription Drug Abuse
- Primary Care/Behavioral Health Integration
- Alcohol Policy/Underage Drinking
- Early Intervention/IOM Prevention
  - Co-Chairs, Bryan Samuels, ACF & Ruth Katz, ASPE
  - SAMHSA Lead, Kathryn Power, CMHS
- Communications

# Early Intervention/IOM Prevention

- Goals
  - Ensure that prevention, promotion, and early intervention principles and practices are embedded in education and behavioral health services systems
  - Accelerate application of early intervention demonstration programs into community based providers through behavioral health State service systems
  - Expand new insurance benefits packages to include early intervention services for individuals with serious mental illnesses
  - Increase cross and inter-departmental exposure, awareness, and capacity to identify behavioral health risk and protective factors to improve future health
- Accomplishments/Activities in progress
  - Develop primer for use in non-BH settings
  - Identify strategies to implement RAISE and DMIE in context of health reform
  - Implement IOM Schools Grant Program In process

# SAMHSA Integrated Care Initiative

- To better coordinate and integrate primary and behavioral health care resulting in:
  - improved access to primary care services
  - improved prevention, early identification and intervention to reduce the incidence of serious physical illnesses, including chronic disease
  - increased availability of integrated, holistic care for physical and behavioral disorders
  - better overall health status of clients

# SAMHSA Integrated Care Initiative

## Primary and Behavioral Health Care Integration (PBHCI) grant

- **FY 2009: \$6.5 million (Up to \$500,000/year per grantee for up to 4 years)**
- **FY 2010: \$28 million**
- **FY 2011: \$28 million**
- **FY 2012: \$39.2 million (including 1 year health information technology supplement of <\$200k per grantee)**

## Center for Integrated Health Solutions (training and TA center)

- **FY 2010-2014: \$5,350,000 per year for up to 4 years**
  - **\$1.4M—SAMHSA**
  - **\$350K—HRSA**
  - **\$3.5M—HHS Prevention Trust Fund**
- **In FY 2012, will additionally award a 1 year health information technology supplement of <\$3.8M.**

# PBHCI: Services Delivery

- Facilitate screening and referral for primary care prevention and treatment needs
- Provide and/or ensure that primary care screening/assessment/treatment and referral be provided in a community-based behavioral health agency
- Develop a registry/tracking system for all primary care needs and outcomes
- Offer prevention and wellness support services (>10% of grant funding)
- Build processes for referral and follow-up for needed treatments that are not appropriately provided in a primary care setting

# Working Definition of Recovery

Recovery from mental health problems and addictions 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.

Source: Center for Mental Health Services, SAMHSA, *Building Bridges: People in Recovery from Addictions and Mental Health Problems in Dialogue*. In draft.

# National Action Alliance for Suicide Prevention (NAASP)

- NAASP represents a comprehensive public health approach to suicide prevention
- Reducing suicide rates requires a sustained, comprehensive approach
- NAASP has 11 goals and 68 objectives
- Implementation requires a broad public- private partnership
- Action Alliance launched September 10, 2010, at a press conference by HHS Secretary Sebelius, and Defense Secretary Gates
- Mission also includes an update to the Nation Strategy

Private sector co-chair is former U.S. Senator Gordon Smith  
Public Sector Co-chair is Secretary of the Army John McHugh

# Evidence-Based Practice Toolkits

- Assertive Community Treatment
- Consumer-Operated Services
- Family Psychoeducation
- Illness Management and Recovery
- Integrated Treatment for Co-occurring Disorders
- Medication Treatment, Evaluation, and Management
- Permanent Supportive Housing
- Supported Employment

<http://store.samhsa.gov/facet/Professional-Research-Topics/term/Evidence-Based-Practices?filterToAdd=Kit>

# Proposed Block Grant Changes

## What Changes?

- Assessment and Plan Section (MHBG and SAPTBG) Framework—population based planning (required and new groups)
- Planning Steps:
  - Assessment of systems strengths and needs
  - Gaps analysis
  - Prioritizing planning activities
  - Developing objectives, strategies and performance indicators

## What Doesn't?

- Allocation Formula
- Payment schedule – still tied to Federal FY and reports

# BUDGET: STATE BUDGET DECLINES

## → Maintenance of Effort (MOE) Waivers

- FY10/SY09 – 13 SA waivers; \$26,279,454
- FY10/SY09 – 16 MH waivers; \$849,740,799.50
- FY11/SY10 – 18 SA waivers; \$179,410,946\*
- FY11/SY10 – 19 MH waivers; \$517,894,884\*

\*FY11/SY10 waiver information reflects information available as of June 7, 2011

## → State Funds

- MH – \$ 2.2 billion reduced
- SA – Being Determined

# BUDGET: FEDERAL DOMESTIC SPENDING

## → FY 2011 Reductions

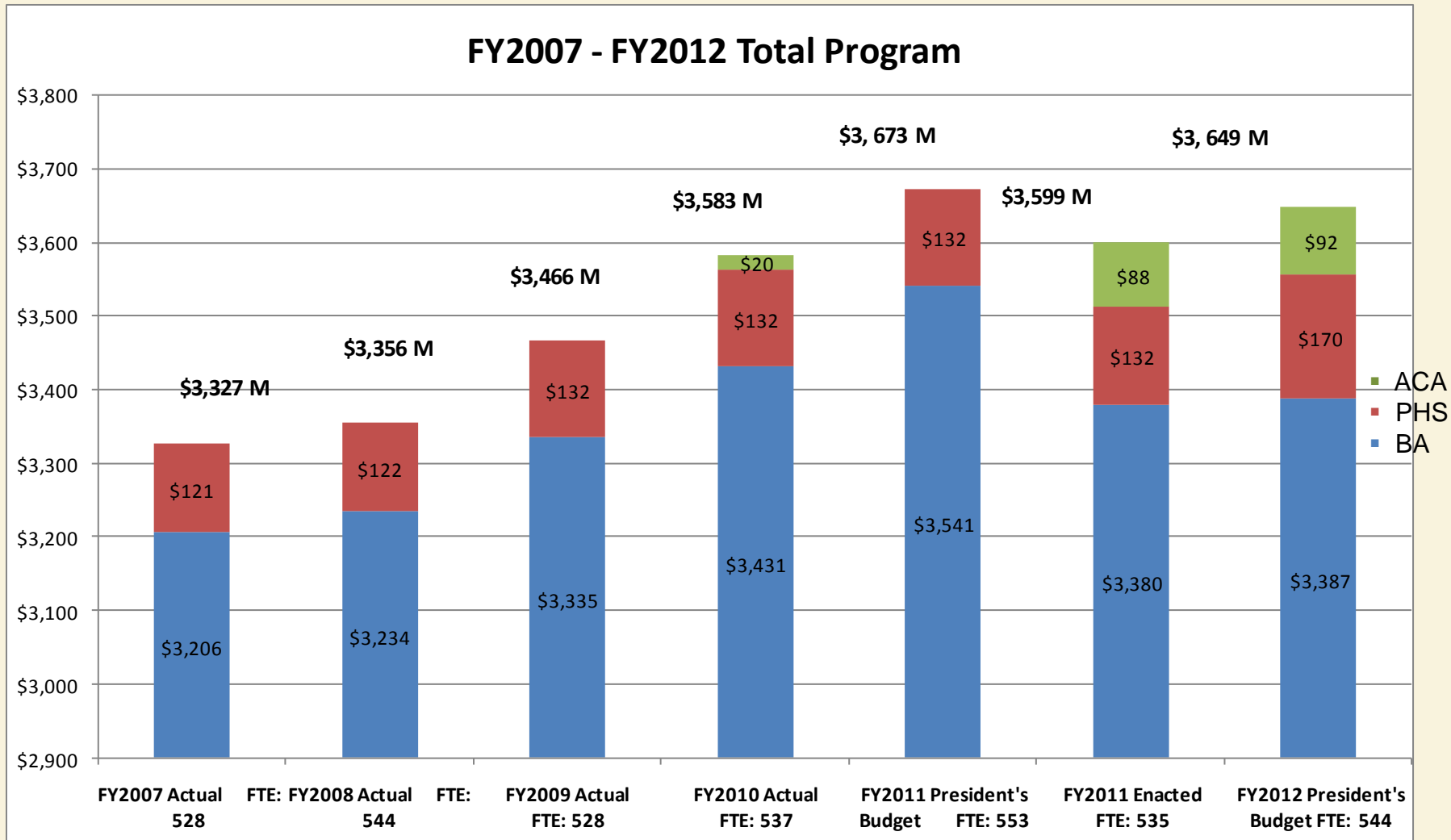
- \$42 Billion
- SAMHSA – \$38.5 mil (plus >\$15 mil in earmarks)

## → FY 2012 Proposals

- \$4 – 6.5 Trillion over 10 years
- Fundamental changes to Medicaid, Medicare & federal/state roles in health care

## → FY 2013 Budget Development Now

# BUDGET: SAMHSA



# BUDGET: FY 2011 to FY 2014

## → Focusing on the Strategic Initiatives

- FY 2011 budget reductions & RFAs
- FY 2012 budget proposal; SIs, IEI, moving to 2014
- FY 2013 tough choices about programs and priorities

## → Revised Approach to Grant-Making

- Braided funding within SAMHSA & with partners
- Engaging with States, Territories & Tribes – Flexibility
  - Funding for States to plan or sustain proven efforts
  - Encouraging work with communities
- Revised BG application

# There is still a need for Transformational Leaders

- Externalize strongly held values to shape and articulate a unifying vision of the future
- Inspire others to see their place in that future
- Motivate others to look beyond their own interests to achieve group goals
- Develop others to higher levels of ability and potential
- Encourage collective decision making
- Create energizing environments that incubate ideas, actions, and other leaders

# Thank You!

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