Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
SAMHSA’s Regional Presence and Priorities
Behavioral Health: A National Priority

- 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
AIM: Improving the Nation’s Behavioral Health (1-4)
AIM: Transforming Health Care in America (5-6)
AIM: Achieving Excellence in Operations (7-8)
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
Office of Policy, Planning and Innovation

OPPI Vision: Better Behavioral Health through Policy and Innovation

OPPI Mission: To develop, coordinate, and communicate SAMHSA policy to improve behavioral health in America’s communities

Behavioral Health is Essential to Health. Prevention Works. Treatment is Effective. People Recover
Division of Regional and National Policy Liaison – Regional Team

- Represent SAMHSA leadership in the Regions
- Provide SAMHSA staff with “eyes and ears” out in the Regions
- Establish working relationships with:
  - Regional representatives of OPDIVS (HRSA, ACF, CMS) and internal staff divisions (e.g., ASFR and OASH).
  - State authorities for mental health and substance abuse, provider groups, city and county level health departments.
- Coordinate support for State implementation of health reform.
- Coordinate, as needed, implementation of SAMHSA Strategic Initiatives and technical assistance within the regions.
- Help States to coordinate resources across SAMHSA to address emerging needs.
Regional Administrator Roles

• Help translate SAMHSA mission, vision, strategic initiatives, theory of change and priorities in interactions with other HHS Operating Divisions and stakeholders

• Listen and convey to headquarters and other HHS Operating Divisions what’s working, what isn’t and ways to improve
Regional Administrator Roles

• Collaborate with HHS colleagues in regional offices to advance HHS goals and assure behavioral health issues are included

• Assist stakeholders to get what they need – facilitate problem-solving regarding grants, policies, systems and programs

• Help arrange technical assistance
## Region 1 Profile

<table>
<thead>
<tr>
<th>State</th>
<th>Joint</th>
<th>Population</th>
<th>Sq. Miles</th>
<th>Capital</th>
<th>MI /SA Prevalence</th>
<th>Suicide Rate</th>
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<tbody>
<tr>
<td>Maine</td>
<td></td>
<td>1,328,361</td>
<td>35,385</td>
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<td>1,545</td>
<td>Providence</td>
<td>7.2%</td>
<td>10.7</td>
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</table>
Positive Mental Health: High-level capacity of the individual, group, and environment to interact & to promote well-being, optimal development, and use of mental abilities.

Mental Health Problem: Disruption in interactions between individual, group, and environment, producing a diminished state of positive mental health.

Mental Disorder: Medically diagnosable illness that results in significant impairment of cognitive, affective, or relational abilities.

Enhancing Health: Promoting optimum mental health, e.g., job satisfaction, resilience, self-esteem, and social skills, improving access to income.

Primary Prevention: Addressing risk factors for vulnerable groups, e.g., coping skills for people who are unemployed, home visits for families experiencing separation or divorce.

Early Recognition and Intervention: Detecting a problem or illness at an early stage and increasing access to effective treatment.

Treatment and Rehabilitation: Interventions to reduce symptoms of an illness, diminish disability, and improve quality of life.

Source: Scanlon, K., Williams, M., & Raphael, B. (1997). Mental Health Promotion in NSW: Conceptual framework for developing initiatives. NSW Health Department, Sydney, Australia, p.9
SAMHSA’s Theory of Change

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 and Evaluation

Widescale Adoption
- Medicaid
- SAMHSA Block Grants
- Medicare
- Private Insurance
- DoD/VA/DoI/DoJ/Ed
- ACF/CDC/HRSA/IHS
The Ten Drivers & Determinants Of Change

1. Surveillance – What Is So, How Much Needs To Be Done
3. Implementation Planning and Delivery
4. Legal and Regulatory Change
5. Metrics For Measuring and Managing Quality, Quantity and Cost
6. Infrastructure Development
7. Financing
8. Provider Education/Training of Workforce
9. Public Education/Political Support
10. Evaluation
Primary and Behavioral Health Care Integration (PBHCI)

**Purpose:** To improve the physical health status of people with serious mental illnesses (SMI) and co-occurring SMI and substance use disorders by supporting community-based efforts to coordinate and integrate primary health care with mental health services in community-based behavioral health care settings.

**Objectives:** 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.
Primary and Behavioral Health Care Integration (PBHCl)

Services Provided: 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 and implement a registry/tracking system to follow primary health care needs and outcomes
• Offer prevention and wellness support services
• Establish referral and follow-up processes for physical health care requiring specialized services beyond the primary care setting
STATE OF BEHAVIORAL HEALTH TODAY

1. Behavioral health is a public health issue, not a social issue.
2. Behavioral health problems lead to premature death and disability.
5. Federal policy often treats behavioral health as optional or extra.
6. Many mental and substance abuse conditions can be prevented.
7. Early intervention can reduce the impact of behavioral health problems.
8. Treatment works but is inaccessible for many.
9. Behavioral health is community health.

Access
- Enrollment with a focus on “Churn” and “Young Invincible” Populations
- Prevention: Increased BH focus in ACA prevention programs
- Quality: Surveillance and measurement
- Availability: Workforce, EHR and other HIT Systems

Healthcare Reform

Public Figure
Advisor to the President
Resource to Congress

Secretary's Roles
Cabinet Agency Partner
Convener of Status
Regulation and Policy Guide
Op-Div Mission Director

HHS Senior Manager

Behavioral Health in the Future

1. The public treats behavioral health like any other health issue.
2. Premature death and disability as a result of a behavioral health disorder are greatly reduced.
3. The human and economic costs of behavioral health problems are managed through prevention, treatment, and recovery supports.
4. People with behavioral health issues are not at a disproportionately high risk for other physical health problems.
5. Federal policy treats behavioral health as essential.
6. The prevention of behavioral health problems is a normal part of the health infrastructure.
7. Behavioral health disorders are identified and treated early.
9. Good behavioral health is an asset for communities.
10. Members of the public recognize that behavioral health affects everyone, support individuals with behavioral health problems, and take steps to improve their own behavioral health.

Public Engagement and Awareness

Local leaders, Congress, Communities, Media, Individuals
Key Drivers of a Transformed Health System

Components: wellness across the lifespan; trauma informed care; involvement of individuals in recovery; integrated health care

Strategies: financing; collaboration; data; workforce; technology

Health care that is person-centered, recovery focused, and quality driven rooted in practices that drive outcomes.
QUESTIONS??

A. Kathryn Power  M.Ed.
Regional Administrator-Region 1
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
JFK Federal Building
15 New Sudbury Street, Room 1826
Boston, MA 02203
617.565.1482
kathryn.power@samhsa.hhs.gov