Impact of Substance Abuse and Mental Illness

• Fast Facts
  • By 2020, behavioral health disorders will surpass all physical diseases worldwide as a major cause of disability.
  • Nearly 5,000 deaths are attributed to underage drinking each year.
  • Each year, tobacco use results in more deaths (443,000) than AIDS, unintentional injuries, suicide, homicide, and alcohol and drug abuse combined.
  • Half of all lifetime cases of mental illnesses begin by age 14 and three-fourths by age 24.
  • Over 33,000 Americans die every year as a result of suicide, which amounts to approximately one every 16 minutes.
  • One estimate puts the total economic costs of mental, emotional, and behavioral disorders among youth at approximately $247 billion.
  • Among persons aged 12 or older who used pain relievers non-medically in the past 12 months, 55.9 percent got the pain relievers they most recently used from a friend or relative for free.
SAMHSA’s Direction

**Mission:** To reduce the impact of substance abuse and mental illness on America’s communities

**Roles:**
- Voice & Leadership
- Funding-Service Capacity Development
- Information/Communications
- Regulation and Standard Setting
- Improve Practice

10 Strategic Initiatives

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Recovery Consensus Statement

*Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.*

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SAMHSA’s 10 Strategic Initiatives

**Provides Focus**
- Budget planning
- Program development (New RFAs)

**Aligns Resources**
- Block Grants, formula grants, discretionary grants, contracts
- Human capital/program management

**Creates Consistent Message**

**A Work in Progress**
- Public input/open government
SAMHSA’s 10 Strategic Initiatives

1. Prevention of Substance Abuse and Mental Illness
2. Trauma and Justice
3. Military Families—Active, Guard, Reserve, and Veteran
4. Health Reform
5. Housing and Homelessness
6. Jobs and Economy
7. Health Information Technology for Behavioral Health Providers
8. Behavioral Health Workforce—In Primary and Specialty Care Settings
9. Data, Quality, and Outcomes
10. Public Awareness and Support

1. Prevention of Substance Abuse and Mental Illness
2. Trauma and Justice

- Prevention
  - SA/MI Prevention Through Prevention Prepared Communities
  - Suicide
  - Underage Drinking/Alcohol Policies
  - Tobacco Use Among Persons with SA/MI
  - Prescription Drug Abuse

- Trauma and Justice
  - Trauma Informed Care and Screening
  - Prevention & Diversion from JI & Adult Criminal Justice Systems
  - Impacts of Violence and Trauma on Children/Youth
  - Incidence of Community Violence

8. Behavioral Health Workforce

- Workforce
  - Numbers and Distribution of Workforce
  - Primary Care/BH Integration
  - Use of Peers, Recovery Coaches, Paraprofessionals
  - EBP Practices and Thinking
  - Recovery in Professional Curricula and Competencies
Garrett Lee Smith
Campus Suicide Prevention Program

- Assists colleges and universities in their efforts to prevent suicide and suicide attempts
- Enhance services for students with mental and behavioral health problems
  - depression
  - substance abuse
- At risk for suicide and suicide attempts
- FY 2010 appropriation $2.9 million
- 94 grants funded to universities/colleges (2005-09)

Historically Black Colleges and Universities Center for Excellence

- Supports a Center for Excellence to network all 105 HBCUs around issues of behavioral health to
  - Develop leadership
  - Promote best practices
  - Encourage workforce development
- Implemented 70 behavioral health mini-grants
- FY 2010 appropriation $500,000
- One grantee
  - Morehouse School of Medicine, Atlanta, GA

Minority Fellowship Program

- Provides stipends to doctoral level students
- Increases the number of culturally competent behavioral health professionals who provide services to underserved minority populations, especially within the public and private non-profit sectors.
- Teachers, administrators, researchers, and direct mental health/substance abuse providers
- FY 2010 appropriation $4.3 million
- 5 grantees
  - American Association of Marriage and Family Therapy
  - American Nurses Association
  - American Psychological Association
  - American Psychiatric Association
  - Council for Social Work Education
Cooperative Agreements For HIV/AIDS Related Mental Health Services In Minority Communities

- Enhance and expand the provision of effective, culturally competent HIV/AIDS-related mental health services in minority communities for persons living with HIV/AIDS and having a mental health need.
- FY 2010 Appropriation $9.3 million
- 16 grantees
  - Wayne State University, Detroit, MI
  - Emory University, Atlanta, GA

National Child Traumatic Stress Initiative

- A national collaborative network for children, youth, and families exposed to a wide variety of traumatic events.
  - Develops and promotes effective interventions
  - Raise the standard of care
  - Improve access
- FY 2010 appropriation $40.8 million
- 17 Treatment and Service Adaptation Centers
  - 14 universities
- 46 Community Treatment and Service Centers
  - 7 universities
- 1 Coordinating Center (National Center for Child Traumatic Stress)
  - UCLA, Los Angeles CA and Duke University, Durham, NC

National Technical Assistance Center for Children's Mental Health

- NTAC provides training and technical assistance to build and promote comprehensive, effective community service delivery systems (systems of care) for children and youth with or at risk for serious mental health challenges and their families
- Assists in the transformation of child and family mental health service delivery systems to provide effective, evidence-based practices that are
  - coordinated across agencies
  - family-driven/youth guided
  - culturally and linguistically competent
- FY 2010 appropriation $3.5 million
- One grantee
  - Georgetown University Center for Child and Human Development, Washington, D.C.
Rehabilitation, Research and Training Centers
Adults

- Partnership with the Department of Education’s National Institute of Disability, Rehabilitation and Research (NIDRR) and SAMHSA
- Develops, tests and disseminates care models and practices that promote and support recovery for those with mental illness
- Improves long-term outcomes by increasing the incorporation of comparative effectiveness research findings into practice and policy
- Builds a growing body of evidence-based and promising practices & interventions that sustain long-term recovery for people with behavioral health problems across ages and racial and ethnic groups
- Conducts knowledge translation including training, technical assistance and dissemination
- FY 2010 appropriation $3.45 million
- Two Grantees
  - University of Illinois at Chicago, Chicago, IL
  - Boston University Center for Psychiatric Research, Boston, MA

Rehabilitation, Research and Training Centers
Transition-Age Youth

- Partnership with the Department of Education's National Institute of Disability, Rehabilitation and Research (NIDRR) and SAMHSA,
- Develops, tests and disseminates a broad range of care models and practices to promote and support resilience and recovery among youth and young adults (14-30) with serious mental health challenges
- Building a body of evidence-based practices (EBPs) through rigorous testing that promote and sustain effective transitions from youth to adulthood
- Provides training, technical assistance and dissemination activities to distribute these findings broadly
- FY 2010 appropriation $1.6 million
- Two grantees
  - University of Massachusetts School of Medicine, Worcester, MA
  - Portland State University, Portland, OR

Affordable Care Act and Behavioral Health

The new health reform law enhances access to prevention and treatment services for mental and substance use disorders
What’s in Affordable Care Act for Behavioral Health?

**COVERAGE**
- Expands Medicaid to 133% Federal Poverty Level—an estimated 16 million new enrollees, of which 1/3 are likely to have MI/SUD service needs—further strains treatment capacity shortages
- Focus of grant dollars will be for community prevention, wellness, and support services not paid for through insurance benefit plans
- Elimination of pre-existing condition exclusions and policy terminations; guaranteed renewability critical for populations that often have been excluded *(2010)*
- Expanded options in home and community-based services for individuals with mental health and substance use disorders supports recovery orientation

**PARITY**
- Parity required in essential benefits plans offered through exchanges
- Parity law requires parity in private health plans that choose to offer MH/SUD

**PREVENTION**
- Prevention research programs and national prevention plans
- Coverage of preventive services in benefits packages, including SBIRT, without cost-sharing
- Allowing states to cover prevention services under Medicaid *(2010)*
- Prevention Trust Fund

**TRAINING & RESEARCH**
- Increased patient-centered health research
- Training grants for behavioral health workforce
- Training on MH/SUD for Primary Care Extenders
What’s in Affordable Care Act for Behavioral Health?

COSTS & FUNDING

- Increased Medicaid and commercial insurance funding of mental health and substance abuse services
- Allows SAMHSA block grant and grant dollars to be focused on recovery plans and support services not paid for through insurance benefit

SAMHSA’s Role in Affordable Care Act

- Consultation regarding health homes (in health and community mental health settings)
- Primary care/behavioral health integration (both directions)
- Centers of Excellence on Depression (up to 10, if funded)

SAMHSA Key Messages

- Behavioral health is essential to health
  - Improves health status
  - Lowers costs for families, businesses, and governments
- Prevention works
- Treatment is effective
- People recover