

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



An Overview of SAMHSA Priorities and Proposed FY 16 Budget

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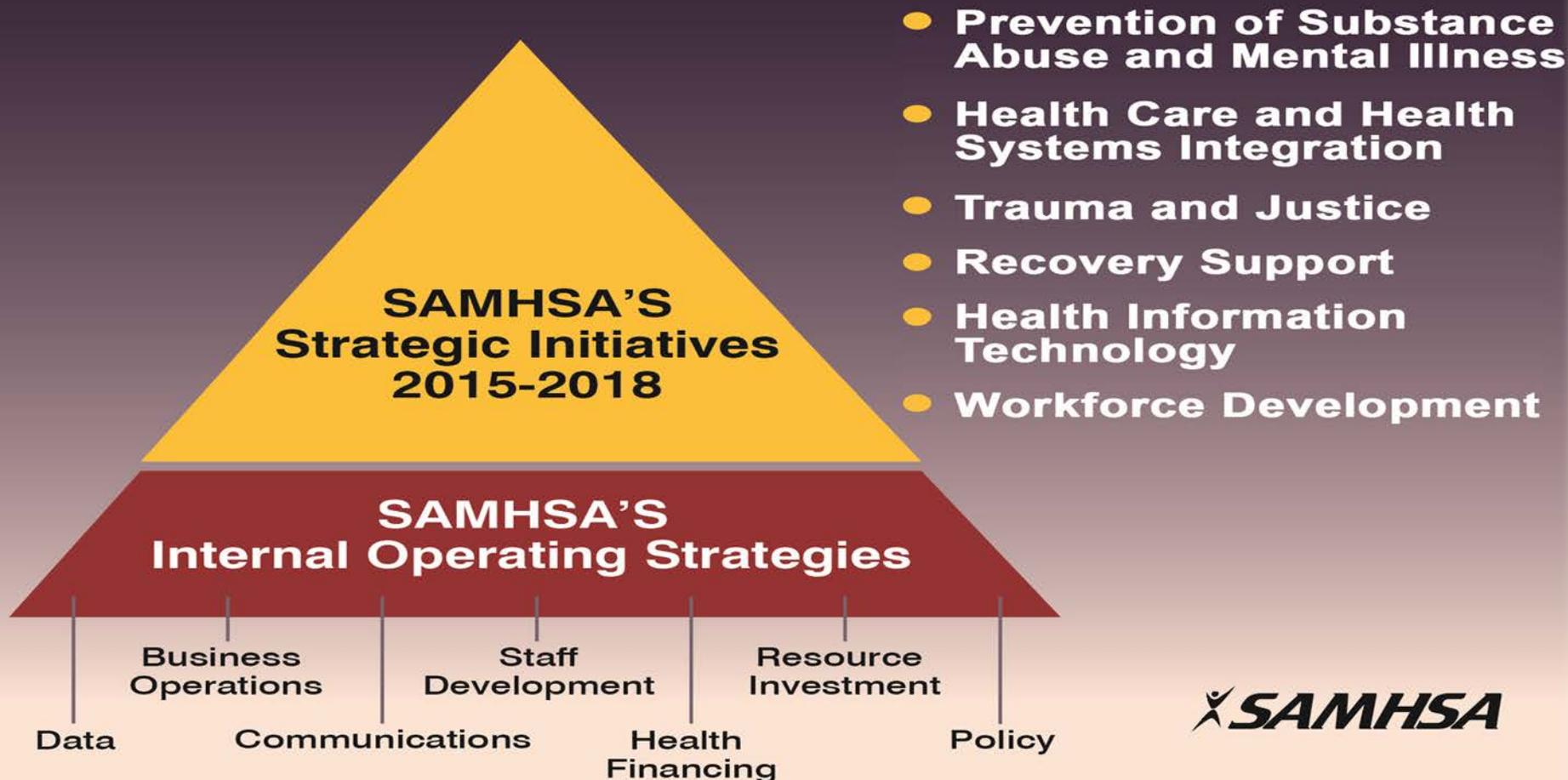
WHAT'S
NEXT?

➤ **SAMHSA's Role in Integration**

SAMHSA'S STRATEGIC INITIATIVES

Leading Change 2.0: 2015-2018

LINK BETWEEN SAMHSA'S STRATEGIC INITIATIVES AND INTERNAL OPERATING STRATEGIES



Strategic Initiatives 2015 – 2018

Leading Change 2.0

1. Prevention of Substance Abuse and Mental Illness
- 2. Health Care and Health Systems Integration**
3. Trauma and Justice
4. Recovery Support
5. Health Information Technology
6. Workforce Development

Strategic Initiative 2:

Health Care and Health Systems Integration

Goal 2.1: Foster integration between behavioral health care and the broader public health and health care and social services systems, so that behavioral health conditions, and persons experiencing those conditions, are treated the same as any other health condition.

Goal 2.2: Support federal, state, territorial, and tribal efforts to develop and implement new provisions under Medicaid and Medicare.

Goal 2.3: Influence and support the efficient use of various financing models and mechanisms to address behavioral health services and effective, person-centered treatment.

Goal 2.4: Finalize and implement the parity provisions in MHPAEA and the Affordable Care Act, and disseminate information about parity.

Goal 2.5: Foster implementation of quality indicators to advance behavioral health outcomes in the health care delivery system.

SAMHSA FY 2016 BUDGET PROPOSAL

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→ Total: \$3.7 B = \$44.6 M ↑ from FY 2015 Enacted Level

→ Key BH priorities

- **Crisis Systems** – \$10 M New (\$5 M in MH; \$5 M in SAT)
- **Prescription Drug & Opioid Use/Misuse** – \$47 M (\$35 M ↑)
 - ✓ Medication Assisted Treatment (MAT) – \$25 M (\$13 M ↑ in SAT)
 - ✓ Preventing Opioid Overdose-Related Deaths – \$12 M New in SAP
 - ✓ Strategic Prevention Framework for Prescription Drugs (SPF-Rx): \$10 M New in SAP
- **BH Workforce** (\$72.2 M; \$31 M ↑)
 - ✓ Peers – \$10 M New
 - ✓ BHWET w/ HRSA -- \$56 M (\$21 M ↑)
- **Tribal BH** – \$30 M (\$ 25 M ↑; \$15 M in MH; \$15 M in SAP)

OTHER PROPOSALS FOR FY 2016

→ Other New

- MH First Aid for Veterans – \$4 M (New in MH)
- Primary Care and Addiction Services Integration (PCASI) – \$20 M (New in SAT)
- Grants for Adult Trauma Screening and Brief Response (GATSBR) – \$2.9 M (New in MH)
- National Strategy for Suicide Prevention (NSSP): \$4 M (\$2 M ↑ in MH)
Program Support – \$7.6 M ↑ (in HSPS)

→ Proposed Reductions

- PBHCI – \$28 M (\$24 M ↓ in MH)
- SBIRT – \$30 M (\$17 M ↓ in SAT)
- SA Criminal Justice Activities – \$61.9 M (\$16.1 M ↓ in SAT)
- Addiction Technology Transfer Centers – \$8.1 M (\$1 M ↓ in SAT)
- Access To Recovery (ATR) – Total \$0 (\$38 M ↓ in SAT)

EXPANDING BH WORKFORCE

Peer Professional Workforce Development: \$10 M (New)

- Tuition support to build capacity of community colleges to develop and sustain BH paraprofessional training and education programs
- Adds approximately 1,200 new peer professionals

SAMHSA-HRSA Behavioral Health Workforce Education and Training (BHWET) Program: \$56 M (\$21 M ↑)

- Adds ~ 5,600 new health professionals (2,100 over FY 2015 levels)

OTHER NEW INITIATIVES

Primary Care and Addiction Services Integration (PCASI): \$20 M (New in SAT)

- To integrate substance abuse treatment and primary care
- Cost data demonstrate exponentially higher costs for persons with multiple chronic conditions when one is an SUD

MH First Aid for Veterans: \$4 M (New in MH)

- To provide MHFA training for 55,000 more individuals, esp. those who work w/ military service members, veterans, and their families

COMPARISON TO FY 2015 ENACTED LEVEL

Appropriation	Mental Health Services	SA Prevention	SA Treatment	HSPS (SA & MH)	Total
FY 2015 Enacted Level Total	\$1,071	\$175	\$2,181	\$194	\$3,621
FY 2016 Proposed Total	\$1,078	\$211	\$2,141	\$237	\$3,666
<i>FY 2016 PHS Evaluation Funds (non add)</i>	\$26	\$16	\$109	\$59	\$211
<i>FY 2016 Prevention & Public Health Fund (non add)</i>	\$38	---	---	\$20	\$58
FY 2016 +/- FY 2015	+\$7	+\$36	-\$41	+\$43	+\$45

State Integration Initiatives: ALASKA

- **Alaska: 24% of BH grantees of the AK Div of BH have co-located with Primary Care (FQHCs); 32% have a documented agreement and some degree of coordination.**
- **The Division of Behavioral Health, in conjunction with the Department of Health and Social Services intends to work collaboratively with the Alaska Primary Care Association and the Alaska Mental Health Trust to identify strategies for addressing barriers to integration and explore new initiatives in this area.**

State Integration Initiatives: IDAHO

- **On September 1, 2013, Idaho Medicaid implemented the Idaho Behavioral Health Plan (IBHP). Optum Health is the plan administrator**
- **Integrating the services of mental health clinic, psychosocial rehabilitation (PSR) agencies, services coordination agencies and substance used disorder agencies into one, “behavioral health” service system**

State Integration Initiatives: OREGON

- **Coordinated care organizations, or CCOs, have been formed in local communities across Oregon. CCOs are networks of all types of health care providers who have agreed to work together in their local communities for people who receive health care coverage under the Oregon Health Plan (Medicaid). There are 16 CCOs in operation across the state, serving about 90 percent of Oregon Health Plan members.**

State Integration Initiatives: WASHINGTON

- **Washington State received a \$65 million award from the Center of Medicare & Medicaid Innovation (CMMI) in Dec. 2014. The award will go to funding Healthier Washington, an initiative based on the Washington State Health Care Innovation Plan.**
- **The Healthier Washington initiative will:**
 - 1. Build healthier communities and people through prevention and early attention to disease**
 - 2. Integrate care and social supports for individuals who have both physical and behavioral health needs**
 - 3. Reward quality health care over quantity, with state government leading by example as Washington's largest purchaser of health care**

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