

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

House Keeping

- Please be sure to sign in and out on the Sign In Sheets located near the entrance to this room.
- Please complete the evaluation at the end of this presentation.
- For more information on Continuing Education Units (CEUs), please visit the Registration Desk

Comfort Room

- To promote wellness and self-care, a Comfort Room is available in Atrium Room 8 for your use.
- If you need further assistance, please visit the Indian Health Service Division of Behavioral Health booth.



SAMHSA's Behavioral Health Work in Indian Country

Sheila Cooper
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Indian Health Service
National Behavioral Health Conference
Mobilizing Partnerships to Promote Wellness
Bloomington, MN June 2012



TODAY'S FOCUS



Theory of Change

Behavioral Health: America's #1 Public Health Challenge

Changing The Conversation: A National Dialogue

Effecting Change

SAMHSA's Vision & Mission

- SAMHSA's Vision – The Nation acts on the knowledge that behavioral health is essential to health; prevention works; treatment is effective; people recover.
- SAMHSA's Mission – To reduce the impact of mental illness and addiction on America's communities

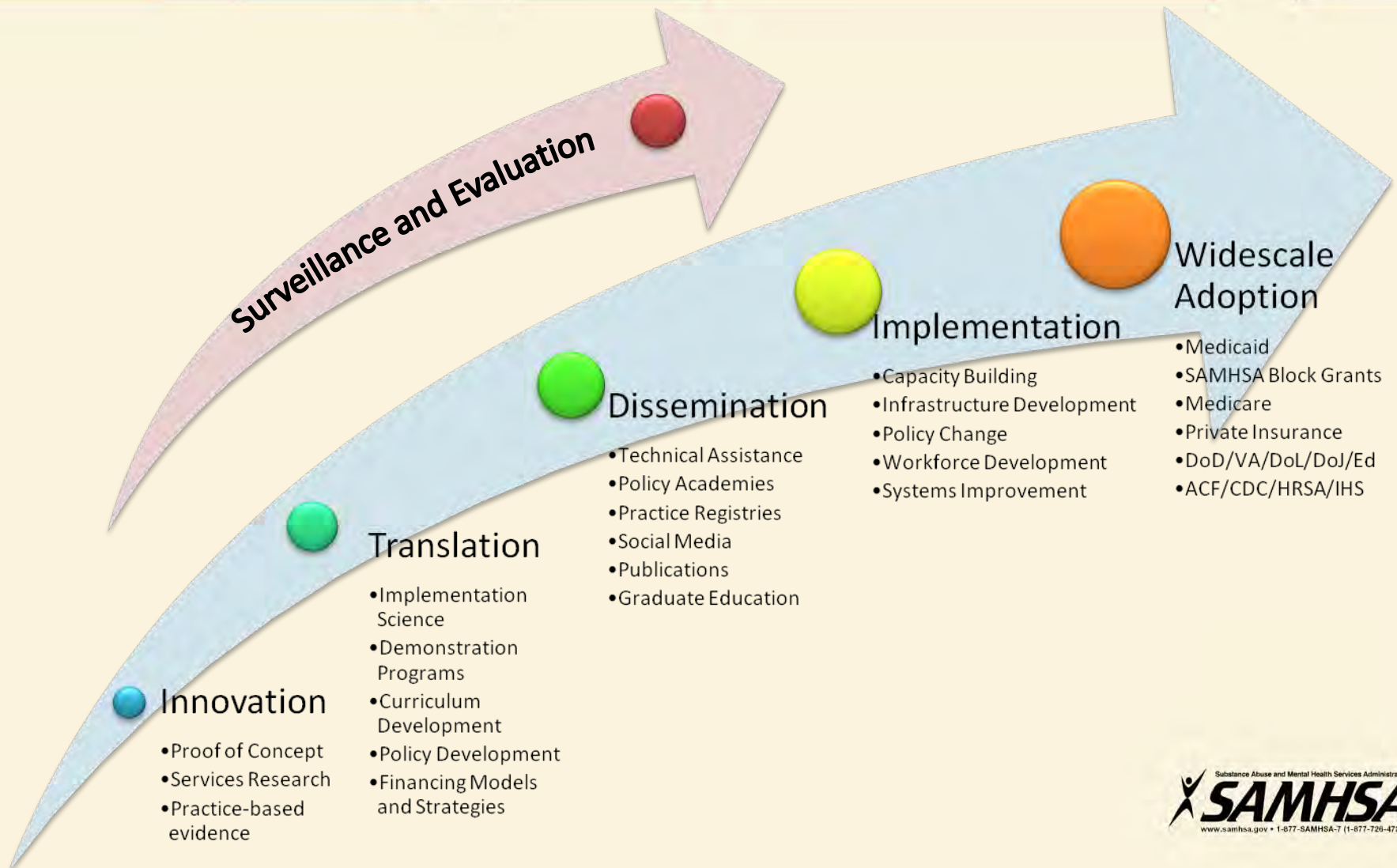
SAMHSA'S Roles

- Leadership & Voice
- Data/Surveillance
- Practice Improvement – Information; Quality/Measures; Technical Assistance; Evaluation/Services Research
- Public Awareness & Education
- Grant-Making
- Regulation/Standard-Setting

Leadership Expectations

- One Team, One Voice
- No Surprises
- Listen & Hear
- Make a Difference
- Do the Right Thing; Do Things Right
- Make Each Other Successful

SAMHSA's Theory of Change



SAMHSA'S Strategic Initiatives

AIM: Improving the Nation's Behavioral Health (1-4)

AIM: Transforming Health Care in America (5-6)

AIM: Achieving Excellence in Operations (7-8)

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

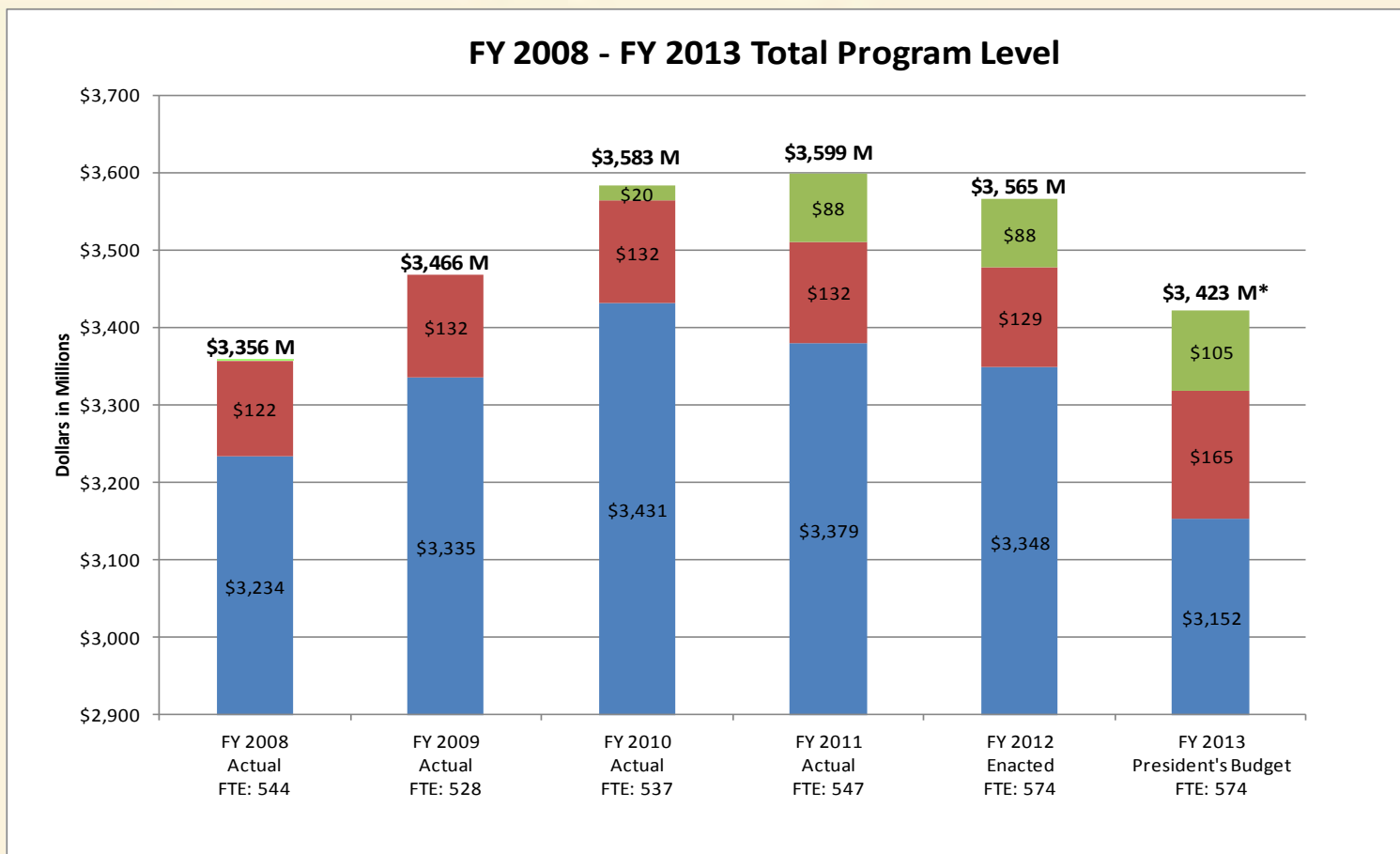
Why These SIs? Why Now?

→ SAMHSA's Role in Transforming America's BH

→ Health Reform as the Context

- More people will have insurance coverage
 - ↑ Demand for qualified and well-trained BH professionals
- Medicaid (and States) will play a bigger role in M/SUDs
- Focus on primary care & coordination w/ specialty care
- Major emphasis on home & community-based services; less reliance on institutional and residential care
- Priority on prevention of diseases & promoting wellness
- Focus on quality rather than quantity of care

BUDGET: SAMHSA



- ACA
- PHS
- BA

Total Program Level includes: Budget Authority, PHS Evaluation Funds, and ACA Prevention Funds. FY 2012 Enacted amount incorporates the 0.189% rescission. *FY 2013 total also includes \$1.5M estimated for User Fees for extraordinary Data and Publication Requests.

What's Behavioral Health?

Leading Change – Footnote 1

- A state of mental/emotional wellness and/or choices and actions that impact wellness. Behavioral health problems include, but are not limited to substance abuse or misuse, serious psychological distress, and mental and substance use disorders. The term is also used to describe service systems encompassing the promotion of emotional wellness; the prevention of mental and substance use disorders and related problems; treatments and services for mental and substance use disorders; and recovery support

BEHAVIORAL HEALTH IMPACTS

- By 2020, mental & substance use disorders (M/SUDs) will surpass all physical diseases as a major cause of disability worldwide
- One-half of U.S. adults will develop at least one mental illness in their lifetime
 - U.S. 2006: M/SUDs were 3rd most costly health condition behind heart conditions and injury-related disorders
 - Mental illness and heart diseases alone account for almost 70 percent of lost output/productivity

BEHAVIORAL HEALTH IS ESSENTIAL TO HEALTH

- M/SUDs: almost ¼ of all adult stays in community hospitals
- 30-44 percent of all cigarettes consumed in the U.S. are by individuals with M/SUDs
- Up to 83 percent of people w/Serious Mental Illness (SMI) are overweight or obese

M/SUDs RELATED DEATHS & DISEASE

- **Drug deaths** now outnumber traffic fatalities.
- People w/SMI have shortened life-spans, w/high rates of **co-morbidities**
 - 69 percent of adults w/SMI report at least one medical disorder
 - Health care costs higher with co-morbid BH conditions
 - Hypertension: 2x the cost of those w/out BH conditions
 - Coronary Heart Disease: 3x the cost
 - Diabetes: 4x the cost
- Nearly **5,000 deaths** each year attributable to underage drinking.
- Deaths by **suicide** outnumber homicides and deaths from HIV/AIDS.

10 Leading Causes of Death, United States 2008

All Races, Both Sexes

RANK	ALL AGES
1.	Heart Disease: 616,828
2.	Malignant Neoplasms: 565,469
3.	Chronic Low Respiratory Disease: 141,090
4.	Cerebro-vascular : 134,148
5.	Unintentional Injury: 121,902
6.	Alzheimer's Disease: 82,435
7.	Diabetes Mellitus: 70,553
8.	Influenza & Pneumonia: 56,284
9.	Nephritis: 48,237
10.	Suicide: 36,035



TOUGH REALITIES

	AGE 14-17	AGE 18 AND ↑
HAD SERIOUS THOUGHTS OF SUICIDE	2.9 million, 13.8% (2009)	8.4 million, 3.7% (2008-2009)
MADE A PLAN	2.3 million, 10.9% (2009)	2.3 million, 1.0% (2008-2009)
ATTEMPTED SUICIDE	1.3 million, 6.3% (2009)	1.1 million, 0.5% (2008-2009)
DIED BY SUICIDE	>1,000 (2008)	>35,000 (2008)

MISSED OPPORTUNITIES = LIVES LOST

77 percent of individuals who die by suicide had visited their primary care doctor within the year

45 percent had visited their primary care doctor within the month

18 percent of elderly patients visited their primary care doctor on same day as their suicide

THE QUESTION OF SUICIDE WAS
SELDOM RAISED...

TRIBAL COMMUNITIES & BEHAVIORAL HEALTH CHALLENGES

- Adolescent AI/AN have death rates two to five times the rate of Whites in the same age group.
- Suicide is the second leading cause of death for AI/AN youth in the 15-24 age group, 2.5x the national.
- The rate of past month binge alcohol use was ↑ among AI/AN adults than the national average (30.6 vs. 24.5%).
- The rate of past month illicit drug use was ↑ among AI/AN adults than the national average (11.2 vs. 7.9%).
- Only 1 in 8 (12.6%) of AI/AN adults (24,000 people) in need of alcohol or illicit drug use treatment in the past year received treatment at a specialty facility.

TRIBAL COMMUNITIES & BEHAVIORAL HEALTH CHALLENGES

- From 2008 CDC study, 39% of Native women reported they were victims of intimate partner violence.
- From NCVS data, AI/AN women are 3x more likely to be raped or sexually assaulted.
- American Indians are overrepresented in incarceration and arrests rates; in one Minnesota county, they make up 50% of arrests rates, but make up only 11.5% of population.
- AI/AN youth-more likely than other young people to be placed in federal and state correctional facilities → account for 79% of youth in custody
- Historical and intergenerational trauma impacts the physical, mental, and economic health of Native American communities.

IMPACT OF TRAUMA

- Childhood trauma is extensive
 - > 6 in 10 U.S. youth have been exposed to violence within the past year; nearly 1 in 10 injured
 - 772,000 children were victims of maltreatment in 2008.
- Adverse childhood experiences (**ACEs**, e.g., physical, emotional, and sexual abuse, as well as family dysfunction) associated with mental illness, suicidality, substance abuse, and physical illnesses
 - Potentially **explain 32.4 percent** of M/SUDs in adulthood

TRAGEDIES

Grand Rapids, MI
2011 – 8 Lost



Tucson, AZ
2011 – 6 Lost



Asher Brown
2010 – 1 Lost
13 yrs old



Virginia Tech, VA
2007 - 33 Lost



West Nickel Mines School, PA
2007 – 6 Lost



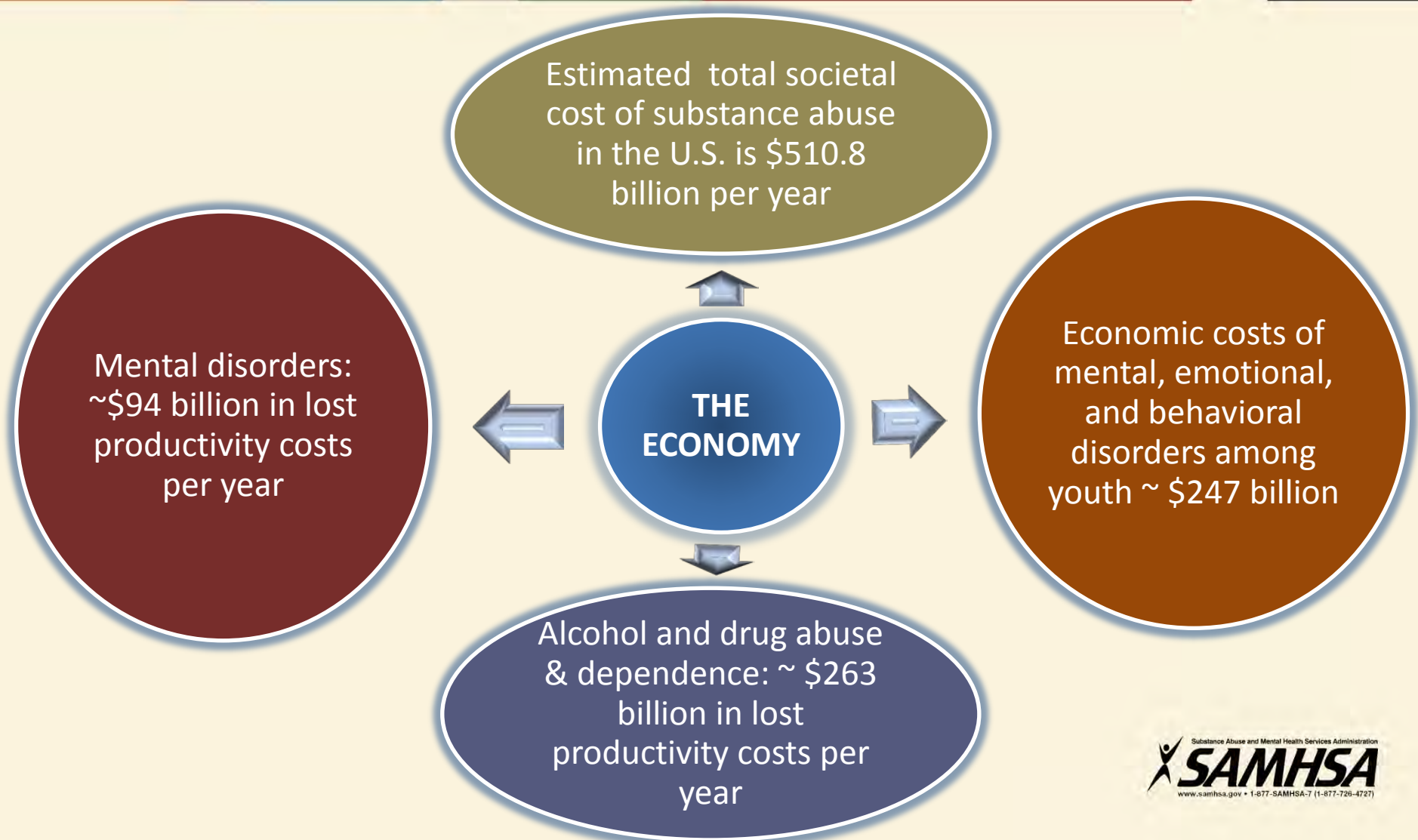
Red Lake Band of Chippewa,
MN, 2005 – 10 Lost



Columbine High School, TX
1999 - 15 Lost



ECONOMIC IMPACT ON AMERICA



Treatment Is Effective, But...

Today in America over 60 percent of people (>26 million) who experience mental health problems and almost 90 percent of people (>20 million) who need substance abuse treatment do not receive care

Comparison of Untreated M/SUDs

Any MI:
45.1 million

37.9 %
receiving
treatment

SUD:
22.5 million

11.6 %
receiving
treatment

Diabetes:
25.8 million

84 %
receiving
treatment

Heart Disease:
81.1 million

74.6 %
receiving
screenings

Hypertension:
74.5 million

70.4%
receiving
treatment

PUBLIC HEALTH OR SOCIAL PROBLEM?



Leading to Insufficient Responses



HELP US CHANGE THE CONVERSATION!



WHAT AMERICANS KNOW

→ Most Know or Are Taught:

- Basic First Aid and CPR for physical health crisis.
- Universal sign for choking; facial expressions of physical pain; basic terminology to recognize blood and other physical symptoms of illness and injury.
- Basic nutrition and physical health care requirements.
- Where to go or who to call in an emergency.

WHAT AMERICANS DON'T KNOW

➔ Most Do Not Know and Are Not Taught:

- Signs of suicide, addiction or mental illness or what to do about them or how to find help for self or others
- Relationship of behavioral health to individual or community health or to health care costs
- Relationship of early childhood trauma to adult physical & mental/substance use disorders

Why Create a National Dialogue?

- Behavioral health seen as social problem rather than public health issue.
- Communities/Governments respond to social problems rather than to health needs of people and community.
- BH Field has multiple philosophies resulting in multiple and inconsistent messages.
 - Disease; disability; chronic medical condition; social reaction to difference; brain/genetic; environment/psychosocial

SO, HOW DO WE CREATE . . .

... a national dialogue on the role of BH in public life?

➔ With a public health approach that:

- Engages everyone – elected officials, parents, elders, youth, schools, community coalitions, churches, health professionals, researchers, persons directly affected by mental illness/addiction & their families.
- Is based on our data, facts, common understandings/messages and science.
- Is focused on prevention (healthy tribal communities).
- Is committed to the health of everyone (social inclusion).

Power of Language

Ability to translate Indian Country into Federalese and vice versa.

- Consumers; people in recovery.
- Stigma; misunderstanding/discrimination.
- Addiction; substance use disorder.
- Mental illness; mental health problem.
- Emotional health; mental health.
- Disease; condition.

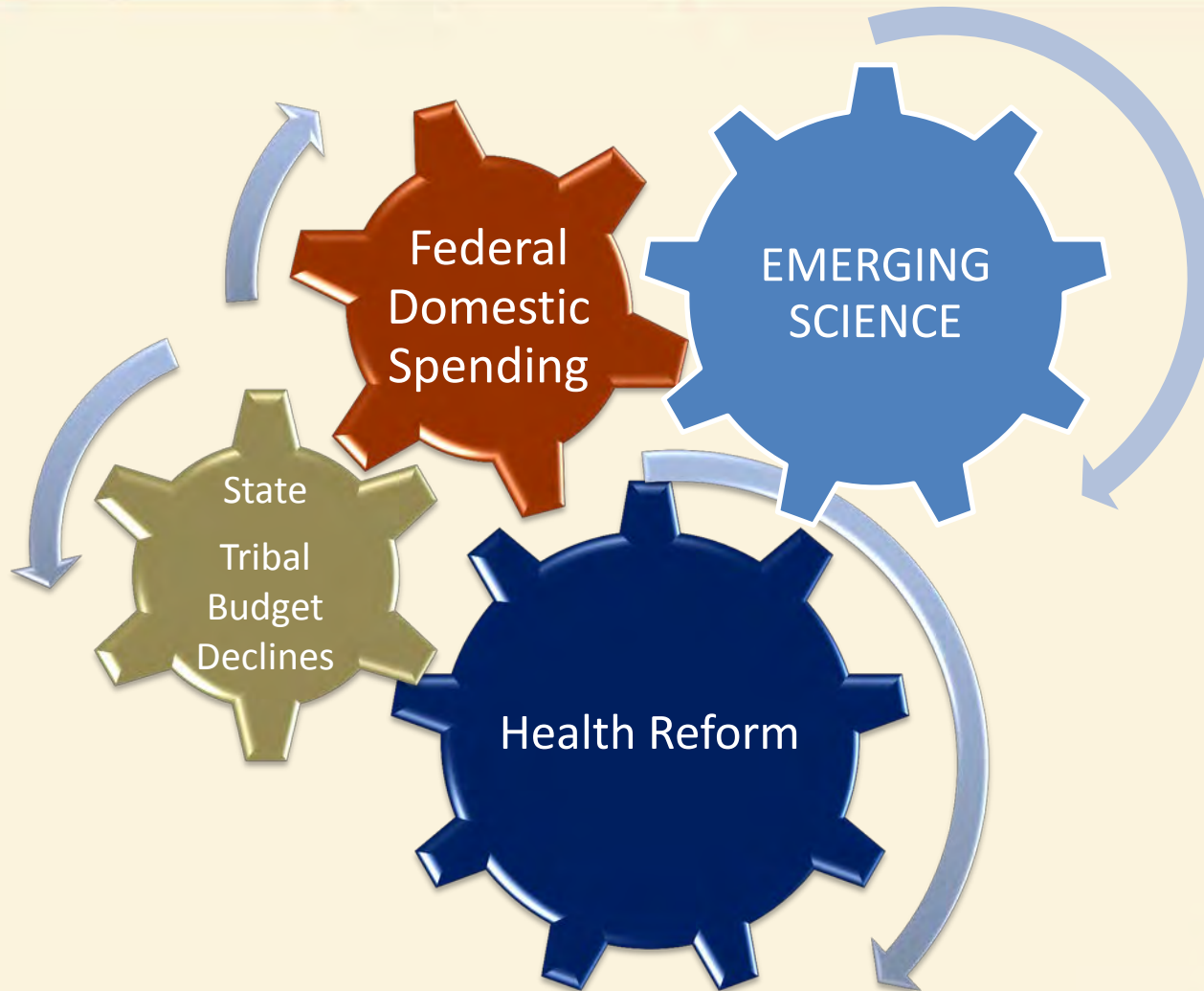
How Can You Help?

- Help translate vision, mission, SIs, vital few, theory of change, priorities, etc. in your interactions
- Listen & convey to SAMHSA what's working; what isn't; and how to improve
- Collaborate with HHS colleagues in regional offices

A Time of Change for Everyone

- Economic challenges like never before.
- Promising partnerships between Tribes and Federal Government.
- Self-determination approaches.
- New prevention & treatment opportunities.
- Legislation
 - Tribal Law and Order Act (TLOA)
 - Affordable Care Act/ Health Reform (including the Indian Health Care Improvement Act)

DRIVERS OF CHANGE



STAY FOCUSED ON:

→ People

→ Partnerships

→ Performance

States have a Role

→ General

- Role as payer expanding
- Preparing State Medicaid programs now for expansion in 2014 (enrollment, benefit plans, payments, etc.)
- Health IT /Electronic Health Record development
- High risk pools
- Insurance exchanges
- Evaluating insurance markets and weighing against benefits of new exchanges

→ SSAs and MHAs (State's Alcoholism & Mental Health Agencies)

- New kind of leadership required with state agencies
- Change in use of block grants (moving demos to practice)
- Supporting communities selected for discretionary grants
- Work with public health and primary care

SAMHSA Block Grants(2) - Purposes

- ➔ Fund priority treatment and support services for individuals
 - Without insurance
 - For whom coverage is terminated for short periods of time

- ➔ Fund those priority treatment and support services not covered by Medicaid, Medicare or private insurance for
 - Low income individuals
 - That demonstrate success in improving outcomes and/or supporting recovery

State Block Grants- Tribal Consultation

State Plan(s) will include evidence of Tribal Consultation during the planning process.

- Interaction should include elected Tribal officials or their designee.
- Meaningful – means more than an individual’s input on a committee.
- Describe how they consulted with Tribes in their State.
- Describe how concerns of Tribes were addressed in the State Block Grant plan(s)
- <http://www.samhsa.gov/grants/blockgrant>

Tribal Consultation

- Secretary's Tribal Advisory Committee (STAC)
 - 1st Cabinet level TAC
- SAMSHA Tribal Technical Advisory Committee (STTAC)
- HHS Tribal Consultation
 - Annual Tribal Budget & Policy Consultation
 - Regional Consultation

Division of Regional and National Policy Liaison – National Branch

- Liaison with HHS/Office of the Secretary and key stakeholders:
 - HHS
 - Members of Congress/Staff
 - Tribal Governments
 - ONDCP (staff support)
 - National Guard
 - Other Federal Agencies
- Manage agency-wide functions of national impact:
 - Legislative Affairs
 - National Advisory Committee Management
 - Block Grant Maintenance of Effort waiver requests
 - Emergency Preparedness/ Disaster Response
 - Healthy People 2020
 - Tribal Affairs

Tribal Law and Order Act (TLOA)

July 2010

→ Reauthorizes & amends the Indian Alcohol and Substance Abuse Act (IASA) from 1986.

- To improve programs to prevent and treat alcohol and substance abuse and bring awareness to co-occurring issues.

→ SAMHSA's Role

- Lead agency to coordinate Federal efforts, resources, and services.

→ SAMHSA Office of Indian Alcohol and Substance Abuse

<http://www.samhsa.gov/TLOA/>

Suicide Prevention Activity

➔ National Action Alliance for Suicide Prevention (September 2010)

- Executive Committee has American Indian members
- Task Force specifically focused on Tribal Suicide Prevention
- BIA/HHS Suicide Awareness (Nov 12, 2010) “Dear Tribal Leader” letter announcing collaboration among SAMHSA, IHS, and BIA on 10 regional listening sessions
- In 2011 SAMHSA, IHS and BIA collaborated to host 2 national Action Summits on Suicide Prevention.

More Activities

- Policy Academies – Military
- Expert Panel – Homelessness, Trauma
- Tribal Colleges & Universities BH Institute
- Service to Science
- Native Aspirations
- SAMHSA Project Officer Training

Behavioral Health – Tribal Prevention Grant (BH-TPG)

Not Yet Funded

- New non-competitive, multi-year grant included in SAMHSA's Budget request for 2013(again).
- \$40 million from Prevention Fund
- “Basic” award for every Federally recognized Tribe to prevent substance abuse and suicide.
- Tribal Consultation on distribution formula and program design.
- SAMHSA will coordinate with IHS to implement community-based prevention strategies.

SAMHSA Resource Centers and Technical Assistance

- Collaborative for the Application of Prevention Technologies (CAPT) <http://captus.samhsa.gov/prevention-practice/population-specific-prevention/tribal-law-and-order-act>
- Native American Center for Excellence (NACE) <http://nace.samhsa.gov>
- Center to Promote Acceptance, Dignity, and Social Inclusion Associated with Mental Health (ADS Center) <http://promoteacceptance.samhsa.gov>

SAMHSA Supported Resources

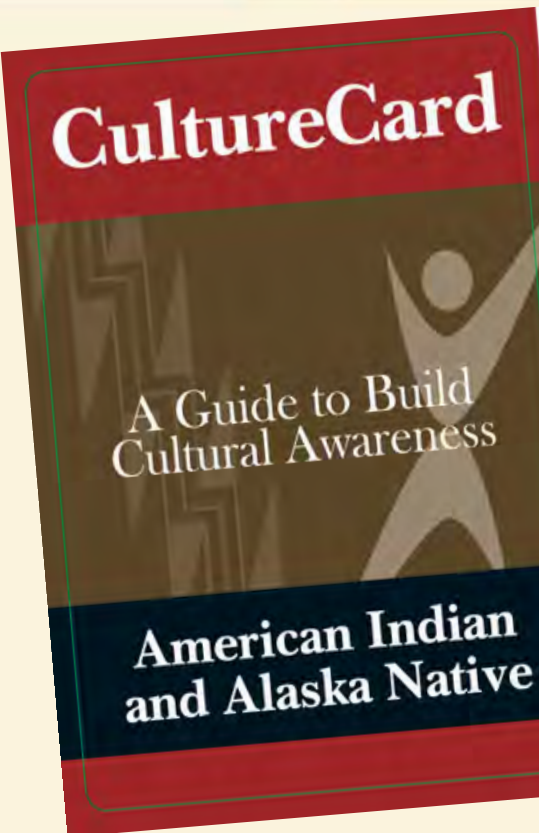
- National Network to Eliminate Racial Disparities in Health (NNED)

<http://nned.net/index-nned.php>

- Suicide Prevention Resource Center (SPRC)

<http://www.sprc.org>

Raising Behavioral Health Awareness in Indian Country



FRIEND

Home

Mental Health: What is it?

Recovery

Help a friend

Support: How to help

Myths & Facts

Resources

The Campaign

NATIONAL SUICIDE PREVENTION

1-800-273-TALK

www.suicidepreventionhotline.org

Mental Health: What is it?

Mental health problems are health conditions that cause changes in a person's thinking, mood and behavior. Arm yourself with the facts and then use your knowledge to educate others. Understanding and support are powerful, and they can make a real difference in the life of a person who needs them.

Among 18-25 year olds, the prevalence of serious mental health problems is high, yet this age group shows the lowest rate of seeking help. According to SAMHSA, from 2004 to 2007, an average of 20.7 percent of American Indian 18-25 year olds reported serious psychological distress in the past year. Despite the high prevalence, only one in three (30.6 percent) American Indian adults with serious psychological distress received care within the past 12 months. Overall the rates at which racial and ethnic minority young adults seek treatment are much lower than their Caucasian counterparts. The potential to minimize future disability is increased if the right support is received. People with mental health problems need to be treated with respect, compassion and empathy, just as anyone with any other serious healthcare condition.

One of the most important factors in recovery is the understanding and acceptance of friends.

Crisis Hotline Numbers

- Suicide Prevention Lifeline Hotline : 1-800-273-TALK (8255)
- National Domestic Violence Hotline: 800-799-SAFE (7233)
or TTY 1-800-787-3224
- National Child Abuse Hotline: 1-800-4-A-CHILD (442-4453)
- Sexual Assault Hotline: 1-800-262-9800

Funding Information

- SAMHSA Grants. www.samhsa.gov/Grants

NOTE: the Linking Actions for Unmet Needs in Children's Health (LAUNCH) competition closes July 3

- HHS Grants. www.hhs.gov/grants

- Tracking Accountability in Government Grants System (TAGGS). taggs.hhs.gov

SAMHSA Funding Opportunities

→ SAMHSA funds in cohorts.

This means there wont be any new awards until the current cohort completes its program period (this could mean 3-5 yrs.)

→ Off the shelf opportunities.

This means SAMHSA may fund the next eligible applicant from a previous year's competition.

Ex. FY 11 GLS competition – State & Tribal Youth Suicide Prevention Grant

Past Funding Announcements

FY 12 Closed or Archived Years

- Drug Courts
- Systems of Care Expansion
- Strategic Prevention Framework
- Garrett Lee Smith – Suicide Prevention
- Circles of Care

For More Information on SAMHSA'S Work in Indian Country

Please feel free to contact me at:

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Q& A Time

Nyah: weh (thank you) for your attention and participation in this presentation.

Behavioral Health is Essential to Health – Prevention Works – Treatment is Effective – People Recover

HELP US CHANGE THE CONVERSATION!



Behavioral Health is Essential to Health!

Prevention Works!

Treatment is Effective!

National Dialogue

People Recover!