A Life in the Community for Everyone

SAMHSA

Substance Abuse and Mental Health Services Administration

www.samhsa.gov • 1-877-SAMHSA-7

# Congresswoman Lucille Roybal-Allard's Grants Workshop

June 4th, 2010

## Pamela S. Hyde, J.D.

## New SAMHSA Administrator

**Juan-Carlos Aviles, Office of Communications**

**SAMHSA / Dept. of HHS**

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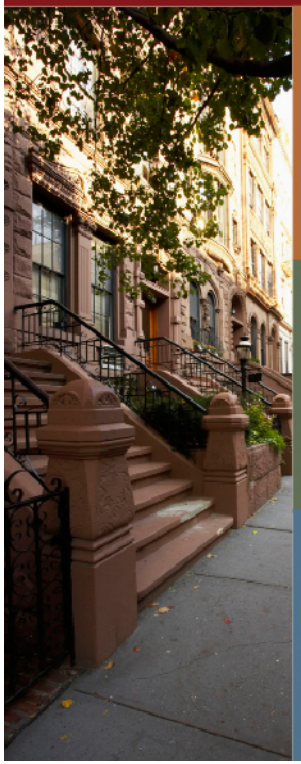
# Behavioral Health is Essential To Health



## Prevention Works

## Treatment is Effective

## People Recover

# Where Are We As a Field?



**What's ahead?**

**How will SAMHSA lead?**

**How can communities help shape the direction?**

# 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**

# Snapshot of our Survey findings



- By 2020, as a major cause of disability, behavioral health disorders will surpass all physical diseases world-wide
- In 2008, 2.9 million persons aged 12 or older used an illicit drug for the first time; almost 8,000 initiates per day
- Young people with major depressive disorder are twice as likely to take that 1st drink or use drugs for the 1st time
- 17,000 deaths in 2006 were associated with prescription opioids; most obtained from other people's prescriptions

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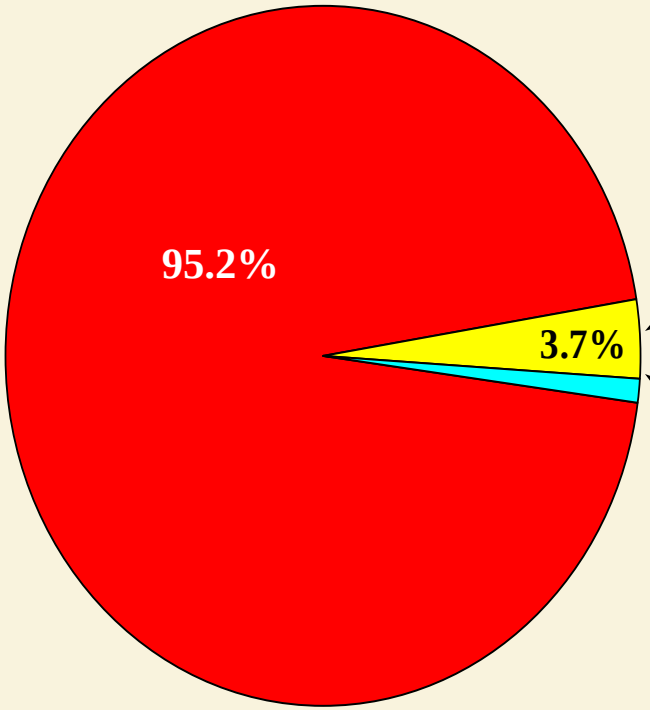
# Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2008






**Did Not Feel They Needed Treatment (19.8 million)**

**Felt They Needed Treatment and Did Not Make an Effort (766,000)**

**Felt They Needed Treatment and Did Make an Effort (233,000)**
***(37% report cost or no insurance as reason for not getting treatment)***

**20.8 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use**

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# Suicide



- Worldwide there are more deaths due to suicide than to accidents, homicides, and war combined

- Last year over 1.1 million Americans attempted suicide and over 8 million seriously considered suicide

- More than 33,000 suicides occurred in the U.S. equaling 91 suicides per day; <u>one suicide every 16 minutes</u>
  - 2nd leading cause of death among college students
  - 3rd leading cause of death among all youth 15-24 years old
  - 1.8 times higher among American Indian/Alaska Native adolescents and young adults age 15-34

- Suicides among veterans may account for more than 1 in 5 suicides in the U.S.

# Behavioral Health is Part of Health



- Almost ¼ of all adult stays in U.S. community hospitals involved mental or substance use disorders
- Up to 83% of people with serious mental illness are overweight or obese
- People with serious mental illness have shortened life-spans, on average living only until 53 years of age
- 44% of all cigarettes consumed in US are by individuals with a mental illness or substance use disorder
- 64% of antidepressants prescribed by primary-care offices, hospitals, outpatient programs or surgical offices
- 5 Conditions – mood disorders, diabetes, heart disease, hypertension and asthma – represent:
  - 49% of total health care costs
  - 42% of illness-related lost wages
  - Mood disorders rank 1st in work loss costs, 2nd total costs & 3rd in health care costs

# Working together:



Community: local (YOU) /county/state/regional/national

Other Federal offices:

Administration & Congress

Department of Defense

Department of Education

Department of Housing & Urban Development

Department of Justice

Department of Labor

Office of National Drug Control Policy

Department of Health & Human Services

- Administration for Children & Families
- Administration on Aging
- Agency for Healthcare Research & Quality
- Center for Disease Control & Prevention
- Centers for Medicare & Medicaid Services
- Health Resources & Services Administration
- National Institutes of Health

**People in each focused on mental health & substance use issues**

# 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 JJ & Adult Criminal Justice Systems
- Impacts of Violence and Trauma on Children/Youth
- Incidence of Community Violence

# 3. Military Families—Active, Guard, Reserve, and Veteran
# 4. Health Reform



## ➔ Military Families

- Homelessness
- Prevention for families
- Access to Services in Civilian Service System (TRICARE)
- Suicide

## ➔ Health Reform

- Affordable Care Act
- Medicaid/Medicare
- Block Grants
- Parity

# 5. Housing and Homelessness
# 6. Jobs and Economy



## ➔Housing/Homelessness

- Permanent Supportive Housing for Chronically Homeless Persons with SA/MI
- Homeless Veterans
- Homeless Families
- Address Policy, Financial, and Capacity Barriers
- ICEH Report

## ➔Jobs and Economy

- BH Impacts of Economic Situation
- Jobs for Persons with SA/MI
- Employer and Workplace

# 7. Health Information Technology (HIT) for Behavioral Health Providers
# 8. Workforce



## ➔ Health Information Technology

- Provider Adoption/Implementation of EHRs
- EHR Standards and Quality Measures
- Privacy/Confidentiality Issues

## ➔ 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

# 9. Data, Outcomes, and Quality
# 10. Public Awareness and Support



- **Data, Outcomes, and Quality**
  - Single SAMHSA Data Platform
  - Common Data Requirements for States
  - Common Evaluation and Service System Research Framework
  - Quality of Services (Including EBPs)
  - Prevention Billing Codes
  - Recovery Measures

- **Public Awareness and Support**
  - SAMHSA Branding
  - Consolidation of Websites
  - Common Fact Sheets
  - Single 800 #
  - Consistent Messages – Communications Plan for Initiatives
  - Use of Social Media

# SAMHSA Key Messages

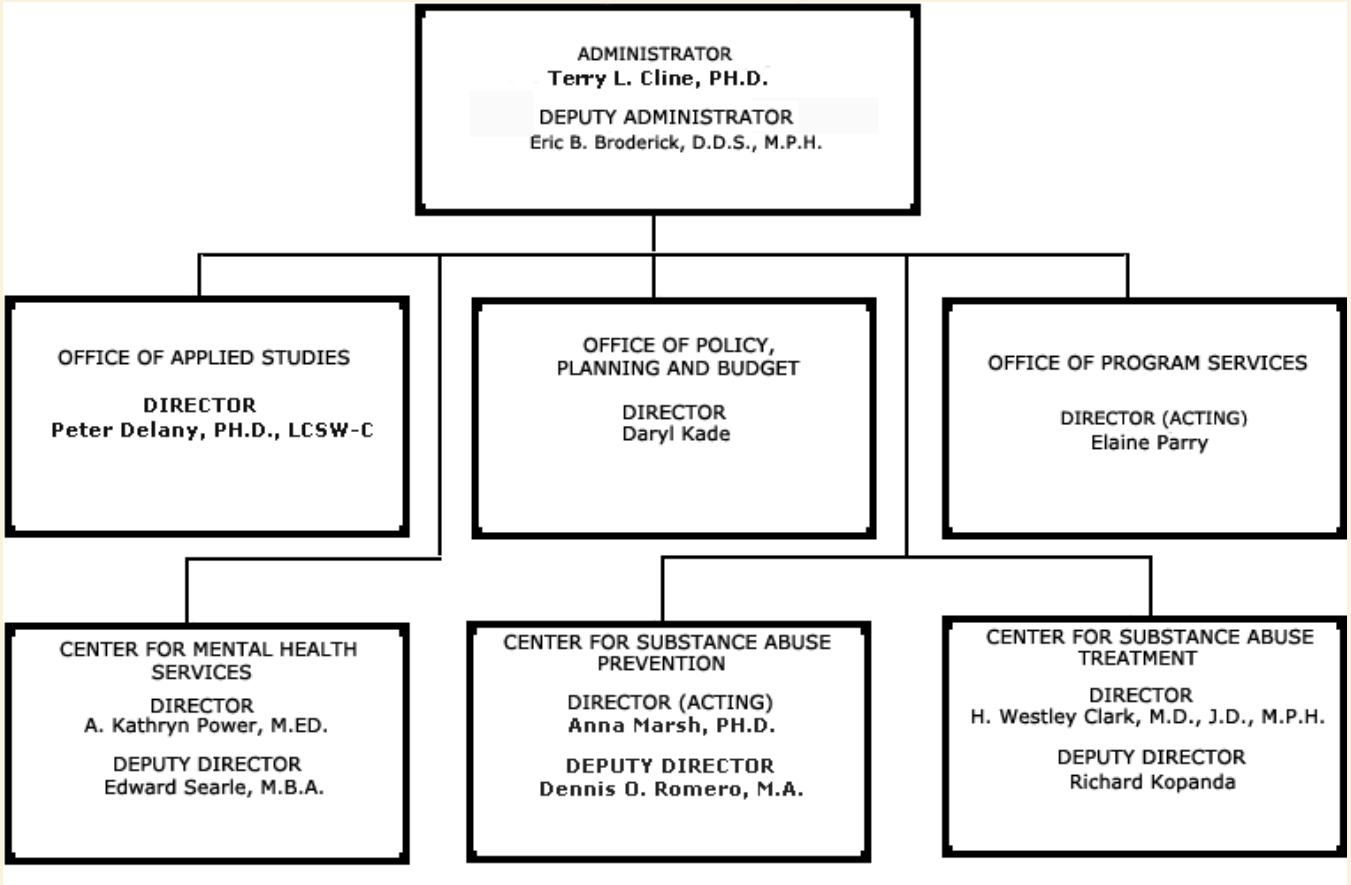


- Behavioral health is essential to health
  - Improves health status
  - Lowers costs for families, businesses, and governments
- Prevention works
- Treatment is effective
- People recover

# General Grants Overview

- ✓ Introduction to SAMHSA
- ✓ Funding Opportunities
- ✓ Linking to a Funding Opportunity
- ✓ Applying for a Federal Grant
- ✓ Writing Competitive Applications

# SAMHSA's Organizational Chart



# General grant cycles

- Roughly:  January through June - RFAs go out
- Roughly: September through February – Awards go out

# Learning About Funding Opportunities

- Access SAMHSA http://www.samhsa.gov
- Access Grants.gov http://www.Grants.gov
- No longer publish announcements in Federal Register

# State Summary: California FY 2009/2010

## Formula Funding Fiscal Year 2009/2010

- Substance Abuse Prevention and Treatment Block Grant: $250,794,726
- Community Mental Health Services Block Grant: $53,996,249
- Projects for Assistance in Transition from Homelessness (PATH): $8,261,000
- Protection and Advocacy Formula Grant: $3,138,129
- National All Schedules Prescription Electronic Reporting (NASPER): $454,587
- **Subtotal of Formula Funding: $316,644,691**

## Discretionary Funding Fiscal Year 2009/2010

- Mental Health: $21,760,786
- Substance Abuse Prevention: $13,476,789
- Substance Abuse Treatment: $32,211,672

**Subtotal of Discretionary Funding: $67,449,247**

- Total Mental Health Funds: $87,610,751
- Total Substance Abuse Funds: $296,483,187

- **Total Funds: $384,093,938**

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# Anticipated Funding Opportunities (3 Centers within SAMHSA)

## Center for Mental Health Services

Website has details and updates

Targeted Capacity Expansion

Campus Suicide Prevention

Children's Mental Health

# Anticipated Funding Opportunities

## Center for Substance Abuse Prevention

Website has details and updates

Strategic Prevention Framework State Incentive Grants (SPF SIG)

Targeted Capacity Expansion

Drug Free Communities Support Program

**STOP ACT – Underage drinking Grants for DFCs**
**(Thanks to: Congresswoman Lucille Roybal-Allard)**

Drug Free Communities Support Mentoring Program

# Anticipated Funding Opportunities

## Center for Substance Abuse Treatment

Website has details and updates

Treatment for Homeless

Treatment Drug Courts

Screening, Brief Intervention, Referral and Treatment (SBIRT)

SBIRT Medical Residency Program

SBIRT Campus

# Applying for a Federal Grant

- Download the announcement from the SAMHSA web site or call the SAMHSA Information Line at 1-877-SAMHSA7 to obtain an application kit in the mail.
- Obtain SAMHSA's Technical Assistance Manual, *Developing Competitive SAMHSA Grant Applications* (download from the web or call the SAMHSA Information Line).
- Read similar announcements, templates, Federal forms, and understand terms such as cultural competence, evidence based practice, and GPRA. Know our formatting requirements.
- Contact the Government Project Officer listed in the announcement.

# Continue . . . .

- Read the announcement and the required Federal forms (PHS 5161). All can be downloaded from the SAMHSA web site, or
- Call the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889] for resources and forms
- Complete as much work in advance as possible – short turnaround time to submit an application

# Competitive Applications

## Must Haves

Your organization must be eligible.

Different programs have different eligibility requirements:

- Domestic, public and private non-profit organizations
- State government/Tribe
- Office of the Governor/Tribal official

# More:

- Appropriate licensures or experience as stated in the announcement
- Must use appropriate Government forms.
- Read directions and follow
- Use required format
- Provide what is asked

# Evaluation Criteria

- Reviewers assess the application against the evaluation criteria in the announcement.
- If all other requirements are met, applications with the highest points will be considered for funding.
- Therefore, show that you have what we are asking for to get the most points.

# Summary Statement

- If your application was reviewed, you will receive a summary statement, regardless of whether or not you are funded.
- If you're not funded, talk to the Government Project Officer, after awards have been made, to learn why.
- Learn from mistakes and try again.

# FY2011 BUDGET OPPORTUNITIES



- Project LAUNCH (Kids 0-8)↑ $12 million to $37 million
- Prevention Prepared Communities (Young people 9-25) $23 million **for this new initiative**
- Suicide Prevention ↑$6 million to $54 million
- Safe Schools/Healthy Students $95 million

# FY2011 BUDGET OPPORTUNITIES



- SBIRT ↑$8 million to $37 million
- Children's Mental Health Initiative (CMHI) ↑$5 million to $126 million
- Drug Courts ↑$13 million to $56 million
- ATR ↑$10 million to $109 million

# FY2011 BUDGET OPPORTUNITIES



- PATH ↑$5 million to $70 million

- HUD/HHS demo ↑$16 million for provision of non-Medicaid wrap around services for chronically homeless individuals to coordinate with 10,000 HUD special needs vouchers, 4,000 of which are targeted for persons with mental illness/substance abuse disorders who are eligible for Medicaid for health & behavioral health care services
  - SAMHSA funds for services such as supported employment, supported education, transportation, housing supports

# FY2011 BUDGET OPPORTUNITIES



- Community Resilience & Recovery Initiative (CRRI) $5 million
- National data collection ↑ $33 million to $136 million – DAWN & New C-EMS
- $4 million new in the Office of the National Coordinator (ONC) for Behavioral Health HIT
- In Health Resources and Services Administration (HRSA) $25 million new for behavioral health in FQHCs

# Good Luck.

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