

SAMHSA Priorities: Addressing Mental and Substance Use Disorders in America

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Mental Illness and Substance Use Disorders in America

PAST YEAR, 2018 NSDUH, 18+

Among those with a substance use disorder:
3 IN 8 (38.3% or 7.4M) struggled with illicit drugs
3 IN 4 (74.5% or 14.4M) struggled with alcohol use
1 IN 8 (12.9% or 2.5M) struggled with illicit drugs and alcohol

Among those with a mental illness:
1 IN 4 (23.9% or 11.4M) had a serious mental illness

In 2018, **57.8M** Americans had a mental and/or substance use disorder.

7.8%
(19.3 MILLION)
People aged 18 or older had a substance use disorder (SUD)

3.7%
(9.2 MILLION)
People 18+ had BOTH an SUD and a mental illness

19.1%
(47.6 MILLION)
People aged 18 or older had a mental illness

10% get SUD treatment, less than 50% get treatment for mental disorders
Cost of Untreated Mental/SUDs: over \$800 billion/yr

SAMHSA: Major Role in Federal Service Delivery for Mental and Substance Use Disorders

Overview:

SAMHSA: must be responsive to the needs of Americans living with serious mental illness/substance use disorders and their families

Guidance from Congress through important legislation/appropriations: 21st Century Cures Act, SUPPORT Act

Major Issues:

Substance Use

Opioids Crisis

Rise of other problem illicit substances: marijuana, methamphetamine

Prevention Needs

Campaigns to raise public awareness

Community outreach and education: providers and public

Needs of the Seriously Mentally Ill

- Addressing service needs of those with major mental disorders: psychotic disorders including schizophrenia, bipolar disorder, major depression
- Addressing the needs of our children at risk and living with mental disorders
- Addressing suicide prevention

Parity Issues: Access to Care, Practitioner Availability

Surveillance and Data Collection issues: need to inform policy, need to determine effectiveness of programs

Opioids Crisis Update

Strategic Plan Priority 1: Combatting the Opioids Crisis

State Opioid Response (SOR) grants to states: Prevention, Treatment and Recovery Services for OUD FY 20: \$1.5 B Expanded use: opioids or stimulants; required use of EBP including MAT, allowance for contingency management treatment

- \$50 M set-aside for tribes
- 15% set aside for hardest hit states
- Directed TA/T: ORN (Opioid Response Network): national program that places teams with clinical expertise in OUD on the ground in every state; training and implementation assistance
- **Naloxone distribution/first responder training; 23,489 reversals as of Q1 20; FY 20: \$54M**
- **MAT PDOA program to assist with OUD pharmacotherapy implementation FY 20: \$89M**
- **PPW program: residential and outpatient services FY 20: \$32M**
- **CJ programs with MAT; FY20: \$89M Drug Courts: Adult, Juvenile, Family, and Offender Re-entry**
- **Building Communities of Recovery: Recovery coaches/peers FY 20 \$8M (+2M)**

Strategic Plan Priority 1: Combatting the Opioids Crisis

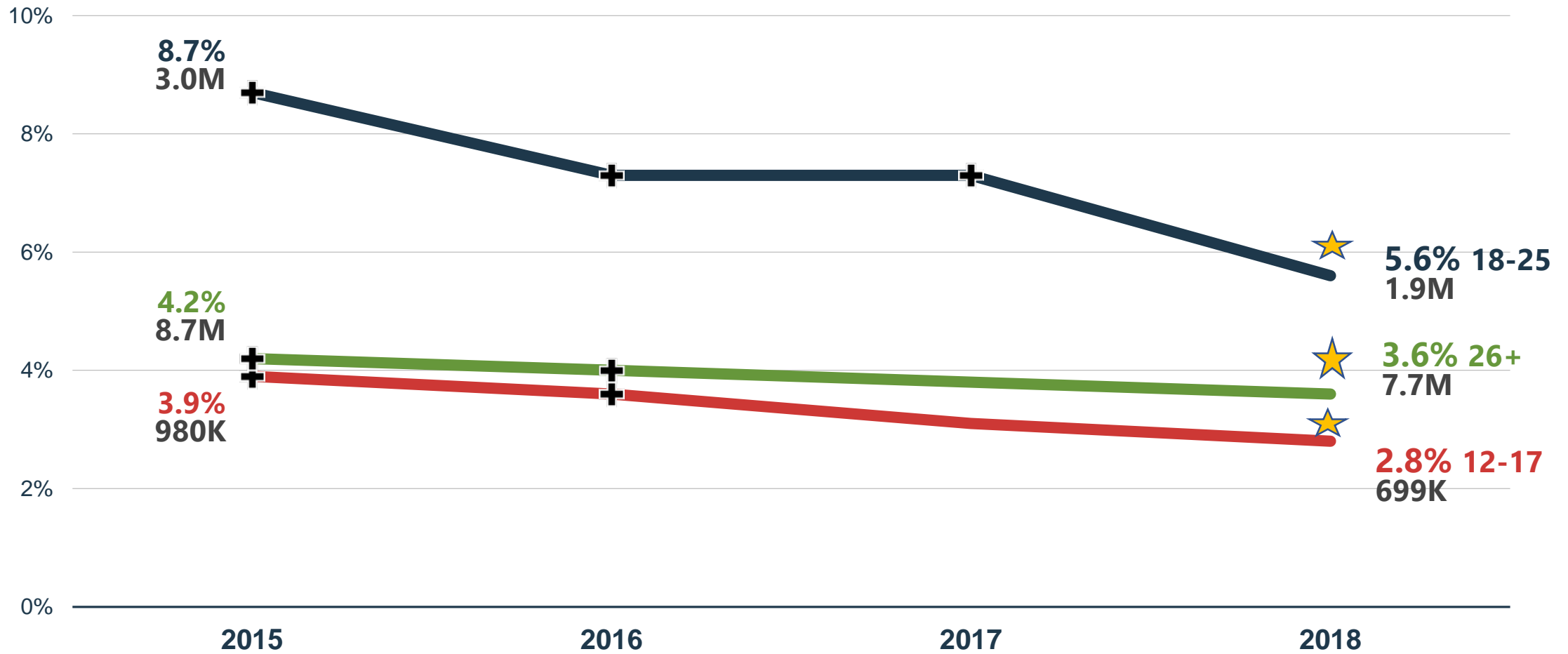
- Continued funding of **Drug Abuse Warning Network (DAWN) \$10M**
- **Substance Abuse Prevention and Treatment Block grants to states FY 20: \$1.86B**

Resources:

- TIP 63 (revised in 2020)
- Finding Quality Treatment
- Findtreatment.gov
- **DATA waiver:**
 - Expanded DATA waiver to other specialties: Clinical nurse specialists, nurse anesthetists, nurse midwives
 - Increased patient caseload to 100 following completion of DATA waiver training and approval; may apply to increase to 275 after 1 year (in qualified practice setting)
 - Discontinued required additional reporting by practitioners at 275 limit
 - Over **86,000** trained/waivered

Opioid Misuse

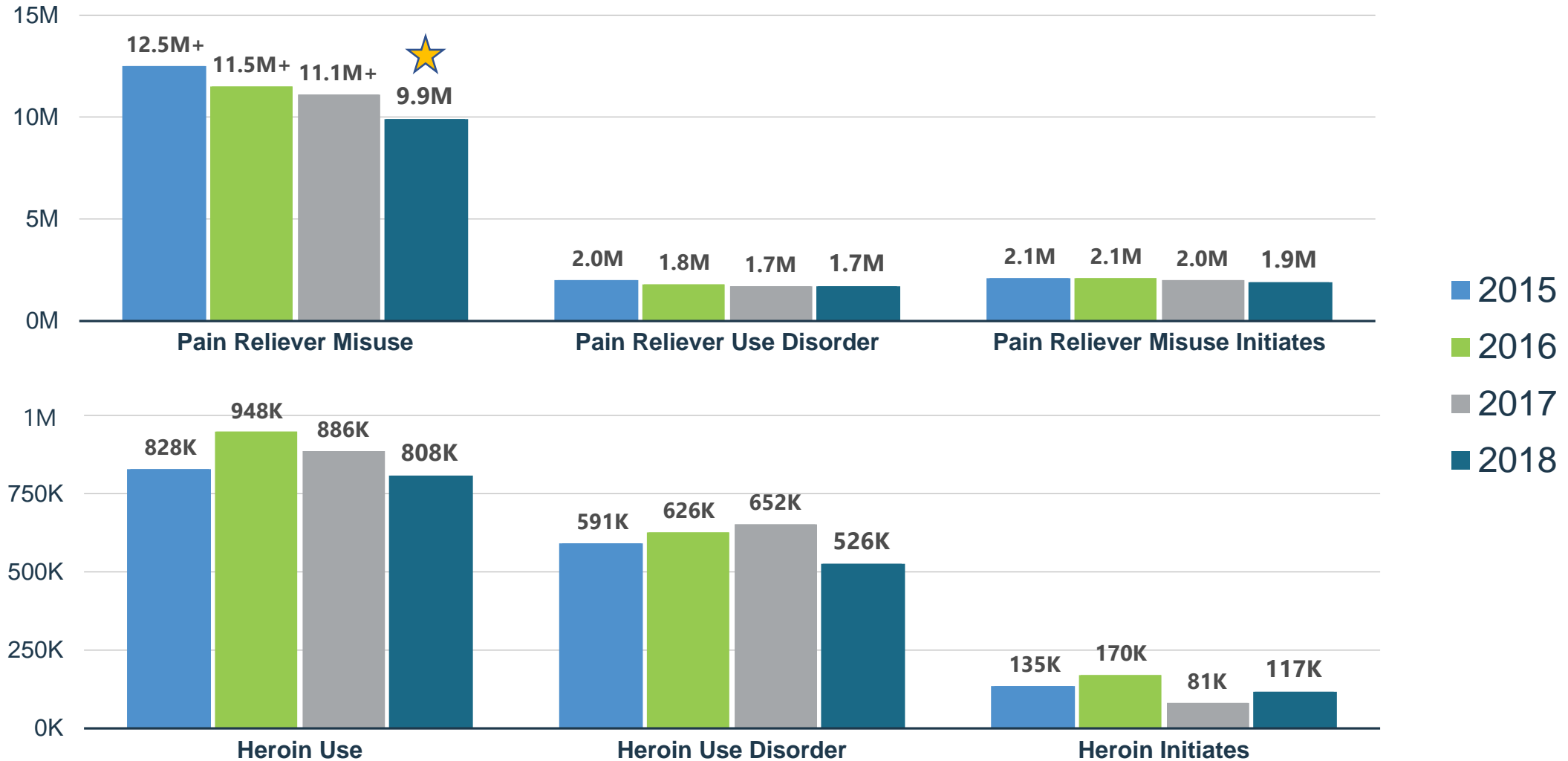
PAST YEAR, 2015-2018 NSDUH, 12+



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

Prescription Pain Reliever Misuse and Heroin Use

PAST YEAR, 2015-2018 NSDUH, 12+

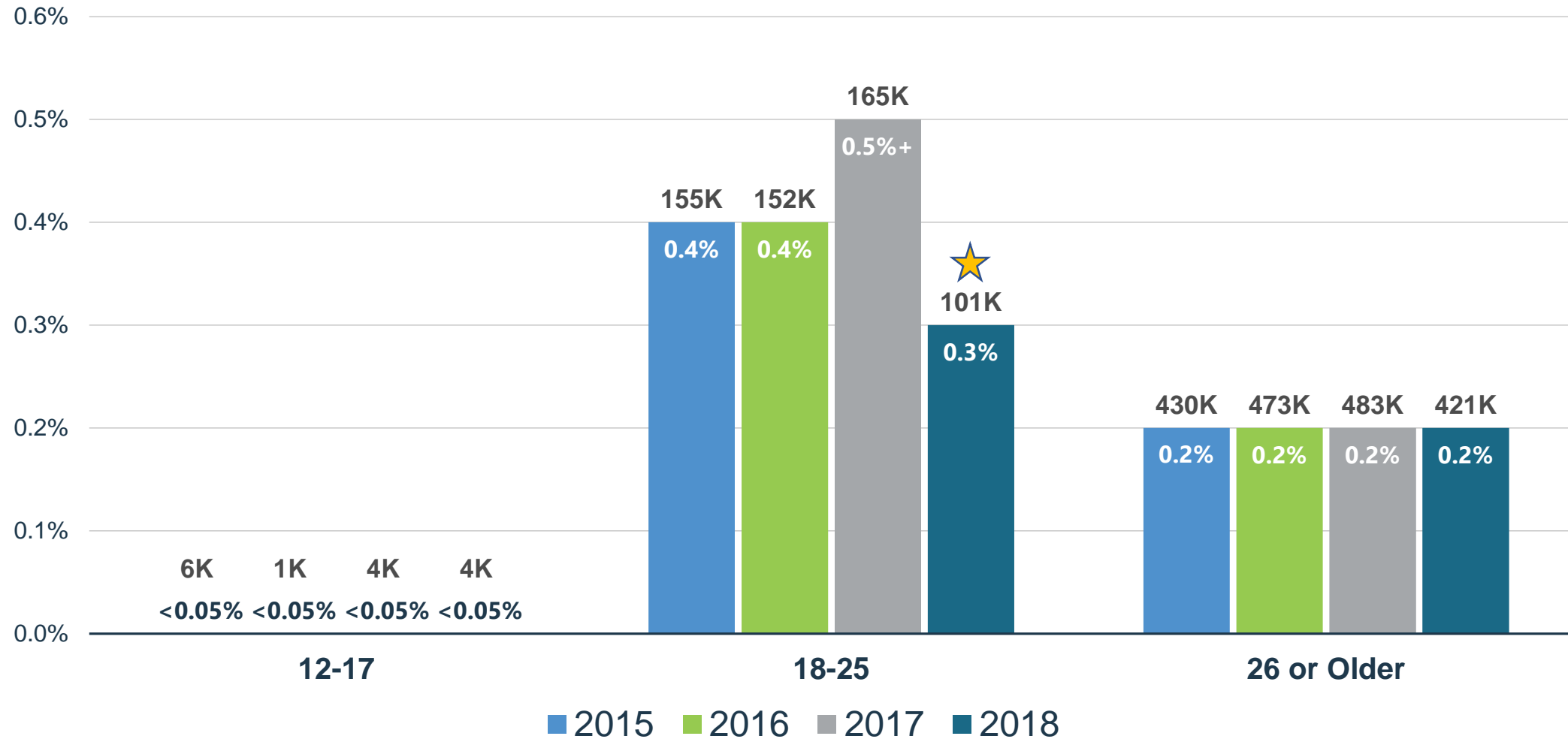


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Heroin-Related Opioid Use Disorder

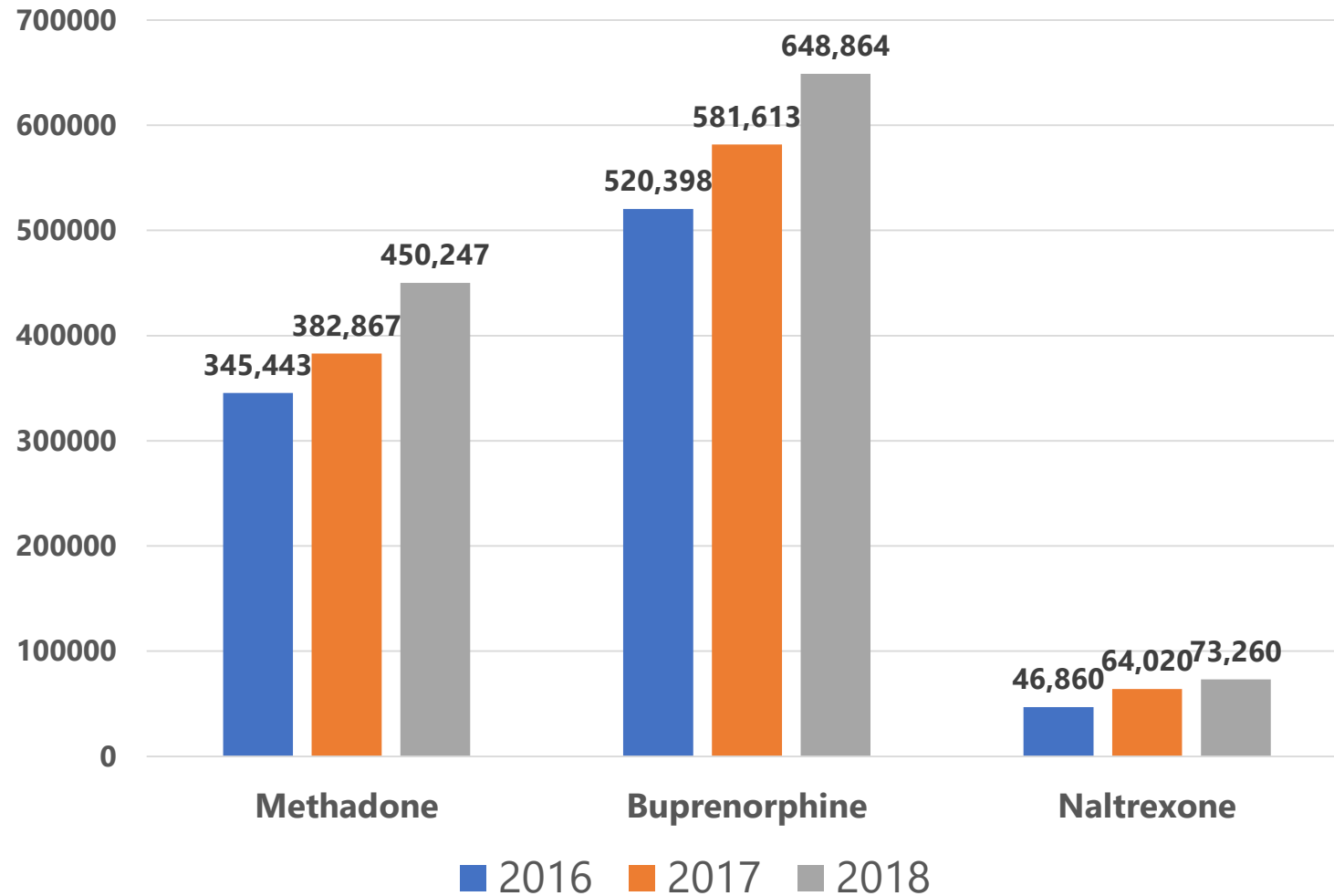
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PAST YEAR, 2015-2018 NSDUH, 12+

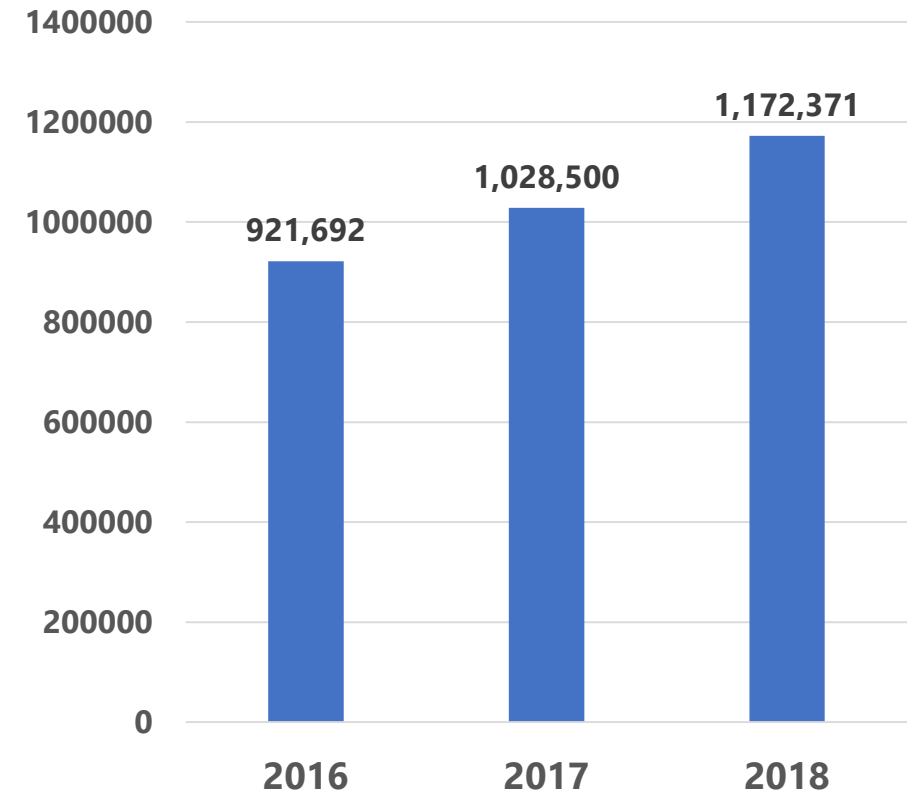


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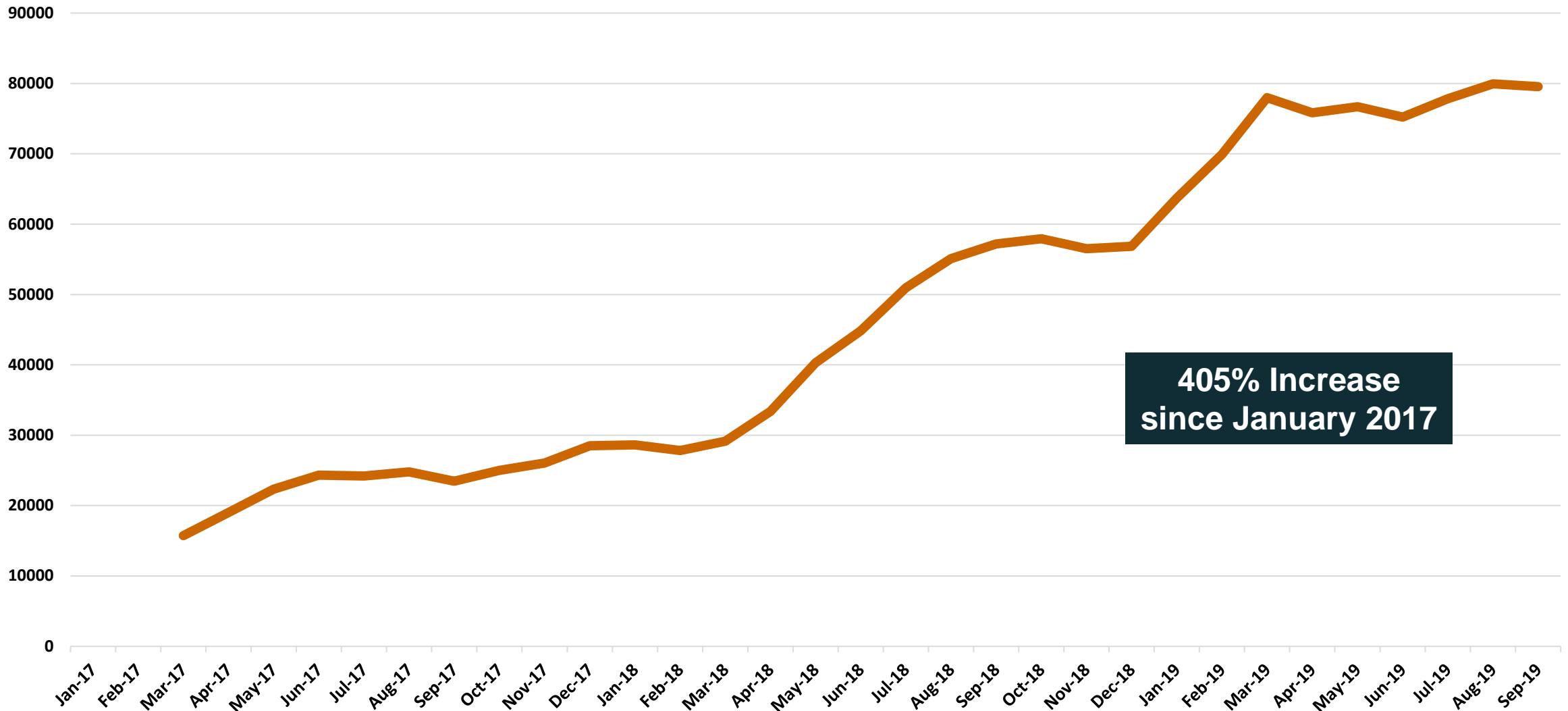
Treatment Gains: Number of Individuals Receiving Pharmacotherapy for Opioid Use Disorder (MAT)



Total Number receiving MAT (all types)



Naloxone Prescriptions Per Month



Source: IQVIA National Prescription Audit. Data presented for the retail and mail channels only

FY 2020 Budget Increases: Substance Use/Disorders

- **Stop Act:** (prevention funding to decrease alcohol use in youth) **\$9M (+\$1M)**
- **New Programs**
 - **Comprehensive Opioid Recovery Centers: \$2M**
 - Awarded to treatment programs offering all 3 FDA-approved MAT for OUD;
 - SAMHSA will be looking for innovative programs that engage and serve at-risk populations
 - Part of SAMHSA's approach to program demonstrations that can be implemented in other locales
 - **Emergency Department Alternatives to Opioids: \$5M**
 - SAMHSA will be looking for innovative, multidisciplinary approaches to non-opioid based pain management that can be implemented in ED settings and continued in ongoing clinical programs
 - **Treatment, Recovery Workforce Support: \$4M**
 - Funding to support assisting those in recovery with obtaining employment
 - **Peer Recovery Support TA Center: \$1M**

Other Initiatives in 2019-2020

- Revisions to 42 CFR to better align with HIPAA; improve medical services to those with SUD; new regulations finalized in July 2020
- CARES Act requires further alignment of HIPAA and 42CFR in 2021
- Implementation of Mandatory Oral Fluid Guidelines to address parameters of oral fluid drug testing in workplace settings; Hair testing guidelines to be made public in next few months; January 2021: workplace drug testing panel regulations will be modified to allow yearly updates of substances to be tested for
- Developed and released Recovery Housing Guidelines
- Expanded efforts to address marijuana (SG advisory; dyad paper; public service messaging, MJ language on Notices of Award)

ADDRESSING SERIOUS MENTAL ILLNESS (SMI) AND SERIOUS EMOTIONAL DISTURBANCE (SED)

Strategic Plan Priority 2: Addressing SMI and SED

Mental Health Services Budget Total: ***FY 20 \$1.68 B (+\$118M)***

- Mental Health Block grant: ***\$722.5 M***
- CMHI: ***\$125M***
- Infant and Early Childhood: ***\$7M (+\$2M)***
- Project AWARE: ***\$102M (+\$31M)***
- National Child Traumatic Stress Initiative: ***\$69M (+\$5M)***
- Transitional age youth: Family Tree (CSAT), Healthy Transitions ***\$29M (+3M)***
- ***Suicide Prevention***
 - Suicide Lifeline: ***\$19M (+\$7M)***
 - Zero Suicide: ***\$18M (+\$7M)***
 - Suicide Prevention Resource Center: ***\$8M (+\$2M)***
- Increased funding for Mental Health Awareness Training and Crisis Intervention Training ***\$23M (+2M)***

Strategic Plan Priority 2: Addressing SMI and SED

- CCBHCs/integrated care: ***\$450M*** to organizations/states
- CJ programs: Diversion from incarceration to treatment ***\$6.3M (+2M)***
- Assertive Community Treatment: ***\$7M (+2M)***
- Assisted Outpatient Treatment: ***\$19M (+4M)***
- Minority Fellowship Program: ***\$9M (+1M)***

Serious Mental Illness: Addressing Key Issues

- SMI and incarceration:
- Too many living with SMI will not get adequate treatment and become involved with the justice system
- States have been told that block grant funding cannot be used for services that are related to justice issues: serving those with SMI in jail/prison
- Competency restoration = evaluation and treatment of SMI
- Block grant requires that funds be used to deliver services addressing serious mental illness by community based providers
- Includes services delivered in the community or within a jail/prison by community providers

Other Initiatives in 2020

- SAMHSA/CMS Advisory on funding school-based mental health
- Supplements to Mental Health TTCs to support school-based mental health services
- Clearinghouse on school-based services including identification of youth with violence potential; schoolsafety.gov
- Best practices in crisis intervention services released: **Thank you, NASMHPD!!**
- Support to CMS for 1115 waivers to lift IMD exclusion for SMI and successfully advocated to get into the President's 2021 budget
- Advocacy for psychiatric advance directive use
- Implementation of Mental Disorders Prevalence Study
- Report to Congress supporting initiation of 988 hotline/FCC approved
- Report to Congress on benefits observed in AOT program
- Report to Congress on CCBHC Expansion Grant outcomes

Strategic Plan Priority 3: Advancing Prevention, Treatment and Recovery Support Services for Substance Use

Substance Abuse Prevention Budget Total: FY 20 \$205.5M

Strategic Prevention Framework (SPF): \$119.5M

- Focus on grants to communities to prevent tobacco, alcohol, marijuana, and other stimulant use
- Includes SPF for Prescription Drugs: \$10M

Minority AIDS Prevention Programs: \$41.2M

Tribal Behavioral Health Grants: \$25M

Strategic Plan Priority 3: Advancing Prevention, Treatment and Recovery Support Services for Substance Use

- Reducing tobacco use: Policy Academies, Prevention TTC TA/T efforts
 - Tobacco-Free Recovery Center to focus on tobacco cessation, vaping and relationship to cigarette use by youth and young adults
- Public education and awareness programs:
 - Opioids
 - Marijuana
 - Methamphetamine
 - Women and marijuana/pregnancy risks
 - Transitional age youth
 - Suicide Prevention
 - Co-occurring disorders

Strategic Plan Priority 4: Improving Data Collection, Analysis, Dissemination and Program and Policy Evaluation

- **Collaborative work between NMHSUPL and Center for Behavioral Health Statistics and Quality (CBHSQ):**
 - **Mental and substance use disorder prevalence pilot study (remake of the Epidemiologic Catchment area study)**
 - Survey of large metropolitan areas, suburban and rural areas
 - National probability sample
 - Will include national probability sampling from jails/prisons, homeless/marginally housed/those residing in shelters, residential facilities including state psychiatric hospitals
- **CBHSQ:**
 - Updating of SPARS questions: routine collection of diagnosis, outcomes questions for all grant programs, questions on MAT utilization in place
 - DAWN now reporting quarterly
 - NSSATS: Questions on treatments: type of setting, MAT, withdrawal, recovery, HIV

NSDUH

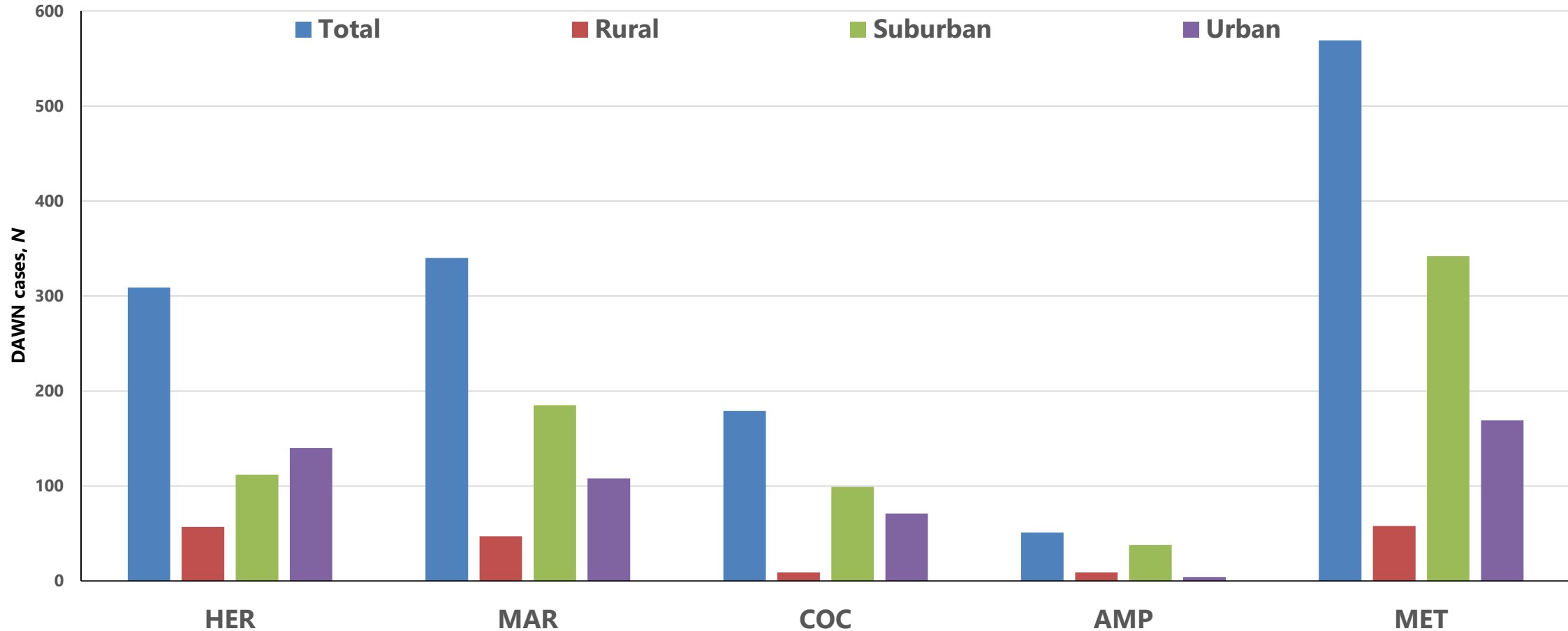
- Updates
 - Addition of questions on use of medication to treat OUD
 - Use of kratom
 - Vaping
 - Move to DSM 5
 - More rapid analysis and release to the public of yearly data
 - NSDUH 2018 Data Presentation: Views: 19,000

Launch of Findtreatment.gov

The screenshot shows the homepage of FindTreatment.gov. At the top, there is a navigation bar with the site name "FindTreatment.gov" and a phone number "1-800-662-HELP (4357)". Below the navigation bar, there are several menu items: "Search for treatment", "Treatment options", "Paying for treatment", "Understanding addiction", and "Understanding mental health". The main content area features a central message: "Millions of Americans have a substance use disorder. Help is available." This message is accompanied by four small portraits of diverse individuals. Below the message, there is a paragraph explaining that SAMHSA collects information on thousands of state-licensed providers who specialize in treating substance use disorders, addiction, and mental illness. Two buttons, "Find treatment" and "Learn more", are positioned below the text. At the bottom of the page, there is a search box titled "Find a treatment facility near you" with a text input field labeled "City or zip code" and a "Search" button.

CBHSQ: Reinstitution of the Drug Abuse Warning Network (DAWN)

Initial 35 hospitals
Over 35,000 records being analyzed: trends in substance use/emerging issues



HER: heroin; MAR: marijuana; COC: cocaine
AMP: amphetamine; MET: methamphetamine

Strategic Plan Priority 5: Strengthening Healthcare Practitioner Training and Education

Increasing Access to Care for Mental/Substance Use Disorders Through Training

- **Technology Transfer Centers:** MH with supplements for school-based MH, SU Prevention, ATTCs, CSS-SMI, COE for PHI, Eating Disorders TTC, PCSS-MAT
- **PCSS Universities:** embeds DATA waiver training into undergrad education
- **Prac-Ed:** program that embeds training on opioid and other SUDs into healthcare practitioner education: nursing, pharmacy, social work, family medicine, toxicology, psychology, physician assistants
- **Opioids Resource Network (ORN)** specifically for states to address their OUD issues locally
- **Evidence-Based Practices Resource Center**
- **SAMHSA Products** (e.g.: TIP 63 (revised), NSDUH presentations, MAT in Criminal Justice Settings, Recovery Housing, Crisis Services, Evidence Based Practice Guides: Vaping, Stimulants, Marijuana, Co-occurring disorders)

SAMHSA: Technical Assistance and Training

EVIDENCE-BASED, LOCAL TRAINING, NATION-WIDE SCOPE

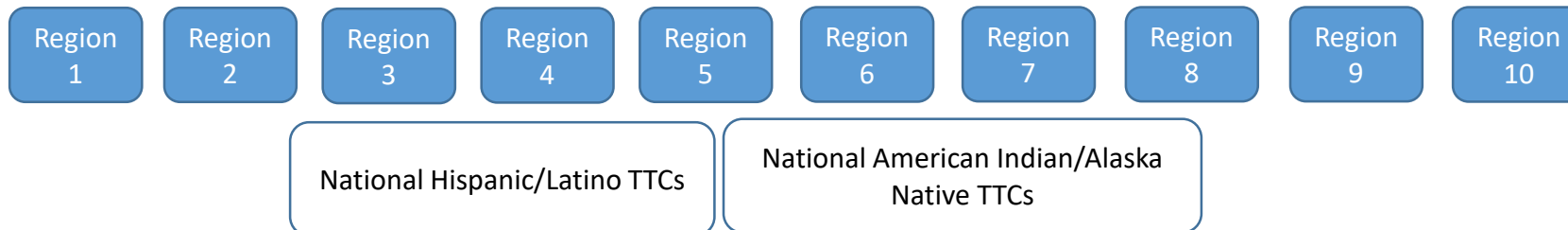
Evidence-Based Practice Repository in NMHSUPL

National Technical Assistance/Training Centers:

Opioid Response Network, Providers' Clinical Support System for Medication Assisted Treatment, **Clinical Support System for Serious Mental Illness (SMI Advisor)**, National Child Traumatic Stress Network, National Center on Substance Abuse and Child Welfare, Housing and Homelessness Resource Center, Center for Integrated Health Services, Veterans, GAINS (Criminal Justice), Disaster, Social Inclusion/Public Education, SOAR, **Eating Disorders, Addiction Peer Recovery Support Technical Assistance Center, Family Support Technical Assistance Center**

Combined Efforts at the State, Regional, and Local Levels Oriented to All Health Professionals

Regional Substance Abuse Prevention, Addiction, Mental Health, Collaborating Technology Transfer Centers



Over 70,000 trained in 2019

Strategic Plan Priority 5: Strengthening Healthcare Practitioner Training and Education

Support use of credentialed peer providers as an integral component of comprehensive care

Peers can provide an important component of care in the form of:

- Links between psychiatric and medical systems with recovery support systems in communities
- Supports to assist individuals in obtaining needed medical and recovery support services

SAMHSA programs:

Addiction Peer Recovery Support TA Center

Training resources for Recovery Coaches

Integration of peers into CCBHCs

Family Support Technical Assistance Center

COVID-19 Impacts

SAMHSA Action Plan for COVID-19: What is Happening in Communities?

- 10 fold increase in calls to the Disaster Distress Helpline
- Media coverage: Hospitals straining to care for those sick with COVID-19; Sudden loss of life; state/community reporting of increases to suicide prevention lines, increased numbers of suicide attempts in EDs, increases in calls related to domestic abuse
- Calls with state officials: problems with providing care for those with mental and substance use disorders; limits in rural areas, those without internet access in all areas, states applying for Crisis Counseling Program funds

National Action Plan: Steps Taken and in Progress

- Addressing the needs of the public: those who experience mental health consequences of social change with COVID-19: Crisis Counseling Program, Helplines
- Addressing the needs of those with serious mental illness and substance use disorders: PHE flexibilities
- Addressing practitioner/healthcare organization needs: PRF resources to behavioral health providers
- [SAMHSA.gov/coronavirus](https://www.samhsa.gov/coronavirus)
- Use of supplemental funds to support national needs related to behavioral health

National Action Plan: Steps Taken and in Progress

Addressing the needs of those with serious mental illness/substance use disorders

- findtreatment.samhsa.gov (mental health resources) and findtreatment.gov (treatment resources for substance use disorders)
- SAMHSA has endorsed increased use of telehealth/telemedicine; successfully advocated to CMS for payment of these services: audio/visual and telephone
- Relaxation of HIPAA requirements to allow to allow use of non-HIPAA compliant resources for telemedicine; Medical emergency allowance in 42 CFR Part 2 can be utilized where needed
- OUD/OTP assistance
 - Urgent need to continue to address needs of those with OUD
 - Ongoing work with DEA to assure consensus on flexibilities so that people with OUD continue to get medication and treatment resources
 - flexibilities around prescribing/dispensing opioid therapies; telehealth flexibilities, mid-level practitioner clinical responsibilities
- Recovery Resource groups/information; Information on how to set up a meeting online or by conference call

National Action Plan: Steps Taken and in Progress

Addressing practitioner needs

- National and regional Technical Assistance and Training Centers
- Provide training at no cost:
 - **Utilization of telehealth/telemedicine**
 - Coping with mental health aspects of social isolation
 - OUD treatment in COVID-19 crisis
 - Grief
- Provider Relief Funding

National Action Plan: Steps Taken and in Progress

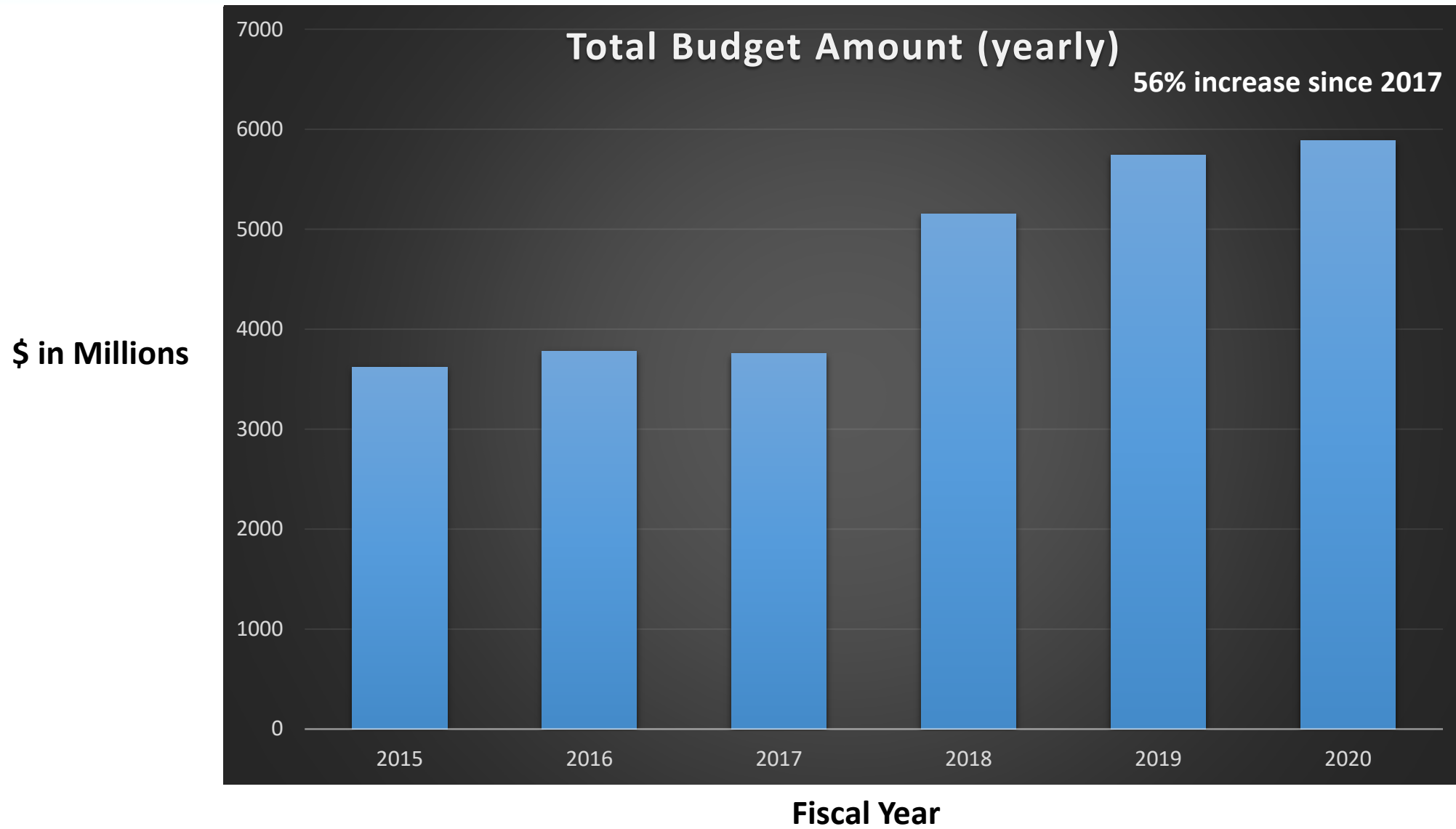
Use of supplemental funds to support national needs related to behavioral health: \$425M

- Expansion of CCBHC program (\$250M) (FY 20 funding at \$200M)
Total: \$450M
- New funding announcement from SAMHSA for COVID-19 mental health/substance use disorder resources to states (\$110M)
 - Awards made in less than one month following passage of CARES Act
- Suicide Prevention funding (\$50M)
 - Increase to Suicide Prevention Lifeline
 - Increase to Zero Suicide Program
 - Increase to programs for community based suicide prevention services for adults (National Strategy for Suicide Prevention)
- Dedicated funding to tribes (\$15M)

Next Steps

- Review flexibilities for what should be kept after PHE ends
 - E.g.: telehealth resources
 - OTP take home medication policies
- Continue focus on SAMHSA priorities: opioids, SMI
- Continue to examine data and expand resources where possible: e.g.: stimulants, addressing overdose deaths
- Children’s mental health: school based services
- Suicide prevention: 988 resources, community based programs, Zero suicide expansion
- Crisis intervention services resources
- Partnerships with law enforcement to assist those with SMI
- Services from community providers to treat SMI in those incarcerated
- Increase number of behavioral health providers in all allied fields; provide continuing education to help assure delivery of evidence-based care
- Expand access to care through telemedicine, expansion of workforce, training resources to providers
- Advocate for return to in person services with safety considerations: telehealth is not adequate to meet the needs of those with serious health concerns

SAMHSA Appropriations 2015-2020



Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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