

COVID-19 and Responding to the Mental Health Needs of Our Nation

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NYAPRS Annual Conference
September 21, 2021



SAMHSA
Substance Abuse and Mental Health
Services Administration

SAMHSA At-A-Glance

Mission

Established in 1992 to reduce the **impact of substance abuse and mental illness** on America's communities

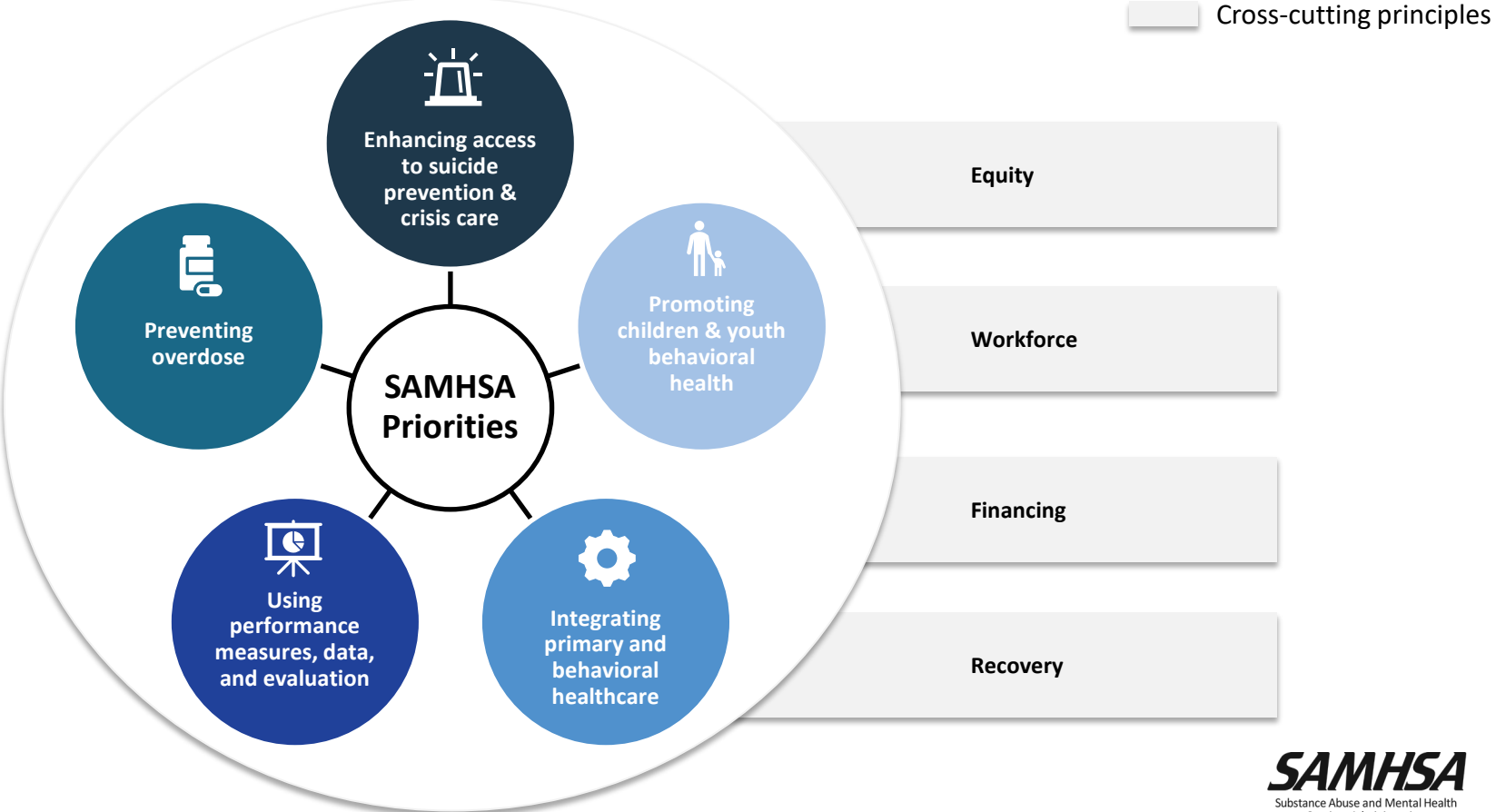
Priorities & principles

SAMHSA has identified **five core near-term priorities**, as well several cross-cutting principles

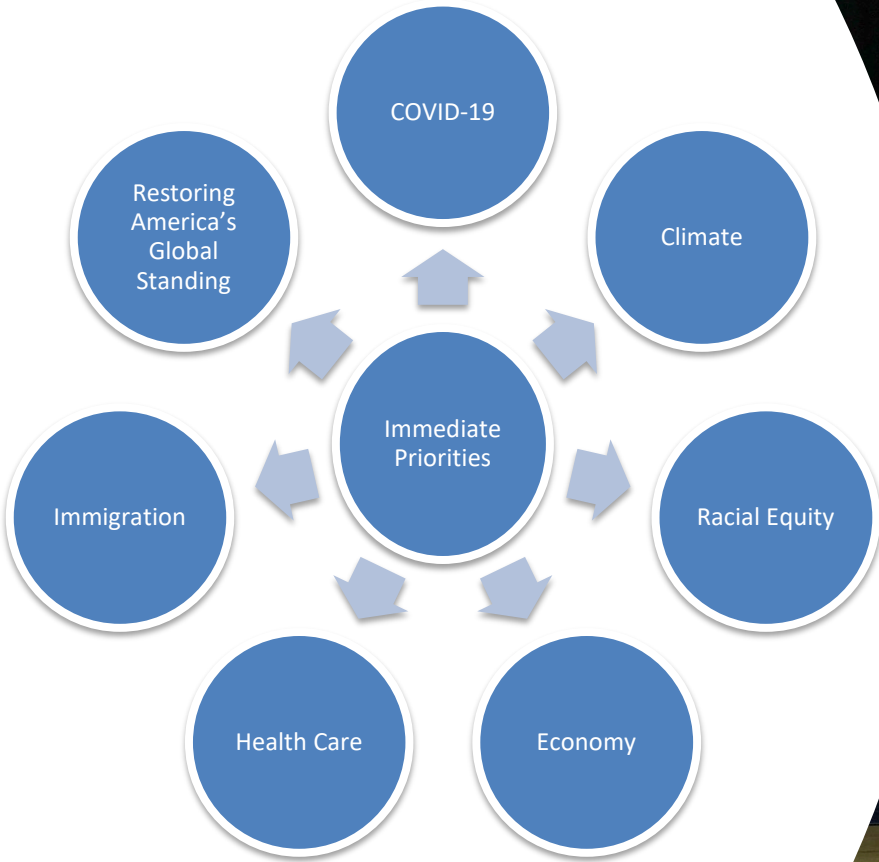
Budget

SAMHSA FY 2021 American Rescue Plan Act: **\$3.56B**
FY22 budget request: **\$9.7B**

SAMHSA Priorities and Cross-Cutting Principles



SAMHSA and the Biden-Harris Administration



FY 2021 COVID Supplemental Funding: \$4.25B

Grant/Program	Funding
Certified Community Behavioral Health Clinics	\$600,000,000
Suicide Prevention	\$50,000,000
Emergency Response	\$240,000,000
Community Mental Health Service Block Grant	\$1,650,000,000
Substance Abuse Prevention and Treatment Block Grant	\$1,650,000,000
Project AWARE (Advancing Wellness and Resiliency in Education)	\$50,000,000
National Child Traumatic Stress Network	\$10,000,000

SAMHSA FY 2021 Appropriation:
+\$6,017,000,000

SAMHSA FY 2021 American Rescue Plan Act: \$3.56B

Grant/Program	Funding
Block Grants for Community Mental Health Services	\$1,500,000,000
Block Grants for Prevention and Treatment of Substance Abuse	\$1,500,000,000
Community-Based Funding For Local Substance Use Disorder Services	\$30,000,000
Community-Based Funding for Local Behavioral Health Needs	\$50,000,000
National Traumatic Stress Network	\$10,000,000
Project AWARE	\$30,000,000
Youth Suicide Prevention (GLS State, Tribe, and campus)	\$20,000,000
Certified Community Behavioral Health Clinics	\$420,000,000

SAMHSA FY 2022 Budget Request: \$9.7B

Appropriation	Budget Request	Program Highlights
Mental Health	\$2,936,528,000	<ul style="list-style-type: none"> Community Mental Health Services Block Grant: \$1.6B Certified Community Behavioral Health Clinics: \$375M Suicide Prevention Programs: \$179.7M Project AWARE: \$155.5M National Child Traumatic Stress Network: \$81.9M
Substance Use Prevention	\$216,667,000	<ul style="list-style-type: none"> Strategic Prevention Framework: \$126.7M
Substance Use Treatment	\$6,408,943,000	<ul style="list-style-type: none"> Substance Abuse Prevention and Treatment Block Grant: \$3.5B State Opioid Response Grants: \$2.3B Targeted Capacity Expansion: \$147.9M Criminal Justice Activities: \$124.4M First Responders Comprehensive Addiction and Recovery Act: \$63M
Health Surveillance and Program Support	\$171,873,000	<ul style="list-style-type: none"> Program Support: \$83.3M Drug Abuse Warning Network: \$15M

New York Examples

- Assertive community treatment
- Drug courts
- Early diversion to get people with mental illness out of the criminal justice system and into treatment
- Programing to help people with SUD return to the community from jail or prison

Disparity Impact Statement (DIS)

DIS is part of OBHE's Strategic Plan

Policy initiative created to assess and increase impact of all HHS and SAMHSA efforts to reduce health disparities

- Creates a greater strategic focus on racial and ethnic populations in SAMHSA investments
- Uses a data-informed quality improvement approach to manage grants and address racial and ethnic disparities in SAMHSA programs
- Uses the secretarial (*and administration's*) priorities to influence how SAMHSA does its work (*grant development and management operations*)

Disparity Impact Statement - DIS

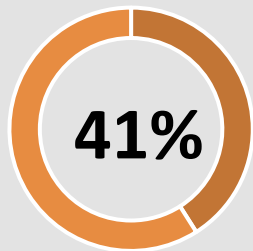
Information provided by the grantee as required through a condition of award that describes how they will:

- Monitor disparities in access, use, and outcomes for racial, ethnic or sexual/gender minority subpopulations
- Use program performance data to implement a quality improvement (QI) process
- Leverage the National CLAS Standards, as a part of the QI process to ensure better access, use, and outcomes for the identified disparate population(s)

SAMHSA And Mental Health



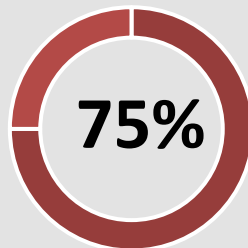
COVID's Impact: Behavioral Health



Reported symptoms of at least one adverse behavioral health condition

**6,000 – 7,000
Calls Per Day**

10-30% increase in calls to the Suicide Lifeline when compared to the same dates last year



of all overdose deaths during the early months of the pandemic are attributed to opioids

Layoffs of behavioral health staff/providers without financial reserves to survive long-term and unable to generate enough revenue to survive.

All of this portends major increases in mental/substance use disorder treatment and recovery service needs and potential loss of the staff and services to assist Americans experiencing these issues

26% 36%



Suicide Attempt

Drug Overdose

ED visits in 2020 were higher for the period mid-March through mid-October 2020 compared to same period in 2019.

24% 31%



5-11 years Old

12-17 years Old

Children MH-related ED visits from 04/2020-10/2020 increased compared with 2019.

Crisis innovation, criminal justice reform and racism



Resiliency In Communities After Stress and Trauma (ReCAST)



ReCAST is designed to assist high-risk youth and families and promote resilience and equity in communities that have recently faced civil unrest through implementation of evidence-based, violence prevention, and community youth engagement programs, as well as linkages to trauma-informed behavioral health services.

The goal of the ReCAST Program is for local community entities to work together in ways that lead to improved behavioral health, empowered community residents, reductions in trauma, and sustained community change.



Crisis Response-Lead entities and key partners for 988

Government

- **Key federal decision makers for 988 development and implementation** – i.e., SAMHSA, Federal Communications Commission (FCC), Dept. of Veterans Affairs
- **State and/or local leaders**–e.g., state departments of public health, state mental health agencies, state law enforcement, state emergency response, state judicial system and correctional facilities)
- **Other relevant federal agencies**– e.g., National Institute of Mental Health (NIMH), Indian Health Services, Centers for Disease Control and Prevention (CDC)

Non-profit & community

- **People with lived experience** – e.g., Lived Experience Committee for the Lifeline
- **Mental health and substance use non-profits** – e.g., Active Minds, American Foundation for Suicide Prevention, NAMI, MHA, CADCA
- **Peer supporters**
- **Faith communities** – e.g., Pathways to Promise
- **Educators & school administrators** – e.g., American School Counselor Association

Mental health & substance use crisis providers

- **National Suicide Prevention Lifeline network** (~180 centers)
- **Veterans crisis line (VCL)**
- **Mental health crisis hotlines**– e.g., Trevor project, Crisis Text Line
- **Crisis services providers** – e.g., RI International, mobile crisis teams



Healthcare organizations

- **Providers** (e.g., hospitals, OP)
- **Payers** (e.g., Medicaid MCOs)
- **Behavioral health providers** (e.g., CCBHCs)

Private sector

- **Telecom companies** – e.g., T-Mobile, Verizon
- **Technology, media companies & press** – e.g., Google, Amazon, Facebook
- **Academic & research institutions** – e.g., Columbia University

National associations

- **Mental health and substance use** – NACBHDD, NASADAD, NASMHPD, National Council for Behavioral Health
- **State and local public health officials**– e.g., Association of State and Territorial Health Officials (ASTHO), National Governors Association (NGA)
- **First responders** (EMS, Fire, Police) –e.g., National Emergency Number Association (NENA), National Association of Police Organizations (NAPO), International Association of Chiefs of Police (IACP), International Association of Fire Chiefs (IAFC), International Association of Fire Fighters (IAFF), National Association of State EMS Officials (NASEMSO)

988 and Crisis System

Background & context: 988 is a public health response to critical behavioral health system needs

- Nearly **45,000 suicides in 2020**
- Among **51 million adults** with any mental illness in 2019; 26% perceived an unmet need for services
- For **individuals with serious mental illness, nearly 48%** perceived an unmet need for services
- **Significant gaps in the system of care**, including crisis care, result in overreliance on the criminal justice system for the management of individuals with behavioral health conditions

988 Vision

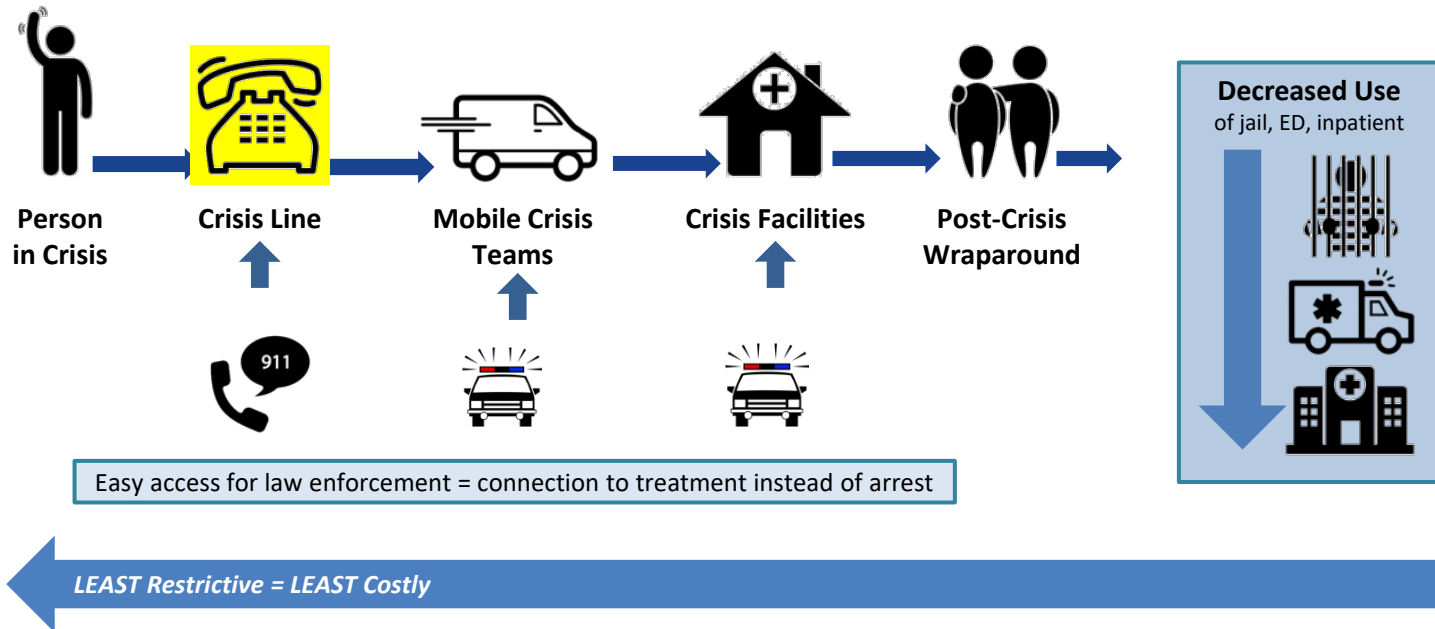
988 is a once-in-a-lifetime opportunity to strengthen and expand the National Suicide Prevention Lifeline and transform America's crisis care system to one that saves lives by serving anyone, at any time, from anywhere across the nation.

Provide direct, life-saving service to all with suicidal or mental health crises through a strengthened and expanded network of Lifeline call centers.

Link Lifeline callers with a community-based crisis care system ready to deliver needed services.

988 and Crisis System

The crisis system: crisis lines are an essential component of an effective and comprehensive mental health crisis response system



Lifeline effectiveness

The Lifeline has demonstrated success in helping to support callers experiencing mental health crises

- Seriously suicidal persons call, chat, or text the Lifeline.
- **Callers' intent to die is significantly reduced during the call.**
- Counselors **able to obtain collaboration on over 75% of imminent risk calls.**
- Follow up calls by Lifeline centers to suicidal callers are experienced by 90% of callers as helping keep them safe and not kill themselves.
- **Suicidality reduced among 50% of those accessing chat.**
- “Third-party callers” calling the Lifeline when they are worried about someone deemed to be at imminent risk are provided a range of interventions which can supplement, and at times replace, calling 911.

988 roadmap – core elements

We believe there are four critical elements to focus on ahead of 988's launch



1 Robust federal planning and convening



2 Enhanced Lifeline network and crisis call center capacity



3 Clear messaging and public awareness



4 Sustainable crisis system transformation

Potential impact of 988

- A sufficiently resourced 988 system will be a **catalyst for behavioral health system transformation**
- Through effective 988 implementation, **millions of individuals in crisis** can receive support and linkage each year, resulting in:
 - **decreased suicides**
 - **better engagement in services**
 - **less interaction with law enforcement**
- Success requires **federal investment and leadership** to ensure adequate system capacity and to support coordinated, equitable, person-centered design

SAMHSA

Recovery Efforts



Recovery



Peer Recovery Roles During COVID-19



Expansion of Peer Recovery Support Services

- **State Opioid Response (SOR)**

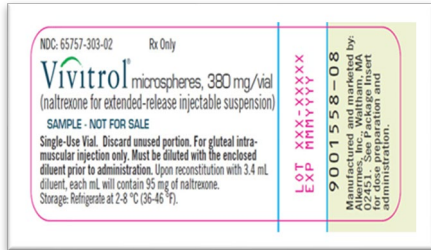
- The SOR Program aims to address the opioid crisis by increasing access to medication-assisted treatment using the (3) FDA-approved medications for the treatment of opioid use disorder (OUD), reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD. In FY 2020, the SOR program was expanded to support evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.
- The program continues to support long-term recovery for OUD and/or stimulant use disorders by integrating peers in various settings, such as hospital emergency departments, faith-based communities, and criminal justice and child welfare systems.
- In FY 2020, 57 new SOR grants were funded for a total of \$1.42 B (includes a 15 percent set-aside for the ten states - WV, DE, MD, PA, OH, NH, DC, NJ, MA, and KY, with the highest mortality rate related to drug overdose deaths).

Peer Specialists and MAT-PDOA Grants



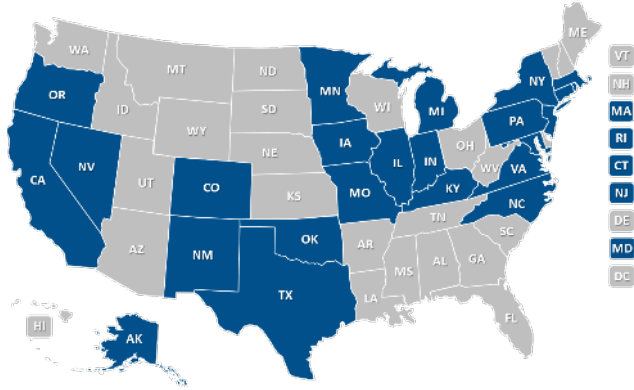
Purpose of MAT-PDOA grants:

- To enhance and expand access to medication-assisted treatment (MAT) services for persons with an opioid use disorder (OUD)
- To provide RSS (Recovery Support Services), including peer recovery support services, designed to improved access to and retention in MAT and facilitate long-term recovery.

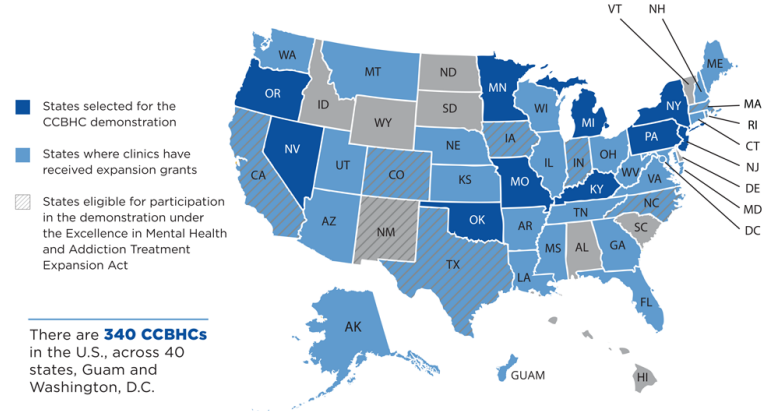


Certified Community Behavioral Health Clinics Expansion

CCBHC Planning Grant States

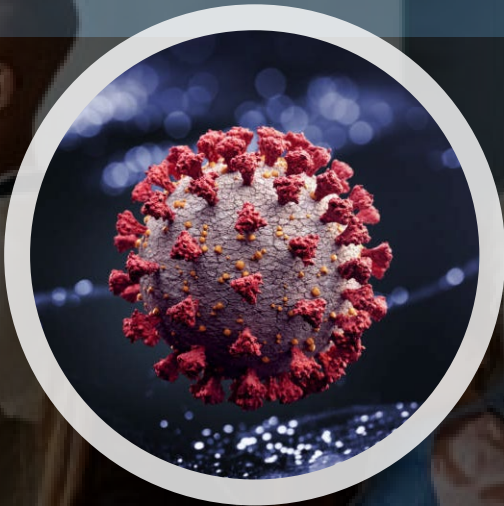


Status of Participation in the CCBHC Model



Clinical Elements:

- Diagnosis and outpatient treatment
- Substance use disorder treatment
- Children and adults
- Access (24-hour availability and “no rejects”)
- Recovery support services (housing, employment, psychosocial skills)**
- Care coordination and case management
- Peer support specialists



A Commitment to Behavioral Health

