SAMHSA LOOKING FORWARD: Priorities and Plans

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2016 National Survey on Drug Use and Health

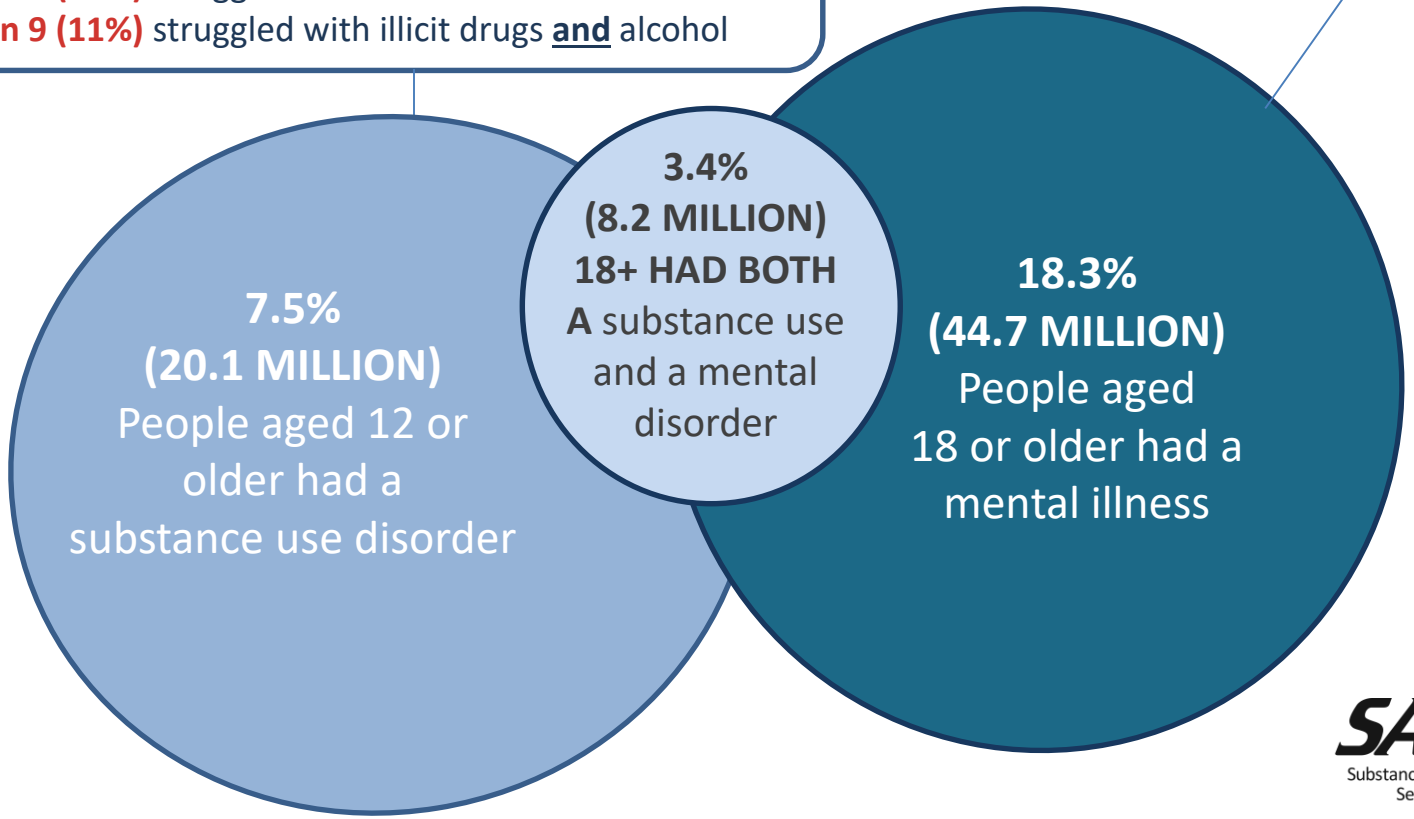
MENTAL AND SUBSTANCE USE DISORDERS IN AMERICA: 2016

Among those with a substance use disorder about:

- **1 in 3 (33%)** struggled with illicit drugs
- **3 in 4 (75%)** struggled with alcohol use
- **1 in 9 (11%)** struggled with illicit drugs **and** alcohol

Among those with a mental illness about:

1 in 4 (25%) had a serious mental illness



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Major Challenges of Our Time

Serious Mental Illness:

- In 2016: Over 11 million adults with SMI and over 7 million children and youth with SED
- 35.2% of adults with SMI did not receive mental health treatment
- Lack of use of evidence-based practices: Nearly a third receive medications only with no psychosocial or psychotherapeutic services
- Only 2.1% receive AOT and 2.1% receive supported employment services
- 2 million people are incarcerated every year; 20% SMI and up to 50% with SUD; only 1/3 of those will get any treatment for mental illness
- Creates a revolving door of incapacity, with consequences of inability to be stably housed or employed
- Higher rates of suicide – people with serious depression and/or psychotic disorders have a rate 25x that of the general public
- Higher rates of co-occurring mental and physical health problems: people with SMI die 10 years earlier than the general population

Opioid Crisis:

- Over 2 million Americans have an OUD—only 1 in 5 receive specialty treatment for illicit drug use
- 63,632 drug overdose deaths in 2016 – 42,249 (66%) from opioids

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21st Century Cures Act Created Assistant Secretary for Mental Health and Substance Use

- **Establishes an Assistant Secretary for Mental Health and Substance Use to head SAMHSA. Requires the Assistant Secretary to:**
  - Maintain a system to disseminate research findings and EBPs to service providers to improve prevention and treatment services
  - Ensure that grants are subject to performance and outcome evaluations; conduct ongoing oversight of grantees
  - Consult with stakeholders to improve community based and other mental health services including for adults with SMI and children with SED
  - Collaborate with other departments (VA, DoD, HUD, DOL) to improve care to veterans and service members and support programs to address chronic homelessness
  - Work with stakeholders to improve the recruitment and retention of mental health and substance use disorder professionals

Refocusing of SAMHSA

- Focus on the most seriously ill/tackling the biggest issues in behavioral health:
  - **People living with SMI**
  - **Opioid Crisis**

- Efforts to develop a system to disseminate research findings and EBPs to service providers to improve prevention and treatment services:
- **National Mental Health Substance Use Policy Laboratory**

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National Mental Health and Substance Use Policy Laboratory

- Will promote evidence-based practices and service delivery models through evaluating models that would benefit from further development and through expanding, replicating or scaling EBPs across a wider area
  - SMI: Particularly schizophrenia and schizoaffective disorder as well as other serious mental illnesses
  - EBP and service models for substance disorders with focus on OUD
- Establishing EBP online resources
- Review of and modification to data collection tools
- Closer relationships with NIH

SERIOUS MENTAL ILLNESS

Creating a system that works for everyone living with SMI and SED and their families

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Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)

- 21st Century Cures Act required establishment of a Public/Federal partnership to review current programs/practices within the federal government and encourage more collaboration between agencies
  - SAMHSA will lead these efforts over the next 4 years
  - Collaboration with HUD, DOL, DOE, CMS, DoD/VA, SSA
  - Administration for Community Living and Administration for Children and Families have been brought into the efforts
  - December 2017 Report to Congress with 45 recommendations: Federal collaboration, treatment issues: access/engagement/EBP, justice diversion/services, community recovery services, finance models

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Importance of ISMICC

- To keep federal government focused on SMI needs
- To provide feedback about ongoing issues; participate in SAMHSA activities related to special topics in mental illness
- To help in urgent issues: working with SAMHSA leadership and staff on approaches to problems, media contacts/communications with the public, implementation/dissemination

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Plan to Address SMI

- Address SMI prevention potential
- Increase access to treatment:
  - Increase treatment capacity
  - Innovative approaches
  - Healthcare practitioner education
- Reduce suicide
- Justice intervention programs for those with mental health issues
- Enforce parity laws/work with insurers on best approaches to coverage for SMI/SED
- Training and technical assistance to communities

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SMI Prevention: Is it Possible?

- Most individuals who develop SMI:
  - Develop symptoms in adolescence/young adulthood (75% of diagnoses made by age 25); average of 2 years of psychosis before a person comes to psychiatric medical attention
  - Youth in Prodrome Phase of Psychosis Study
  - Prodrome to psychotic disorders can be identified: focus on high risk youth
  - Follow these youth clinically and provide supports
  - Determine whether such interventions impact development of an SMI diagnosis or reduce severity of the illness
  - Coordination with NIMH
  - Proposed at 11.9 million/yr

SAMHSA Resources Available to Increase Access to Treatment

- SAMHSA funds programs to assist states/communities with provision of mental health care:
  - Block grants to states: MH funding increased by 305.9 million to 1.49 billion for FY 18
  - 10% set aside for SMI: FEP
  - Children's Mental Health Services: increased by 6 million to 125 million for FY 18
  - Integrated Care Programs: CCBHCs allocated additional 100 million for FY 18
  - Assistance in Transition from Homelessness
  - New Assertive Community Treatment: 5 million FY 18
  - Assisted Outpatient Treatment
  - Suicide Prevention Programs
  - Criminal Adult and Juvenile Justice Programs
- New Infant and Childhood MH program (Cures) $5M
- AWARE increased by $14M in FY 18 to total of $71M; MHFA-type training programs increased by $5M to total of $20M
- Healthy Transitions increased by $6M to total of $26M for FY 18
- NCTSI increased by $5M to total of $54M for FY 18

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Increase Access to Treatment

- Innovative Programs:
  - Certified Community Behavioral Health Centers
    - Integrates mental health, substance use disorder, physical healthcare
    - Requires that all aspects of a person's health be addressed
    - Requires 24-hour crisis intervention services
    - Community recovery services connections
    - Peer supports
    - 2-year demonstration and evaluation
    - FY 18: increase funding to additional states to help in program implementation
  - Support of programs to integrate BH into primary care

Reduce Suicide

- National Lifeline
- Grants to communities/tribal entities to prevent youth suicide
- Zero Suicide: training of healthcare providers to:
  - Ask about suicidality
  - Make safety plans with person and family
  - Assure that person gets to treatment
  - Follow up contact to verify

Mental Health CJ-Related Grant Programs

- Adult and Youth Treatment Court Collaboratives:
  - Focuses on connecting with individuals early in their involvement with the criminal justice system
- Early Diversion Grants:
  - Establishes or expands programs that divert adults with SMI or COD from CJ system to community-based services prior to arrest
- Assisted Outpatient Treatment: civil commitment to outpatient treatment
  - Implements and evaluates new AOT programs
  - identifies evidence-based practices with goal to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and CJ system interactions

Practitioner Training

- Develop a national network of training and technical assistance to assure that behavioral health professionals are equipped to meet patient needs
  - Repository of evidence-based practices on which to base program services: NMHSUPL
  - Clinical Support System for SMI/Center of Excellence for Psychopharmacology: safe/effective use of medications using a shared decision making approach; education regarding potential side effects/monitoring/clinical follow up
  - Regional networks of local trainers to assist colleagues in their communities
- Increase BH workforce: encourage more psychiatry residency training positions; loan repayment programs for BH professionals

Financing Care and Treatment of SMI

- Enforce existing parity laws
- Work with insurers to educate about SMI
  - What clinical evidence there is for treatment approaches
  - Encourage insurers to require use of evidence-based models of care inclusive of both medication and psychosocial services
  - Encourage insurers to manage spectrum of needs of those living with SMI to assure psychiatric care, physical healthcare, and recovery services in community (e.g. peer support, case management, housing, education and employment)
  - Encourage payments for behavioral health services that are equivalent to those for medical services

Mental Health Services Budget

- FY 2019 PROPOSED PRESIDENT'S BUDGET
  - MHBG is restored to $562M
  - Healthy Transitions restored to $20M
  - *ACT increased from $5 to $15M*
  - *MH CJ increased from $4 to $14M*

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THE OPIOID CRISIS

A comprehensive, evidence-based strategy to address prevention, treatment, and recovery services for those living with or at risk for Opioid Use Disorder

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What is Needed at the Federal Level?

HHS FIVE-POINT OPIOID STRATE

1. Strengthening public health surveillance
2. Advancing the practice of pain management
3. Improving access to treatment and recovery services
4. Targeting availability and distribution of overdose-reversing drugs
5. Supporting cutting-edge research

FY 18: Increased Resources

- Substance Abuse Treatment: $3.18B, an increase of $1.05B from FY17
- New $1B Opioid grant program
  - $50M set-aside for tribes
  - 15% set-aside for states hardest hit
  - Includes prevention, treatment, and recovery language
- MAT PDOA increased by $28M (total: $84M)
- PPW increased by $10M (total $29.9M)
- CJ increased to $89M ($70M for Drug Courts)
- BCOR (peer specialist training programs) increased by $2M (total: $5M)
- MFP Note: addiction psychiatry, addiction medicine, psychology ($1M increase to total of $4.5M)

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Public Health Surveillance

- National Survey on Drug Use and Health
- Treatment Episode Data Set
- National Survey of Substance Abuse Treatment Services
- Collaboration with CDC on PDMP implementation and data evaluation
- CDC: more frequent reporting on overdose deaths
- Reinstatement of Drug Abuse Warning Network (DAWN)
  - New funding at 10 million

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Plan to Address the Opioid Crisis

- Provides support for evidence-based prevention, treatment, recovery services for opioid use disorder:
- **Prevention**
  - Overdose Reversal Drug Access programs: **increased by 24 million to 48 million in FY 18**
  - ***FY 19 proposed increase to 75 million***
  - ***FY 19 DFC proposed as new program to SAMHSA at 100 million***
- STR grants to states: 500 million/yr through Cures Act FY 17 and FY 18
- **with 1 billion additional for new state opioid program FY 18**
- ***President's budget proposes 1 billion in FY 19***

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Plan to Address the Opioid Crisis

- Resources for evidence-based prevention, treatment, recovery services for opioid use disorder:
  - STR grants to states: treatment and recovery services for OUD
  - MAT-PDOA
  - Block grants to states
  - PCSS/ATTC: TA to states/providers/other federal agencies (HRSA, IHS, DOJ) on EBP: MAT, psychotherapies, toxicology screens, pain management, PDMP use, recovery services including peer support
  - Pregnant/post partum women/NAS: ***20 to 40 M in FY 19***
  - CJ programs with MAT; ***60 to 80 M in FY 19***
  - ***New Injection Drug/HIV Program at $150M***
  - Recovery Coaches Program
  - HIPAA/42 CFR: Family inclusion in medical emergencies: overdose

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Practitioner Education

- Continue SAMHSA training initiatives:
  - Regional network of ATTCs, PCSS-type programs
  - Establish regional network of prevention technology transfer centers
- STR TA/T grant: national network of trainers that focus on local communities to meet training/TA needs related to opioid crisis
- Support for DATA waiver training in pre-graduate settings: medical, advance practice nursing, physician assistant programs
- Encourage national certification program for peer workforce
- With HRSA:
  - Encourage entry to the field through incentives: e.g.: loan forgiveness programs: NHSC
  - Integration of BH/OUD treatment into primary care/FQHCs
- Telehealth/HIT

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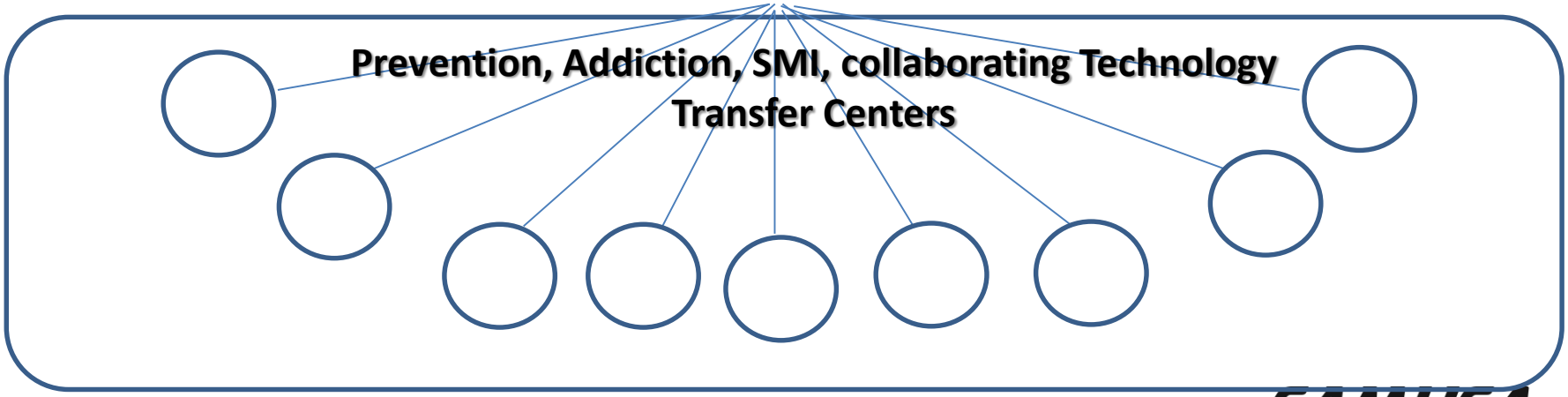
SAMHSA: A New Approach to Technical Assistance and Training

EVIDENCE-BASED, LOCAL TRAINING, NATION-WIDE SCOPE

Evidence-based Practice Repository in NMHSUPL

Grants and National TA/T Centers:
STR, Block Grant, PCSS, CSS-SMI
Specialty TA Centers:
E.g.: National Child Traumatic Stress Network, Block Grants, National Center Substance Abuse and Child Welfare, CIHS, Veterans, GAINS, Disaster, Socia Inclusion/Public Education, SOAR

Combined Efforts at the Regional, State, and Local Level oriented to all Health Professionals



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Plan: Targeting of Opioid Crisis/Other Substances

- Establishment of EBP in clinical settings: MAT and psychosocial therapies
- Review of SAMHSA initiatives with other substances
  - Marijuana
  - Stimulants

Performance and Outcome Evaluations: How We Know What We Do is Working

- CBHSQ/NMHSU Policy Lab:
  - Internal review of data collection systems; e.g.: NSDUH
  - GPRA data collection system: modifications and modernization; client data entry/access to real time data
  - Begin process of OMB approval for outcome variables ahead of FOAs
  - Continue external evaluation: NIH, ASPE, and CDC collaborations, but increasingly SAMHSA plans to do its own evaluations

Stakeholders and SAMHSA

- Establish partnerships with stakeholders to better inform SAMHSA regarding current issues and trends in states and communities
- Work together to increase funding for training in ***all*** BH specialty areas to increase access to care:
  - Specialty mental health and substance use disorder services
  - Primary care provider training on behavioral health issues and integration of BH providers into primary care
  - Greater establishment of integrated care systems
  - Establishing a continuum of services from psychiatric/medical/psychosocial to recovery resources in communities with peer professionals as linkages to both
- Work together toward parity for treatment of MH/SUD
  - Payment for BH services at parity with medical services
  - Payment for community recovery services: peer-based services, clubhouse models, residential facilities with BH supports available
- Consistent and constant message of advocacy

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Evidence-Based Practices Resource Center

- New SAMHSA website
- Aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings
- Contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources

www.samhsa.gov/ebp-resource-center

Behavioral Health Treatment Services Locator

findtreatment.samhsa.gov

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Questions?

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

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)