

SAMHSA: Leading the Behavioral Health of our Nation

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SAMHSA
Substance Abuse and Mental Health
Services Administration



Presentation Overview

- A National Snapshot: Behavioral Health Data
- Advancing the Biden-Harris Administration Unity Agenda
- Five Priority Areas
- Open Discussion

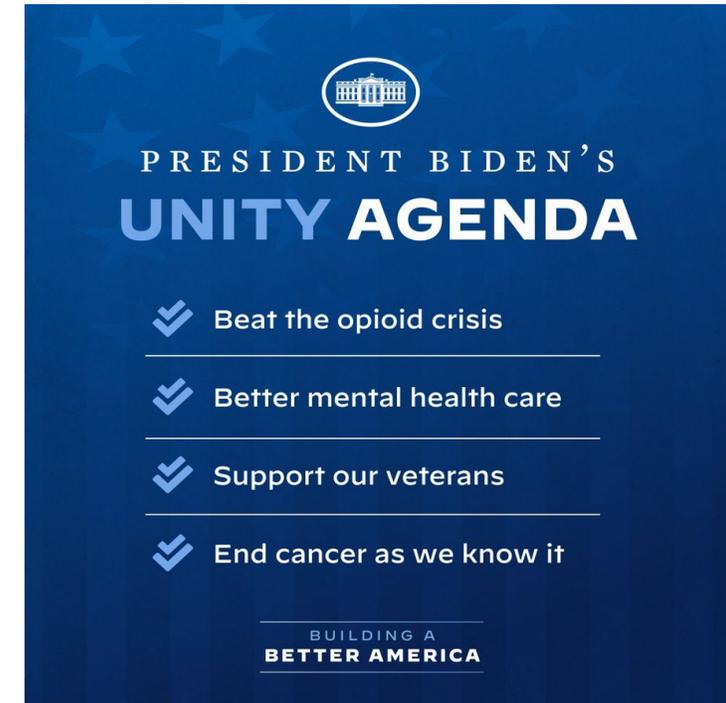


A National Snapshot: Behavioral Health Data

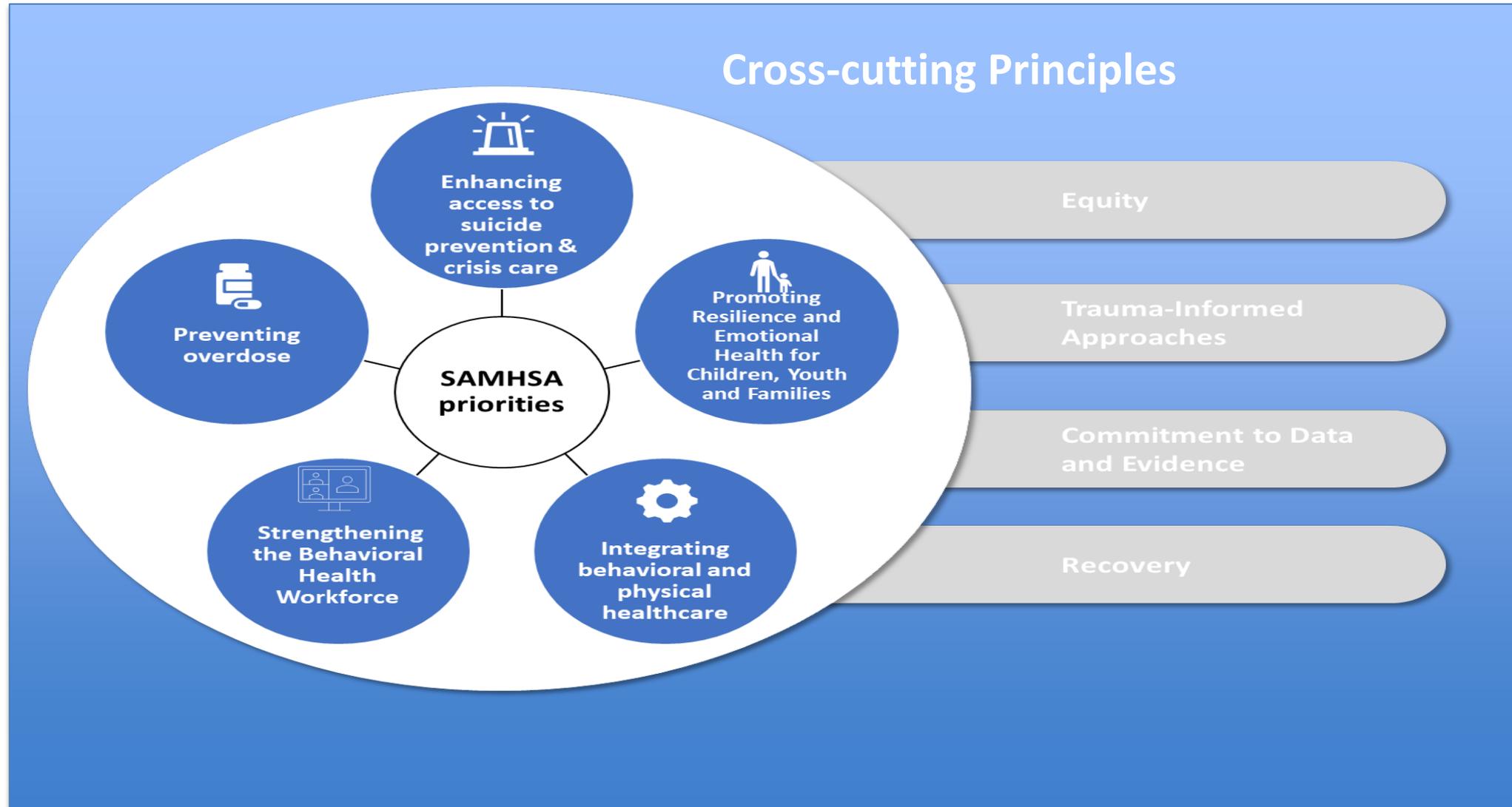
- Two out of five adults report symptoms of anxiety or depression
- More than 104,000 American lives were lost to drug overdose
- 40.3 million people had a substance use disorder
- 52.9 million had any mental illness
- About 4.5 million adolescents, 1 in 5, perceived that the pandemic negatively affected their mental health
- 3 million young people, aged 12-17, had serious thoughts of suicide, made plans or attempted suicide last year
- The mental health crisis disproportionately impacts communities of color and high-risk and vulnerable populations face unique challenges when accessing care

Advancing the Biden-Harris Administration Unity Agenda

- The President's Unity Agenda outlines a national mental health strategy with a vision to transform how mental health and substance use is understood, perceived, accessed, treated, and integrated in the U.S. This includes three pillars:
 - Creating healthy environments
 - Strengthening system capacity
 - Increasing connections to care
- The Biden-Harris Administration is investing unprecedented resources into improving the behavioral health for all Americans:
 - More than \$7B into mental health and substance use systems, in the form of block grants
 - Approximately \$1.5B into State and Tribal Opioid Response Programs
 - Approximately \$800M appropriated from the Bipartisan Safer Communities Act
 - Invested \$17M into SAMHSA Centers of Excellence



SAMHSA's Overarching Priorities and Guiding Principles



Enhancing Access to Suicide Prevention and Crisis Care: Updates to the 988 Lifeline

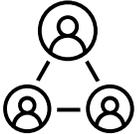
- In Fiscal Year 22, the Lifeline received roughly four million contacts.
- Activated 988 LGBTQI+ youth services and expanded 988 to include a Spanish subnetwork capacity.
- Released 988 Tribal notice of funding as part of Bipartisan Safer Communities Act.
- Launched a volunteer and job opportunity website aggregating opportunities with 988 crisis centers all around the country.
<https://www.samhsa.gov/find-help/988/jobs>
- We encourage you to share information about 988 and the volunteer and job opportunity website with your networks.



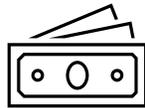
Where we were in Jan 2021...



Enhancing Access to
Suicide Prevention
& Crisis Care



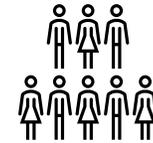
No dedicated
988 & BH
Crisis
Coordinating
Office



Federal
funding of
\$24M



Low answer
rates,
especially for
chat & text



Limited
federal
convenings
on 988



Limited federal
partner
materials on
988

Enhancing Access to Suicide Prevention and Crisis Care: 988 Lifeline Data



Enhancing Access to
Suicide Prevention
& Crisis Care



The 988 Lifeline data for September 2022 showed **an increase in overall volume** compared to September 2021. During the same period:

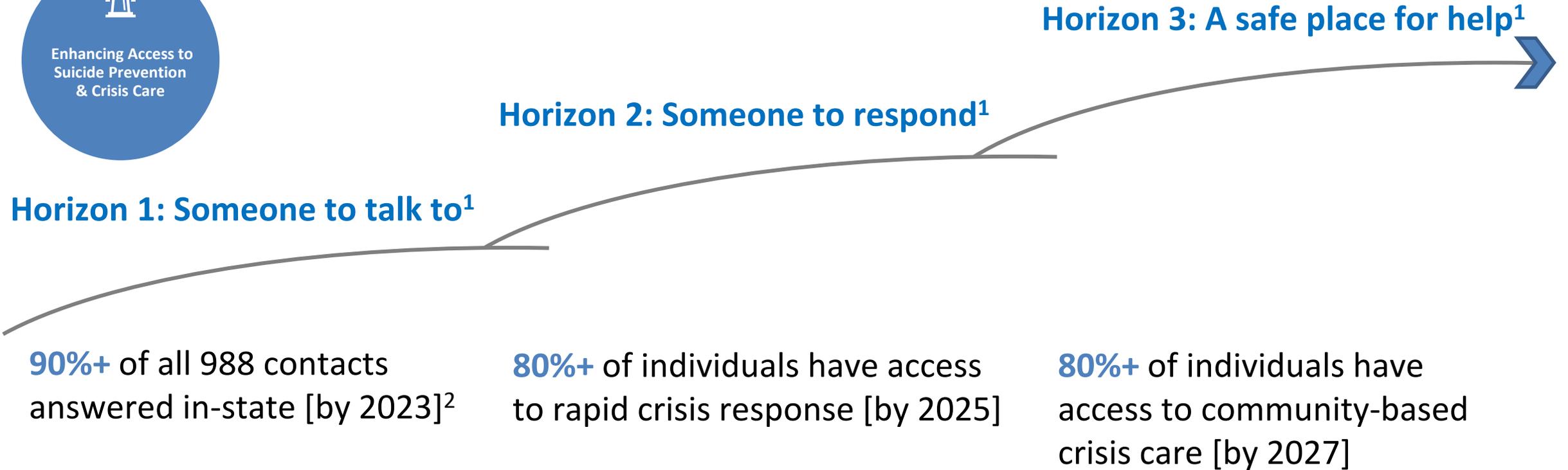
The 988 Lifeline answered **141,809 more contacts** (calls, chats and texts)

Calls answered increased by **40%**, chats answered increased by **218%**, and texts answered increased by **1153%**.

Average speed to answer across all contacts decreased from **171 seconds to 42 seconds**.

Data shows an increase in chat and texts from individuals 20 years and younger.

Enhancing Access to Suicide Prevention and Crisis Care: Vision for 988 & Crisis Services



1. Inclusive of intake, engagement, and follow-up
2. Proportion may differ with chat/text vs. calls; “contacts answered” is defined as connected with a trained responder

Promoting Resilience: Mental Health Awareness Training - MHAT



Enhancing Access to
Suicide Prevention
& Crisis Care

Train individuals (e.g., school personnel, emergency first responders, law enforcement, veterans, armed services members and their families) to recognize the signs and symptoms of mental disorders, particularly serious mental illness (SMI) and/or serious emotional disturbances (SED)

Establish linkages with school- and/or community-based mental health agencies to refer individuals with the signs or symptoms of mental illness to appropriate services

Train emergency services personnel, law enforcement, fire department personnel, veterans, and others to identify persons with a mental disorder and employ crisis de-escalation techniques

Educate individuals about resources that are available in the community for individuals with a mental disorder

Prepare and train others on how to appropriately and safely respond to individuals with mental disorders, particularly individuals with SMI and/or SED

Current Awards

FY20: 16 awards

\$125K x3yrs

FY21: 145 Awards

\$125K x5yrs

FY22

31 awards

(OTS from FY21)

\$125K x5yrs

BSCA

12/30/22

241 awards

(OTS from FY21)

\$125K x4yrs



Promoting Resilience: Project AWARE

- Project AWARE advances wellness and resiliency in education for children and youth by increasing mental health awareness in schools across states, territories, and tribal communities. From 2018 through 2022:
 - School personnel and adults trained to detect and respond to mental health challenges - 844,084
 - Children for mental health services referrals - 200,000+
- In FY 2021 Project AWARE exceed its targeted output for number of individuals referred to mental health or related interventions with over 40,000 children referred for services.



Integrating Behavioral and Physical Healthcare: Certified Community Behavioral Health Centers



Within four years,
SAMHSA expanded
to more than 450
CCBHCs in 49 states
and territories

- CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age, and they include developmentally appropriate care for children and youth.
- Federal guidelines require CCBHCs offer nine services to provide individuals a comprehensive and coordinated approach to care.
- In Oct 2022, we awarded approximately \$315 million in funds to increase CCBHCs around the country.
 - The remaining 40 states are eligible to submit applications for planning grants.
 - In early 2023, up to 15 states will be awarded up to \$1 million in planning grants.
 - Every two years thereafter, 10 states will be selected to be in the CCBHC demonstration.

Integrating Behavioral and Physical Healthcare: SPARS Outcomes Data



Active CCBHC-E Grants
between most recent
interview and baseline
interview

- **Health:** 14% increase in overall health
- **Functioning:** 30% of adults had an increase in functioning in everyday life from baseline to most recent interview
- **Psychological Distress:** 34% decrease in the number of consumers reporting psychological distress
- **Hospitalization:** 72% fewer individuals report being “hospitalized for mental health care (Past 30 days)
- **Inpatient SUD:** 56% fewer individuals report being in inpatient substance use disorder treatment (past 30 days)
- **ER Visits:** 69% fewer individuals report that they have “utilized an emergency room for behavioral health issues (Past 30 days)
- **Social Connectedness:** 14% of adults had an increase in social connectedness.

Data as of November 9, 2022

Preventing Overdose: SAMHSA Programs Combatting the Opioid Crisis



- The HHS Overdose Prevention Strategy expanded the ability to treat addiction and save lives.
- It focuses on the full continuum of care and services with four main pillars – Primary Prevention, Evidenced-Based Treatment, Harm Reduction, and Recovery Support.
- At SAMHSA, we aim to meet this strategy through the following:

State and Tribal
Opioid Response
Programs

Medication for
OUD
(OBOT and OTP)

Minority Aids
Initiative

MAT PDOA

Harm Reduction

BOP Initiative

Preventing Overdose: State and Tribal Opioid Response (SOR/TOR)



- As of November 2, 2022, SOR grant recipients have served 360,725 people.
 - Data show that there was a 26.3% increase in SOR clients who reported no alcohol or illegal drug related health, behavioral, or social consequences in the last 30 days.
 - To date, SOR grant recipients have purchased 6,569,489 naloxone kits, distributed 6,037,026 naloxone kits, and distributed 791,249 fentanyl test strips. Of the kits distributed, approximately 379,403 overdoses were reversed.
- As of November 21, 2022, Connecticut has serviced 3,546 people through their SOR-funded programs.
 - Data show that there was a 13.5% increase in SOR clients who reported no alcohol or illegal drug related health, behavioral, or social consequences in the last 30 days.
 - To date, Connecticut has distributed 66,429 naloxone kits and 2,600 fentanyl test strips.

Source:

- Data reported is based on GPRA data generated in SPARS on November 2, 2022.
- Data is from the FY 2018 SOR cohort, including no-cost extensions, Performance Progress Reports (September 30, 2018- September 29, 2021); and the FY 2020 SOR cohort Performance Progress Reports (September 30, 2020, to March 30, 2022); this is the most current data available.
- Data reported is based on GPRA data generated in SPARS on November 2, 2022.

Preventing Overdose: Medication-Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA)



- In FY 2022, the MAT-PDOA grant program served 10,038 individuals.
- There was a 32.6% increase in MAT-PDOA client who reported no alcohol or illegal drug related health, behavioral or social consequences during their 6-month follow-up interview.
- There was a 55.3% increase in abstinence, no use of illegal drugs or alcohol, in MAT-PDOA clients during their 6-month follow-up interview.
- There was a 52.7% increase of MAT-PDOA clients who reported being employed/in-school at their 6-month follow-up interview.

Source:

- Data reported is based on GPRA data generated in SPARS on November 2, 2022.

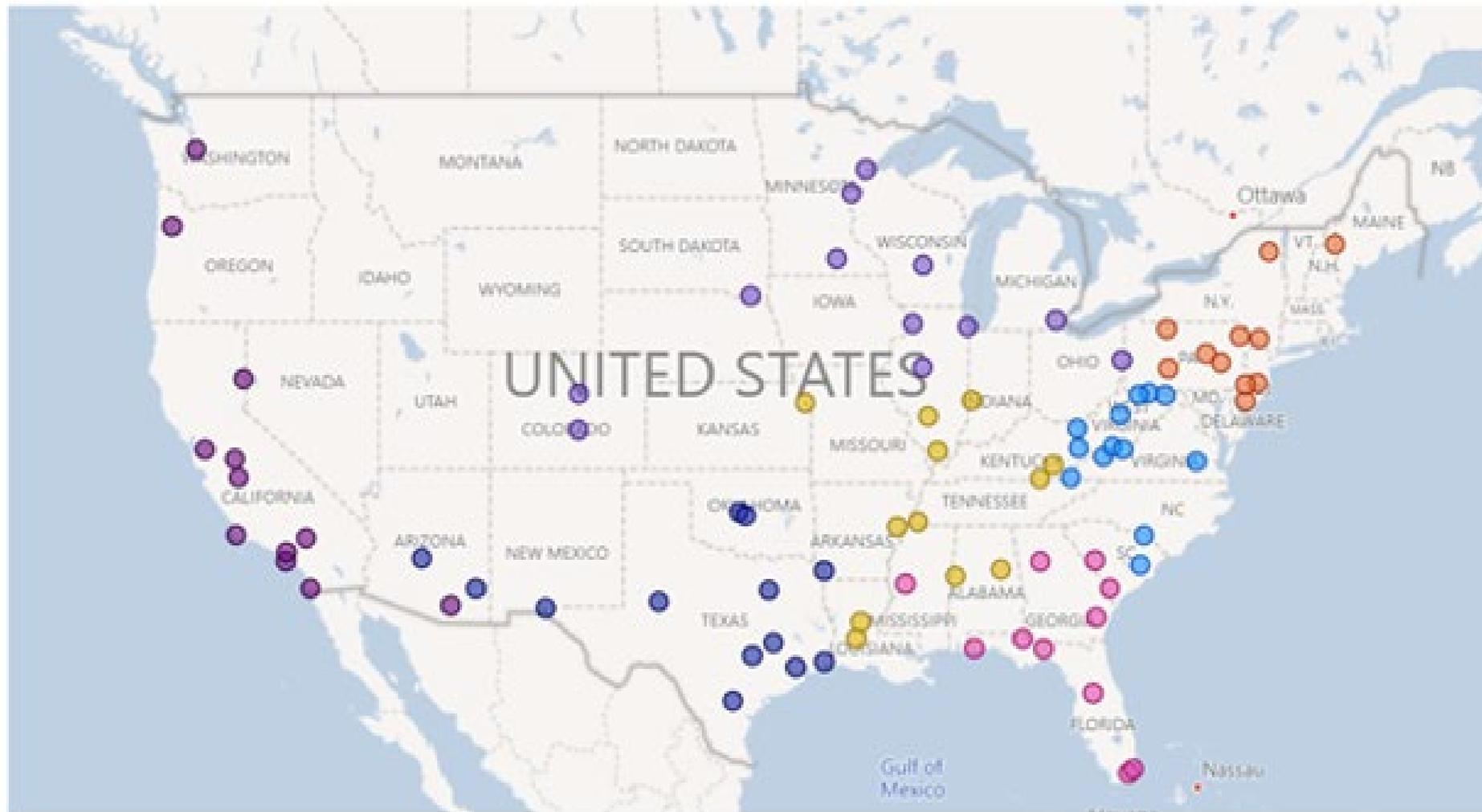
SAMHSA collaboration with BOP and DEA

Provide	MOUD during incarceration
Ensure	Successful reentry with continuity of care, and recovery support services
Decreasing	Overdoses and reducing hospitalizations post incarceration
Increasing	Connections to care and services

BOP Hub and Spoke OTPs

BOP OTP Hubs

- FCC Butner - BP50082H
- FMC Carswell - BP50222H
- FMC Devens - BP10172M
- FMC Fort Worth - BP10302M
- FMC Lexington - BP10081M
- FMC Rochester - BP10044M
- USMCFP Springfield - BP10051M



Preventing Overdose: COVID-19 Pandemic Changes Regulatory Landscape



3/11/20: World Health Organization declares COVID-19 pandemic

3/16/20: SAMHSA releases blanket methadone take-home exceptions to states

3/16/20: HHS and DEA designate telehealth exceptions for all schedule II-V controlled medications

4/19/20: SAMHSA releases guidance on 42 CFR Part 2 confidentiality of patient records

4/21/20: SAMHSA clarifies exemption from requirement for an in-person physical examination for new patients starting buprenorphine in an OTP (but not methadone)

6/19/20: CMS clarifies allowance under Medicare for OTPs to use telehealth platforms for periodic patient assessments

4/27/21: HHS releases Buprenorphine Practice Guidelines

7/28/21: DEA releases guidance on mobile medication units

8/4/21: SAMHSA releases guidance on use of substance use treatment block grant funds for mobile units

9/21/21: SAMHSA releases guidance on mobile and non mobile medication unit establishment and allowable services

11/18/21: SAMHSA releases guidance on extension of blanket methadone take home exceptions for one year past end of COVID Public Health Emergency (PHE)

Blue text denotes SAMHSA-led initiative

Patient Protections: 42 CFR part 2

FOR IMMEDIATE RELEASE
November 28, 2022

Contact: HHS Press Office
202-690-6343
media@hhs.gov

HHS Proposes New Protections to Increase Care Coordination and Confidentiality for Patients With Substance Use Challenges

New Proposed Rule to Implement the Bipartisan CARES Act Legislation

- No longer require each entity that receives the record to be listed in the consent form. Health care operations, business associates, evaluators, payment processors etc.
- Permitted redisclosure of Part 2 records in any manner permitted by the HIPAA Privacy Rule, with certain exceptions and updated HIPAA Privacy Rule Notice of Privacy Practices requirements to address uses and disclosures of Part 2 records and individual rights with respect to those records.
- New patient rights under Part 2 to obtain an accounting of disclosures and to request restrictions on certain disclosures, as also granted by the HIPAA Privacy Rule.
- Expanded prohibitions on the use and disclosure of Part 2 records in civil, criminal, administrative, and legislative proceedings. New HHS enforcement authority, including the imposition of civil money penalties for violations of Part 2.
- Updated breach notification requirements to HHS and affected patients.

Behavioral Health Workforce: Current Environment



- Based on a recent HRSA/SAMHSA workforce projections report, there will be a shortage of over 31,000 FTEs in the following workforce professions by 2025*:
 - psychiatrists
 - psychologists
 - mental health and substance abuse social workers
- There is also a need for peer providers in a wide variety of integrated and specialty care settings.
- Currently, 37% of the U.S. population lives in a mental health worker shortage area.
- New challenges evidenced by the COVID-19 pandemic have exposed and exacerbated existing concerns regarding behavioral health workforce supply and distribution.
- Further, a higher demand for behavioral health services is predicted due to increased prevalence of depressive and anxiety disorders related to the COVID-19 pandemic.

*Source: National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025 (hrsa.gov)

Minority Fellowship Program (MFP)



Strengthening the
Behavioral Health
Workforce



MFP Outcomes:

Since 1992: 2,305 Ph.D. Fellows funded

Since 2015: 1,122 Masters Fellows funded

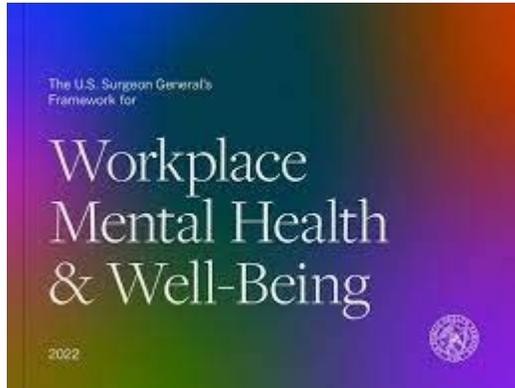
Current cohort: 428 Fellows

- MFP aims to reduce health disparities and improve behavioral health care outcomes for racial and ethnic populations.
- MFP fellowships are open to people pursuing master's or doctoral degrees in various fields of behavioral health.
 - For example, marriage and family therapy, nursing, professional counseling, psychiatry, psychology, social work, and addiction treatment.
- Approximately 200 MFP fellows are awarded educational scholarships and receive training each year under the program.

Behavioral Health Workforce: Resources

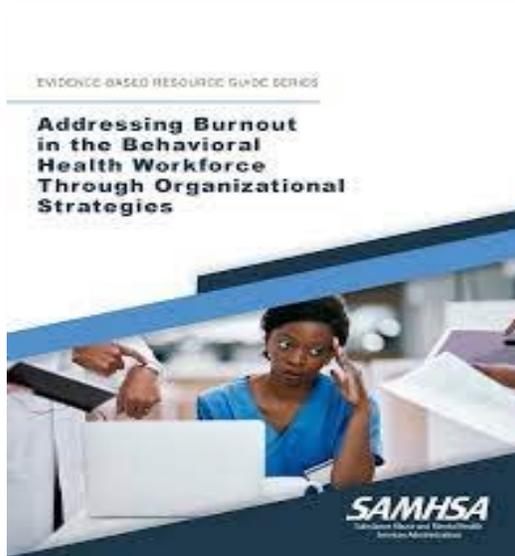


Strengthening the
Behavioral Health
Workforce



This 30-page Surgeon General's Framework for Workplace Mental Health and Well-Being offers a foundation that workplaces can build upon.

<https://www.hhs.gov/surgeongeneral/priorities/workplace-well-being/index.html>



This guide focuses on the Behavioral Health Workforce, however, there are good tools, tips, and resources for all workforce industries to consider and use.

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep22-06-02-005.pdf

Cross-cutting Principle: Recovery



- SAMHSA acknowledges recovery is the process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.
- SAMHSA envisions not only individuals achieving recovery, but also supports developing and sustaining recovery-oriented systems of care and creating recovery facilitating environments.
- The Office of Recovery is charged with evaluating and initiating policy, programs and services and ensuring the voices of individuals in recovery are represented.

Cross-cutting Principle: Equity



- SAMHSA’s Office of Behavioral Health Equity was established with a mission to advance equity in behavioral health care by tailoring public health and service delivery efforts that promote mental health, prevent substance misuse, provide treatments, and facilitate supports to foster recovery for racial, ethnic and sexual, gender minority populations and communities.
- OBHE’s efforts are focused on the promotion of behavioral health equity for underserved racial and ethnic minority, as well as lesbian, gay, bisexual, and transgender (LGBT) populations. OBHE is organized around key strategies:
 - Data Strategy
 - Policy Strategy
 - Quality Practice And Workforce Development Strategy
 - Communication Strategy

Discussion

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

www.samhsa.gov

Publications and Digital Products - <https://store.samhsa.gov/>

SAMHSA National Helpline - <https://www.samhsa.gov/find-help/national-helpline>

Treatment Locator - <https://findtreatment.samhsa.gov/>

988 Suicide and Crisis Lifeline Information Toolkit - <https://www.samhsa.gov/find-help/988/partner-toolkit>

988 Suicide and Crisis Lifeline Volunteer and Job Opportunities <https://www.samhsa.gov/find-help/988/jobs>

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