

SAMHSA: Addressing Serious Mental Illness in America

Elinore F. McCance-Katz, MD, PhD
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

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SAMHSA
Substance Abuse and Mental Health
Services Administration

Outline

- **Review of major issues in mental and substance use issues**
- **Opioids public health emergency**
- **SAMHSA initiatives and new partners (ISMICC)**
- **Serious mental illness needs**
- **Violence in youth: Federal School Safety Commission objectives**

Substance Abuse and Mental Health Services Administration

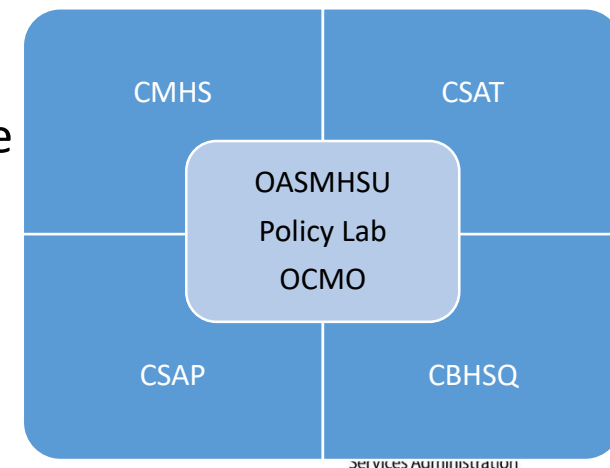
SAMHSA

- Only agency in federal government dedicated solely to mental and substance use disorders with statutory requirements related to service delivery in the United States
- Funds mental health and substance use disorder services through block grants, discretionary grants and contracts, cooperative agreements)
- Major role in healthcare practitioner education related to prevention, treatment and recovery services for substance use (including opioids) and mental disorders
- Regulates Opioid Treatment Programs and DATA (Drug Abuse Treatment Act)-waivered practitioners
- Develops and enacts national policy related to behavioral health issues

General organization:

OASMHSU: Offices of the Assistant Secretary for Mental Health and Substance Use

- CSAT: Center for Substance Abuse Treatment
- CSAP: Center for Substance Abuse Prevention
- CMHS: Center for Mental Health Services
- CBHSQ: Center for Behavioral Health Statistics & Quality



Office of the Chief Medical Officer

- Created December 2016 in the 21st Century Cures Act
- Central Functions are to:
 - Engage with professional community
 - Coordinate across SAMHSA
 - Promote Evidence Based Practice
 - Strategic and long range planning
 - Performance metrics (programs and grants)
 - Interface with other federal/state agencies
 - Staff:
 - Psychiatry, Medicine/Family Medicine, Psychology, Nursing, Counseling, Pharmacy
 - Newly established Fellow Program
 - SAMHSA:
 - Six psychiatrists (3 Addiction, 1 general, 1 Child/Adolescent, 1 Fellow (general))

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

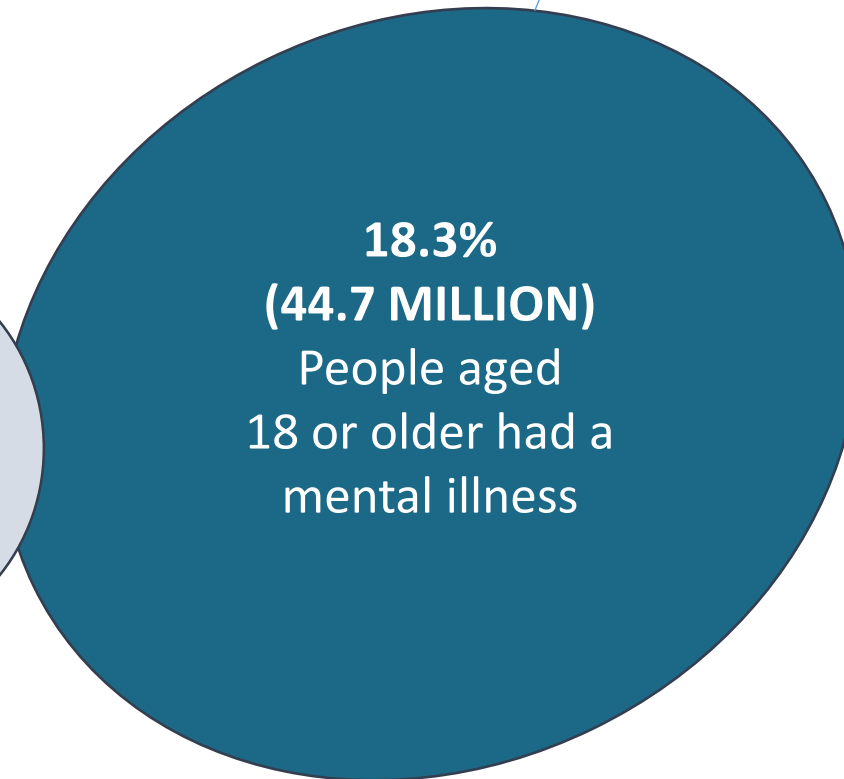
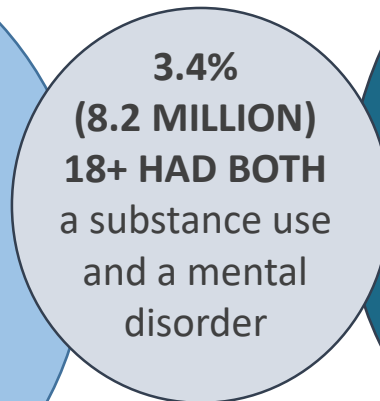
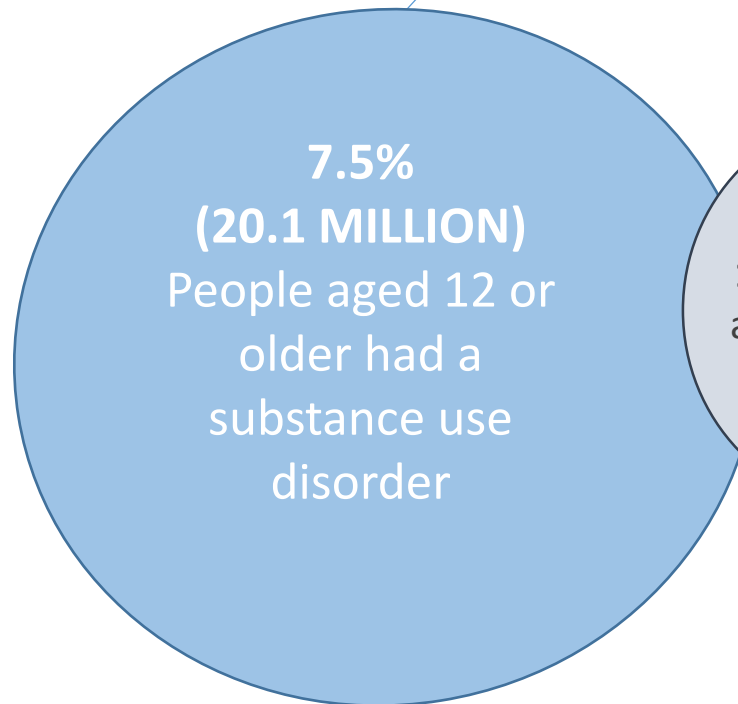
Closer relationships with NIH, CDC, FDA, AHRQ

MENTAL AND SUBSTANCE USE DISORDERS IN AMERICA: NSDUH, 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

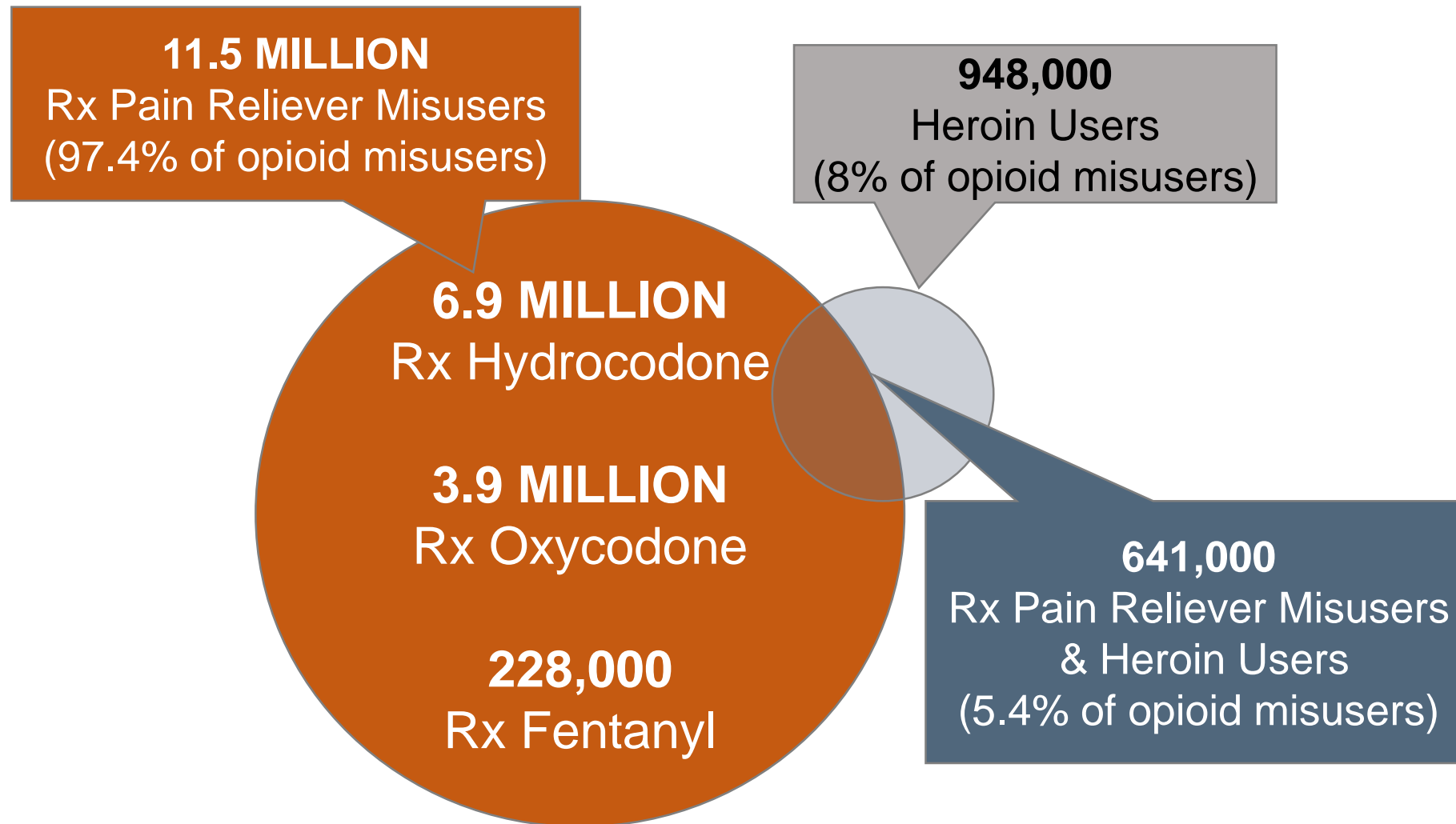


Opioid Crisis

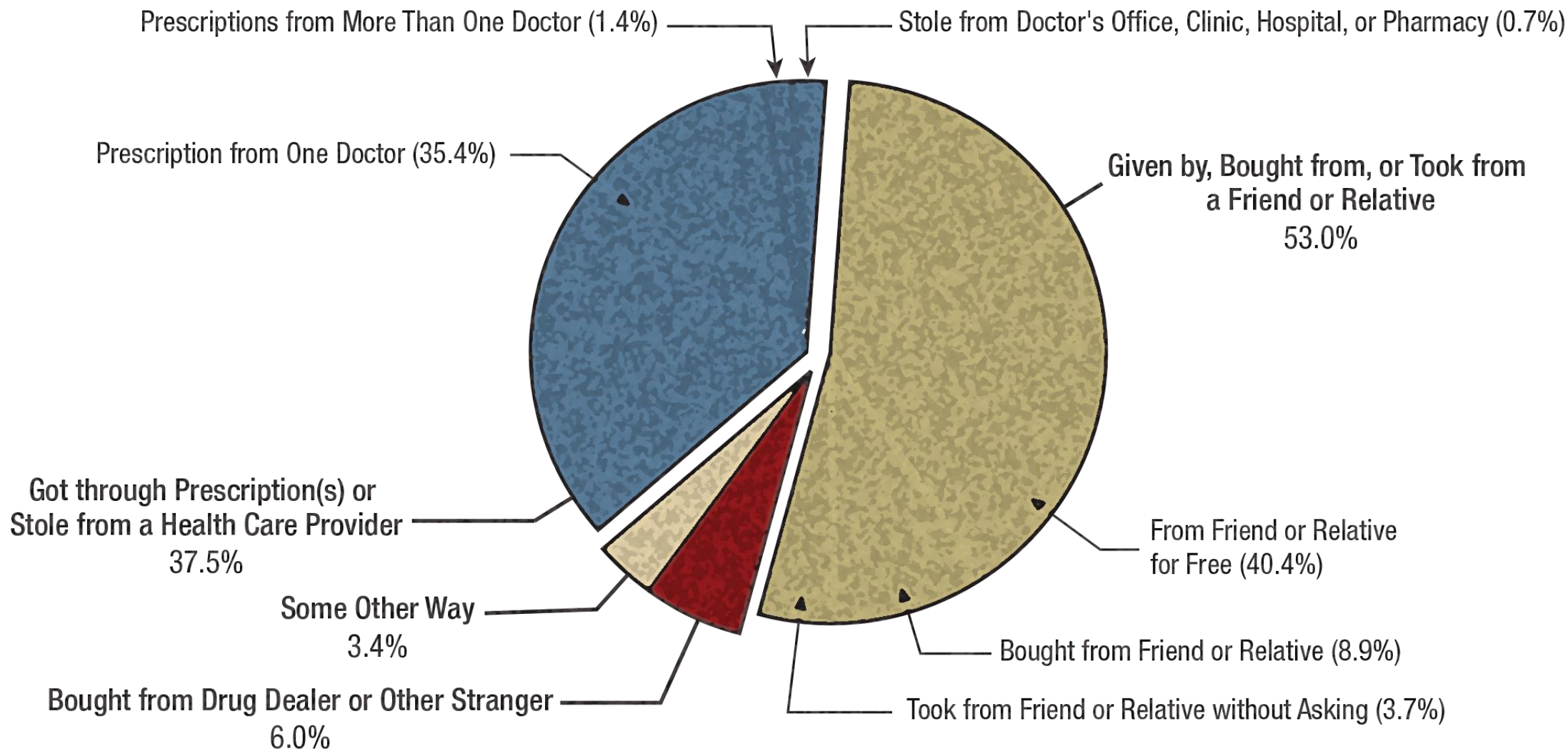
- Over 2 million Americans have an Opioid Use Disorder (OUD)
- Only 20% with OUD received specialty addiction treatment and only 37% of those received MAT
- Over 63,632 drug overdose deaths in 2016 of which 42,249 – 66% from opioids

NSDUH: THE GRIP OF OPIOIDS

11.8 MILLION PEOPLE MISUSE OPIOIDS (4.4% OF TOTAL POPULATION)

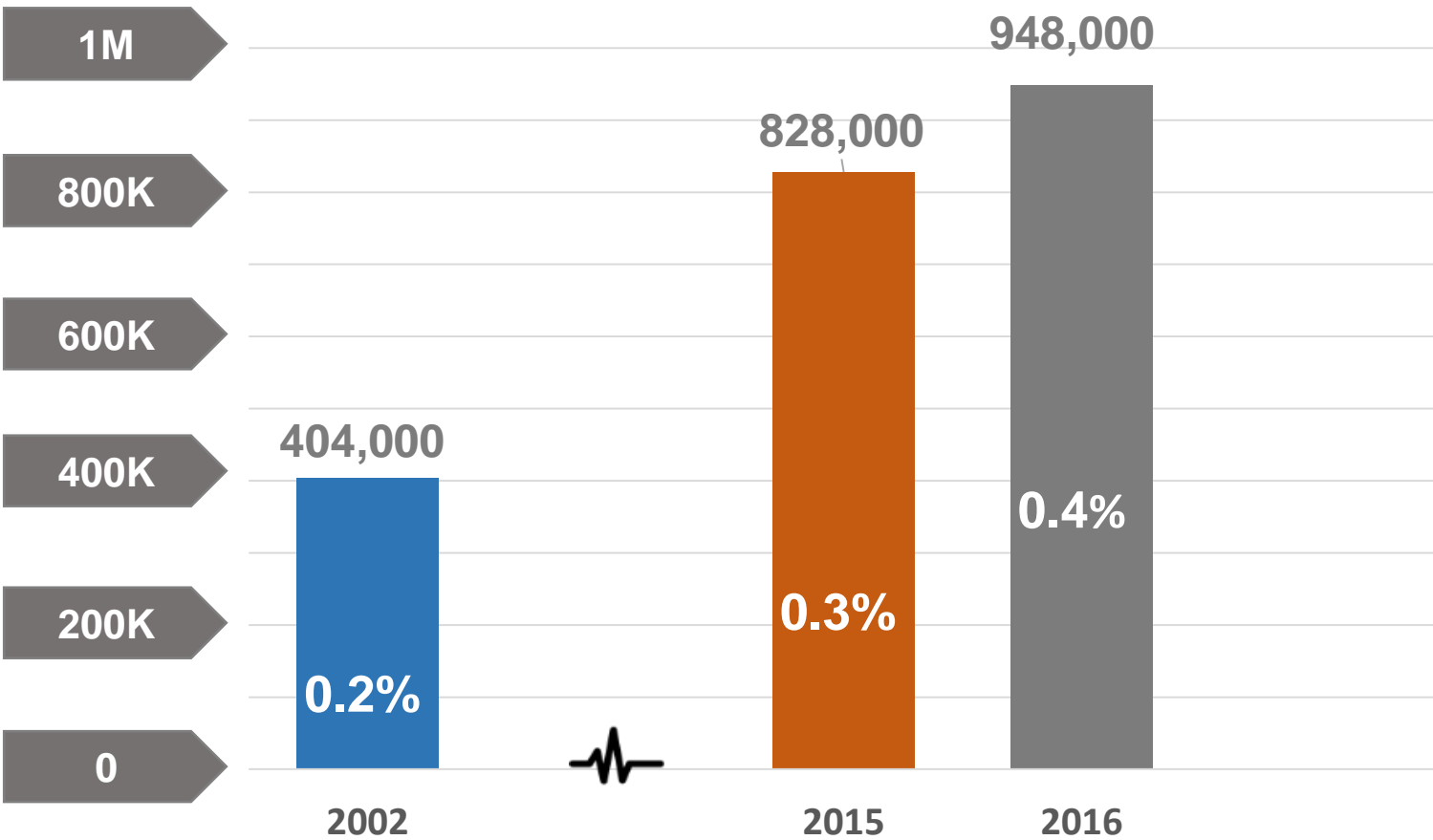


Source Where Pain Relievers Were Obtained for Most Recent Misuse among People Aged 12 or Older, NSDUH 2016



11.5 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

NSDUH: HEROIN USE: PAST YEAR, 12+



2002-2016:
1.4 fold increase in heroin users
6.7 fold increase in heroin deaths

Heroin Deaths:
2002: 2,089
2015: 13,101
2016: 13,219

Synthetic opioid deaths closely linked to illicit fentanyl supply

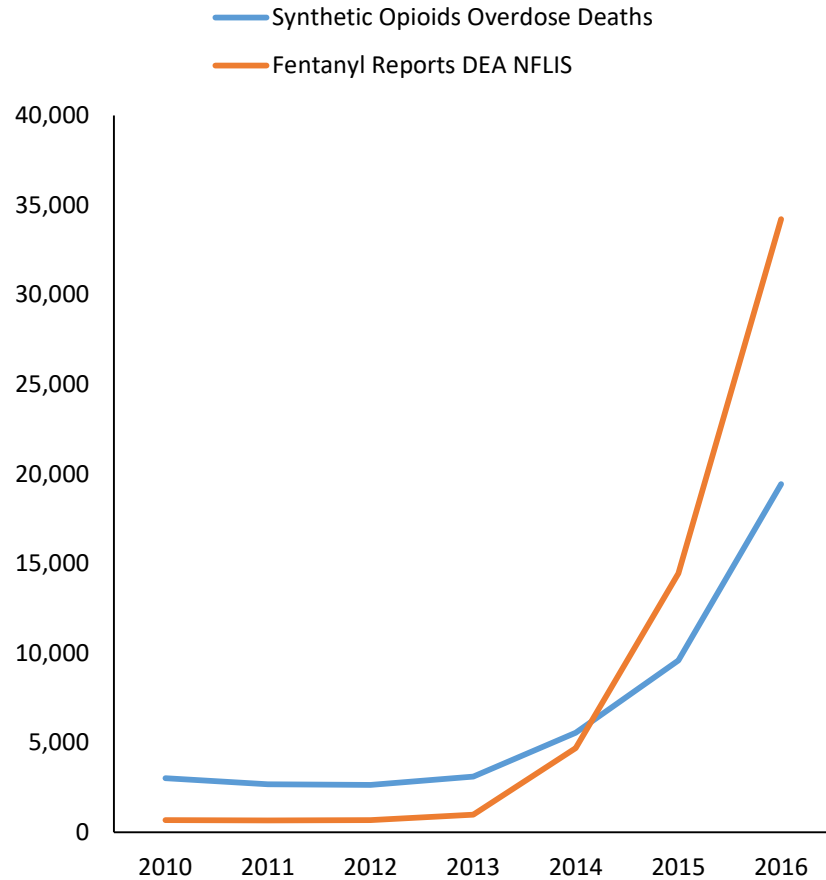
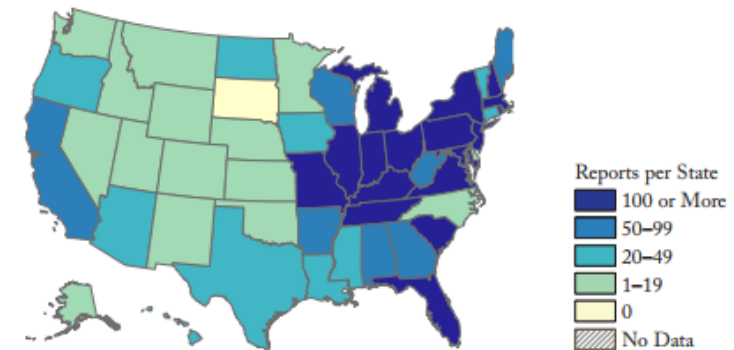


Figure 3 Fentanyl reports in NFLIS, by State, 2001



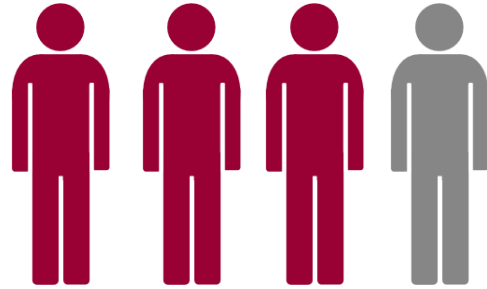
Figure 4 Fentanyl reports in NFLIS, by State, 2015



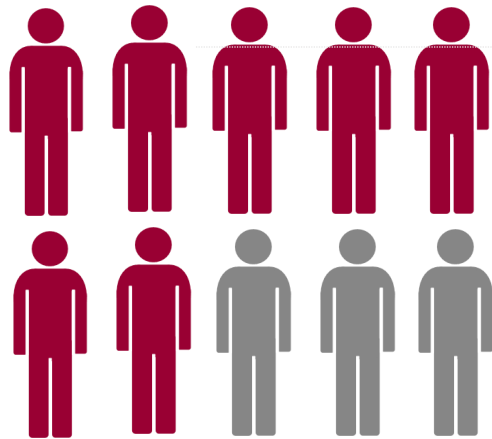
Known or suspected exposure to fentanyl in past year (n = 121)

Behavior or experience	APR	95% CI	p
Regular heroin use	4.07	1.24-13.3	0.020

Nonmedical use of Rx opioids significant risk factor for heroin use

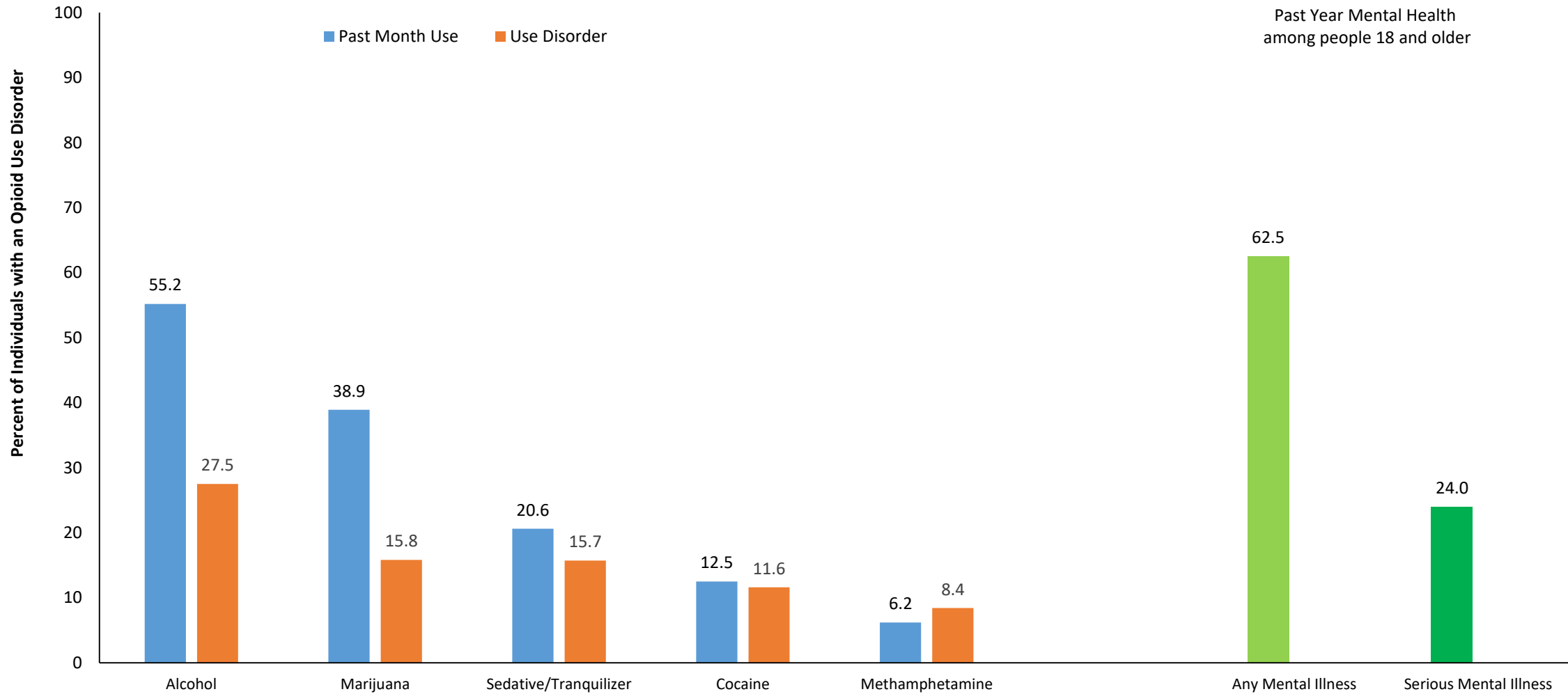


3 out of 4 people who used heroin in the past year misused prescription opioids first



7 out of 10 people who used heroin in the past year also misused prescription opioids in the past year

Co-occurring substance use and mental disorders among people with an opioid use disorder



Past Year Mental Health
among people 18 and older

Approach of the Federal Government

HHS FIVE-POINT OPIOID STRATEGY

- 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**

Plan to Address the Opioid Crisis: 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: addiction psychiatry, addiction medicine, psychology (\$1M increase to total of \$4.5M)
- Reinstatement of Drug Abuse Warning Network (DAWN) at 10M

Plan to Address the Opioid Crisis: FY19

- STR grants to states: 500 million/yr through Cures FY 17 and 18; ***President's budget proposes to continue increased funding at 1 billion in FY 19***
- Public outreach: prevention/education/treatment/recovery services
- Naloxone access/First Responders/Peers: ***increase from 25 to 75 million FY 19***
- MAT-PDOA
- Block grants to states
- Pregnant/post partum women/NAS: ***increase from 20 to 40 million in FY 19***
- CJ programs with MAT; ***increase to 80 million in FY 19***
- Recovery Coaches
- HIPAA/42 CFR: Family inclusion in medical emergencies: overdose
- ***New Injection Drug/HIV Program at \$150M***
- ***Consistent with President's Opioid Commission Report recommendations***

Workforce Development: Key to Access

- DATA waiver training in pre-graduate settings: medical schools, advance practice nursing, physician assistant programs
- Encourage national certification program for peer workforce
- Establish training on recognition and treatment of substance misuse/abuse/use disorders in healthcare professional training programs
 - Encourage entry to the field through incentives: e.g.: loan forgiveness programs: NHSC/HRSA; support establishing addiction residency training (CMS)
 - Integration of BH including OUD treatment into primary care/FQHCs
 - Use of Telehealth/HIT to increase ability of practitioners to provide needed care

Barriers to Care: Payment Issues

- **SAMHSA advocates for:**
 - Removal of prior authorizations for MAT and other treatment modalities:
 - Inpatient/outpatient (with parameters for appropriate placement)
 - Counseling
 - Other psychosocial supports including psychotherapeutic needs, case management, peer recovery coaching
 - **Parity in substance use disorder treatment**
 - Provision of reimbursement rates that approximate true costs
- **HHS has established a portal for parity issues directing consumers to the appropriate agency to assist in resolving insurance questions**

<https://www.hhs.gov/programs/topic-sites/mental-health-parity/mental-health-and-addiction-insurance-help/index.html>

SAMHSA Targeted Responses: Criminal Justice Programs

- **Jail Diversion Program grants** –
 - The 21st Century Cures Act has authorized Grants for Jail Diversion Programs
 - pre-booking diversion
 - Veterans programs
- **Drug Treatment Courts**
- Adult drug courts, juvenile drug courts, family treatment drug courts
- Drug court grantees may use up to 20 percent of their award for Medication Assisted Treatment (MAT)
- From FY15-FY16, nearly 16,000 individuals were diverted into SAMHSA-supported drug court programs
- **Offender Reentry Program** – Expand access to substance use treatment services for individuals reintegrating into communities
- Grantees may now begin process of linkage to services prior to release

Targeted Responses: Products

TIP 63 Medications for Opioid Use Disorder

PPW Factsheets

Opioid Overdose Prevention Toolkit

**NIH and SAMHSA Partnership:
HEALing Communities**

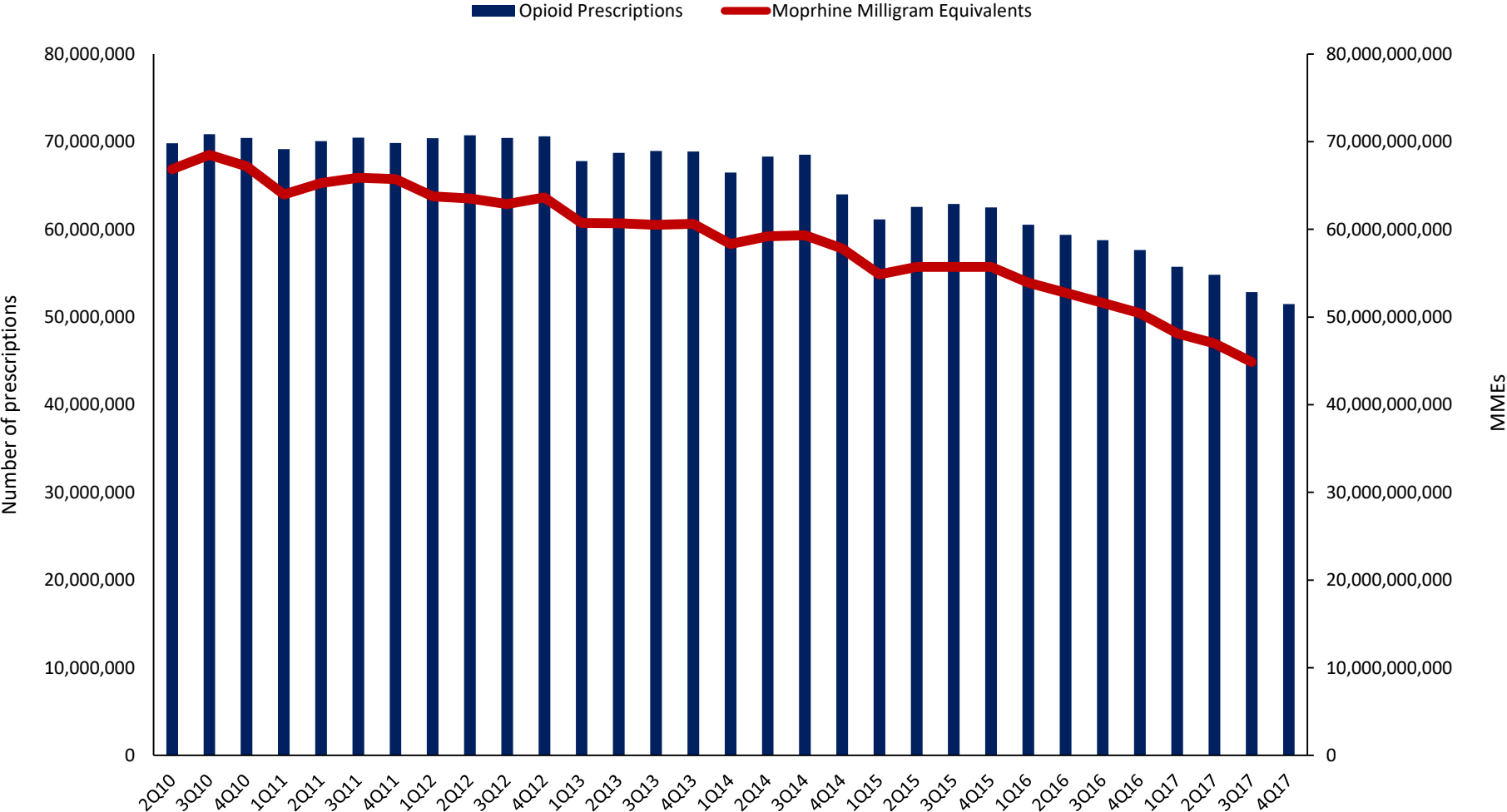
**Behavioral Health Treatment
Services Locator**

findtreatment.samhsa.gov

www.samhsa.gov/ebp-resource-center

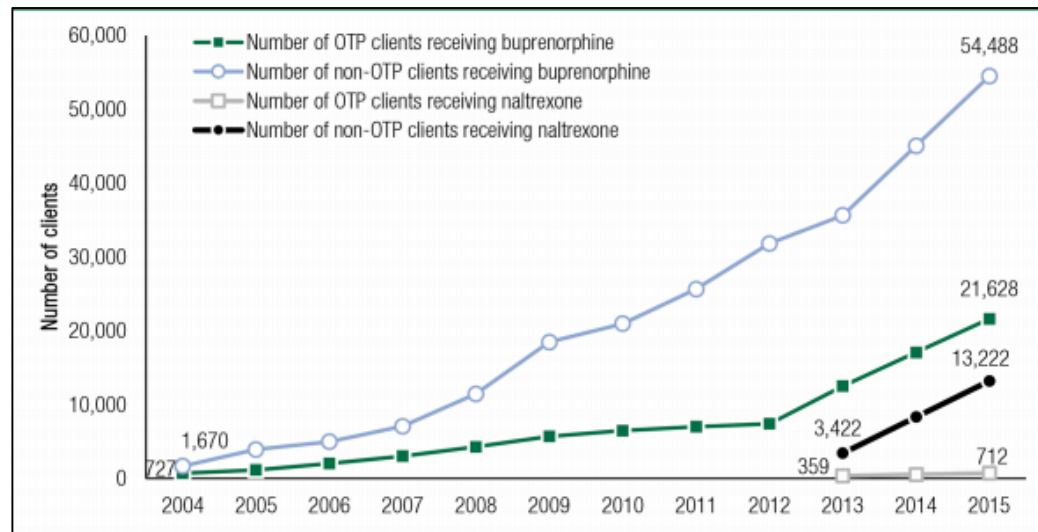
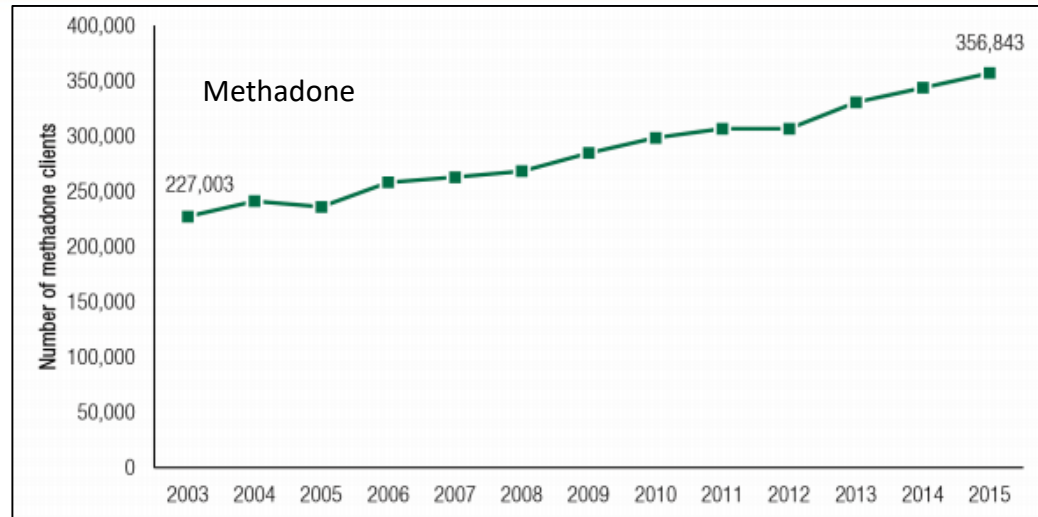
- Aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings
- Contains a collection of scientifically-based resources for a broad range of audiences, including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

Signs of Progress: Opioid prescribing declining since 2011



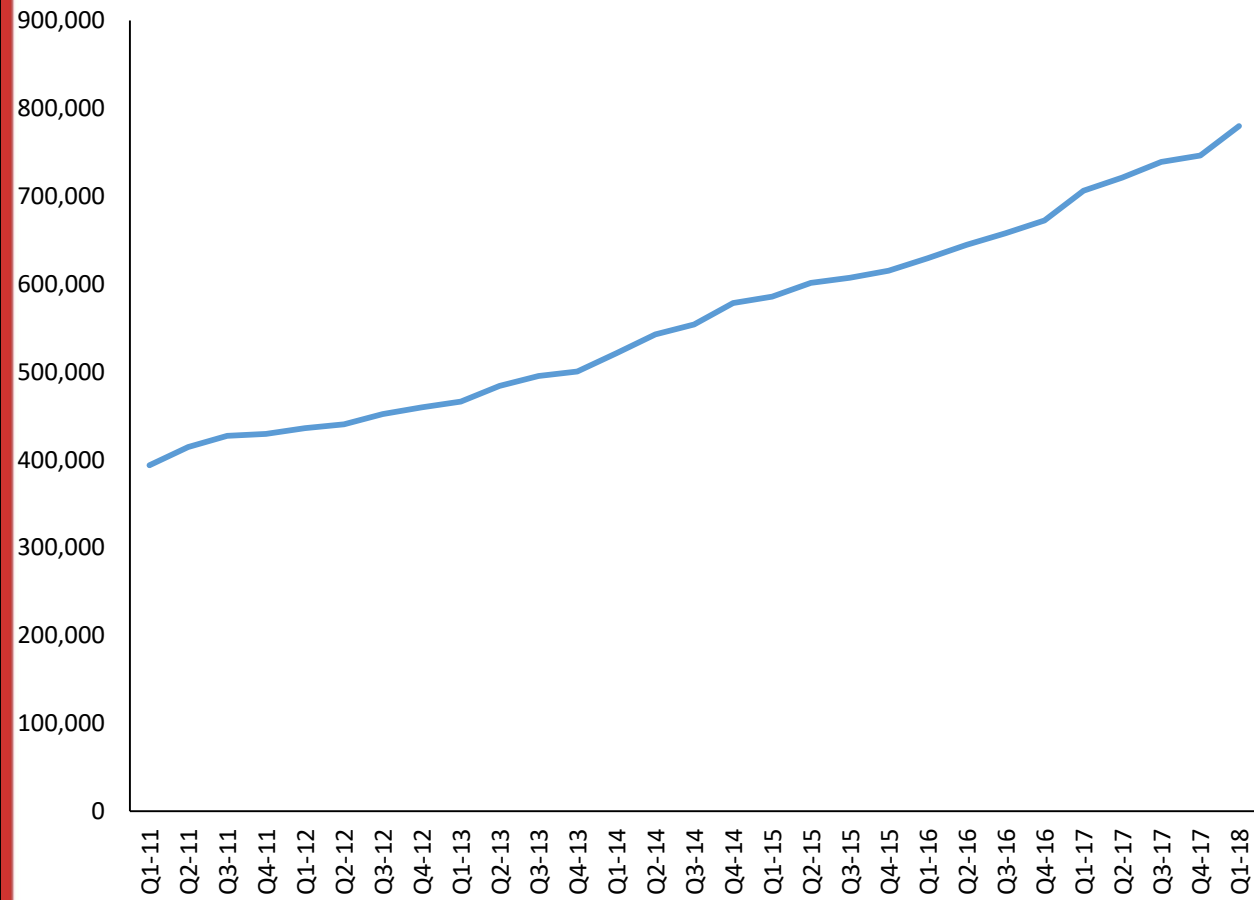
Source: IQVIA National Prescription Audit, data extracted 2016-2018

Signs of Progress: Receipt of MAT from treatment facilities

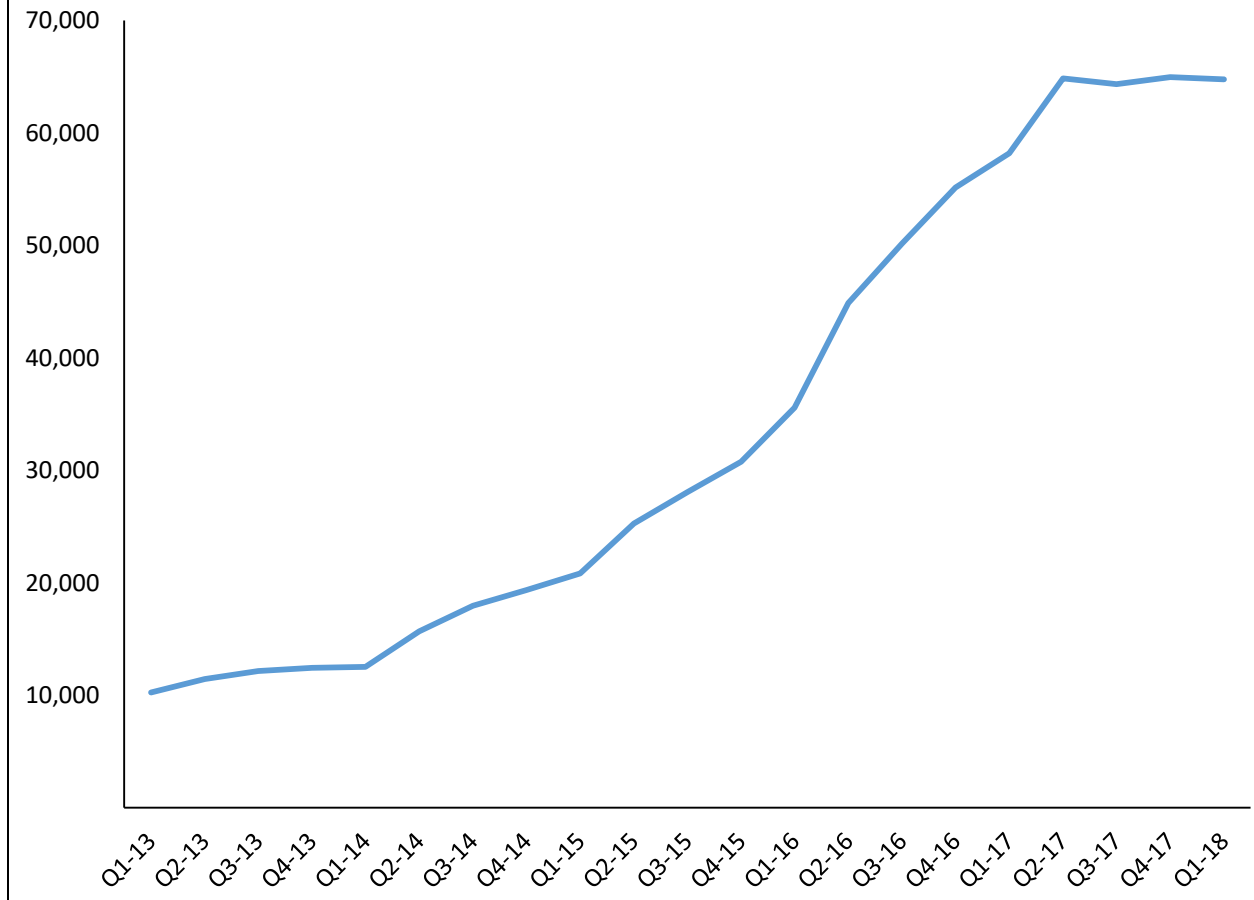


Increasing number of patients receiving buprenorphine and prescriptions for Vivitrol from pharmacies

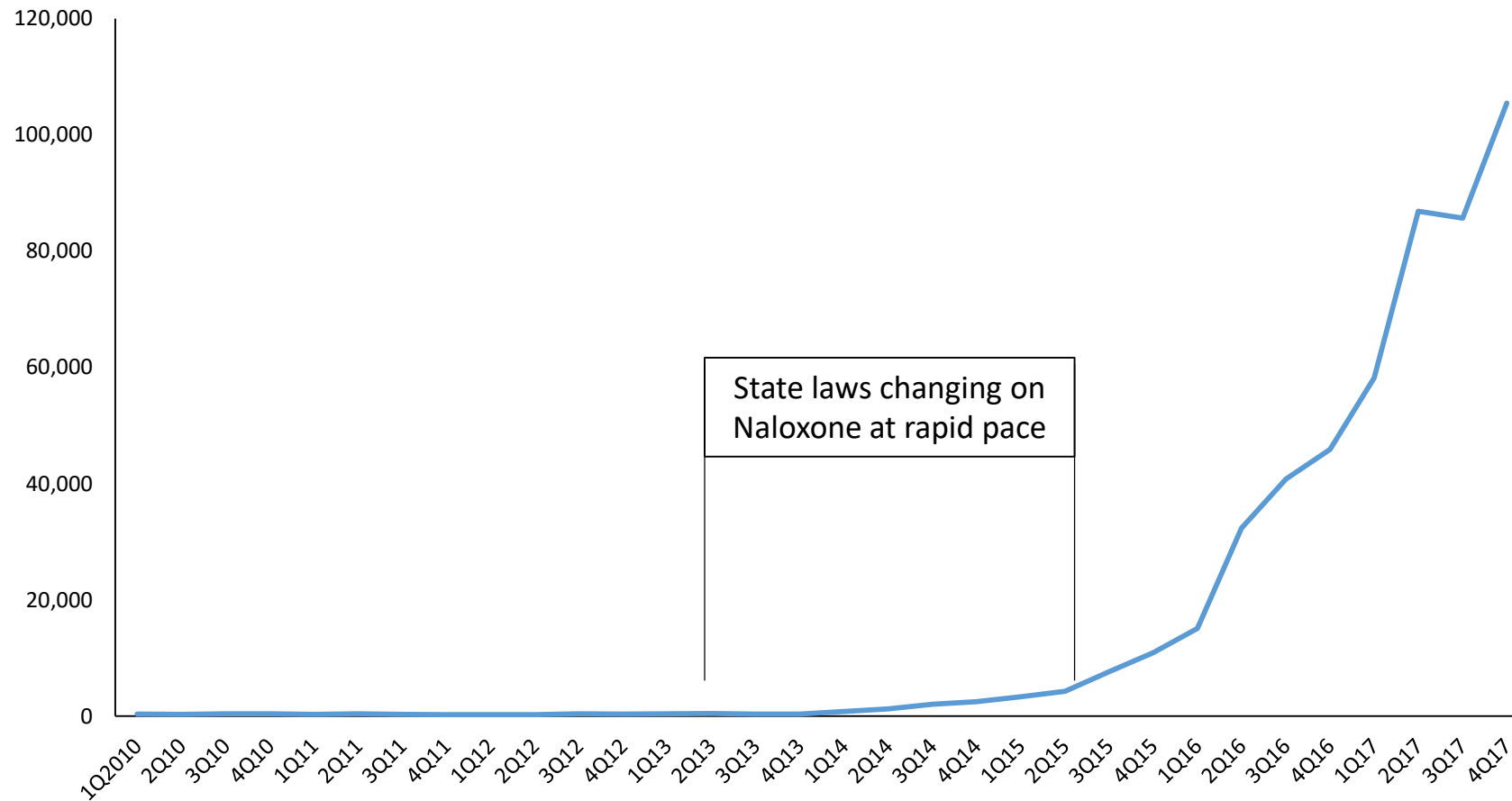
Patients Receiving Buprenorphine



Vivitrol Prescriptions



Signs of Progress: Dramatic increases in naloxone dispensing from U.S. pharmacies



Opioids Epidemic: Status

- The opioid epidemic continues to evolve
- Urgent need to prepare workforce rapidly and deliver evidence-based prevention, treatment and recovery services
- Some emerging signs of progress
- Work continues to aggressively address the epidemic

SERIOUS MENTAL ILLNESS

Goal: To create a system that works for everyone living with SMI and SED and their families

Resources:

- **SAMHSA with a new approach**
- **ISMICC**
- **Stakeholder support**

Why Do We Need an ISMICC?

44.7 million adults in the U.S. lived with a mental illness in 2016

- 11 million adults with SMI and 35% received no treatment for SMI
- 7.4 million children and youth with SED

Over 2 million people are incarcerated

- Up to 20% will have a serious mental illness
- Only 1/3 of those will get any treatment for mental illness
- Creates a revolving door of incapacity due to SMI, incarceration, 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 physical illness compared with the general population and reduced life expectancy

- Those with SMI die at least 10 years earlier than the general population

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
- Outreach to Bureau of Prisons

Keeps federal government focused on SMI needs

ISMICC Report to Congress

December 2017 Report to Congress with 45 recommendations in five focus areas:

- **Focus 1: Strengthen Federal Coordination to Improve Care**
 - Improve interdepartmental coordination
 - evaluate the federal approach to serving those with SMI/SED
 - use data to improve quality of care/outcomes
- **Focus 2: Access and Engagement: Make It Easier to Get Good Care**
 - Early identification and intervention for youth
 - Crisis intervention services
 - Continuum of care with outpatient services as alternatives to inpatient care/psychiatric bed capacity
 - Reassessment of civil commitment standards/processes
 - Use of new technologies to increase access e.g., telehealth

ISMICC Report to Congress

- **Focus 3: Treatment and Recovery – Close the Gap Between What Works and What Is Offered**
 - FEP/ACT
 - Integrated care
 - Suicide prevention
 - Housing
- **Focus 4: Increase Opportunities for Diversion and Improve Care for People With SMI and SED Involved in the Criminal and Juvenile Justice Systems**
 - First responder training
 - Continue MH courts/diversion efforts
 - Screening/treatment while incarcerated
 - Connection to services prior to release
- **Focus 5: Develop Finance Strategies to Increase Availability/Affordability of Care**
 - Parity/Payment for outreach services, community services
 - Expand CCBHC model

SAMHSA Resources: Increase Access to Treatment

- Mental Health appropriation increased by 305.9M to 1.49B in FY 18
- MHBG with 10% set aside for SMI: FEP
- Children's Mental Health Services: increased by 6 million to 125M for FY 18
- CCBHCs: additional 100M for FY 18 and integration of BH into primary care
- Assistance in Transition from Homelessness
- New Assertive Community Treatment: 5M FY 18
- Assisted Outpatient Treatment
- Suicide Prevention Programs including Zero Suicide
- 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; mental health education increased by \$5M to total of \$20M
- Healthy Transitions increased by \$6M to total of \$26M
- NCTSI increased by \$5M to total of \$54M for FY 18

Financing Care and Treatment of SMI

SAMHSA-CMS relationship

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 reconsideration of IMD exclusion for SMI
- 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

Importance of stakeholder advocacy

Federal Commission on School Safety

Departments of Education, Justice, Homeland Security, and Health and Human Services

- Examine needs to increase school safety across nation
 - Commission meetings
 - Site Visits
 - Listening Sessions
 - Commission Report
- **HHS Role: SAMHSA is the lead agency**
- **HHS Commission meeting focused on:**
 - Integrated MH services in schools
 - Use of psychotropic medications in children
 - Privacy Issues
 - HHS Section of Commission Report will reflect needs in these areas
- **SAMHSA will supplement the Serious Mental Illness Technology Transfer Centers to address:**
 - mental health issues in children**
 - training on implementation strategies for positive classroom environments**
 - integrated care and innovative models (e.g.: use of telehealth interventions)**

SAMHSA: Technical Assistance and Training

EVIDENCE-BASED, LOCAL TRAINING, NATION-WIDE SCOPE

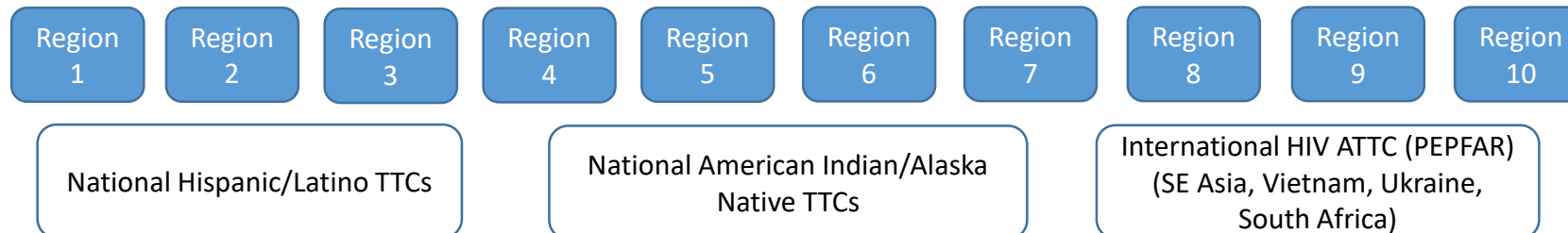
Evidence-Based Practice Repository in NMHSUPL

National Technical Assistance/Training Centers:

State Targeted Response to Opioids, Providers' Clinical Support System for Medication Assisted Treatment, Clinical Support System for Serious Mental Illness, National Child Traumatic Stress Network, National Center on Substance Abuse and Child Welfare, Center for Integrated Health Services, Veterans, GAINS (Criminal Justice), Disaster, Social Inclusion/Public Education, SOAR

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

Regional Prevention, Addiction, Serious Mental Illness, Collaborating Technology Transfer Centers



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

Questions?