

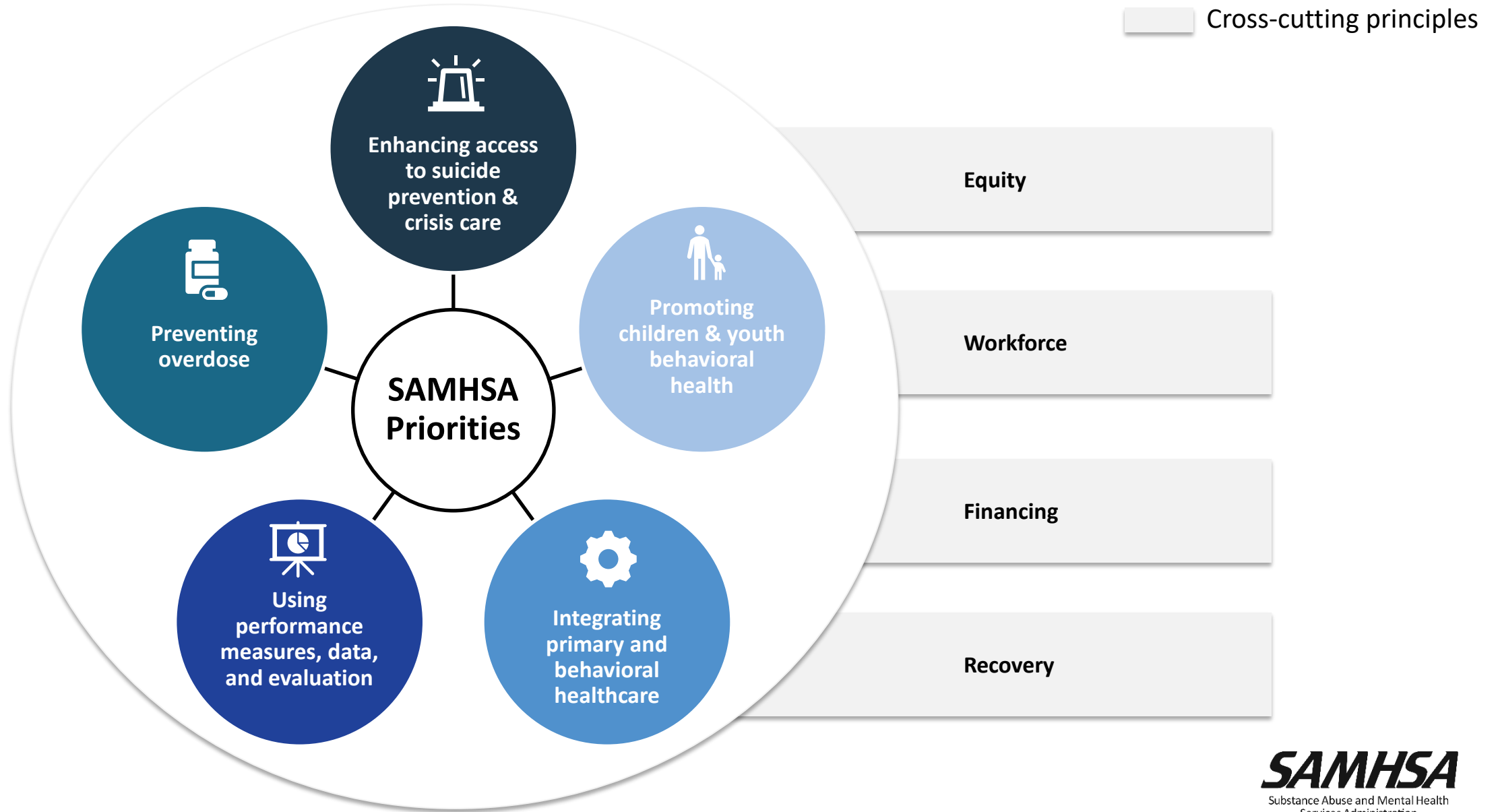
Miriam E Delphin-Rittmon, PhD  
Assistant Secretary of Mental Health and Substance Use  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

National Association of Behavioral Healthcare  
October 7, 2021  
2:30 pm – 3:30 pm



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# SAMHSA Priorities and Cross-Cutting Principles



# SAMHSA FY 2022 Budget Request: \$9.7B

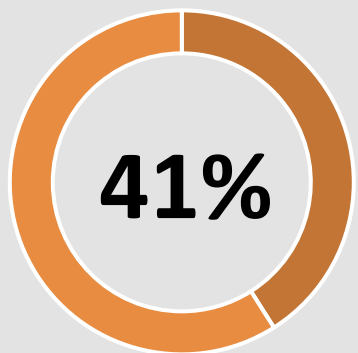
Appropriation	Budget Request	Program Highlights
Mental Health	\$2,936,528,000	<ul style="list-style-type: none"><li>• Community Mental Health Services Block Grant: \$1.6B</li><li>• Certified Community Behavioral Health Clinics: \$375M</li><li>• Suicide Prevention Programs: \$179.7M</li><li>• Project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

New:

3

INCLUDES A NEW 10% SET ASIDE IN THE SAPT BLOCK GRANT FOR RECOVERY SERVICES!!

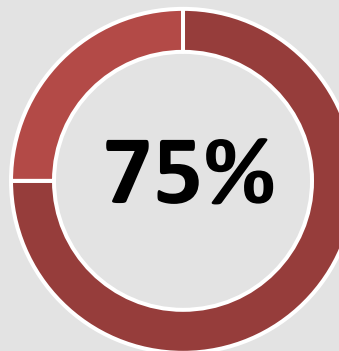
# COVID's Impact: Behavioral Health



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

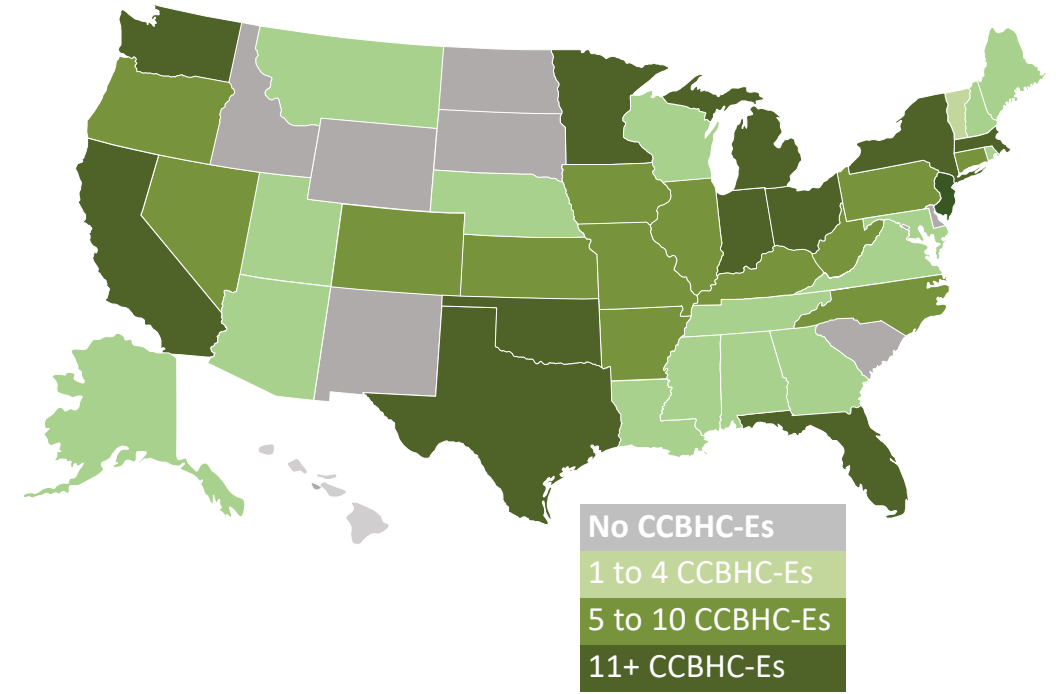


12-17  
years Old

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

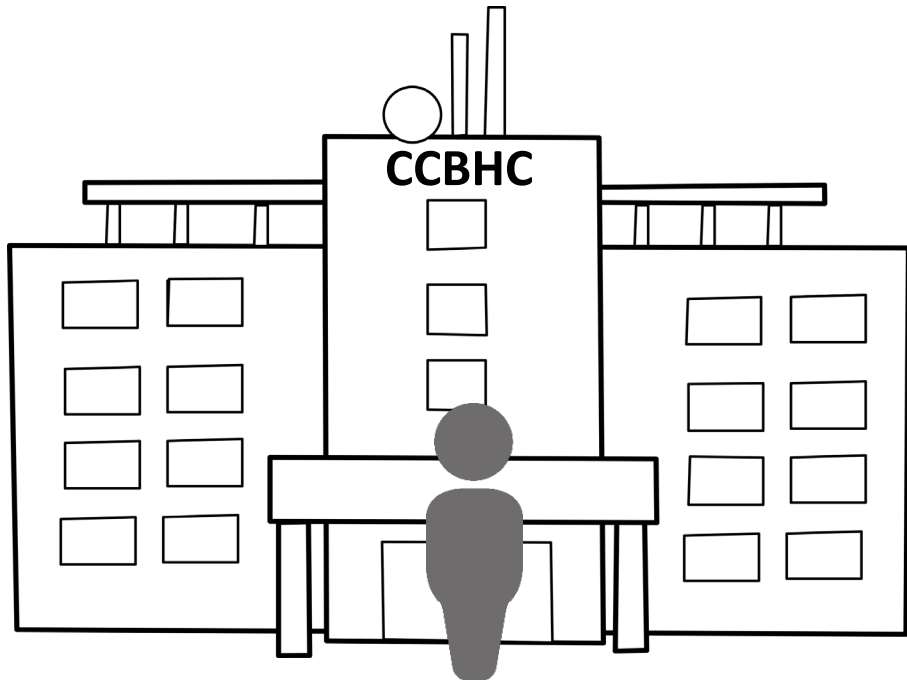
# Certified Community Behavioral Health Clinics (CCBHCs)

- CCBHCs must meet a minimum standard for access to MH/SUD services, including increased capacity to respond to MH+SUD crises
- They provide a comprehensive range of nine required services, incorporating evidence-based practices and other supports based on a community needs assessment
- Three CCBHC types:
  - Medicaid Demonstration
  - SAMHSA CCBHC Expansion Grants
  - Independent State Programs



- There are currently 402 SAMHSA CCBHC expansion grants operating across 42 states and Guam and 59 sites participating in the Medicaid Demonstration.

# CCBHC Certification Criteria



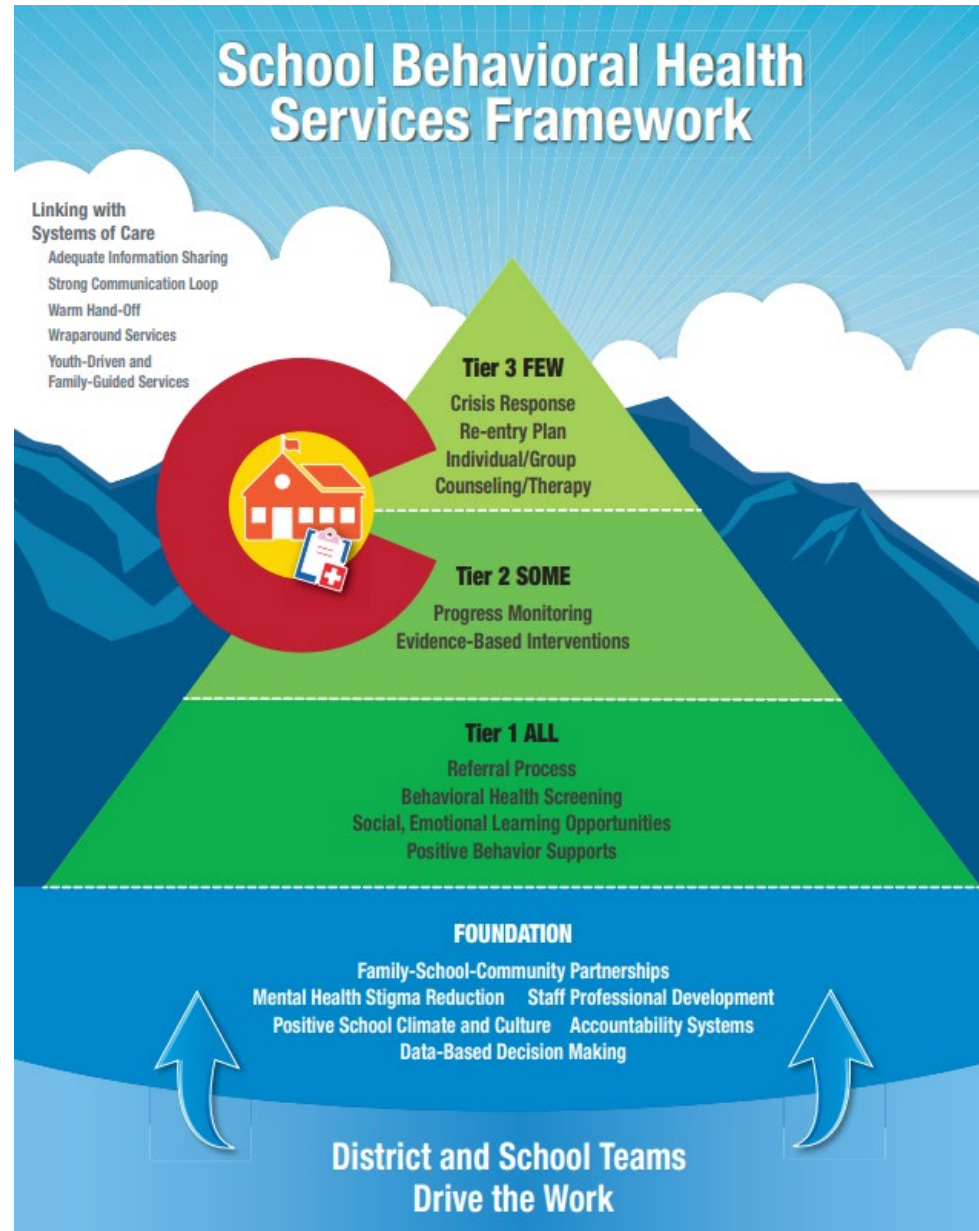
## **CCBHCs are required to meet standards in six areas:**

1. Staffing
2. Availability and Accessibility of Services
3. Care Coordination
4. Scope of Services
5. Quality and Other Reporting
6. Organizational Authority and Governance

**Availability and Accessibility of Services** – Includes standards for timely and meaningful access to services, outreach and engagement, 24/7 access to crisis services, treatment planning, and acceptance of all patients regardless of ability to pay or place of residence



# AWARE: Advancing Wellness and Resiliency in Education



# Project AWARE Data: 2014-2021

## Infrastructure Development Indicators

Indicator	Goal Amount	Result - Total	% of Goal Achieved
Policy Development	283	479	169.3%
Workforce Development	39,272	103,221	262.8%
Partnership/Collaboration	636	1,164	183%

## Prevention and Mental Health Promotion Indicators

Indicator	Goal Amount	Result - Total	% of Goal Achieved
Training	54,463	382, 841	702.9%
Screening	107,111	279,129	260.6%
Referral	31,025	63,776	205.6%
Access	58%	75.1%	1.3



# Center of Excellence for Infant and Early Childhood Mental Health Consultation

The Center of Excellence (CoE) provides technical assistance to programs, communities, states, territories, and tribal communities, and individual mental health consultants to increase access to high quality mental health consultation throughout the country



## Examples of CoE offerings include :

- Foundational IECMHC Professional Development Modules
- IECMHC Self-Assessment for Mental Health Consultants
- Equity in IECMHC Five-Part Webinar Series
- IECMHC Racial Equity Toolkit
- Community of Practice (COP) for IECMHC Program Managers
- Echo Training for Rural, Tribal, or Underserved Regions
- COVID-19 TA

[www.iecmhc.org](http://www.iecmhc.org)

**Since Sept 2019**, the CoE has delivered technical assistance to:

- 57 programs
- 441 individuals
- 11,361 webinar participants
- 101 affinity group members
- 37 CoP participants
- 36 Echo participants
- >160,000 website visitors

# Prevention's Changing Landscape



Legislative changes



## **Staying in Step with Prevention's Changing Landscape**

### **Operational Drivers:**

- Equity in Service Availability and Accessibility
- Workforce Development
- Fiscal Responsibility

### **Support prevention through investments in:**

- Substance abuse and misuse prevention
- Harm reduction
- Behavioral health promotion
- Integration of prevention with primary and behavioral healthcare
- Program performance and outcomes assessment and evaluation



# SAMHSA's Prevention Funding: Across Settings and Time

## State formula funding

- Substance Abuse & Treatment Block Grants
  - Synar Program (youth tobacco use prevention)

## Tribal discretionary funding

- Tribal Behavioral Health (Native Connections)

## States and communities (discretionary)

- STOP Act Program (Sober Truth on Preventing Underage Drinking)
- Strategic Prevention Framework – Partnerships for Success (PFS)

## Harm Reduction Grant Program (FY 2022)

## HIV discretionary programs

- HIV Prevention Navigator Program for Racial and Ethnic Minorities
- Minority AIDS Initiative (Substance misuse and HIV prevention to at-risk minority populations)

## Opioid discretionary programs

- Strategic Prevention Framework for Prescription Drugs (SPF-Rx)
- Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths
- First Responders (FR-CARA)
- Improving Access to Overdose Treatment (OD-Tx)

# Capacity-Building Resources



PTTC

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

<https://pttcnetwork.org/>



ATTC

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

<https://attcnetwork.org/>



MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

<https://mhttcnetwork.org/>

- Evidence-Based Practices Resource Center,  
<https://www.samhsa.gov/resource-search/ebp>
- Practitioner Training,  
<https://www.samhsa.gov/practitioner-training>

# Combating the Opioid Crisis: Grants and Resources

## Grant Programs

Substance Abuse Prevention and Treatment Block Grant

State and Tribal Opioid Response Program

Medication Assisted Treatment for Prescription Drug and Opioid Addiction Program

Prevent Prescription Drug/Opioid Overdose-Related Deaths

First Responders – Comprehensive Addiction and Recovery Act

Strategic Prevention Framework for Prescription Drugs

Strategic Prevention Framework – Partnership for Success

Minority AIDS Initiative

Cooperative Agreements for Adolescent and Transitional Aged Youth Treatment Implementation

Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families

Grants for the Benefit of Homeless Individuals

## Publications/Resources

*Talk. They Hear You.* National Media Campaign

Evidence-Based Practices Resource Center, for example:

Substance Misuse Prevention for Young Adults

Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders

Treatment of Stimulant Use Disorders

Use of Medication-Assisted Treatment in Emergency Departments

Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings

Substance Use Disorders Recovery with a Focus on Employment and Education

Treatment Improvement Protocols (TIP), for example:

TIP 26, Treating Substance Use Disorders in Older Adults

TIP 35, Enhancing Motivation for Change in Substance Use Disorder Treatment

TIP 39, Substance Use Disorder Treatment and Family Therapy

TIP 42, Substance Use Disorder Treatment for Persons With Co-Occurring Disorders

TIP 63, Medications for Opioid Use Disorders

FindTreatment.Gov, Finding Quality Treatment

Recovery Housing Guidelines

Addiction Technology Transfer Center

Provider's Clinical Support System for Medication-Assisted Treatment

# State Opioid Response (SOR)

The aims of this program are to address the opioid crisis by increasing access to medication-assisted treatment using the 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.
- 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).

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.



# Tribal Opioid Response (TOR) Grant

This program aims to address the opioid crisis in Tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-based treatment using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD).

The intent is to reduce unmet treatment needs and opioid overdose related deaths through the provision of prevention, treatment, and recovery support services for OUD and, if so desired, stimulant misuse and use disorders.

**Great Plains Tribal Chairmen's Health Board** – Completed 19-week webinar education series on the effects of drugs, overdosing, and drug trafficking. Also connected over 100 clients to MAT treatment.

**White Earth Band of Chippewa Indians** – established a recovery-oriented community program. As a result of services provided through this program, the grantee has been able to bill Medicaid and become self-sustaining.

# Medication Assisted Treated-Prescription Drug and Opioid Addiction (MAT-PDOA)

Aims to expand and enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder (OUD) seeking or receiving MAT.

The tribal MAT-PDOA grantees have included culturally-based innovative interventions to improve access to treatment and retention. The treatment models/approaches used to support MAT services either have been uniquely designed for native populations or adapted to be so, such as community education materials based on traditional culture.

**Rutgers University** – initiated a peer navigators specialist program. As a result of this program, there was a marked instantaneous uptake of dosing and prescribing of Buprenorphine/Suboxone increased by 22.4%.

**Rushford** - implemented TryCycle an app to connect client, clinician, doctor and recovery specialist. Since the inception of the app, over 7,000 interventions have been made and the program reports there has been no overdose deaths or suicide attempts.

# Peer Recovery Support Services

## Recovery Community Services Program

The purpose of this program is to provide peer recovery support services via recovery community organizations to individuals with substance use disorders or co-occurring substance use and mental disorders or those in recovery from these disorders.

## Building Communities of Recovery

The purpose of this program is to mobilize resources within, and outside of, the recovery community to increase the prevalence and quality of long-term recovery support from substance abuse and addiction.

# Special Announcement

## Office of Recovery Substance Abuse and Mental Health Services Administration



# Announcement

SAMHSA's new Office of Recovery will have a dedicated team with a deep understanding of recovery to promote policies, programs and services to those in or seeking recovery.

Our Office of Recovery will bring together the voices of our mental health and substance use communities to drive the overarching goals and objectives of our work.

# Office of Recovery

## Objectives:

- Ensure that recovery is a guiding principle in SAMHSA's policies, programs, and services;
- Promote the involvement of people with lived experience throughout agency and stakeholder activities;
- Identify health disparities in high risk and vulnerable populations and ensure equity for recovery support services across the nation;
- Foster relationships with internal and external organizations in the mental health and substance use recovery field

# Office of Recovery

- Promote training and public education opportunities on recovery
- Explore opportunities to partner with the philanthropic and private sectors to support innovative programming to address disparities and advance recovery transformation
- Support implementation of any dedicated recovery resources to states for recovery support services, working with the Peer Center for Excellence



# 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)

# Thank You

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

[www.samhsa.gov](http://www.samhsa.gov)

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