

FY 2018 SAMHSA Reimagined

November 2018



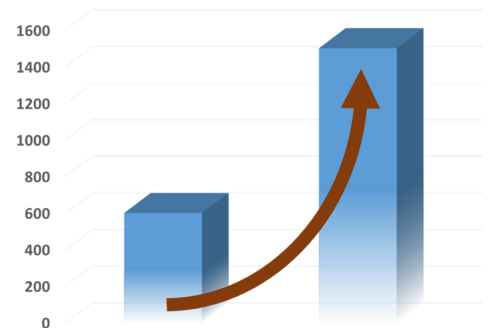
First psychiatrist appointed to the newly authorized position of Assistant Secretary for Mental Health and Substance Use, Dr. Elinore McCance-Katz envisions a new national strategy for training and technical assistance and emphasizes the provision of evidence-based treatment for Americans living with mental and substance use disorders.

In FY 2018, SAMHSA underwent significant changes to improve its business efficiency as well as to re-orient the organization to develop and implement a clinical, evidence-based focus in line with current needs to advance the behavioral health of the nation. During the fiscal year, the organization was required to implement significant reform based on the 21st Century Cures Act. The following are a sample of the organization's achievements.

BUSINESS OPERATIONS

- ◇ SAMHSA received a budget increase of **35%** and was able to successfully process an increase in grant application volume which increased from **1,350 to 3,500**. New grant awards increased from over **600** to **over 1,500**.
- ◇ SAMHSA significantly streamlined its application review process by reducing the application length from 25 to 10 pages and reducing the number of questions to which applicants had to respond from over 25 to 9.
- ◇ SAMHSA reconfigured its approach to technical assistance (TA) and training. A new system of national and regional TA and training was implemented to focus on addiction, mental health and substance abuse prevention. Training and TA was made available to all providers and communities, rather than the previously employed system that focused mainly on SAMHSA grantees.

Significant Increase in Grant Awards



SAMHSA: Technical Assistance and Training EVIDENCE-BASED, LOCAL TRAINING, NATION-WIDE SCOPE

Evidence-Based Practice Repository in National Mental Health and Substance Use Policy Laboratory (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 (TTCs)



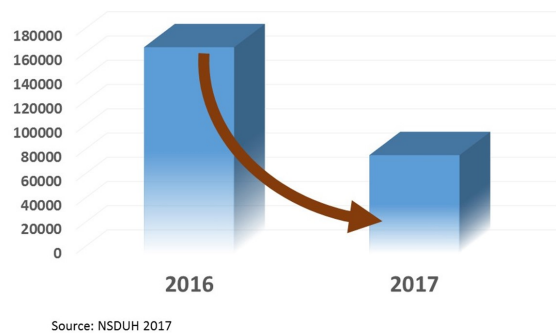
ORGANIZATIONAL ENHANCEMENTS

- ◇ The Office of the Chief Medical Officer (OCMO) was strengthened in order to enhance the ability of the organization to address clinical issues and to be responsive to the Cures Act direction. During this past year, the OCMO was elevated to be part of the Office of the Assistant Secretary and additional clinical staff, including psychiatrists, a clinical psychologist and a nurse were hired.
- ◇ A new organizational unit was developed in the establishment of the National Mental Health and Substance Use Policy Laboratory. This unit enhances SAMHSA's ability to develop and implement evidence-based resources. Most notably, SAMHSA introduced its new Evidence-Based Resource Center, replacing an old system which provided little usable information on the establishment of evidence-based practices.
- ◇ The Lab also worked to develop the first survey of practitioners who are waived to prescribe buprenorphine to better understand barriers to prescribing and the extent to which these constraints can be addressed. The Lab additionally worked to develop supplements for data collection to better evaluate effective and innovative medication-assisted treatment models.

OPIOIDS

- ◇ National data reveal that state, local, and federal efforts to address the opioids crisis are working with the latest National Survey on Drug Use and Health 2017 data showing that new initiates of heroin use decreased by more than **50%** from last year.
- ◇ SAMHSA also instituted new programs focused on tribal opioid response and worked to change eligibility for its program to increase access to medication-assisted treatment, yielding an application volume of over 300.
- ◇ The Medication Assisted Treatment—Prescription Drug and Opioid Addiction (MAT PDOA) program yielded a client served rate of **1,000 individuals** over the target rate. The program achieved a 62% abstinence rate at 6 month follow-up, also exceeding its target rate.
- ◇ Additionally, the organization focused on implementing new programs to expand purchase, distribution, and training on overdose reversal drugs. These first responder programs yielded more than **31,000** naloxone kits distributed during the year.
- ◇ Using a model developed by the Assistant Secretary, the organization reconfigured its approach to technical assistance specifically to address the opioids crisis. SAMHSA developed an effort to place local teams of experts, including clinicians, preventionists, and experts in recovery services including peers, in all states to assist the workforce with addressing the opioids crisis. As a result of this effort, over **1,400** physicians have signed up to participate to assist communities across the country. During the first five months, over **250** requests for TA had been received.
- ◇ The organization also began a first ever collaboration with the Department of Agriculture awarding an **\$8M** effort to develop training and TA centers to address the needs of rural America through supplements to the USDA cooperative extensions program. This collaboration marks the first joint effort of its kind between SAMHSA and USDA. Further, the organization also finalized plans to implement an MOU to further increase collaboration during the coming year to leverage USDA funding to support much needed recovery housing efforts.

Significant decrease of new heroin users



- ◇ SAMHSA's efforts have contributed to the expansion in the numbers of individuals waived to prescribe buprenorphine to a record number of individuals, with nearly **54,000 clinicians** being waived to prescribe. This includes **44,968** physicians and **9,000** PAs and NPs.
- ◇ SAMHSA fully launched the Opioid State Targeted Response Program which awarded \$500M to states to develop prevention, treatment, and recovery systems to address the opioids crisis. In this program, over **121,000** clients received services, **396,000** individuals were trained, and **1,300** funded organizations offered at least one form of MAT.
- ◇ During the year, SAMHSA underwent an investigation of pre-award process for the award of this **\$500M** program. The Office of the Inspector General (OIG) found that the organization successfully followed all protocols.
- ◇ SAMHSA also awarded **\$1B** in additional funding for the State Opioid Response (SOR) grant program to build upon the success of STR. Careful attention was taken to enhance the clinical focus of the grant program with additional language emphasizing the requirement to make FDA approved medication available for the treatment of opioid use disorders.

DATA AND SURVEILLANCE IMPROVEMENT

- ◇ SAMHSA was able to re-institute the Drug Abuse Warning Network, a critical system to provide national surveillance hospital data on issues related to drug use and overdose. This system will play a critical role in addressing the opioids crisis. Despite much criticism of the decision, the system was shut down by SAMHSA several years ago. Under the direction of the Assistant Secretary, SAMHSA was able to reinstate the system after seven years of a lapse.
- ◇ SAMHSA also focused specifically on addressing its data collection activities. It revised its data collection instruments to collect diagnosis and program-specific information which was not previously collected; additionally, national survey data were enhanced to collect enhanced information around recovery, medication-assisted treatment provision, and kratom.

SERIOUS MENTAL ILLNESS (SMI)

- ◇ The 21st Century Cures Act required the establishment of the Interdepartmental Serious Mental Illness Coordinating Committee. SAMHSA was able to meet the Congressional requirement to develop a comprehensive report to Congress including recommendations to address SMI. SAMHSA plays a central leadership role in managing and coordinating activities of this Committee, which includes HHS, Justice, VA, Labor, HUD, Education, and the Social Security Administration.
- ◇ SAMHSA successfully acted on these recommendations with the establishment of five specific workgroups around: strengthening federal coordination, establishing evidence-based treatments, addressing populations involved in the justice system, closing the gap between what works and what is offered, and developing financing strategies to increase affordability and accessibility.



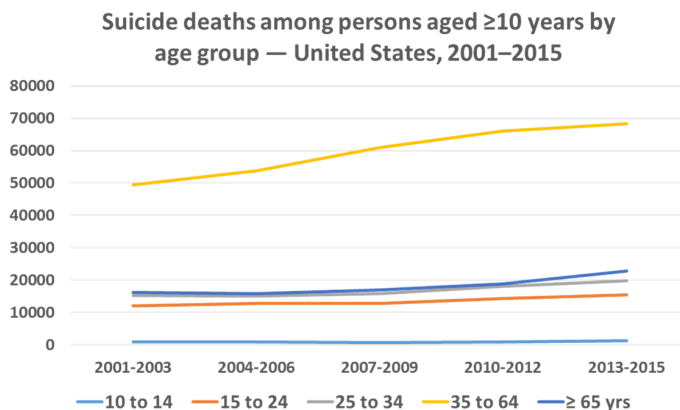
- ◇ The Community Mental Health Services Block Grant focuses specifically on the needs of those living with serious mental illness or serious emotional disturbance. SAMHSA has focused, via a ten-percent set-aside, to address the needs of those experiencing a first episode of psychosis. As a result of this Program, 270 FEP programs have been established in communities across the country.
- ◇ SAMHSA launched an effort in which 23 states will be creating real-time bed registries to identify available beds and post crisis follow-up services for those living with serious mental illness.

SCHOOL SAFETY

- ◇ SAMHSA was asked to take the lead for the Department of Health and Human Services in participating in the Federal Commission on School Safety established by the President. SAMHSA collaborated with the Department of Education, Homeland Security and the Department of Justice to hold four listening sessions, four commission meetings, and four site visits nationwide and develop a comprehensive report of recommendations. SAMHSA also established supplements to the Mental Health Technology Transfer Centers (MHTTC) to address school-based mental health services.



SUICIDE PREVENTION



Source: *Suicide Trends Among and Within Urbanization Levels by Sex, Race/Ethnicity, Age Group, and Mechanism of Death — United States, 2001–2015* - Morbidity and Mortality Weekly Report (MMWR) — CDC Surveillance Summaries / October 6, 2017 / 66(18):1–16

- ◇ Suicide prevention is another focus of the agency. SAMHSA responded to data which shows that suicide in adults is most prevalent in the United States by implementing and expanding the Zero Suicide program, a newly authorized program to address adult suicide prevention.
- ◇ SAMHSA also managed an increase in its Suicide Lifeline calls from **156,000** per month to **184,000** calls per month with a self-reported rate of 82% of individuals in follow-up interviews stating that the calls to the Lifeline “helped a lot.”

TRIBES

The Assistant Secretary made an organization priority to address the needs of tribes and tribal populations. She established set-asides for tribal applicants in nine funding opportunities and SAMHSA also had specific programs which addressed the needs of this population. As a result of these efforts, SAMHSA was able to distribute over **\$90M** in funding to tribal communities to address opioids, suicide prevention, trauma, children’s mental health, and other crucial areas.

