Presentation Agenda

• Overview of SAMHSA
  • Agency

• Current Challenges
  • Opioid Epidemic
  • Justice Involvement of Individuals with Mental and Substance Use Disorders

• 21st Century Cures Act

• SAMHSA:
  • Policy Initiatives
  • Funding Opportunities
  • Activities
  • Resources

• Other HHS Activities and Resources
SAMHSA: A PUBLIC HEALTH AGENCY WITH HHS

- **Mission**: To reduce the impact of substance abuse and mental illness on America’s communities.
- **Vision**: SAMHSA provides leadership and devotes its resources towards helping the nation act on the knowledge that:
  - Behavioral health is essential to health;
  - Prevention works;
  - Treatment is effective; and
  - People recover.

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SAMHSA Budget (FY 2016 Enacted) (Dollars in Thousands)

- SA Block Grant Prevention Set-Aside: **$371,616** or **10%**
- SA Block Grant (Treatment): **$1,486,463** or **40%**
- MH Block Grant: **$532,571** or **14%**
- CSAP Other: **$211,148** or **6%**
- CSAT Other: **$333,806** or **9%**
- CMHS Other: **$626,357** or **17%**
- Health Surveillance and Program Support: **$169,475** or **4%**

**Total SAMHSA: $3,731,436**

- Block Grant Funding: **$2,390,650** or **64 Percent**
- Other Funding: **$1,340,786** or **36 Percent**

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LEADING PUBLIC HEALTH EFFORTS TO ADVANCE THE BEHAVIORAL HEALTH OF THE NATION

**MAIN ROLES**
- Leadership & Voice
- Surveillance, Data Collection & Reporting
- Practice Improvement
- Public Awareness/Education
- Regulation/Guidelines
- Strategic Grant-Making

**STRATEGIC INITIATIVES**
- Prevention of Substance Abuse and Mental Illness
- Health Care and Health Systems Integration
- Trauma and Justice
- Recovery Support
- Health Information Technology
- Workforce Development
Integrating a trauma informed approach throughout health, behavioral health and related systems in order to reduce the harmful effects of trauma and violence on individuals, families and communities.

Utilizing innovative strategies to reduce the involvement of individuals with trauma and behavioral health issues in the criminal and juvenile justice systems.

In 2015, 55 million people—one out of five adults—met the criteria for a mental illness or substance use disorder. Only 39 percent of them received services.
Who do Americans say is responsible?

Who is responsible for the opioid crisis?

Which ONE of the following do you think is mainly responsible for the growing problem of prescription painkiller abuse?

- People who take prescription painkillers: 34%
- Doctors who inappropriately prescribe painkillers: 37%
- Pharmaceutical companies: 10%
- US Food and Drug Administration: 7%
- Don’t know/Refused to answer: 6%
- All equally: 4%
- Other/choose none: 2%

How should we address the problem?

Book them, or help them?

Do you think most people found possessing small amounts of one of the following drugs should serve jail time, or be placed in a treatment program without jail time?

- Prescription painkillers obtained without a prescription: 88% should serve jail time
- Heroin: 98% should serve jail time
- Crack cocaine: 64% should serve jail time
- Should be placed in a treatment center without jail time: 12%
Criminal justice involvement among noninstitutionalized adults with and without serious mental illness
21st Century Cures Act and Mental Health Reform Bill - Selected Provisions

Title 9, Promoting Access to Mental Health and Substance Use Disorder Care –
• Authorizes programs for Adult Suicide Prevention; Assertive Community Treatment; Crisis response; Jail Diversion; Assisted Outpatient Tx

Title 12, Medicaid Mental Health Coverage:
• Clarifies that Medicaid does not prohibit same day payment for mental health and primary care services

Sec 1003, Account for State Response to Opioid Abuses Crisis: $1B over 2 years to address treatment gap for States

Title 14, Mental Health and Safe Communities (DOJ)
• Amends Acts to allow for law enforcement training on crisis response, Assisted Outpatient Treatment, and Forensic Assertive Community Treatment

The Opioid Grant Provision

✓ Authorizes a new $1 billion grant program to combat the opioid crisis
✓ Establishes a Treasury Account and deposits $500M/year in FY 2017 and FY 2018
✓ Funds new State Targeted Response Cooperative Agreements
✓ Provides an additional $970 million for states and territories
✓ Applications due on February 17, 2017; Awards by mid-April; Launched by May

Medication Assisted Treatment: New Buprenorphine Regulation

July 2016: Final rule, “Medication Assisted Treatment for Opioid Use Disorders.”
• Allows physicians with waiver to prescribe buprenorphine for up to 100 patients for a year or more to obtain a waiver to treat up to 275 patients.
• Early 2017: Nurse practitioners (NPs) and physician assistants (PAs) able to submit applications to become buprenorphine waived as of early 2017.
SAMHSA’S Criminal Justice Programs and Activities

INTERCEPT ONE: LAW ENFORCEMENT

Early Diversion Grant Program
• Three year grant program: 2013-16
• Collaborative partnerships between law enforcement and behavioral health providers to prevent arrest
• Three grantees
  – Boulder County Sheriff’s Department
  – The Connecticut Department of Mental Health and Addiction Services (DMHAS)
  – Tennessee Department of Mental Health and Substance Abuse Services (TDMHAS)

INTERCEPTS 2 AND 3: TREATMENT COURTS

• Behavioral Health Treatment Court Collaboratives
• Adult Treatment Courts
• Adult Tribal Healing to Wellness
• Juvenile Treatment Drug Court

➢ Use of MAT
  – SAMHSA Treatment Drug Court grantees are encouraged to use up to 20% grant award for MAT
INTERCEPT 4 AND 5:
OFFENDER REENTRY PROGRAM

• Substance use treatment services & recovery supports for individuals re-integrating into communities

• Includes funding for MAT & Trauma Informed Approaches with Justice Involved Individuals

ASSISTED OUTPATIENT TREATMENT

AOT is defined as “medically prescribed mental health treatment that a patient receives while living in a community under the terms of a law authorizing a state or local court to order such treatment.”

ReCAST Grant: Resiliency in Communities After Stress and Trauma

• Baltimore, MD
• Bexar County, TX
• City of Chicago, IL
• City of Flint, MI
• Minneapolis, MN
• City of Oakland, CA
• County of St. Louis, MO
• Milwaukee, WI
21st Century Cures Act and the Sequential Intercept Model

Partnering with National Initiatives

- Data Driven Justice
- Stepping Up
- One Mind
- Spark - Optum

Publications and Resources

https://www.samhsa.gov/gains-center
https://www.samhsa.gov/sites/default/files/topics/criminal_juvenile_justice/reentry-resources-for-consumers-providers-communities-states.pdf
Other HHS Activities and Resources

New Medicaid guidance (April 2016)
Clarifies that individuals who are currently on probation, parole or in home confinement are not considered inmates of a public institution.

Extends coverage to Medicaid-eligible individuals living in community halfway houses where they have freedom of movement.

New HIPAA guidance (October 2016)
Clarifies if a covered entity may collect, use, and disclose criminal justice data under HIPAA.

Re-Entry Community Linkages (RE-LINK) Program
OMH U S Department of Health and Human Services Office of Minority Health

Children of Incarcerated Parents
Federal Website

SAMHSA
Behavioral Health is Essential To Health
Prevention Works
Treatment is Effective
People Recover