

SAMHSA-Region 5 Update: Indiana Council

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SAMSHA Region 5, IPA

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

Indianapolis, IN
February 9, 2023



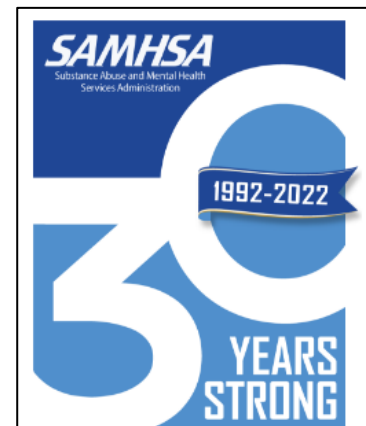
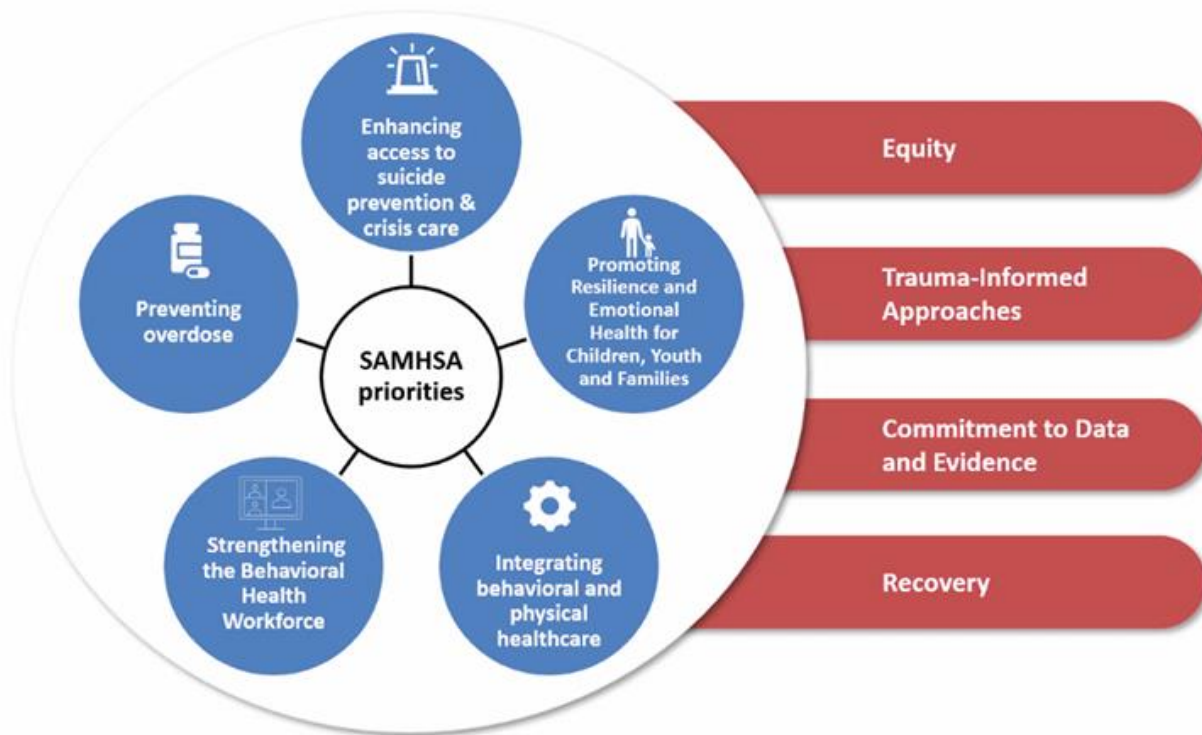
SAMHSA
Substance Abuse and Mental Health
Services Administration

Overview

- SAMHSA Priorities & Principles
- Key areas of Common Priority and Impact: Workforce, Prevention, Recovery, Crisis Continuum & 988, Certified Community Behavioral Health Centers (CCBHCs)
- SAMHSA Resources: Grants and Technical Assistance



SAMHSA Priorities and Cross-Cutting Principles



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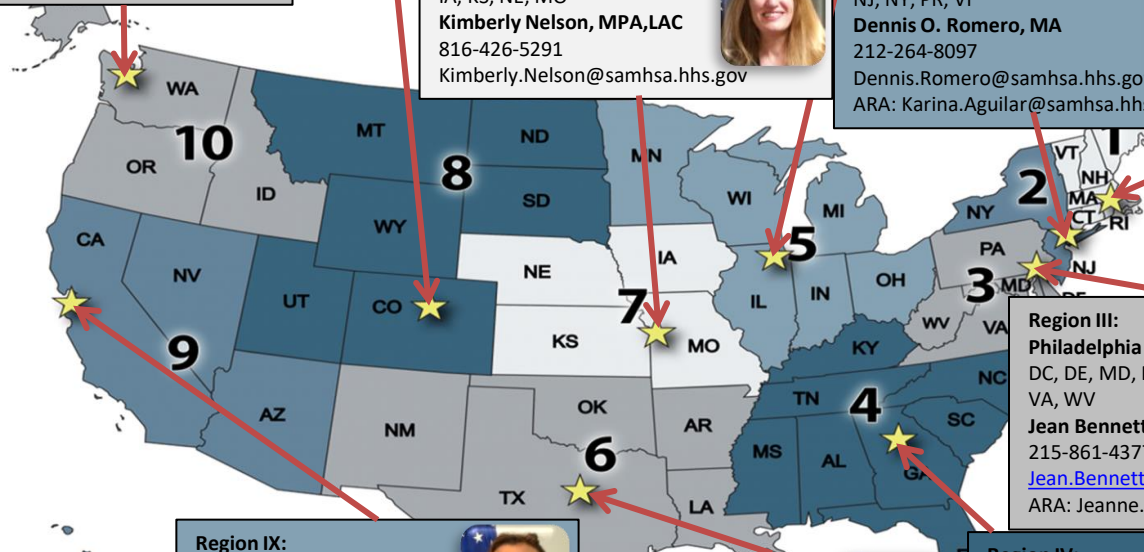
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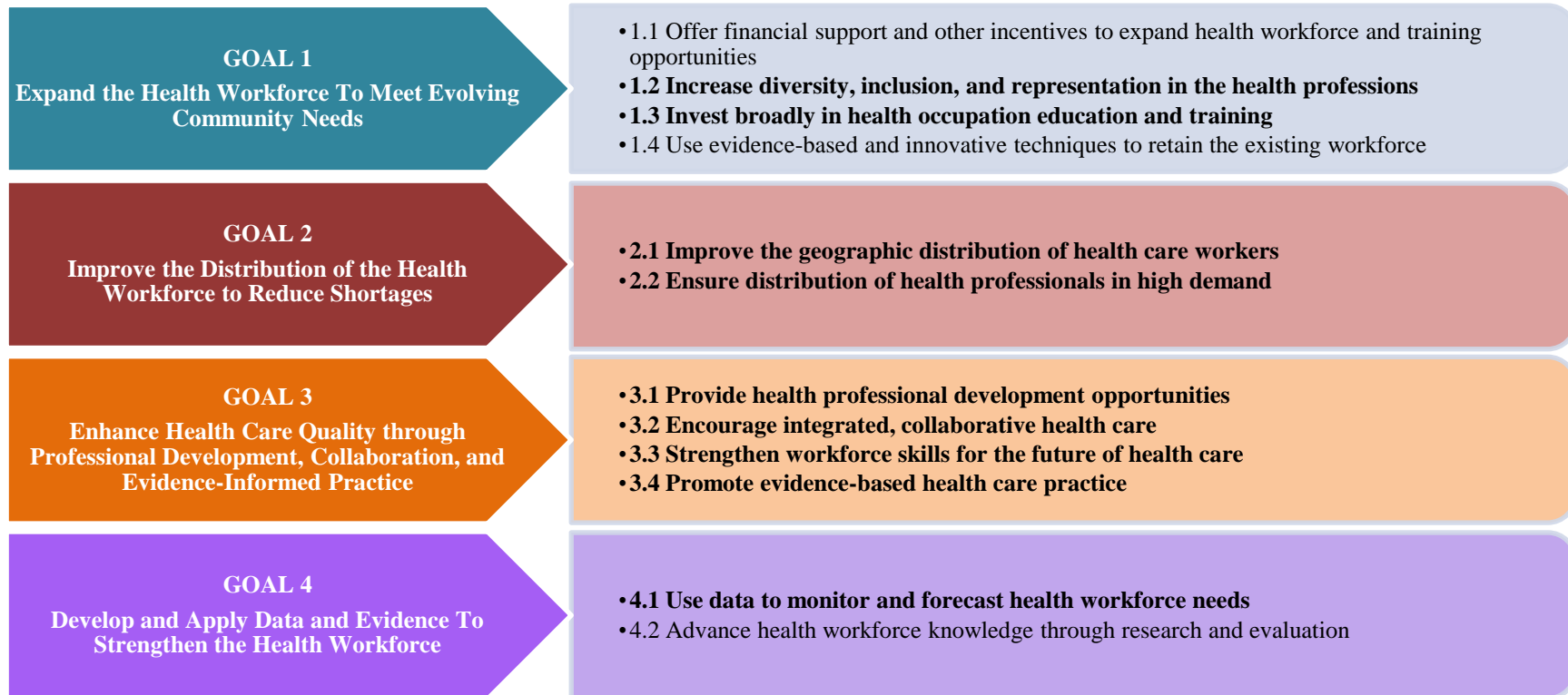
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STRENGTHENING THE WORKFORCE

HHS Health Workforce Strategic Plan Goals and Objectives



Macro-level solutions

- Decrease demand through prevention
- Increase the number of behavioral health clinicians and Peers
- Increase availability of technologies that can “extend” the reach of clinicians

Business of Behavioral Health Delivery is Changing

Trends we are watching:

- Increased Integration of Behavioral Health and Primary Care – maintenance of specialty care system
- Increased demand for “convenient” access
- Increased development of Digital Therapeutics/Mobile Apps
- Increase of Interstate Compacts
- State-level bonuses for health care workers

Centers of Excellence for Behavioral Health Disparities

The purpose of these CoEs is to develop and disseminate training and technical assistance for healthcare practitioners on issues related to addressing behavioral health disparities. The centers will implement training and technical assistance for practitioners to address the disparities in behavioral healthcare in key populations:



African American Behavioral Health
CENTER OF EXCELLENCE

- National Center of Excellence on Social Media and Mental Wellness (new)



CENTER

Center of Excellence for
Behavioral Health Disparities in Aging

- Asian American, Native Hawaiian & Pacific Islander Behavioral Health Center of Excellence (new)



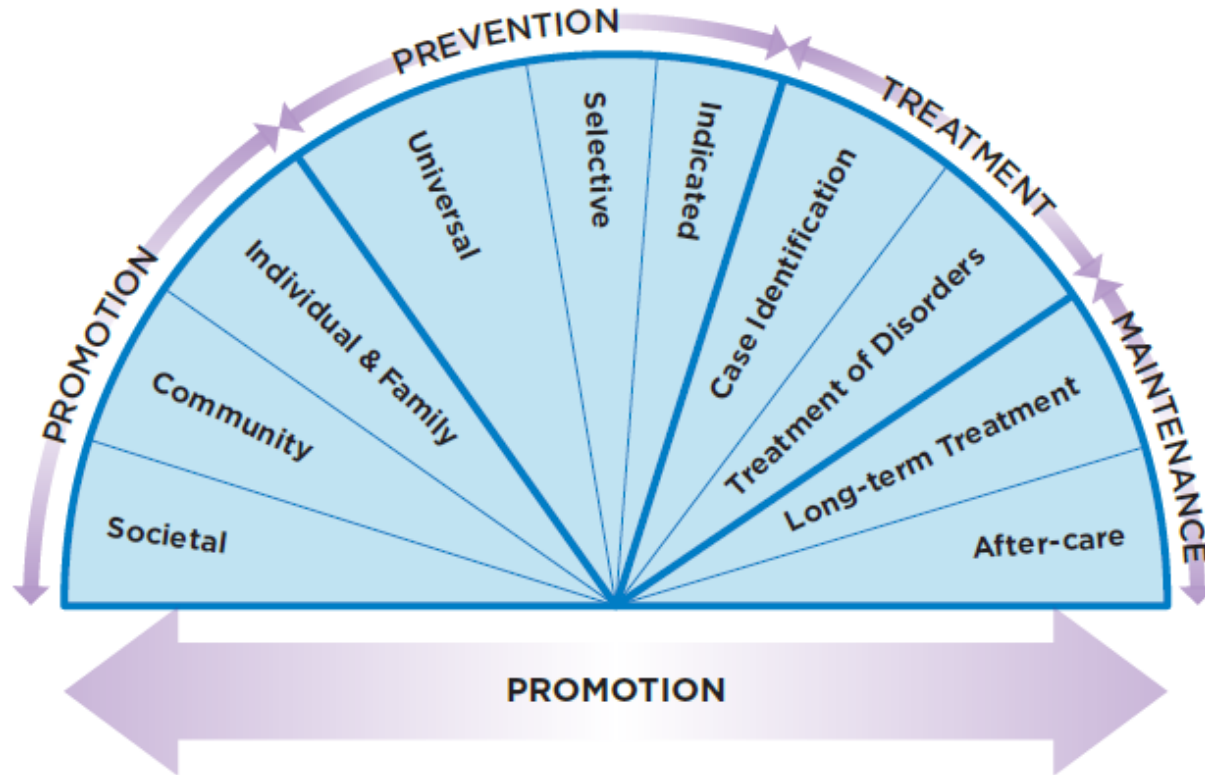
CENTER of EXCELLENCE
LGBTQ+ BEHAVIORAL HEALTH EQUITY

PREVENTION

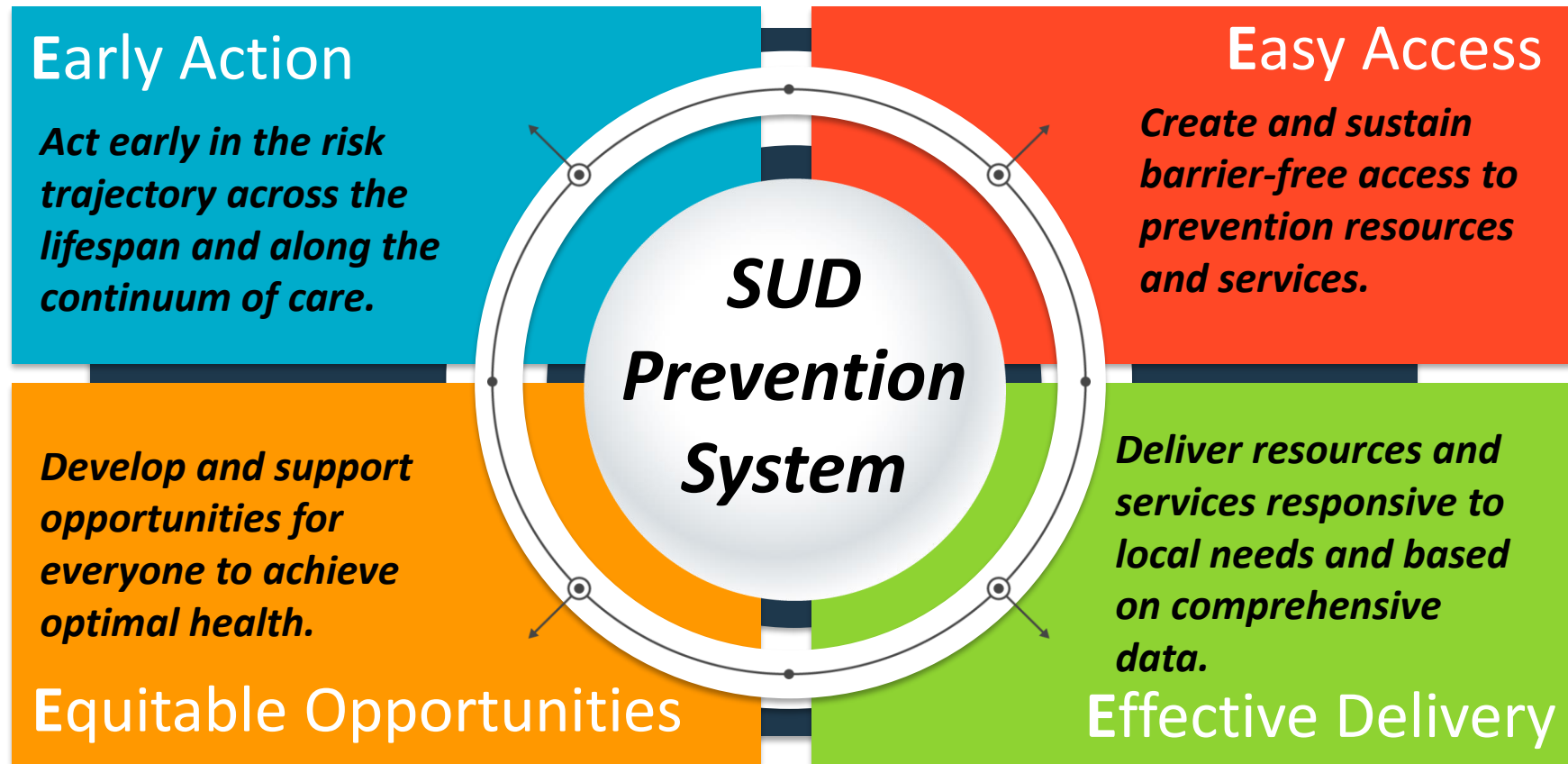
Build on Touchpoints Across the Behavioral Health System



Prevention System Across the Lifespan & Care Continuum



Develop a Modern and Comprehensive Prevention System (4Es)



OVERDOSE PREVENTION

Focus on Overdose

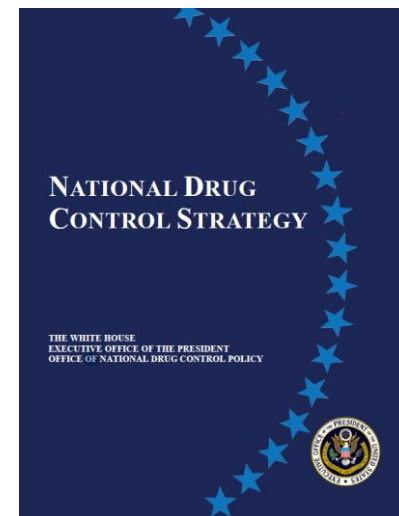
HHS Overdose Prevention Strategy



<https://www.hhs.gov/overdose-prevention/>

President Biden's Unity Agenda

- Universal access to MOUD by 2025
- Harm reduction services as a federal drug policy priority



FACT SHEET: Addressing Addiction and the Overdose Epidemic

MARCH 01, 2022 • STATEMENTS AND RELEASES

<https://www.whitehouse.gov/wp-content/uploads/2022/04/National-Drug-Control-2022Strategy.pdf>

SAMHSA
Substance Abuse and Mental Health
Services Administration

Overdose Prevention Priority Areas



- MOUD Expansion
- Methadone Modernization
- Naloxone saturation

State specific
discretionary
grant
programs

State and
Tribal Opioid
Response
Grants

Substance Use
Prevention,
Treatment,
Recovery Block
Grant

MOUD Expansion as a Tool and a Connector

In
correctional
Settings



In harm
reduction
programs



Across
specialty
addiction
treatment
settings



In CCBHCs



Buprenorphine Access and SUD Education Policy Changes

On December 29, 2022, the President signed into law H.R. 2617, the “Consolidated Appropriations Act, 2023.”

Mainstreaming Addiction Treatment (MAT) Act	Medication Access and Training Expansion Act (MATE)
Removes the DATA-2000 Waiver to prescribe buprenorphine	Requirement for a non-recurring, 8-hour training on substance use disorder for practitioners renewing or applying for registration from the DEA
Deliver a report to Congress assessing the impact of the elimination of the waiver program	Exceptions for board certification in addiction or recent graduate education with training

Implementation of MAT and MATE requires close collaboration and coordination between the DOJ/DEA and HHS/SAMHSA

Part 8 Opioid Treatment Program NPRM Public Comment Period

December 16, 2022 - February 14, 2023

<https://www.federalregister.gov/public-inspection/2022-27193/medications-for-the-treatment-of-opioid-use-disorder>

SCHOOL BASED PREVENTION

Realities of Youth Today

- Nearly 35 percent of individuals ages 12–20 have consumed alcohol at some point in their lives.
- Approximately 3.4 million underage youth reported binge drinking in the past 30 days in 2020.
- Less than 5 percent of young people (12-17) receive needed substance use treatment, and only 49 percent of young people receive needed mental health services.
- Barriers to care are especially challenging within underserved communities.

Priority Populations

Life Course Reasons to Focus on Adolescents



- People who start using under age 15 use 60% more years than those who start over age 18
- Entering treatment within the first 9 years of initial use leads to 57% fewer years of substance use than those who do not start treatment until after 20 years of use
- Relapse is common and it takes an average of 3 to 4 treatment admissions over 8 to 9 years before half reach recovery
- Of all people with abuse or dependence $\frac{2}{3}$ rds do eventually reach a state of recovery
- Monitoring and early re-intervention with adults has been shown to cut the time from relapse to readmission by 65%, increasing abstinence and improving long term outcomes

Source: Dennis et al., 2005, 2007, 2012; Scott & Dennis 2018

Student Assistance Services – SUD Prevention & MH Promotion

- Provide a prominent and effective means to address substance use and mental health concerns through prevention, early intervention, treatment, and ongoing recovery support in K–12 school settings; and
- Integrate trained personnel into schools to support and enhance the work of school faculty, as well as provide a range of services to students.



Alignment of Public Health Messaging and Interventions



National Adult Oriented Campaign



**Parents &
Caregivers**



**Schools &
Educators**



**Community
Members**

GET INFORMED. BE PREPARED. TAKE ACTION.

National Media Campaign Goals

#1

Get
Informed

#2

Be
Prepared

#3

Take
Action

1. Increase parents', Schools, and Community **awareness of the prevalence and risk** of underage drinking and other drug use;
2. Equip parents', schools, and communities with the **knowledge, skills, and confidence** to prevent underage drinking and other drug use; and
3. Increase parents', schools, and community **actions to prevent underage drinking and other drug use.**



SAMHSA Prevention Workforce Resources



PTTC

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

1. Prevention Core Competencies training curriculum **(new)**
2. Prevention Fellowship Program **(new)**
3. Prevention Certification Matrix **(new)**
4. Partnering with CADCA's Coalition Business Administration Training **(new)**
5. **Voices of Youth initiative** - Targeted pilot effort with CADCA, and HOSA-Future Professionals student organization, which is focused on youth-led strategic planning for prevention. **(new)**
6. **Harm Reduction TA Center** - Best practices and innovations
7. **Student Assistance Tools** – Provide resources for teachers, administrators, and other school professionals to prevent underage drinking and other substance use via the *Talk. They Hear You.* campaign.

SAMHSA RECOVERY AGENDA

SAMHSA National Recovery Agenda: Purpose

To forge partnerships to support all people, families and communities impacted by mental health and/or substance use conditions to

- ❖ pursue recovery,
- ❖ be resilient and
- ❖ achieve wellness.

SAMHSA National Recovery Agenda Goals

Inclusion

Equity

Peer Services

Social Determinants

Wellness

Operating Principles and Values

Hope: Recovery emerges from hope and is the catalyst of the recovery process.

Person Driven: Self-determination and self-direction are the foundations for recovery.

Many Pathways: Pathways are built on individual's unique needs and highly personalized.

Holistic – Recovery encompasses an individual's whole life including mind, body, spirit, and community.

Peer Support: Sharing of experiential knowledge and skills play an invaluable role in the process.

Relational: An important factor is the presence and involvement of people who believe in an individual's ability to recover

Culture: Culture and cultural background including values, traditions, and beliefs are key for a person's journey to recovery.

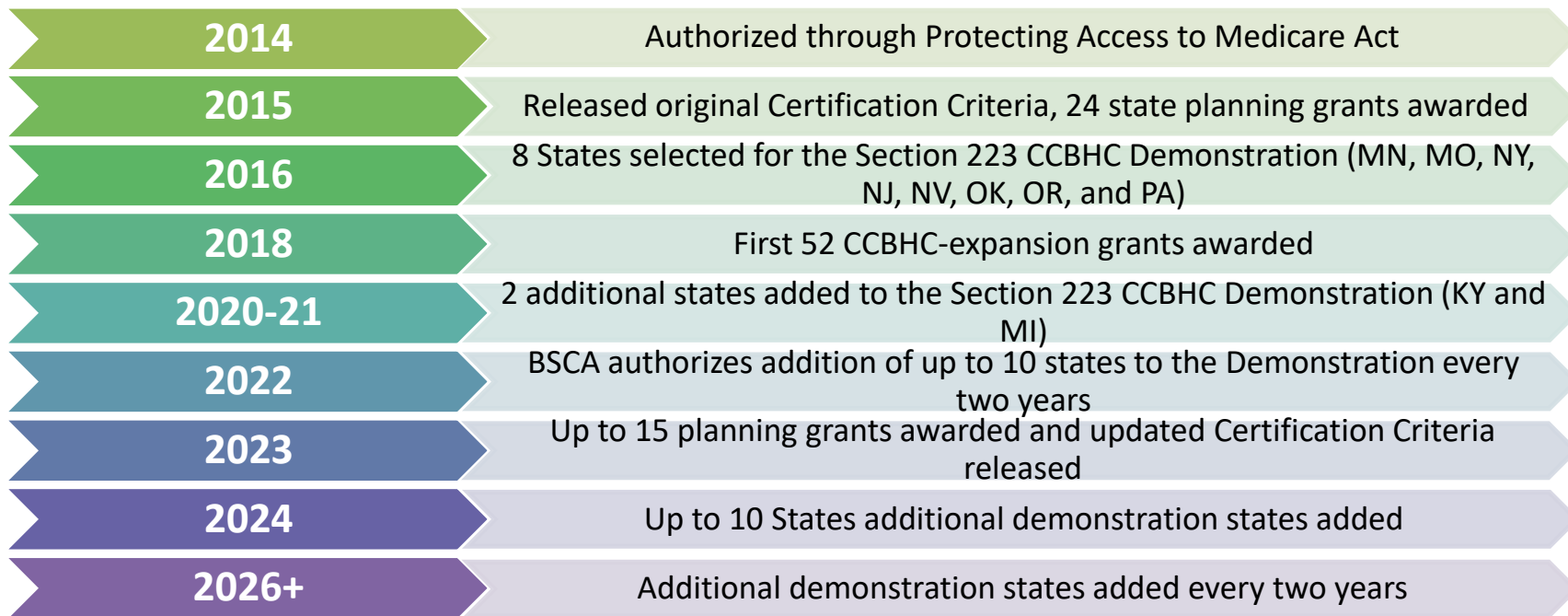
Addresses Trauma: Supports should be trauma-informed to foster safety and trust.

Strengths and Responsibilities: Individuals, families and communities have strengths and resources that serve as a foundation for recovery.

Respect: Community, systems and societal acceptance and appreciation including rights and eliminating discrimination are crucial in achieving recovery.

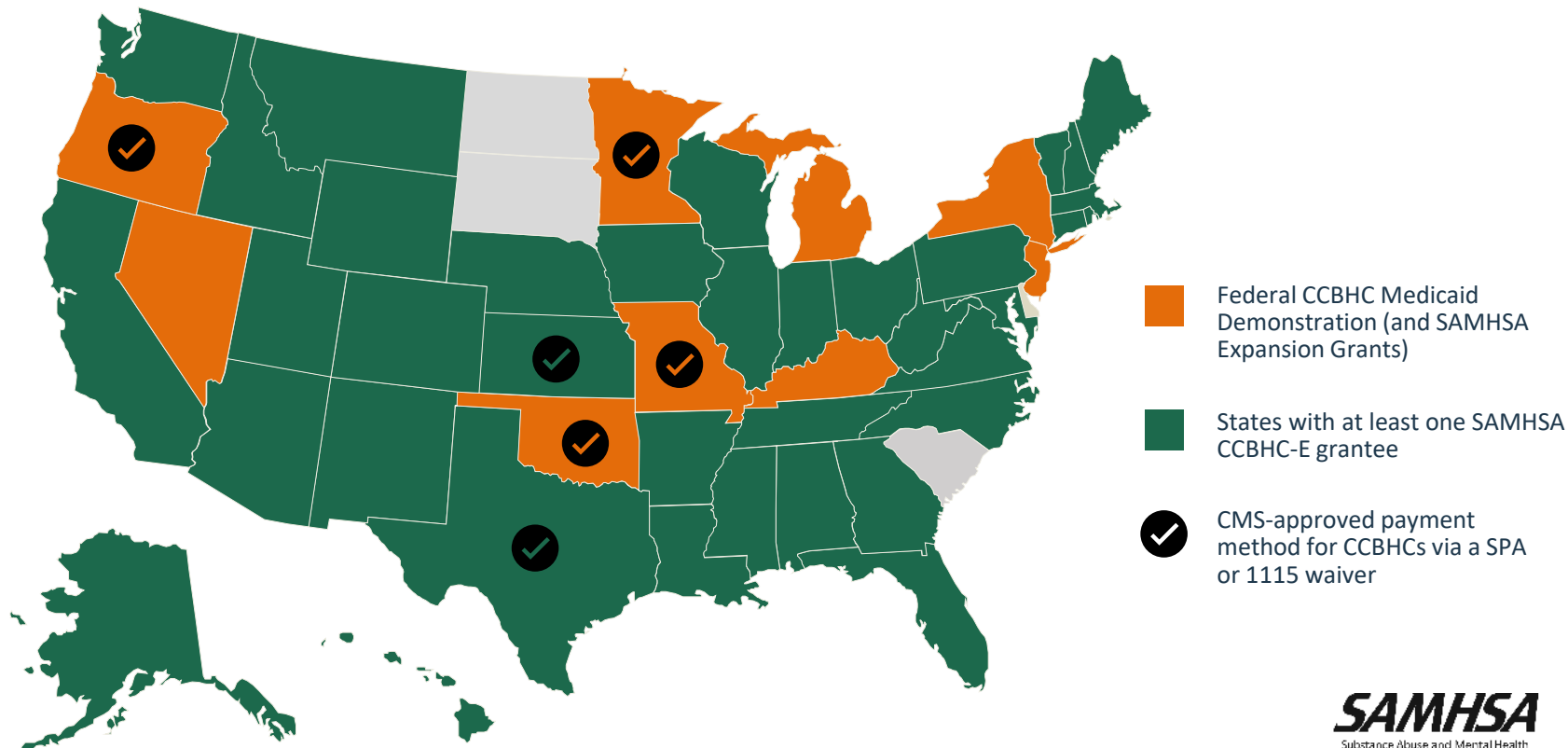
CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC)

CCBHC History



CCBHCs Across the United States (as of Sept 30, 2022)

There are currently over 500 CCBHCs across 46 states, two territories, and the District of Columbia



Region 5 CCBHCs

Illinois

20 Expansion Grants

Passed State CCBHC Legislation*

Indiana

20 Expansion Grants

Passed State CCBHC Legislation*

Michigan

33 Expansion Grants

13 Demonstration CCBHCs

4 CCBHCs with both

Minnesota

10 Expansion Grants

6 Demonstration CCBHCs

Ohio

23 Expansion Grants

Wisconsin

1 Expansion Grant



Federal CCBHC Medicaid Demonstration (and SAMHSA Expansion Grants)



States with at least one SAMHSA CCBHC-E grantee

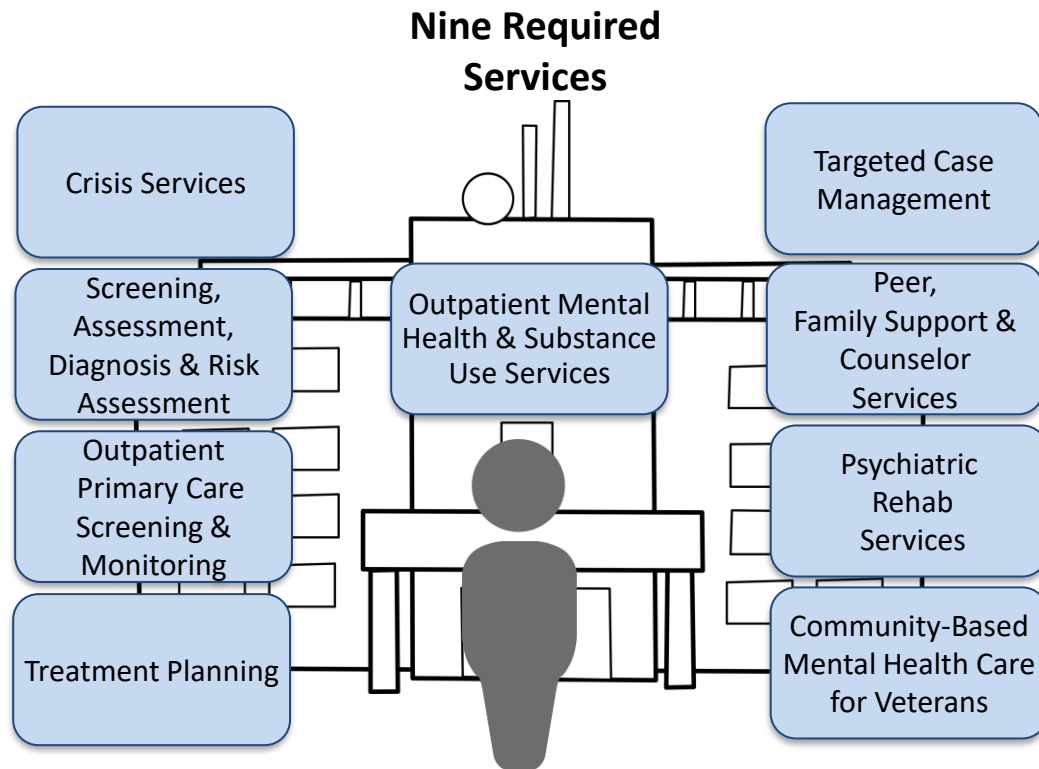


CMS-approved payment method for CCBHCs via a SPA or 1115 waiver

*Legislation means state is in the process of studying or implementing statewide CCBHC program
Note: these numbers do not include CCBHCs participating in state programs separate from the Demonstration and expansion grants.

Structure of the Certification Criteria

1. **Staffing:** Staffing standards informed by local needs
2. **Availability and Accessibility of Services:** 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
3. **Care Coordination:** Care coordination requirements across services and providers and health information technology infrastructure
4. **Scope of Services:** Nine required services
5. **Quality and Other Reporting:** Quality measures and quality improvement plan
6. **Organizational Authority and Governance:** Consumer representation in governance, appropriate state accreditation



The current criteria are available at:

https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

State Process for Joining the CCBHC Demonstration

- 1-year planning grants starting in March 2023 (up to 15 states) – applications were due in December
- States will have another chance to apply in 2025
- 10 states will be selected and be able to begin CCBHC program by July 1, 2024.
- These states will have 4-year demonstration period under current law (the demonstration period for the original 8 states has been extended 10 times).
- In the State Demonstration Program.
 - CCBHCs Receive cost-based reimbursement through a prospective payment (states choose a daily or monthly encounter rate)
 - The state receives an enhanced FMAP (the CHIP rate)

A woman with dark, curly hair and a nose ring is looking out a window. The window reflects a city skyline with a tall building and some greenery. The scene is bright and sunny.

988

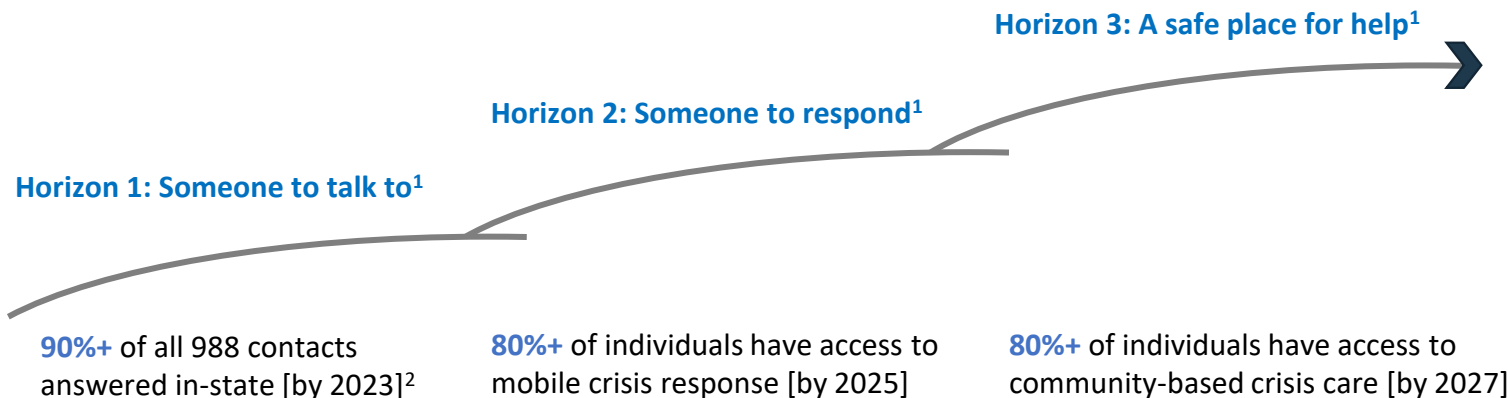
**SUICIDE
& CRISIS
LIFELINE**

SAMHSA 5 Year Vision – 988 and a fully resourced crisis care system

Mission

Transform America's behavioral health crisis care system to one that saves lives by serving anyone, at any time, in a seamless way, from anywhere across the nation

5-Year Vision



The vision above is intended to highlight short-term targets – our longer-term aspiration involves scaling crisis services nationwide to support all individuals in crisis. In addition, while it may take longer to build some parts of the crisis system than others, investments must be made simultaneously across all crisis services.

1. Inclusive of intake, engagement, follow-up, and longer-term supports

2. Proportion may differ with chat/text vs. calls; "contacts answered" is defined as connected with a trained responder

*SOURCE: SAMHSA External Convening on 988 Readiness, Spring 2022

988 goals and near-term strategic objectives

SAMHSA goals

1. Strengthen and enhance Lifeline

Example strategic objectives for 2023

- **Improved 988 Lifeline performance** (e.g., quality, increasing call answer rates for English & Spanish above 90%)
- Growing the **percentage of 988 Lifeline contacts answered locally**, specifically chat and text
- **Activation of Spanish chat / text** and **video-based services for deaf / hard-of-hearing**
- **Expanded awareness of 988**, particularly among underserved communities
- Expanded **988 partnerships** that better support **underserved communities** (e.g., Tribal, LGBTQI+)

2. Transform and strengthen broader crisis care continuum

- Launch of **national technical assistance center** for crisis services
- **National strategy for behavioral health crisis services**, outlining whole-of-government approach and potential actions that private/public/non-profit sector partners can take to support long-term goals
- **Evaluation model for crisis services nationwide**, in partnership with ASPE
- **Baseline metrics for measuring success**
- **Guidance on financing & workforce strategies** for states, territories and tribes

The 988 Lifeline data for December 2022, showed an **increase** in overall volume compared to December 2021. December 2022 includes contacts from the LGBTQ+ Pilot.

The 988 Lifeline answered **172,164** more contacts (calls, chats and texts) and significantly improved how quickly contacts were answered.

The average speed to answer across all contacts decreased from **172** seconds to **44** seconds.

In December 2022 vs. December 2021, calls answered increased by **48%**, chats answered increased by **263%**, and texts answered increased by **1445%**.

Grants & Technical Assistance

SAMHSA GRANTS 2022--Indiana

Formula Funding

Substance Abuse Prevention and Treatment Block Grant	\$34,062,891
Community Mental Health Services Block Grant	\$16,334,378
Projects for Assistance in Transition from Homelessness (PATH)	\$1,011,895
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	\$625,258
Subtotal of Formula Funding	\$52,034,422

Discretionary Funding

Mental Health	\$25,804,181
Substance Abuse Prevention	\$1,325,311
Substance Abuse Treatment	\$35,095,634
Flex Grants	\$575,000
Subtotal of Discretionary Funding	\$62,800,126

Total Funding

Total Mental Health Funds	\$43,775,712
Total Substance Abuse Funds	\$70,483,836
Total Funds	\$114,259,548

[Sign up for Email-Grant Updates](#)

[Link to 2023 Forecasted Grant Opportunities](#)

Practitioner Training

[Link to TA Resources-Practitioner Training](#)

SAMHSA's practitioner training offers tools, training, and technical assistance to practitioners in the fields of mental health and substance use disorders.



Technology Transfer Centers (TTC) Program

The purpose of the Technology Transfer Centers (TTC) is to develop and strengthen the specialized behavioral healthcare...



Opioid
Response
Network
STR-TA



State Targeted Response Technical Assistance (STR-TA)

SAMHSA awarded the State Opioid Response – Technical Assistance grant to the American Academy of Addiction Psychiatry...



Providers
Clinical Support
System

Providers Clinical Support System (PCSS)

Providers Clinical Support System (PCSS) is a national training and clinical mentoring project developed in response to...



Clinical Support System for Serious Mental Illness (CSS-SMI)

This initiative supports the use and implementation of evidence-based screening and treatment for serious mental...



Suicide Prevention Resource Center

Suicide Prevention Resource Center (SPRC)

The Suicide Prevention Resource Center (SPRC) provides a virtual learning lab designed to help state- and community-...



Rural Opioid Technical Assistance (ROTA)

The purpose of this program is to develop and disseminate training and technical assistance for rural communities on...

Practitioner Training & Technical Assistance (TA)

Additional Practitioner Training



African American Behavioral Health
CENTER OF EXCELLENCE

African American Behavioral Health Center of Excellence

Responding to the urgent need for greater equity and effectiveness in behavioral health services for African Americans...



Asian American, Native Hawaiian, and Pacific Islander Behavioral Health Center of Excellence (AANHPI-CoE)

The purpose of this Center of Excellence (CoE) is to advance the behavioral health equity of AA, NH, and PI...



Bringing Recovery Supports to Scale Technical Assistance Center Strategy

Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) advances effective recovery...



Center of Excellence for Building Capacity in Nursing Facilities to Care for Residents with Behavioral Health Conditions

This Center is expected to support focused resource development and dissemination, training and



Center of Excellence for Protected Health Information (CoE-PHI)

Cicatelli Associates Inc. in partnership with the Legal Action Center (LAC) received a five years grant from SAMHSA in...



Center of Excellence on Social Media and Mental Wellbeing (SMMW-CoE)

This Center is expected to develop and disseminate information, guidance, and training on the impact of children and...

Practitioner Training & TA-continued



Disaster Technical Assistance Center (DTAC)

SAMHSA DTAC helps states, U.S. territories, tribes, and local providers plan for and respond to mental health and...



Engage, Educate, Empower for Equity: E4 Center of Excellence for Behavioral Health Disparities in Aging

The mission of the E4 Center is to engage, empower, and educate health care providers and community-based organizations...



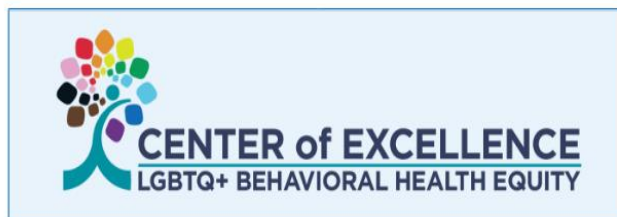
GAINS Center for Behavioral Health and Justice Transformation

The GAINS Center focuses on expanding access to services for people with mental and/or substance use disorders who come...



Homeless and Housing Resource Center

The Homeless and Housing Resource Center (HHRC)



LGBTQ+ Behavioral Health Equity Center of Excellence



National Center of Excellence for Eating Disorders (NCEED)

Practitioner Training & TA-continued

Integrated Health Solutions

National Center of Excellence for Integrated Health Solutions

This Center is the home of the newest evidence-based resources, tools and support for organizations working to...



National Center of Excellence for Tobacco-Free Recovery (National Center-TFR)

SAMHSA awarded a five-year grant to the Smoking Cessation Leadership Center at UCSF to establish the National Center...



National Center on Substance Abuse and Child Welfare



National Center on Substance Abuse and Child Welfare (NCSACW)

NCSACW is a national resource center providing information, expert consultation, training and technical assistance to...



**NATIONAL FAMILY SUPPORT
TECHNICAL ASSISTANCE CENTER**
Providing Family Support Across the Lifespan

National Family Support Technical Assistance Center (NFSTAC)

The National Family Support Technical Assistance Center (NFSTAC) is the nation's first Substance Abuse and Mental...



National Institutes of Health (NIH) Training Resources

As the nation's medical research agency, the National Institutes of Health (NIH) offers multiple training opportunities.



National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC)

NTTAC provides states, tribes, and communities with training and technical assistance (TTA) on children's behavioral...

Practitioner Training & TA-continued



Peer Recovery Center of Excellence

The Peer Recovery Center of Excellence is a peer-led national center that provides training and technical assistance...



Provider's Clinical Support System-Universities (PCSS-Universities)

The purpose of this program is to expand/enhance access to medication-assisted treatment (MAT) services for persons...



Rural Opioid Technical Assistance Regional Centers (ROTA-R)

The purpose of the ROTA-R is to develop and disseminate training and technical assistance addressing opioid and...



Service Members, Veterans, and their Families Technical Assistance (SMVF TA) Center

SAMHSA's SMVF TA Center serves as a national resource to support states, territories, and local communities in...



SSI/SSDI Outreach, Access, and Recovery (SOAR)

SSI/SSDI Outreach, Access, and Recovery (SOAR) increases access to Social Security disability benefits for people...



Tribal Training and Technical Assistance Center

The Tribal Training and Technical Assistance (TTA) Center offers TTA on mental and substance use disorders, suicide...

Thank You

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.

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