

Behavioral Health System Issues: Funding, Advocacy, Education

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National Dialogues on Behavioral Health
November 4, 2021

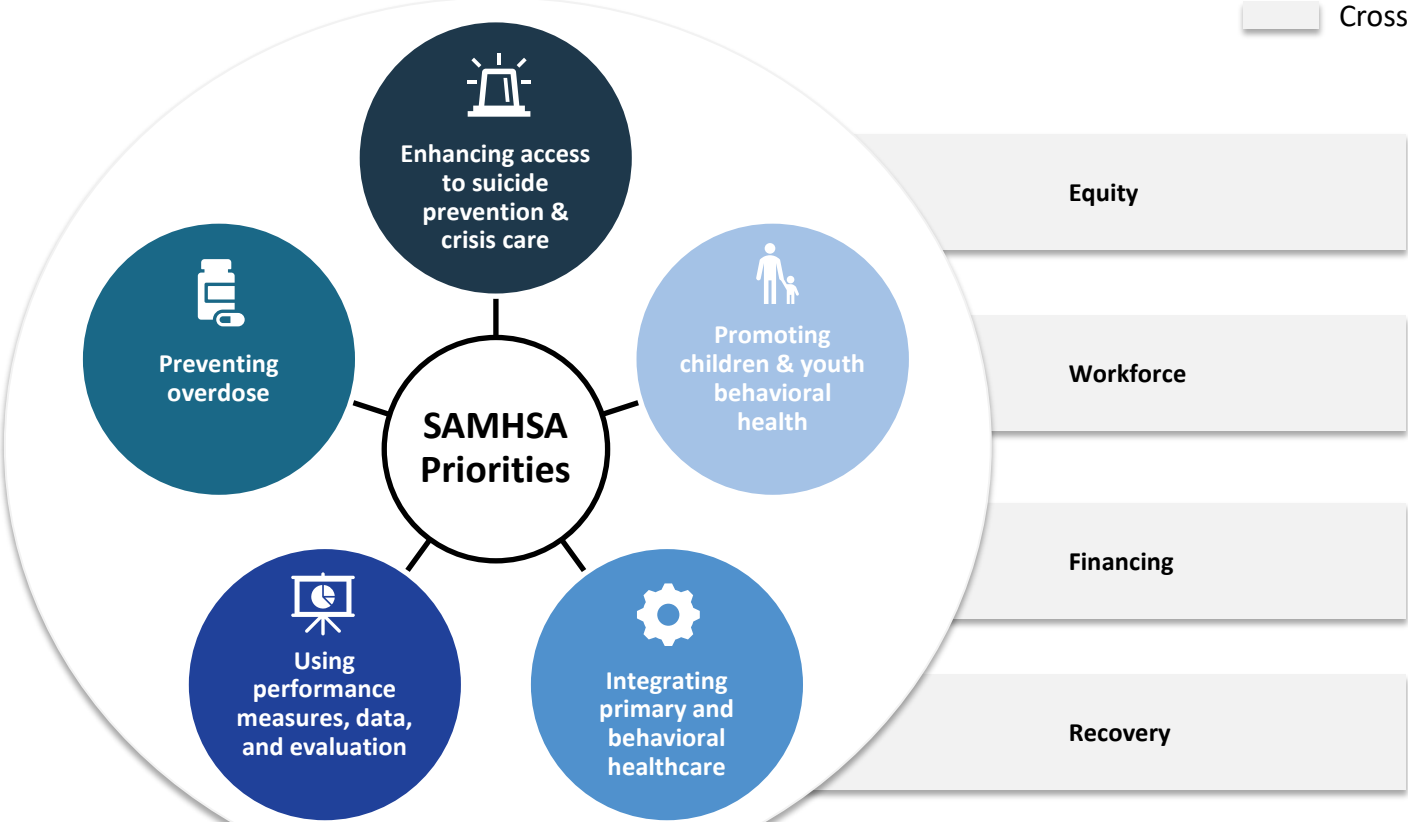


SAMHSA
Substance Abuse and Mental Health
Services Administration

Overview

- SAMHSA Priorities and Cross Cutting Principles
- Changing Behavioral Health Landscape
- Using Data To Inform Policies, Programs, and Tools
- Advancing Behavioral Health Equity

SAMHSA Priorities and Cross-Cutting Principles



The Future Is Seen In The Present

- The COVID public health emergency called for rapid change that has benefitted patients, providers and systems of care
- Innovative treatment and intervention modalities were rapidly rolled out
- The stress, isolation and limited access to resources that the public health emergency imposed on so many, saw behavioral health considerations assume a new importance
- The public health emergency demonstrated the importance of integrating mental health care into emergency and primary care services
- The general public unfortunately renewed their understanding of stress, fear and a lack of access
- Discussions using metrics and statistics became more commonplace

HHS Overdose Prevention Strategy



HHS.gov

Expanding Treatment: Medication-Assisted Treatment

- Medication Assisted Treatment (MAT) is an evidence intervention to treat opioid use disorder
 - It employs either methadone, buprenorphine or naltrexone in conjunction with counseling and other services to treat the ‘whole person’
- Grantees have shown innovation in the use of funds:
 - The Medication-Assisted Treatment - Prescription Drug and Opioid Addiction (MAT-PDOA) grant expands/enhances access to MAT services for persons with an opioid use disorder who seek or receive this treatment

Increasing MAT Access Through Patient Centered Approaches

The COVID public health emergency necessitated flexibility in the provision of methadone:

Stable patients may receive up to 28 days of medications and Less stable patients may receive up to 14 days of medication

45 states have utilized this flexibility

Flexibilities for the provision of buprenorphine at OTPs were also instituted:

An OTP may treat new and existing patients with buprenorphine via telehealth (including use of telephone, if needed)

An office-based buprenorphine provider may induct new patients with buprenorphine using a telehealth platform.

Impact at The Provider Level

In the COVID era, practitioners can now make treatment decisions that are more individualized, but inevitably are more complicated.

Equity in patient care may not be assured in the same way as it was pre-COVID-19. Implicit biases and previous experiences with patients, as well as patient co-morbidities, impact application of flexibilities.

Impact at The Patient Level

Extended take-home doses of Methadone allow clients to engage in recovery, employment and activities of daily living.

Though OTP daily attendance has benefits for patients who require a structured setting, increasing required OTP attendance can interrupt daily routines and serve as a barrier to treatment engagement.

Reducing Barriers to MAT access- Buprenorphine Practice Guidelines

Pre/Post -Counts of Change in Waiver Applications

NOTICE OF INTENT (WAIVER APPLICATIONS)						
	30	30E	100	275E	275	TOTAL
Pre Guideline Change(65 days before-2/21/21 to 4/26/2021)	1962	0	1491	75	300	3828
Post Guideline Change(65 days after-4/27/21 to 6/30/2021)	1350	3261	1666	73	276	6626
						10,454
* Guideline effective data April 28. 2021						

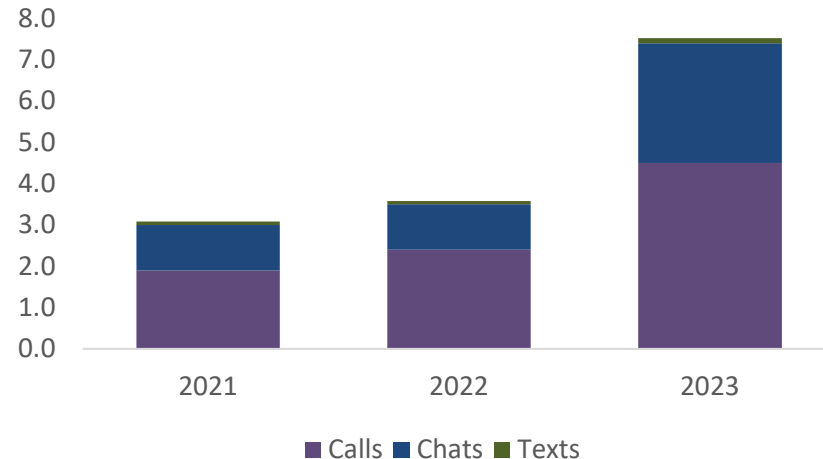
988/Lifeline Suicide Calls, Chats and Texts- Forecast

A: Background - behavioral health prevalence and trends

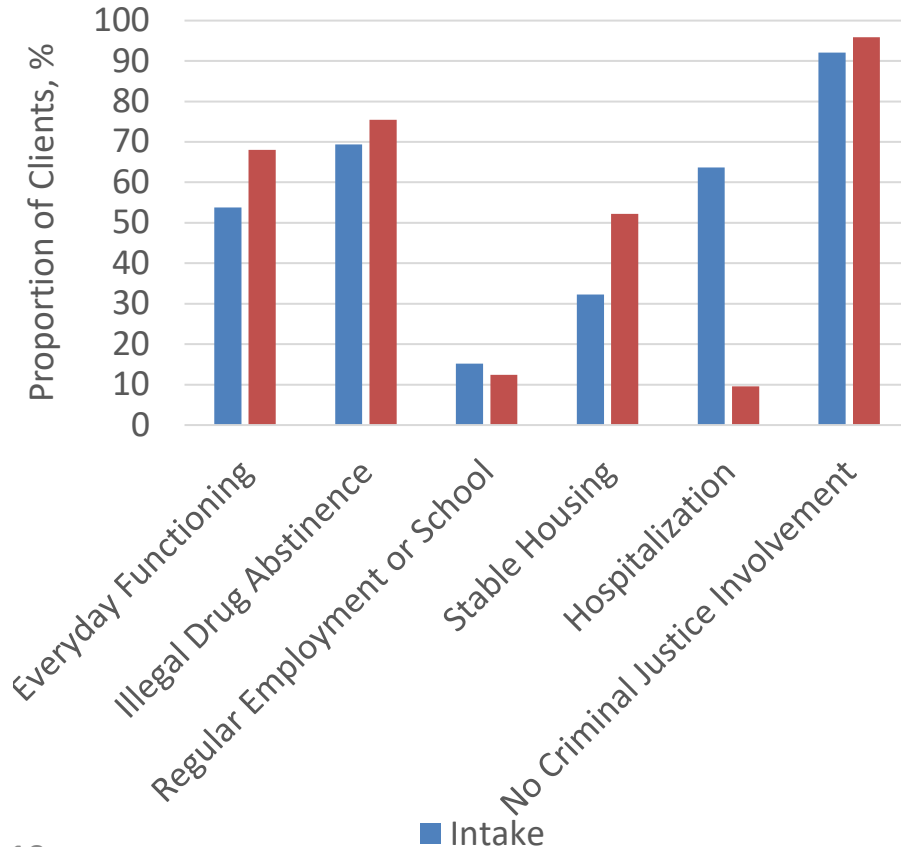
Prevalence

- In 2019, **61.2M** Americans had a mental illness and/or substance use disorder
- In 2019, there was **approximately one death by suicide every 11 minutes in the US**
- From 1999 through 2018, **the suicide rate increased 35%**
- Between 2019 and 2020:
 - **Drug overdose rates increased by over 29%**
 - Proportion of **mental health–related ER visits for children aged 12–17 years increased 31%**

B: Vision - 988 will strengthen the National Suicide Prevention Lifeline and transform America’s crisis care system



Certified Community Behavioral Health Clinics



CCBHC required Services

- Crisis Services
- Treatment Planning
- Screening Assessment, Diagnosis, and Risk Management
- Outpatient Mental Health and Substance Use Services
- Targeted Case Management
- Outpatient Primary Care, Screening, and Monitoring
- Community-Based Mental Health Care for Veterans
- Peer, Family Support, and Counselor Services
- Psychiatric Rehabilitation Services

Data Collected and Improved Performance

- Data comes from different sources

- Provider level
- Community
- State level
- Federal level
- Global level

- Data is obtained in different ways

- Surveys
- Trials/studies
- Health records
- Registries
- Aggregated databanks

Dataset	Discretionary Grant	National	State	Facility	Waiver
SPARS	X				
NSDUH		X	X		
BHSIS (5)		X	X	X	
DAWN		X		X	
PATH			X		
BWNS					X

- Data can be used in different ways

- Reporting
- Observations
- Scientific analysis

- What data do we need?

- Common metrics
- Person-centered
- System focused
- Easily reported
- Easily accessible

Data Collection



Mental Disorder Prevalence Study (MPDS)

Project goals:

- Determine the prevalence of severe mental disorders, such as schizophrenia, bipolar disorder, and psychotic disorders, in the adult U.S. population
- Determine the prevalence of substance use disorders in the adult U.S. population
- Include household and non-household populations (i.e., prisons, jails, psychiatric institutions, and homeless shelters)

Three-year cooperative agreement (2019-2022):

Grant Recipients: RTI, Duke University, University of Washington, Columbia University, University of Chicago, and Harvard University.

Methodology:

Data collection tool: Structured Clinical Interview for DSM-5 (SCI-DSM5) for both household and non-house populations.

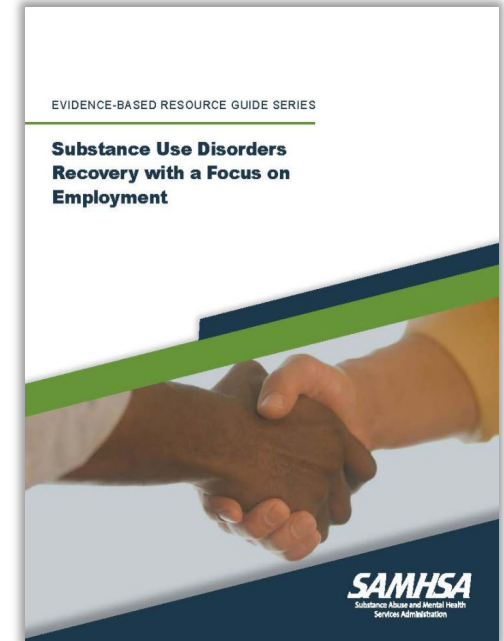
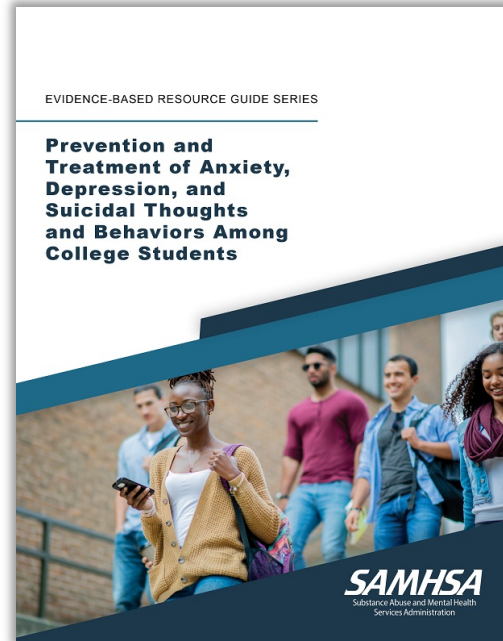
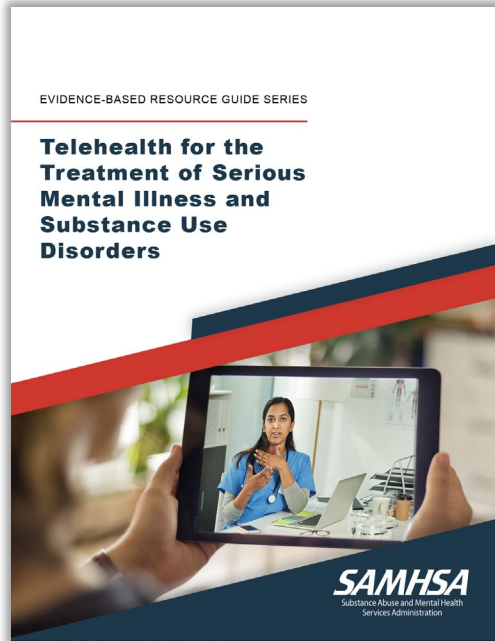
Data-Driven, Evidenced-Based Prevention Programs

Strategic Prevention Framework



- The Strategic Prevention Framework for Prescription Drugs (SPF-Rx) grant program:
 - In FY 2020 alone, grantees implemented 396 prevention strategies, including helplines, collaborations with medical boards to develop policies related to Prescription Drug Monitoring Program (PDMP) use, youth education programs, coalition building, substance-free social/recreational events, and screening and prevention assessment programs.
 - These efforts resulted in over 122,000 individuals being directly served and over 12 million indirectly served through media campaigns and widespread dissemination of educational materials.

Evidence-Based Guides



Evidence-Based Practices Resource Center

<https://www.samhsa.gov/resource-search/ebp>

Education and Funding To Promote a Robust Workforce



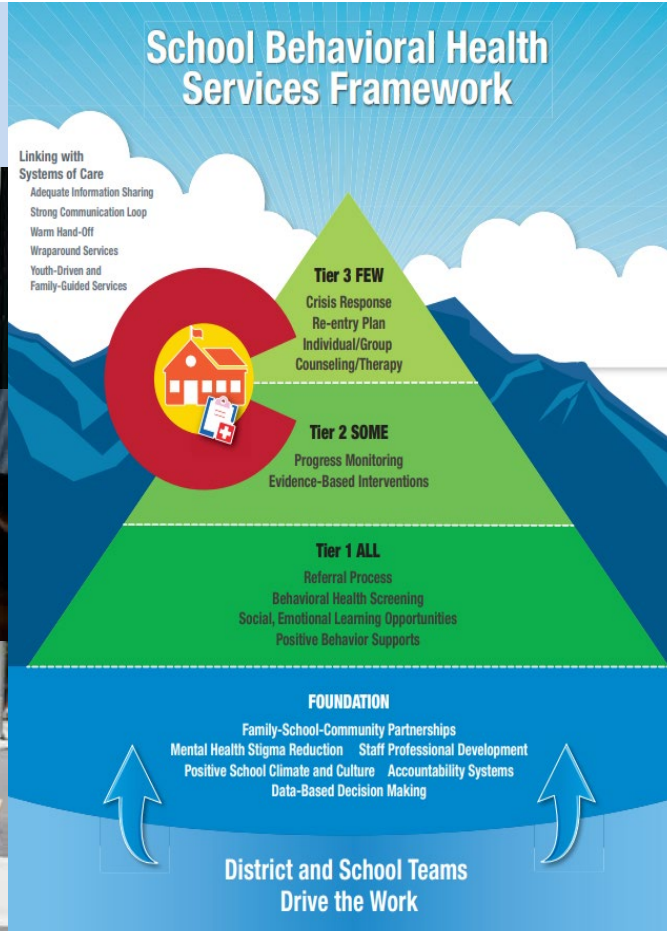
Minority Fellowship Program - increases the number of culturally competent (i) master's-level behavioral health professionals available to serve youth ages 16 to 25, (ii) the number of available master's-level addiction counselors, and (iii) doctoral-level professionals.

Technology Transfer Centers (TTC) Program - is responsible for developing and strengthening the specialized behavioral healthcare and primary healthcare workforce that provides prevention, treatment and recovery support services for substance use disorder (SUD) and mental illness.

- TTC is comprised of three networks: ***Addiction Technology Transfer Centers, Mental Health Technology Transfer Centers, Prevention Technology Transfer Centers***

AWARE: Advancing Wellness and Resiliency in Education

**46 states
are or have been
Aware grantees**



- The number of individuals referred to mental health or related services was 517,743
- The percentage of individuals receiving mental health or related services after referral was 69.5%
- Project AWARE grantees reported an average of 69.5% (N= 359,831) engagement in treatment among youth who were referred by Project AWARE grantees

OBHE Vision and Mission



OBHE Vision

For minority and disadvantaged communities across the country to achieve behavioral health equity

OBHE Mission

To reduce disparities in behavioral health by improving access to quality services and supports that enable these individuals and families to thrive, participate in and contribute to healthy communities

Behavioral Health Implementation Guide

The screenshot displays the HHS.gov website interface. At the top, the HHS.gov logo and 'U.S. Department of Health & Human Services' are visible. Below this is the OMH logo and 'U.S. Department of Health and Human Services Office of Minority Health'. A search bar and navigation links for 'En Español', 'Newsroom', and 'Contact Us' are present. The main navigation menu includes 'About OMH', 'Resource Center', 'Policy and Data', 'Cultural Competency', and 'Funding and Programs'. The 'Cultural Competency' section is active, showing a breadcrumb trail: 'OMH Home > Cultural Competency > National CLAS Standards'. The page title is 'The National CLAS Standards'. A sidebar on the left lists 'National CLAS Standards', 'Think Cultural Health', and 'Continuing Education'. The main content area features a banner with the 'THINK CULTURAL HEALTH' logo and a photograph of a doctor smiling with a young boy. Below the banner is the URL 'www.ThinkCulturalHealth.hhs.gov'.

BEHAVIORAL HEALTH IMPLEMENTATION GUIDE FOR THE NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH AND HEALTH CARE



Disparity Impact Statement (DIS)

A policy initiative that captures information provided by discretionary grantees 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)

Goals

- Build capacity
- Increase the visibility
- Highlight the unique role

Expected Outcomes

- Increasing awareness of CBOs and their unique role in behavioral health system
- Creating partnership with states, local jurisdictions and potential funders
- Building funding and staff capacity
- Establishing a platform for CBOs to inform policy and system

Advancing Behavioral Health Equity

Thank you!

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