Welcome to the 20th Annual Summer Institute

Illuminating Behavioral Health: Exploring New Pathways for Care and Inspiring Breakthroughs

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SAMHSA
The Substance Abuse and Mental Health Services Administration (SAMHSA): Innovation in the Federal Government

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Among those with a substance use disorder approximately:
- 3 IN 8 (36.4%) struggled with illicit drugs
- 3 IN 4 (75.2%) struggled with alcohol use
- 1 IN 9 (11.5%) struggled with illicit drugs and alcohol

Among those with a mental illness approximately:
- 1 IN 4 (24.0%) had a serious mental illness

- 7.6% (18.7 MILLION)
  People aged 18 or older had a substance use disorder

- 3.4% (8.5 MILLION)
  18+ HAD BOTH substance use disorder and a mental illness

- 18.9% (46.6 MILLION)
  People aged 18 or older had a mental illness

56.8 million adults are affected either by a mental disorder or substance use disorder.
SAMHSA: Predominant Role in Federal Service Delivery for Mental and Substance Use Disorders

Overview:
The Problem: Making a Federal Agency more responsive to the needs of Americans living with serious mental illness and their families
Small Agency/relatively small budget/hugely important issues with large needs

The Issues:
Needs of the Seriously Mentally Ill
• Addressing service needs of those with major mental disorders: psychotic disorders including schizophrenia, bipolar disorder, major depression
• Addressing the needs of our children at risk and living with mental disorders
• Addressing suicide: prevention interventions

Opioids Crisis
Rise of other problem illicit substances: marijuana, kratom, methamphetamine

Can the federal government be a source of innovation and rapid change?
SAMHSA: Predominant Role in Federal Service Delivery for Mental and Substance Use Disorders

Approach:
1. Develop and implement a new Strategic Plan that defines initiatives, goals, and sets course to successfully achieve those goals; engage SAMHSA staff in new approach
2. Engage stakeholders
   • Interdepartmental Serious Mental Illness Coordinating Committee
   • Communication through speaking events, stakeholder calls and meetings
3. Engage public
   • Develop resources to help those seeking assistance for mental and substance use disorders e.g.: Finding Quality Treatment advisory, SAMHSA Treatment Locator, Healthy Pregnancy/Healthy Baby Factsheets, Privacy TTC
   • Outreach to media to encourage recognition of SAMHSA and wide distribution of its resources
   • Outreach and establishment of liaisons with other HHS divisions and other federal government departments with a stake in mental health and substance use disorders
   • Be rapidly responsive to every request—get SAMHSA a place at the various tables to further agenda of addressing service needs of those with M/SUD
SAMHSA: Areas of Innovation

Addressing Parity through Practitioner Preparation: New approaches to training and technical assistance

- National special topic programs and regional programs
- Opioids TA to individual states
- School-based mental health programs/positive environments

Opioids

- Expansion of naloxone programs
- Requiring use of evidence based practices including MAT
- Recovery housing: departmental collaboration
- Expanding options for pregnant women with OUD
- Drug court use of MAT
- Expanding reach of offender re-entry programs
- DATA waiver training (PCSS MAT/PCSS Universities) and allied professionals pre-graduate training programs
- Psychotherapies aimed at engaging patients/assisting with abstinence establishment

Prevention

- Clinician training: SBIRT
- Outreach directly to Americans

Mental Health

- Right to treatment
- Suicide Prevention
- Bed Registries
- Integration of mental health services in schools
THE OPIOIDS CRISIS

Status and Strategy
Opioids Crisis

• 11.4 million Americans misusing opioids in 2017

• 2.1 million Americans with Opioid Use Disorder (OUD) (no change from 2016)

• 55% got treatment for heroin use disorder, 21% got treatment for prescription pain reliever use disorder

• Over 70,000 drug overdose deaths in 2017, 47,600 opioids-related deaths and 28,466 involved fentanyl

• There is much work to be done.....
## Synthetic Opioid Deaths Closely Linked to Illicit Fentanyl Supply

<table>
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<th>Behavior or experience</th>
<th>APR</th>
<th>95% CI</th>
<th>p</th>
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<td>Regular heroin use</td>
<td>4.07</td>
<td>1.24–13.3</td>
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Source: Carroll et al, Int. J. Drug Policy, 2017 and CDC Epi-Aid 2015-2016

**Figure 3** Fentanyl reports in NFLIS, by State, 2001

**Figure 4** Fentanyl reports in NFLIS, by State, 2015
Nonmedical Use of Prescription Opioids Significant Risk Factor for Heroin Use

3 out of 4 people who used heroin in the past year misused prescription opioids first

7 out of 10 people who used heroin in the past year also misused prescription opioids in the past year

2017: 2.1 million with opioid use disorder

PAST YEAR, 2017, 12+

11.4 MILLION PEOPLE WITH OPIOID MISUSE (4.2% OF TOTAL POPULATION)

- 11.1 MILLION Rx Pain Reliever Misusers (97.2% of opioid misusers)
- 886,000 Heroin Users (7.8% of opioid misusers)
- 6.3 MILLION + Rx Hydrocodone
- 3.7 MILLION Rx Oxycodone
- 245,000 Rx Fentanyl

Hydrocodone misuse down from 6.9M in 2016

Note: Opioid misuse is defined as heroin use or prescription pain reliever misuse.
Note: The percentages do not add to 100 percent due to rounding.

Significant decrease from 12.7 M misusers in 2015
Combatting the Opioids Crisis: What have we done to address the Opioids Crisis?

STR/SOR grants to states: Prevention, Treatment and Recovery Services for OUD FY 19: 1.5 B
- 50 M set-aside for tribes/15% set aside for 10 hardest hit states
- Established STR Technical Assistance and Training Program: national program that places teams with clinical expertise in OUD on the ground in every state; training available on request, assists with implementation

Naloxone distribution and first responder training FY 19: $49M

MAT PDOA program to assist with OUD pharmacotherapy implementation FY 19: $89M

PPW program: residential and outpatient services FY 19: $29.9M

High Quality, Targeted Resources:
- PPW Factsheets, Healthy Pregnancy/Healthy Baby
- TIP 63
- Finding Quality Treatment
- MAT in Criminal Justice Settings

Reinstatement of Drug Abuse Warning Network (DAWN) $10M

Collaboration with USDA to establish recovery housing in rural areas
Combatting the Opioids Crisis: What have we done to address the Opioids Crisis?

- CJ programs with MAT; **FY 19: $89M Drug Courts: Adult, Juvenile, Family, Offender Re-entry**
- Guidance on Recovery Housing
- Recovery Coaches training and placement in communities/EDs
- Pain management: Support dissemination of CDC clinical practice guidelines, BZD/opioids guidance, PCSS MAT training, co-occurring disorders: mental disorders, suicide prevention
- Practitioner training programs: ATTCs, MHTTCs, Prevention TTCs, PCSSMAT, PCSS Universities
- **DATA waiver trainings:** over 62,000 trained, >10,000 NP/PAs to expand access to OUD treatment
- Outcomes Data: Diagnosis, engagement/retention in treatment; reduced ED use, reduced hospitalizations, reduced CJ interactions, medication treatment/type of medication/indication
- Block grants to states **FY 19: $1.86B**
Combatting the Opioids Crisis: Collaborations

Collaboration with USDA (Rural efforts)
• Supplements to Community Extension programs in rural areas
• SAMHSA/USDA MOU to increase recovery housing for those recovering from OUD

Collaboration with DEA
• Telehealth regulations

Collaboration with OCR
• HIPAA/42 CFR: Family inclusion in medical emergencies: overdose

Collaboration with NIDA/NIH
• Healing Communities

Collaboration with IHS
Resources to native communities: services and training

Collaboration with CMS
• 1115 waivers for SUD

Collaboration with HRSA
• Input on loan repayment for addiction professionals working in underserved areas
• DATA waiver training resources
• Encourage SAMHSA grantees to partner with Ryan White funded programs to address HIV issues

Collaboration with Surgeon General
• Naloxone advisory
Signs of Progress: Morphine Milligram Equivalents (MME) Prescribed per Month (US)

27% Decrease since January 2017
Greater Numbers Receiving MAT

**Methadone:**
381,867 (March, 2017)

**Buprenorphine:** 690,473
- 667,408 (December, 2018) unique patients through retail or mail order prescriptions

23,065 (March 2017) (from Opioid Treatment Programs)

**Injectable Naltrexone (Vivitrol):**
- 74,370 (2018)
  (data per Alkermes, 2019)

Approximately 1,146,710 patients are currently receiving MAT
State laws changing on naloxone at rapid pace

Source: IQVIA National Prescription Audit, data extracted 2016-2018
Opioid crisis will remain a key focus for HHS
Partnerships forged and continuing: federal/states/stakeholder
groups/philanthropists
Outreach to the American people:
  Prevention interventions
  Make evidence-based care widely available and
easily accessed
  Provide the recovery supports that help to rebuild
lives and strengthen our communities

However, we are left with a sizeable number who reject current
 treatment approaches, but clearly need treatment...
Emerging Issues: Stimulant Abuse/Methamphetamine Abuse

Methamphetamine Use by State

PAST YEAR, 2016-2017, 12+

Source: NSDUHs, 2016 and 2017.

Percentages of People Aged 12 or Older

- 0.98–1.57
- 0.74–0.97
- 0.54–0.73
- 0.33–0.53
- 0.08–0.32

Differences in colors across states does not indicate significant differences in estimates.
What Next: Contingency Management for Refractory OUD and for Stimulant Use Disorders

Abstinence: reinforced by contingency

Example: Voucher-Based Treatment

Developed from the theory of alternative reinforcement: positive reinforcement of desired behavior

Can be helpful in engaging for longer treatment period (e.g. 24wks)

Goal:

Achievement of abstinence for a period long enough to help patients learn new skills that will help sustain abstinence

Many studies have shown that various iterations of contingency management can increase retention/decrease substance use

OIG: up to $15/item and $75 yearly permissible for these activities
Marijuana: The Issue

Marijuana is rapidly becoming more widely available in the U.S.: 33 states: allow medical marijuana use; 10 states plus DC have legalized recreational use

Huge and profitable industry that markets heavily with health claims that have little, sometimes no basis and which have had virtually no counter arguments put forward until the present time

Numerous forms: smoked, edibles, oil for vaping, lotions, transdermal patches
Marijuana: The Issue

Increase in THC content over time led to higher potency intoxicant:

- THC content: 4% (1990s) increased to 12% (2014)
- Current average MJ extract has THC levels at ≥ 50%
- THC: component responsible for euphoria/intoxication
- Can also produce anxiety, agitation, paranoia, and psychosis
- Addiction liability: 10-20% of users will develop use disorder (Volkow et al. 2016)

Declining CBD content in currently available MJ

- Not thought to be addictive; May reduce psychosis
- Medical value: FDA approved for certain seizure disorders
- CBD content in marijuana dropped by approx. 50% from 1990s to 2014
- THC content increased
- THC/CBD ratio 1995: 14; 2014: 80

(Ehsoly MA et al. 2016)
Risks and Adverse Outcomes

Downplayed by industry; ignored by states

• Low birth weight
• Pulmonary symptoms
• MVAs
• Cognitive impairment
• Poor performance in school and at work
• Addiction
• Risk of adverse outcomes to our children and young adults
Illicit Drug Use Impacts Millions: Marijuana Most Widely Used Drug

- **Marijuana**: 15.0% of people aged 12 or older, 40.9 million users.
- **Psychotherapeutic Drugs**: 6.6% of people aged 12 or older, 18.1 million users.
- **Cocaine**: 2.2% of people aged 12 or older, 5.9 million users.
- **Hallucinogens**: 1.9% of people aged 12 or older, 5.1 million users.
- **Inhalants**: 0.6% of people aged 12 or older, 1.8 million users.
- **Methamphetamines**: 0.6% of people aged 12 or older, 1.6 million users.
- **Heroin**: 0.3% of people aged 12 or older, 886,000 users.

**Past Year, 2017, 12+**
Marijuana Use by Age Group

PAST MONTH, 2015 - 2017, 12+

Significant Increases in Use

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Marijuana Use among Young Adults

PAST MONTH, 2015 - 2017, 18 - 25

- Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Substance Use in Past Month Among Pregnant Women

PAST MONTH, 2015 - 2017, 15 - 44

**ILLICIT DRUGS**
- 109K (4.7%) in 2015
- 143K (6.3%) in 2016
- 194K (8.5%) in 2017

**TOBACCO PRODUCTS**
- 319K (13.9%) in 2015
- 239K (10.6%) in 2016
- 334K (14.7%) in 2017

**ALCOHOL**
- 214K (9.3%) in 2015
- 187K (8.3%) in 2016
- 261K (11.5%) in 2017

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Marijuana use in Pregnancy may be associated with:

- Fetal growth restriction
- Stillbirth
- Preterm birth
- Neurological development issues in exposed children:
  - Hyperactivity
  - Cognitive deficits (Metz TD and Stickrath EH, 2015)
Accumulating Data on Potential Adverse Impacts of Marijuana Use: Does This Look Like a Treatment for Opioid Use Disorder?

Adverse outcomes linked to marijuana use by youth:
- Poor school performance and increased drop out rates
- Chronic use in adolescence has been linked to decline in IQ that may not recover with cessation (Meier et al. 2012)
- Marijuana use in adolescence is associated with an increased risk for later psychotic disorder in adulthood (D’Souza, et al. 2016)
- Marijuana use linked to earlier onset of psychosis in youth known to be at risk for schizophrenia (McHugh, et al. 2017)
  - Significant numbers who try marijuana will become addicted (Lopez-Quintero, et al. 2011)
  - Higher overall rates of car crashes in states that have legalized (WAPO, June 2017)
  - Association of marijuana use with abuse of prescription pain medications (Olfson et al. 2017)

Marijuana and Pregnancy:
- Fetal growth restriction
- Stillbirth
- Preterm birth
- May cause problems with neurological development
  - Hyperactivity
  - Poor cognitive function

(= Metz TD and Stickrath EH, 2015)
New Initiatives at the Federal Level to Address Marijuana Issues

- Training and Technical Assistance: Regional Technical Assistance Centers
- Prevention: Outreach to the public with information
  - Healthy Pregnancy, Healthy Baby
  - Prevention Factsheets: Tobacco, opioids, marijuana
  - Increase awareness in communities through public speaking opportunities
- Share NSDUH data with states and communities
- Prohibit use of federal funds for marijuana treatment of mental and substance use disorders
- Public Service Messages
Build A Brain
Issues in Mental Health: Mental Health and Serious Mental Illness
SAMHSA Funding Areas Addressing SMI and SED

Mental Health Services Budget Total: FY 19 $1.56 B $71M

- Mental Health Block grant: $722.5M with 10% set-aside for First Episode Psychosis Programs
- CCBHCs/integrated care: $150M $50M to organizations in the 24 states with planning grants
- Continued grant programs that work with CJ system to divert those with SMI to treatment
- Transitional age youth: Family Tree (CSAT), Healthy Transitions (CMHI/CMHS)
- Suicide Prevention: Zero suicide/youth programs, AI/AN Programs, for Lifelines: $5M
- Increased funding for MHFA and Crisis Intervention Training (AWARE: $71M) $6M
- National Child Traumatic Stress Initiative: $63.9M $10M
- Continuation of Assisted Outpatient Treatment grant program; initiation of Assertive Community Treatment programs
- Continuation of Children’s Mental Health Initiatives with new consultation program for infants/toddlers showing signs of SED

Fewer resources for mental health initiatives because these issues are supposed to be covered by insurance
We have to do a better job!

Training/Education Initiatives

- **CSS-SMI**: training on EBP, psychotropic use, management of risk of metabolic syndrome, Assisted Outpatient Treatment, Clozapine COE
- **Suicide Prevention**: TA center provides training on Zero Suicide, youth suicide prevention, Lifeline expansion

Policy Academies focusing on tobacco use cessation by those with SMI/SUD

- Eating disorders TTC
- Privacy TTC

**Major Collaborations of Importance**

- Expansion of services through collaboration on CMS 1115 waiver decision that allows states to lift the IMD exclusion
- State Bed Registries
- SAMHSA/CMS Advisory on integration of MH services into school settings

But with 11 million adults with SMI, 7.4 million children with SED:
Addressing Serious and Impairing Mental Illness

- **A new(er) view:** The right to treatment (rather than right to refuse treatment)
- Assumes that serious mental illness can impair a person’s ability to recognize that they have a mental illness
- Acknowledges that there are medical treatments available that can help person with exacerbation of illness to regain cognitive/decision making abilities
- Acknowledges the need to balance individual autonomy with personal and public safety:
  - Encourage the use of Psychiatric Advance Directives (PAD) as a Best Practice
  - If admitted for treatment of SMI; assistance developing a PAD prior to discharge
  - Joint Commission has adopted as an area of Strategic Opportunity
  - Will encourage Joint Commission to survey on this
Addressing Serious and Impairing Mental Illness

• SAMHSA: encourage balanced approaches to SMI/treatment issues through:
  • Seeking input from stakeholders
  • Ongoing work with Joint Commission, CMS
  • Resources to provide TA and resource development on PADs
  • Analysis and publication of AOT grant program data
  • Sponsoring papers summarizing literature on:
    PAD
    Civil commitment
    Psychiatric levels of care
• State Policy Academies

**Overall Goal:** Build systems of care so that those living with SMI don’t need consideration of compelled treatment; get people the care and treatment they need to live healthy, satisfying and productive lives
Children’s Mental Health

Current Landscape:
• Frequent exposures to trauma/violence
• School tragedies
• Social Media overload
• Bullying
• Has contributed to significant increases in depression/substance issues in adolescence, serious mental illness/substance issues in young adults
Major Depressive Episodes/SMI among Youth/Young Adults Rising

PAST YEAR, 2015-2017 NSDUH, 12+

RATES OF MAJOR DEPRESSION BY AGE GROUP, 2015-2017

- Up from 8% in 2010; 66% increase
- 33% increase since 2010

RATES OF SERIOUS MENTAL ILLNESS BY AGE GROUP, 2008-2017

- 7.5% 18-25 YEARS
- 5.6% 26-49 YEARS
- 2.7% 50+ YEARS

57.4% (1.5 MILLION YOUNG ADULTS WITH SMI RECEIVED TREATMENT)
Higher than 2015 (50.7%) and 2016 (51.5%), but 42.6% get NO treatment

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Initiatives Focused on Children

- **Increased training and technical assistance:**
  - Supplements to the Mental Health Technology Transfer Centers
  - School-based mental health services: positive environment programs, identification of mental health issues in children/adolescents and assisting affected youth/families, integrated care in schools
  - Special trainings oriented to communities: Addressing the Risk for Violent Behavior in Youth
  - Increased funding for programs to provide training to teachers, administrators, first responders on recognizing mental health issues and how to address in a person experiencing a mental health crisis
  - Disaster Assistance Programs that build systems of care in communities to address mental health issues in children and their families
Strengthening Healthcare Practitioner Training and Education

New Approaches: Addressing Parity through Increased Provider Prep

Addressing Training Needs of Any Provider—not just Grantees

- TTCs: MH with supplements for children’s issues, Substance Abuse Prevention, ATTCs, CSS-SMI, Privacy TTC, Eating Disorders TTC
- PCSS Universities
- State Targeted Response to Opioids (STR) TA program
- Project ECHO type training programs, Centers of Excellence: Practical experience
- Education on assessment/treatment of SUDs by healthcare profession
- Evidence-Based Practices Website
- SAMHSA Products (e.g.: TIP 63, Pregnant/Post Partum Women with OUD Factsheets, NSDUH presentation, Prevention Day, MAT in jails/prisons)
Evidence-Based Practice Repository in 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/Supplements for School-Based Mental Health Programs, 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, Suicide Prevention, SOAR, Privacy (HIPAA, 42 CFR), Eating Disorders

Combined Efforts at the State, Regional, and Local Levels Oriented to All Health Professionals

Regional Prevention, Addiction, Serious Mental Illness, Collaborating Technology Transfer Centers

Region 1  Region 2  Region 3  Region 4  Region 5  Region 6  Region 7  Region 8  Region 9  Region 10

National Hispanic/Latino ATTC  National American Indian/Alaska Native ATTC
Strengthening Healthcare Practitioner Training and Education

Support use of credentialed peer providers and other paraprofessionals as an integrated component of comprehensive care

Peers can provide an important component of care in the form of:

- Links between psychiatric and medical systems with recovery support systems in communities
- Supports to assist individuals in obtaining needed medical and recovery support services

SAMHSA goals:

- Support the establishment of national credentialing, licensing and certification programs that provide training recognized in all states
- Encourage better understanding of peer professionals in mental and substance use disorder treatment and recovery resources by healthcare professionals
- Encourage peer professionals to obtain training and education on psychiatric medicine and evidence-based approaches to care and treatment of mental and substance use disorders
- Utilize TTCs to provide needed education and training

Policy Lab to explore evidence for effectiveness of peer support interventions
Change has come rapidly to SAMHSA of necessity since 2017

- Addressing crises: opioids, school violence, natural disasters
- Enacting the direction of Congress and the administration
- Developing and implementing an evidence-based approach to mental and substance use disorders
- Developing alliances inside and outside of government to move agenda
- Thinking outside of usual federal boundaries
- Utilizing federal resources and staff to make change
- Rapid implementation of innovative approaches
- *Monitoring and data collection/analysis will tell us if it is working!*
SAMHSA’s mission is to reduce the impact of mental illness and substance use issues on America’s communities.

Findtreatment.samhsa.gov

SAMHSA National Lifeline: 800-273-TALK (8255)