SAMHSA Resources - COVID 19

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U.S. Department of Health and Human Services



FY 2021 SAMHSA Enacted Budget

(Dollars in Millions)	FY 2021
Mental Health	1,792
Substance Abuse Prevention	208
Substance Abuse Treatment	3,855
Health Surveillance and Program Support	162
FY 2021 Program Level	6,017
FY 2021 American Rescue Plan	3,560
FY 2021 COVID Supplemental Funding	4,250
FY2021 SAMHSA Budget	13,827



FY 2021 COVID Supplemental Funding: \$4.25B

	FY 2021
(Dollars in thousands)	Enacted
Certified Community Behavioral Health Clinics	600,000
Suicide Prevention	50,000
Emergency Response	240,000
Community Mental Health Services Block Grant	1,650,000
Substance Abuse Prevention and Treatment Block Grant	1,650,000
Project AWARE	50,000
National Child Traumatic Stress Network	10,000



SAMHSA Sixth Supplemental American Rescue Plan Act of 2021

(dollars in millions)

Activity	Amount
Community Mental Health Services Block Grant	1,500.000
Substance Abuse Prevention and Treatment Block Grant	1,500.000
Community Based Behavioral Health Needs	50.000
Community Based Substance Use Disorder Services	30.000
Certified Community Behavioral Health Clinics	420.000
Project AWARE	30.000
Youth Suicide Prevention	20.000
National Child Traumatic Stress Network	10.000
Total, SAMHSA	3,560.000

www.samhsa.gov/coronavirus

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Newsroom

Coronavirus (COVID-19)

COVID-19 Information for SAMHSA Discretionary Grant Recipients

Media Guidelines for Bullying Prevention

Press Announcements

Statements

Speeches and Presentations

Logo Use Guidelines



Coronavirus (COVID-19)

SAMHSA recognizes the challenges posed by COVID-19 and is providing the following guidance and resources to assist individuals, providers, communities and states. SAMHSA stands ready to assist in any manner possible.

SAMHSA Resources and Information

<u>Training and Technical Assistance Related to COVID-19 (PDF | 532 KB)</u>
This document is updated weekly with new training opportunities.

Disaster Distress Helpline

Download SAMHSA Resources



Tips For Social
Distancing,
Quarantine, And
Isolation During An
Infectious Disease
Outbreak



TAP 34: Disaster
Planning Handbook
for Behavioral
Health Treatment
Programs



<u>Infectious Disease</u>
<u>Outbreaks -</u>
<u>Caregivers, Parents</u>
and Teachers



www.samhsa.gov/coronavirus

Grants

Learn more about SAMHSA's COVID-19 funded grants.

- NEW FY 2021 SAMHSA American Rescue Plan (ARP) Funded Grants (PDF | 120 KB)
- FY 2021 SAMHSA COVID-19 Funded Grants (PDF | 371 KB)
- FY 2020 SAMHSA COVID-19 Funded Grants (PDF | 340 KB)
- COVID-19 Emergency Response for Suicide Prevention Grants
 CLOSED
- <u>Emergency Grants to Address Mental and Substance Use Disorders</u>
 <u>During COVID-19</u> **CLOSED**
- COVID-19 Information for SAMHSA Discretionary Grant Recipients



Guidance

For behavioral health providers:

Leveraging Existing Health and Disease Management Programs to Provide Mental Health and Substance Use Disorder Resources During the COVID-19 Public Health Emergency (PHE) (PDF | 73 KB)

This document issued by CMS and SAMHSA provides information regarding expanding coverage for mental health and substance use disorder services delivered through telehealth platforms, telephone, and similar mechanisms to mitigate the impact of the COVID-19 public health emergency.

<u>Guidance for Law Enforcement and First Responders Administering</u>
<u>Naloxone (PDF | 117 KB)</u>

The document discusses the importance of Naloxone and a series of recommendations are provided to promote first responder safety during COVID-19.

Letter to Treatment Providers on PPE (PDF | 543 KB)

This letter serves as confirmation from SAMHSA that the ordering of personal protective equipment, such as masks and gloves, by providers of mental and substance use disorder treatment services is for a legitimate need and purpose.

COVID-19 Public Health Emergency Response and 42 CFR Part 2 Guidance (PDF | 168 KB)

For facilities:

Considerations for the Care and Treatment of Mental and Substance Use Disorders in the COVID-19 Epidemic (PDF | 125 KB)

This document offers guidance to facilities, recommending that non-urgent visits be rescheduled, while also recommending that providers perform regular checks on patients at higher severity mental illness or substance use disorder.

Considerations for Crisis Centers and Clinicians in Managing the Treatment of Alcohol or Benzodiazepine Withdrawal during the COVID-19 Epidemic: March 19, 2020 (PDF | 213 KB)

Crisis centers that are able to remain operational and dispense medications to be administered unsupervised are asked to consider this guidance to minimize the potential for overdose and/or diversion.

Considerations for Outpatient Mental and Substance Use Disorder Treatment Settings (PDF | 104 KB)

Persons with Serious Mental Illness that are served in outpatient treatment settings may be at elevated risk for acquiring Covid-19 and may have a more complicated course. The Centers for Disease Control and Prevention (CDC) gives some specific guidance for outpatient facilities during the Covid19 emergency.

Looking forward – trends from SAMHSA grants

- From Emergency COVID Grants (15,000+/- served to date)
 - Individuals with M/SUD coming back into treatment
 - Individuals new to M/SUD treatment
 - •Health Care professionals, Educators and First Responders requesting support, not treatment



COVID Impact on Parents

- Parents who were stressed by having to help their children with distance learning during COVID-19 report drinking more
- These stressed parents were also 2x more likely to report binge
- drinking than parents who were not stressed

- https://theconversation.com/parents-with-chil dren-forced-todo-
- school-at-home-are-drinking-more-143164

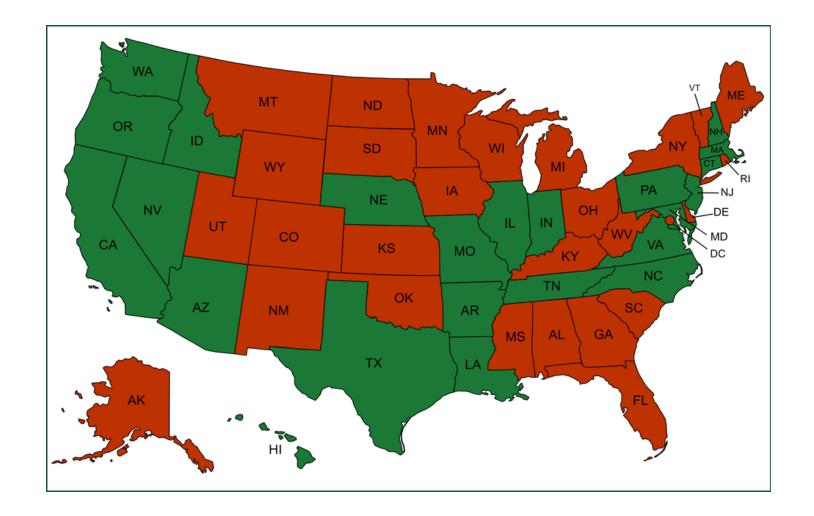
Substance Use and Overdoses

- Individuals using alone greater frequency of overdose and death
- Online alcohol sales increased 234% from 2/2020 to 2/2021

Alcohol Delivery laws pre-COVID

- States that allow home delivery of alcohol
- Home Delivery is NOT permitted

https://alcoholpolicy. niaaa.nih.gov

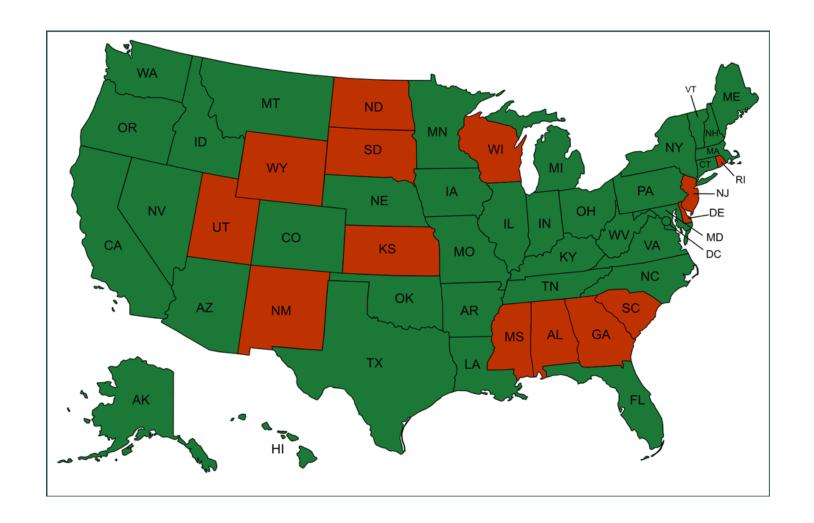




Alcohol Delivery Laws Feb.2021

- States that allow home delivery of alcohol
- Home Delivery is NOT permitted

https://alcoholpolicy. niaaa.nih.gov





Impact of Home Delivery

- Adults who obtained at least some of their alcohol via delivery, reported consuming significantly more alcohol (both number of days and number of drinks) than participants who obtained alcohol through other means.
- Were also 2x more likely to report engaging in binge drinking than participants who obtained alcohol through other means



Thank you.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Anne Herron (anne.herron@samhsa.hhs.gov)

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)



California journey towards integration: response to the impact of COVID-19

California Department of Health Care Services

Kelly Pfeifer, MD,

Deputy Director

Behavioral Health

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Challenges

- California maintains a carve-out of specialty mental health and SUD treatment in our constitution – integrated care faces regulatory, financial, operational challenges
- California saw significant overdose spikes over the last year – due to fentanyl, increasing stimulant use, and social isolation



Approach

- Continue to deploy federal opioid funding to drive integrated addiction treatment into all health care and justice touchpoints
- Maintain advances in telehealth due to pandemic
- After 12-month pause, move forward on opportunity of 1115 and 1915b waiver renewals to streamline and simplify our Medicaid program:
 - California Advancing and Innovating Medi-Cal (CalAIM)



California Overdose Data (July 2019 – July 2020)

6,954
All Drug
Overdose Deaths

3,251
Psychostimulant
Overdose Deaths

2,521
Fentanyl
Overdose Deaths

1,044
Cocaine
Overdose Deaths



MAT Expansion Project, funded through State Opioid Response: Treatment Starts here

30+

projects

650+

Access points for MAT

600,000

Naloxone units distributed

\$476M

from SAMHSA (STR & SOR)

55,000+

New patients receiving MAT

31,000+

Overdose Reversals



MAT Expansion Primary Care Efforts

Primary care

- More than **70** primary care clinics: new or expanded MAT programs.
- Added 150 new MAT prescribers, treated over 2,000 patients

MAT Provider Support

- Primary care consultation and mentorship
- Live and on-demand web-based trainings;
- MAT ECHO clinics.

24-7 Substance Use Line (Partnership with Poison Control)

 Cost-free tele-consultation service for substance use evaluation and management available to all California clinicians in any health care setting.



California Bridge Program: MAT in EDs and Hospitals

www.CABridge.org

- Hospitals and EDs serve as primary access points for patients with SUD
- Teach ED providers and staff: Screening, assessment, brief intervention, including buprenorphine.
- Grants to support Behavioral Health Navigators to connect patients to community treatment.
- 208 hospitals participate— over 60% of hospitals with EDs in California





California Bridge – 2019-20 data







48,007

24,191

10,471

Substance Use Navigator encounters

Patients identified with OUD

Encounters where MAT was prescribed or administered

Cumulative totals across all reporting CA Bridge sites (n = 86), April 2019-March 2021



Expanding MAT in County Jails & Prisons

- Goal: increase access to MAT in drug courts, during incarceration, and on release
- 35 of 58 California counties participate
- As of March 2021, more than 10,533 jail detainees had received MAT during incarceration.
- Now adding TA related to stimulant use disorder and cooccurring serious mental illness and SUD.
- California's prison system expanded MAT and other SUD treatment throughout its prisons, offering buprenorphine, methadone and naltrexone:
 - 30,000 inmates screened for SUD
 - 9000+ inmates on MAT
 - OD deaths in prison dropped 67% in last year



Other MAT efforts

- Harm reduction: distributing naloxone to first responders, syringe services programs, and others
- Tribal MAT programs
- Prevention programs focused on youth and highimpact communities
- Launch, support and network opioid safety coalitions
- Support MAT integration into social model SUD treatment and recovery programs
- Expand MAT options for opioid treatment programs, beyond methadone

More information: CaliforniaMAT.org



Telehealth

- Telehealth in BH: always available, rarely used
- March 2020: rapid embrace of live video and telephone services
- Positive reviews of providers and patients
- Post pandemic: continuing telehealth flexibility across all delivery systems
- Digital divide is ongoing concern, especially for rural and homeless populations



CalAIM: Advancing and Innovating Medi-Cal

- Identify and manage member risk and need through whole person care approaches and addressing social determinants of health;
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems, and payment reform.



Questions

Kelly Pfeifer, MD
Deputy Director, Behavioral Health
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DMHA's "Triple Aim"

- High Quality
- Seamlessly Integrated
- Accessible

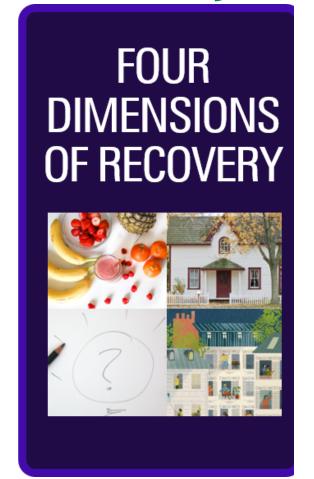
ACROSS
PREVENTION, TREATMENT, AND RECOVERY!



Dimensions of Recovery

- Health Overcoming or managing one's disease(s) or symptom's and making informed, healthy choices that support physical & emotional well-being
- Home Having a stable and safe place to live
- Purpose Conducting meaningful daily activities
 & having the independence, income & resources
 to participate in society
- Community Having relationships & social networks that provide support, friendship, love & hope

Source: Recovery and Recovery Support (2019,14) Retrieved from https://samhsa.gov/find-help/recovery





Not an "either/or"

WHICH IS MOST IMPORTANT?















Recovery Support Services

- Not possible without Medicaid Expansion and 1115
 Waiver
- Move away from the "first Treatment, then Recovery" mindset
 - Connecticut Center for Addiction and Recovery: "You are in Recovery when you say you are"

RECOVERY IS EASIER WHEN LIFE IS



Recovery Expansion in Indiana: A community effort











How: Regional Recovery Hubs

- Planned pre-COVID, but accelerated due to COVID
- Purpose:
 - Mobilize peer workforce
 - Help most marginalized populations
 - Build on and strengthen existing community connections
 - Accessible in all 92 counties
- Starting with a focus on peers, then add on other recovery supports

Indiana Regional Recovery Hubs





Easily Accessible

Connection to RRH Peers through 211

Peers are available 7 days a week from 9 a.m. to 8 p.m.

Connection to 211 crisis counselors available during overnight hours

Peers are trained on how to access and route individuals to additional resources available in 211

Peer 2 Peer Recovery (Virtual)

- 15 meetings a week
- Strength-based approach
- Facilitated by certified peer supports
- Open to all pathways of recovery
- Individuals in or contemplating recovery
- Recovery from SUD, AUD, and/or mental health concerns



WHAT IS PEER 2 PEER?

P2P is a digital strengths based, judgement-free, gathering for anyone in recovery or thinking about recovery. The gathering is hosted by a trained peer support that can offer their personal experience and resources. Gatherings are available 5 days a week, 3 times a day.

WHAT IS A PEER SUPPORT?

A trained peer support is someone who has lived experience with substance use or mental health disorders, and can provide support and resources.







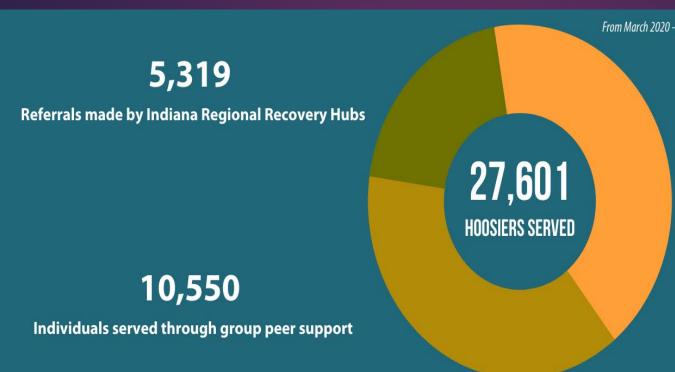


READY TO CONNECT?

JOIN US!

MONDAY - FRIDAY

- 10 AM (EST)
 - Z00M MEETING ID: 408-405-356
 - PHONE: 1-301-715-8592, 408405356#
- 2 PM (EST)
 - Z00M MEETING ID: 823-305-457
 - PHONE: 1-301-715-8592, 823305457#
- 7 PM (EST)
 - ZOOM MEETING ID: 574-544-947
 - PHONE: 1-301-715-8592, 574544947#



From March 2020 - April 2021 services were provided through 17 Indiana Regional Recovery Hubs covering all 92 counties.

11,731

Individuals served through individual peer support

INDIANA



One Year In....



Next Steps

- Continue to strengthen and mobilize peer workforce
 - Peers are the only growing workforce in this space
 - "There's a peer for that"
- Add other Recovery Supports
 - Civil Legal Aid
 - Access to Early Childhood Education/Childcare
 - Housing supports, including Recovery Housing
- "Possible"→"Expected"



COVID-19 Impact on Current and Future Services in South Carolina

2021 SAMHSA & NASADAD Annual Meeting June 7, 2021



Adaptations - Primary Prevention Services

- Local Variation Virtual vs. In-Person
 - School-based services
 - EBPs (Strengthening Families Program)
- Here-to-Stay Improvements
 - Social media engagement
 - Website development
 - Virtual town hall options for coalition participation
- Environmental strategies are just getting back to normal.





Overdose Surveillance & Rapid Response

- Weekly data monitoring for suspected overdoses
- Data-sharing agreement and action protocol across a core multiagency group
- Rapid alert and engagement of local officials and stakeholders
- Synchronizing targeted response and resource deployment across sectors

Targeted Prevention/Outreach Efforts





Photo credit: Trinity Behavioral Care

First, thank you for the info showing we had two OD hotspots...

Secondly, we are grateful that you suggested we aggressively go to the areas with outreach...

-- County Authority Staff

1-844-SC-HOPES





Mental Health Support

You are not alone! Our team is available to listen, provide resources, and connect you to treatment services.



Concerned you may have a drug or alcohol problem? Our addiction experts will assist you in finding the help you need.



Healthcare Workers

Our clinical team offers specialized support for those providing direct care services to COVID-19 patients.

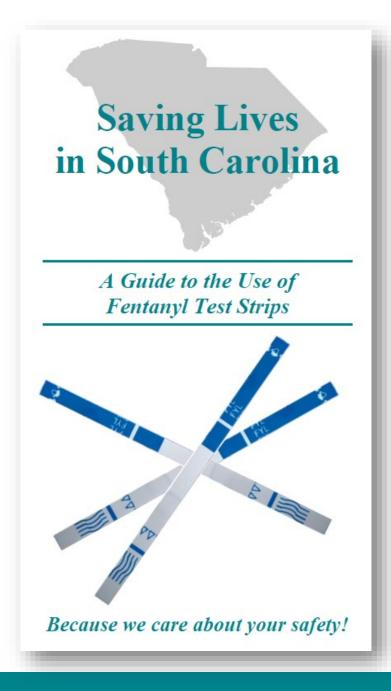


Our experienced team of mental health and addiction counselors are available day or night. Call us anytime!

COVID-19 Crisis Response Initiative

- Partnership with the
 S.C. Department of Mental Health
- \$1.9 million SAMHSA grant award
- 2,729 calls since June 1, 2020
- TV, social media and billboard marketing
- Spanish and hearing-impaired services

CALL US TODAY AT 1-844-SC-HOPES



Expanded Harm Reduction

- SAMHSA guidance + SOR funding
- Legal counsel interpretation of state law
- 30+ service providers and naloxone distributors
- Considering reporting for surveillance

New Recovery Focuses

- Statewide campaign
- Scale and spread development of RCOs
 - CAPRSS standards
 - Data collection technology
 - Veteran's service organizational capacity
- Peer leadership development





Access. Outreach. Engagement.

- Mobile services
- Regional stabilization (4- to 7-day 3.7 Level of Care)
- Programs for justice system involvement
- Building capacity in faith ministries
- Minority health staff position
- Veteran's service organizations for intervention/recovery services





* A note about inpatient residential services....



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