CSAT Directions moving forward

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Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

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2:00 PM

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Onaje has given you a sense of what we are implementing now….

I'd like to give you a taste of what we are looking toward……

what challenges we are trying to address……

what trends we are paying attention to……..

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Lessons from STR

- Importance of
  - Coordinated messaging across project officers and centers
  - Clear expectations on information needed
  - Provision of timely answers to questions
  - State to state sharing of strategies and successes

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SOR Management Team – improved coordination

Internal focus:

Created a single team of Treatment and Prevention project officers to provide support and monitoring

- Team reports to the CSAT Center Director and includes OFR and CBHSQ
- Piloting a CQI approach for consistent communication, expectations for both grantee and project officer involvement and documentation and improved response time for questions.

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12 Federal agencies with targeted opioid funding

Challenge of external coordination:

Not including SAMHSA - In 2019, there are 75 current federal grant programs that have a specific focus on opioids

Prevention
Treatment
Integration
Workforce Development
Age focus - Neonatal through geriatric
Epidemiology
Other….

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Administration for Children and Families (5)

- AIAN Head Start

- Disaster Assistance

- Evaluating Child Care Reform

- Head Start and Early Head Start

- Transitional Living Program

Administration for Community Living (9)

- Alzheimer's Disease Program Initiative (ADPI)

- Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs – financed by Prevention and Public Health Funds (PPHF)

- Evidence-Based Falls Prevention Programs Financed Solely by Prevention and Public Health Funds (PPHF)

- Paralysis Resource Center

- Special Programs for the Aging, Title IV, and Title II, Discretionary Projects

- State Health Insurance Assistance Program

- Traumatic Brain Injury State Demonstration Grant Program
- University Centers for Excellence in Developmental Disabilities Education, Research, and Service
- Neonatal Abstinence Syndrome National Training Initiative

AHRQ (6)

- Family-Clinician Partnerships to Improve Child Safety in the Hospital

- Hospital Management of Acute Respiratory Illness in Children with Neurologic Impairment.

- Immediate Postpartum Contraception: Implementing and Evaluating Evidence-based Practice

- Interprofessional Perinatal Consults to Improve Communication Quality, Satisfaction, and Team Cohesion: A Randomized Controlled Trial of the Collaboration for Antepartum Risk Evaluation (CARE) Model

- Predicting Pediatric Readmission: Development of a Validated Risk Prediction Tool

- Prioritizing Quality Improvement for the Treatment of Psychiatric Disturbances Following Traumatic Brain Injury

IHS (4)

- 4 in 1 Urban Indian Health Programs - Substance Abuse, Mental Health, Immunizations, HPDP

- Bad River Healthy Lifestyles Project

- Immunization, Alcohol Substance Abuse and Mental Health Project

- Zero Suicide Initiative

CDC (10)

- AIDS/HIV Preventive Activities
- Behavior Risk Factor Surveillance System
- Essentials for Childhood Initiative
- Improving Student Health and Academic Achievement through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools
- National Collaboration to Support Health, Wellness and Academic Success of School-Age Children in Out-of-School Time Settings
- National State Based Comprehensive Tobacco Control Program
- National Training Center for School Health
- NEHA Technical Assistance for the Public Health Emergency Preparedness Initiative
- REAL/T (Reaching, Educating, Assisting and Liberating Transgender)
- Sexual Violence Prevention and Education

HRSA (32)

- Academic Units for Primary Care Training and Enhancement (UH1)
- Alliance for Innovation on Maternal and Child Health (UC4)
- Behavioral Health Workforce Education and Training Program (M01)
- Bright Futures for Women's Health: Standard Practice Guidelines for Well Woman Care (UH0)
- Bright Futures Pediatric Implementation (U04)
- Building Systems of Services for Children and Youth with Special Health Care Needs (U1T)
- Child and Adolescent Injury and Violence Prevention Resource Centers Cooperative Agreement (U49)
- Collaborative Improvement and Innovation Network on School-Based Health Services (U61)
- Community-Based Integrated Service Systems (Local/State) (H25)
- Developmental-Behavioral Pediatrics Training Program (T77)
- Early Childhood Health Promotion System for High Need Program (UK2)
- Evidence-Based Tele-Behavioral Health Network Program (G01)
- Graduate Psychology Education Programs (D40)

Training CED/COR Pediatric and Child Psychiatry (T20)

HRSA

- Health Center Program (H80)
- Healthy Start Initiative-Eliminating Racial/Ethnic Disparities (H49)
- Healthy Tomorrows Partnership for Children Program (H17)
- High Poverty Rural Chilidren Telehealth Network Grant Program (D3F)
- Home Visiting Collaborative Improvement and Innovation Network (UF4)
- Infant-Toddler Court Program (U2D)
- Leadership Education in Adolescent Health (LEAH) (T71)
- Leadership Education in Neurodevelopmental and Related Disorders Training Program (T73)
- Leadership in Public Health Social Work Education Grant Program (G05)
- Licensure Portability Grant Program (H1M)
- Maternal and Child Health Nutrition Training Program (T79)
- Maternal and Child Health Public Health Training Program (T76)
- Maternal and Child Health Services (B04)
- Maternal, Infant and Early Childhood Homevisiting Grant Program (X10)
- National AIDS Education and Training Centers (H4A)
- National Emergency Medical Services for Children (EMSC) Resource Centers Demonstration CA (U07)
- National Fetal, Infant and Child Death Review Center Program (UG7)
- Rural Health Opioid Program (H1U)
- Telehealth Resource Center Grant Program (G22)

OTHER (9)

• Improving Outcomes for Child and Youth Victims of Human Trafficking	Office for Victims of Crime
• Tribal Victim Services Set-Aside Program	Office for Victims of Crime
• Enhancing Community Responses to the Opioid Crisis: Serving Our Youngest Crime Victims	Office for Victims of Crime
• Law Enforcement-Based Victim Specialist Program	Office for Victims of Crime
• Second Chance Act Youth Offender Reentry Program	Office of Juvenile Justice Delinquency Prevention

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OTHER

• Improving Reentry for Adults with Co-occurring Substance Abuse and Mental Illness	Bureau of Justice Assistance
• Justice and Mental Health Collaboration Program	Bureau of Justice Assistance
• STOP School Violence Technology and Threat Assessment Solutions for Safer Schools Program	Bureau of Justice Assistance
• Disaster Recovery National Dislocated Worker Grants to Address the Opioid Crisis	Employment and Training Administration

Buprenorphine Waiver Management

Drug Addiction Treatment Act of 2000 (DATA 2000)

- Expands the clinical context of medication-assisted treatment for opioid use disorders
- Allows qualified physicians to dispense or prescribe specifically approved Schedule III, IV, and V narcotic medications, such as buprenorphine, setting other than an OTP

Comprehensive Addiction and Recovery Act (CARA)

- Expands access to substance use treatment services and overdose reversal
- Extends the privilege of prescribing buprenorphine in office-based settings to qualifying nurse practitioners (NPs) and physician assistants (PAs)

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MD
Certified as of May 27, 2019

States	AK	AL	AR	AZ	CA	CO	CT	DC	DE
	262	644	199	1,181	5,671	962	987	200	163
FL	GA	GU	HI	IA	ID	IL	IN	KS	KY
2,531	925	3	187	180	218	1,302	791	225	935
LA	MA	MD	ME	MI	MN	MO	MP	MS	MT
546	3,349	1,462	667	1,465	679	742	2	248	131
NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK
1,270	51	117	432	1,537	584	331	5,304	2,467	460
OR	PA	PR	RI	SC	SD	TN	TX	UT	VA
886	3,070	535	466	596	75	989	1,704	574	934
VI	VT	WA	WI	WV	WY	Total			
2	365	2,060	811	378	62	52,917			

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Nurse Practitioners
Certified as of May 27, 2019

States	AK	AL	AR	AZ	CA	CO	CT	DC	DE
	89	51	46	509	656	311	316	72	50
FL	GA	GU	HI	IA	ID	IL	IN	KS	KY
407	114	0	42	62	68	213	313	34	315
LA	MA	MD	ME	MI	MN	MO	MP	MS	MT
128	641	552	203	167	175	92	0	50	57
NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK
353	42	27	167	281	165	98	903	827	75
OR	PA	PR	RI	SC	SD	TN	TX	UT	VA
246	415	0	90	158	23	3	287	149	200
VI	VT	WA	WI	WV	WY	Total			
0	72	483	119	122	37	11,075			

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Physician Assistants
Certified as of May 27, 2019

States	AK	AL	AR	AZ	CA	CO	CT	DC	DE
	33	7	6	182	239	176	40	12	7
FL	GA	GU	HI	IA	ID	IL	IN	KS	KY
66	23	0	5	9	27	65	34	9	1
LA	MA	MD	ME	MI	MN	MO	MP	MS	MT
11	154	104	39	113	43	7	0	3	21
NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK
171	10	15	27	43	29	24	302	125	31
OR	PA	PR	RI	SC	SD	TN	TX	UT	VA
78	187	0	21	31	8	0	62	61	34
VI	VT	WA	WI	WV	WY	Total			
0	16	177	38	30	6	2,962			

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SUPPORT Act expansion

Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act

- Affords practitioners greater flexibility in the provision of medication-assisted treatment (MAT)
- Extends the privilege of prescribing buprenorphine in office-based settings to Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives (CNSs, CRNSs, and CNMs)* until October 1, 2023.

Importance of providing administrative support and linkage with specialty providers – working with nursing associations.

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Targeted Capacity Expansion (TCE) Grants

The TCE program provides rapid, strategic, comprehensive, and integrated community-based responses to gaps in and capacity for substance abuse treatment and recovery support services.

Targeted Capacity Expansion- Special Projects

The purpose of this program is to develop and implement targeted strategies for substance use disorder treatment provision to address a specific population or area of focus identified by the community. The purpose of the TCE program is to address an unmet need or underserved population; this program aims to enable a community to identify the specific need or population it wishes to address through the provision of evidence-based substance use disorder treatment and/or recovery support services.

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Technical Assistance

- SAMHSA's approach is to move away from prescriptive TA and support the states in the determination of TA needs –

- SABG – each state had $265k in NOA ($25k for jurisdictions)

- MHBG – each state had $141k in NOA ($25k for jurisdictions)

- Use of those dollars is at the discretion and determination of each state authority to use in support of your specific needs.

- Can use SAMHSA free TA, purchase your own consultants/experts and support conference/workshop attendance, etc.

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Evidence-Based Practices Resource Center

www.samhsa.gov/ebp-resource-center

➢ Repository of EBPs for prevention, treatment and recovery

➢ Committee review to ensure effectiveness of practice

➢ Focus on practical implementation tools

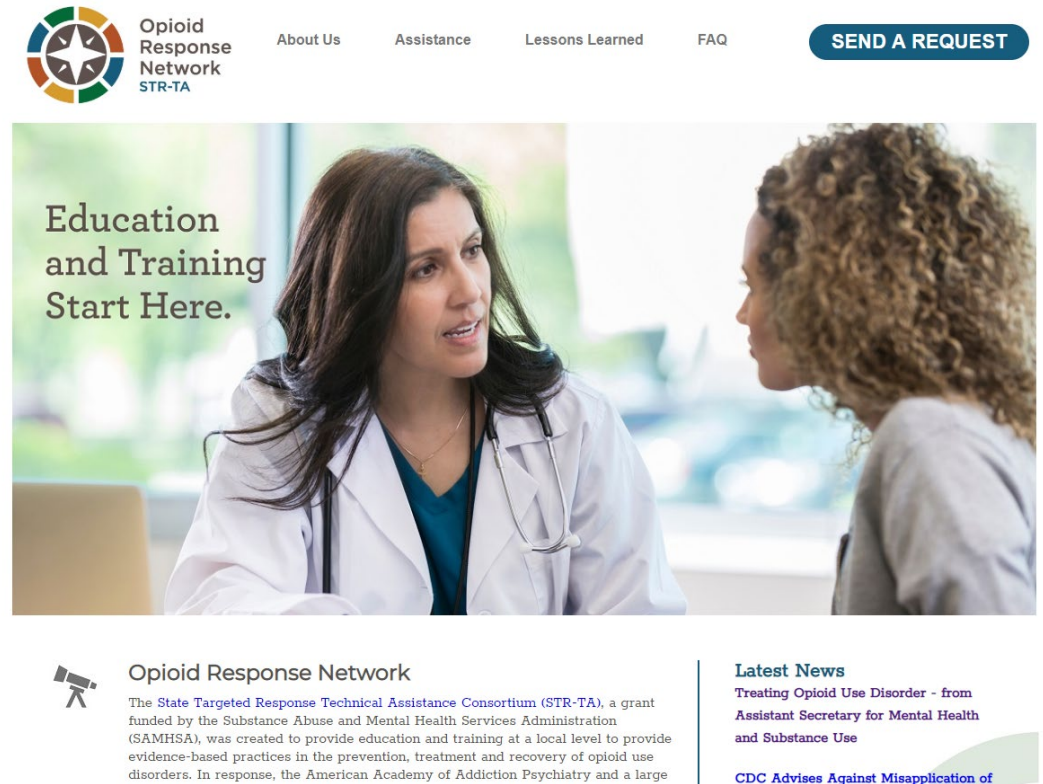➢ Updated routinely

Technical Assistance Resources

https://www.samhsa.gov/practitioner-training

Opioid Response Network (ORN)

www.getstrta.org

➢Places local teams of experts in each state

➢Focus on prevention, treatment, and recovery

➢Designed to meet tailored need in communities

➢Accessible to all in community

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Technology Transfer Centers - 3 Networks
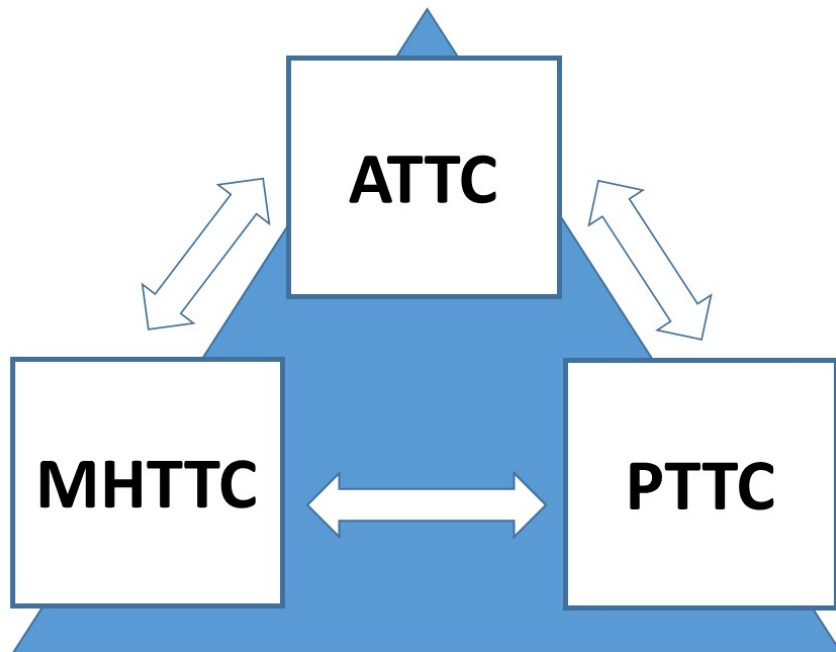
Addiction Technology Transfer Centers - ATTC
https://attcnetwork.org/

Mental Health Technology Transfer Centers - MHTTC
https://mhttcnetwork.org/

Prevention Technology Transfer Centers - PTTC
https://pttcnetwork.org/

Accessing Training and TA

- Friendly website:
  - ATTC: https://attcnetwork.org/
  - MHTTC: https://mhttcnetwork.org/
  - PTTC: http://pttcnetwork.org/
- Online trainings
- In person trainings
- Access to protocols, training materials, infographics, curriculums, etc.
- Webinars
- Regional and national meetings
- Virtual technical assistance – ECHO Model
- Consultation

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"Complimentary" programs

CSS-SMI
Clinical Support System fro Serious Mental Illness

https://smiadviser.org/

CoE-PHI
Center of Excellence for Protected Health Information

https://www.coephi.org/

CoE-ED
Center of Excellence for Eating Disorders

https://www.nceedus.org/

Emerging trends and issues

- Many states and providers are utilizing "telehealth"
  - Video, audio, group and individual
  - Hub and spoke (for MAT and ongoing Tx)
  - Project ECHO (for training, consultation, supervision)
  - Mobile apps as resources (SAMHSA has 6)
  - Mobile apps as clinical supports

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Methamphetamine Use by State

Percentages of People Aged 12 or Older

- 1.06–1.41
- 0.67–1.05
- 0.51–0.66
- 0.26–0.50
- 0.03–0.25

Differences in colors across states does not indicate significant differences in estimates.

Stimulant Misuse and Addiction

- Over the past eight years, there has been a nearly tenfold increase in the amount of methamphetamine seized by US Customs and Border Protection, from 8,900 pounds in 2010 to nearly 82,000 pounds so far in 2018.

- Figures are for fiscal years. 2018 data is from October 1, 2017 through August 31, 2018.

- Source: US Customs and Border Protection

- Overdose deaths involving cocaine and psychostimulants continue to increase. During 2015–2016, age-adjusted cocaine-involved and psychostimulant-involved death rates increased by 52.4% and 33.3%, respectively

- Continued increases in stimulant-involved deaths require expanded surveillance and comprehensive, evidence-based public health and public safety interventions.

SAMHSA exploring the expansion of contingency management approaches.

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Substances: Kratom

The effects of kratom in humans are dose-dependent:

- Small doses produce stimulatory effects resembling the stimulant effect of drugs such as cocaine or amphetamines.

- Larger dosages associated with sedative-narcotic, pain reducing effects that resemble drugs such as opiates.

- Regular kratom use is associated with addictive disorders, as evidenced by craving and compulsive use. Opioid withdrawal symptoms upon cessation.

SOURCE: Prozialeck W. C., Jivan J. K., Andurkar S. V. Pharmacology of Kratom: an emerging botanical agent with stimulant, analgesic and opioid-like effects. Journal of the American Osteopathic Association. 2012;112(12):792–799; Singh, 2014; Suwanlert, 1975; Ahmad and Aziz, 2012; Vicknasingam et al., 2010; Singh et al., 2014

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Number of Kratom-related Reported Exposure Calls to Poison Centers in the US

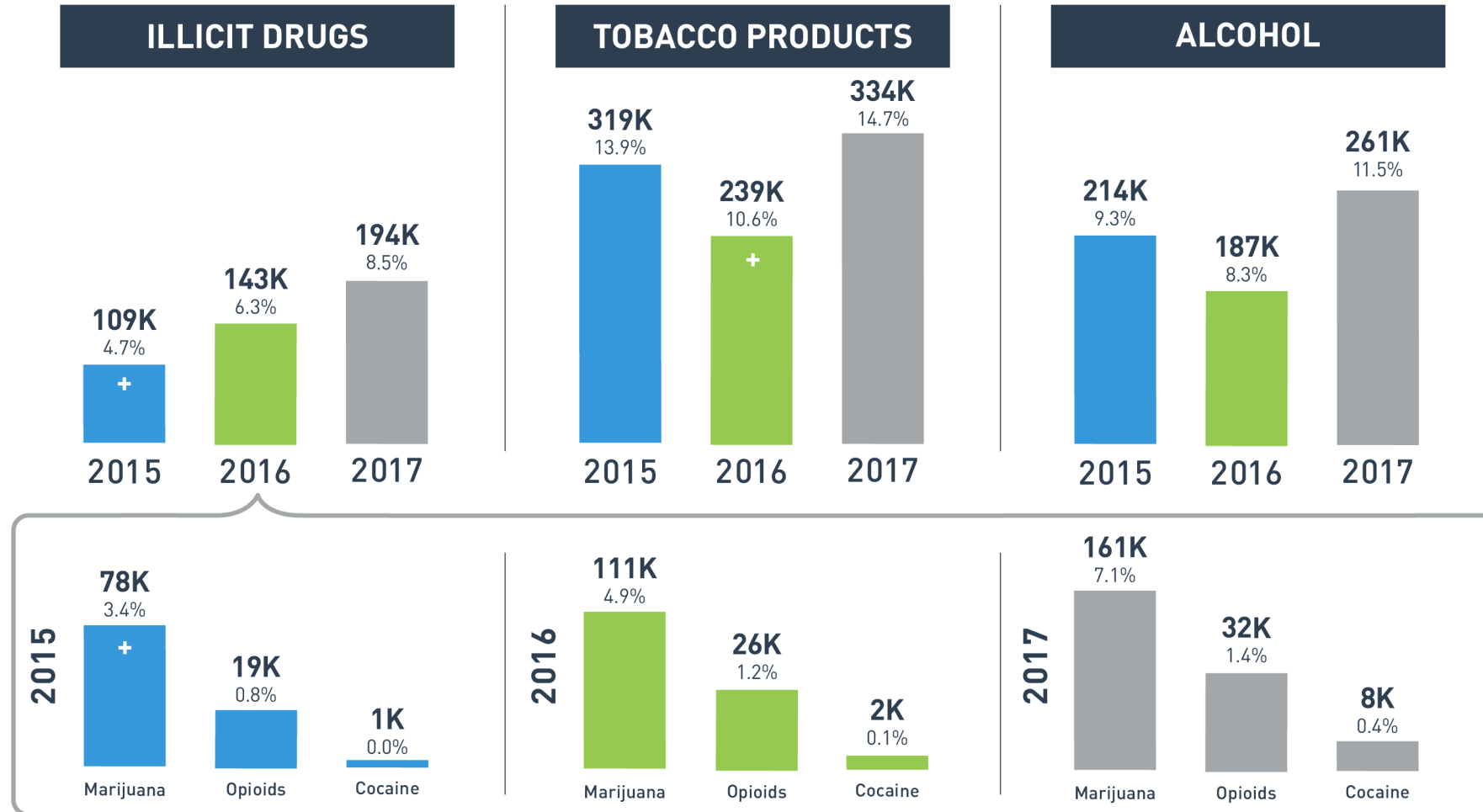## National Poison Data System - United States and Puerto Rico January 2010–December 2015
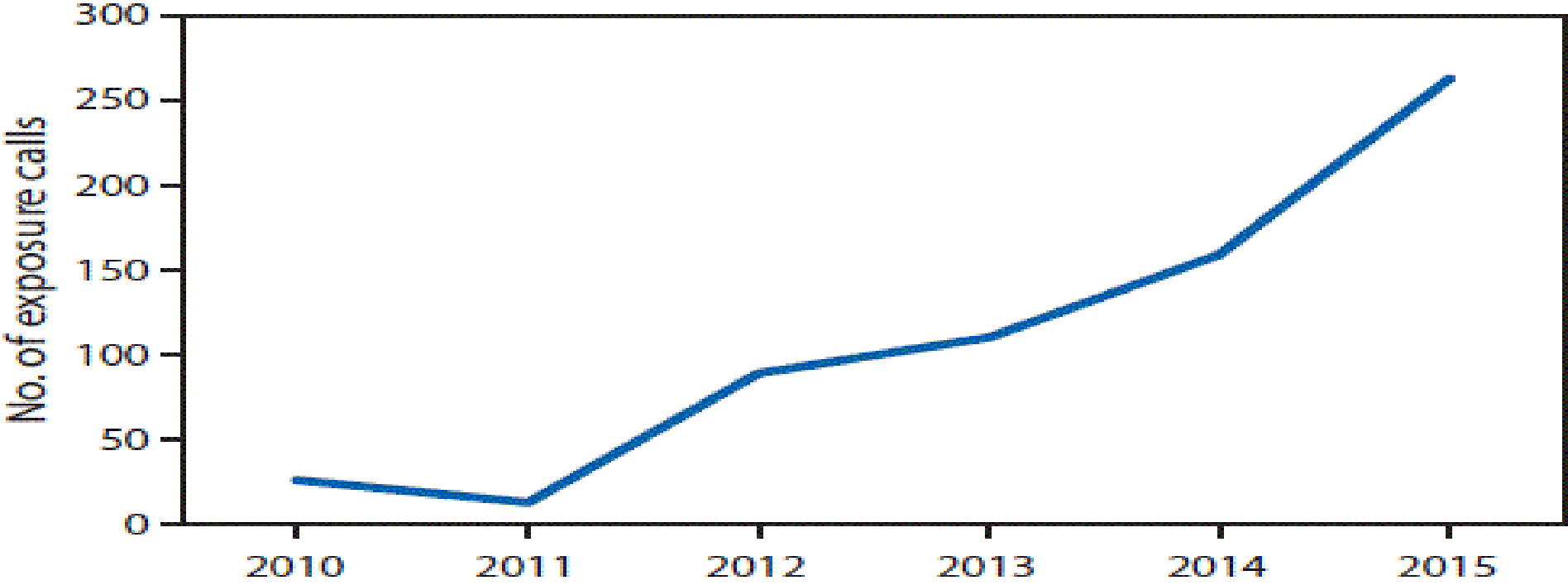
SOURCE: Anwar M, Law R, Schier J. Notes from the Field. Kratom (Mitragyna speciosa) Exposures Reported to Poison Centers — United States, 2010–2015. MMWR Morb Mortal Wkly Rep 2016;65:748–749. DOI: http://dx.doi.org/10.15585/mmwr.mm6529a4

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Substance Use in Past Month Among Pregnant Women

ILLICIT DRUGS

- 2015: 109K / 4.7% +
- 2016: 143K / 6.3%
- 2017: 194K / 8.5%

TOBACCO PRODUCTS

- 2015: 319K / 13.9%
- 2016: 239K / 10.6% +
- 2017: 334K / 14.7%

ALCOHOL

- 2015: 214K / 9.3%
- 2016: 187K / 8.3%
- 2017: 261K / 11.5%

2015

- Marijuana: 78K / 3.4% +
- Opioids: 19K / 0.8%
- Cocaine: 1K / 0.0%

2016

- Marijuana: 111K / 4.9%
- Opioids: 26K / 1.2%
- Cocaine: 2K / 0.1%

2017

- Marijuana: 161K / 7.1%
- Opioids: 32K / 1.4%
- Cocaine: 8K / 0.4%

Special analysis of the 2017 NSDUH Report.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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Know the Risks – Helpful Links

www.samhsa.gov/marijuana

www.samhsa.gov/marijuana/marijuana-pregnancy

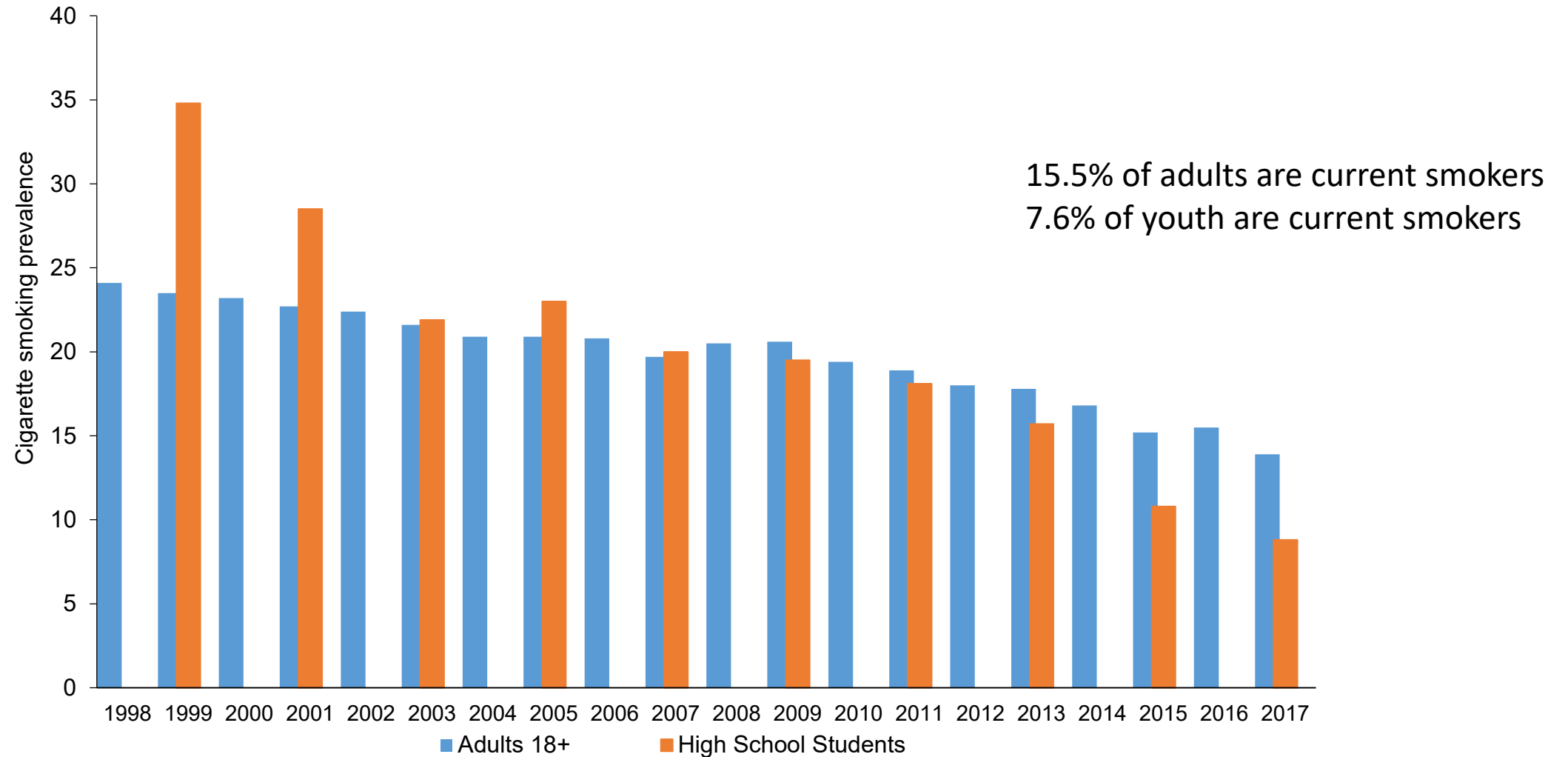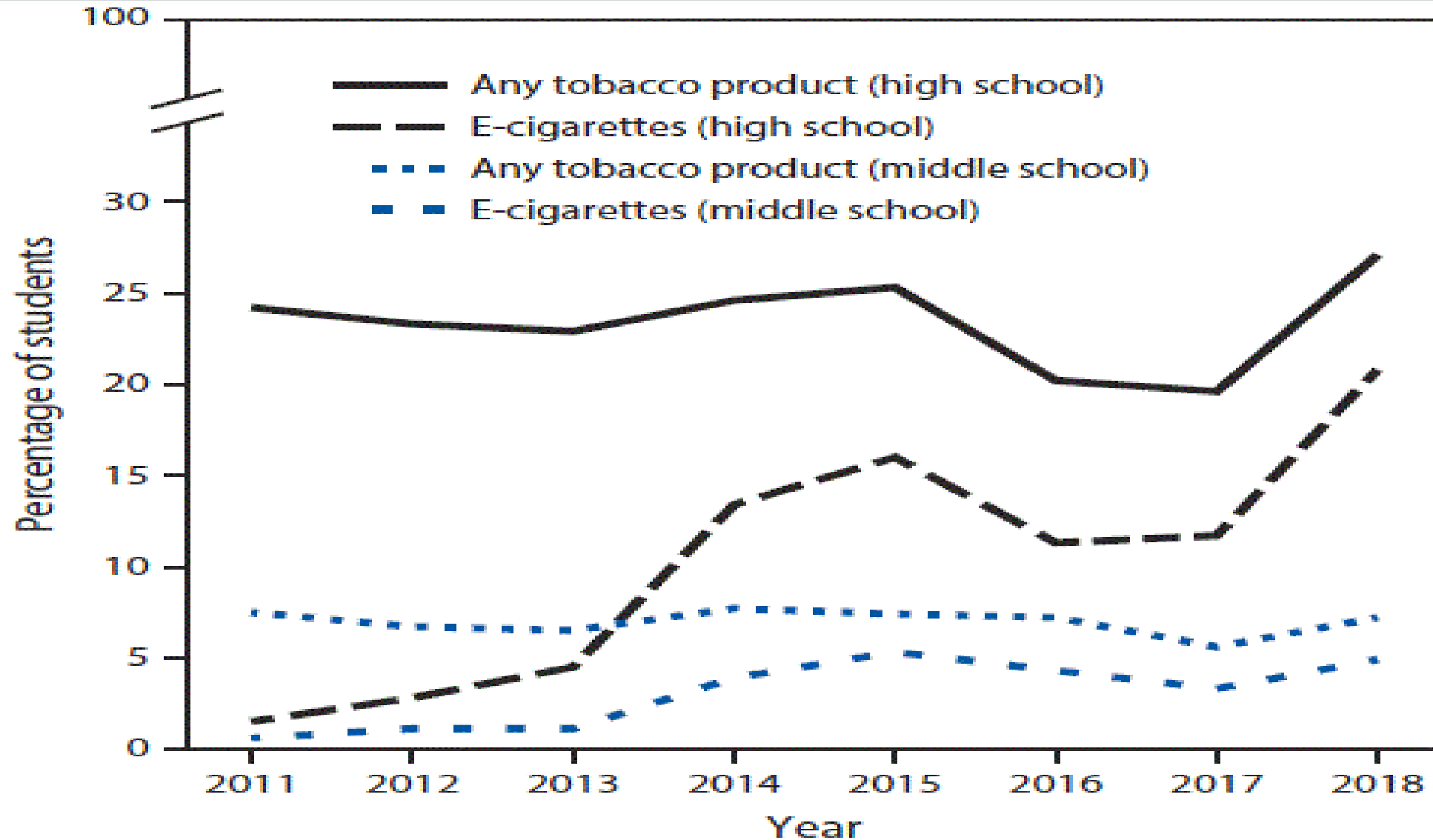https://www.samhsa.gov/marijuana-quiz

"Approximately 1 in 10 people who use marijuana will become addicted. When they start before age 18, the rate of addiction rises to 1 in 6."

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Cigarette Smoking Continues to Decline

15.5% of adults are current smokers
7.6% of youth are current smokers

Cigarette smoking prevalence

Years: 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017

■ Adults 18+   ■ High School Students

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Current Use of E-cigarettes and Any Tobacco Product Among Middle and High School Students— NYTS, US, 2011–2018

Source: Cullen KA, Ambrose BK, Gentzke AS, Apelberg BJ, Jamal A, King BA. *Notes from the Field:* Use of Electronic Cigarettes and Any Tobacco Product Among Middle and High School Students — United States, 2011–2018. MMWR Morb Mortal Wkly Rep 2018;67:1276–1277.

Thank you.

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

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240-276-2856

www.samhsa.gov

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

Behavioral Health Treatment Services Locator
findtreatment.samhsa.gov

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