

The Critical Role of State Systems in the Context of Epidemic SUD

Onaje Salim, EdD, LCPC, NCC
Director, CSAT, Division of State and Community Assistance
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services



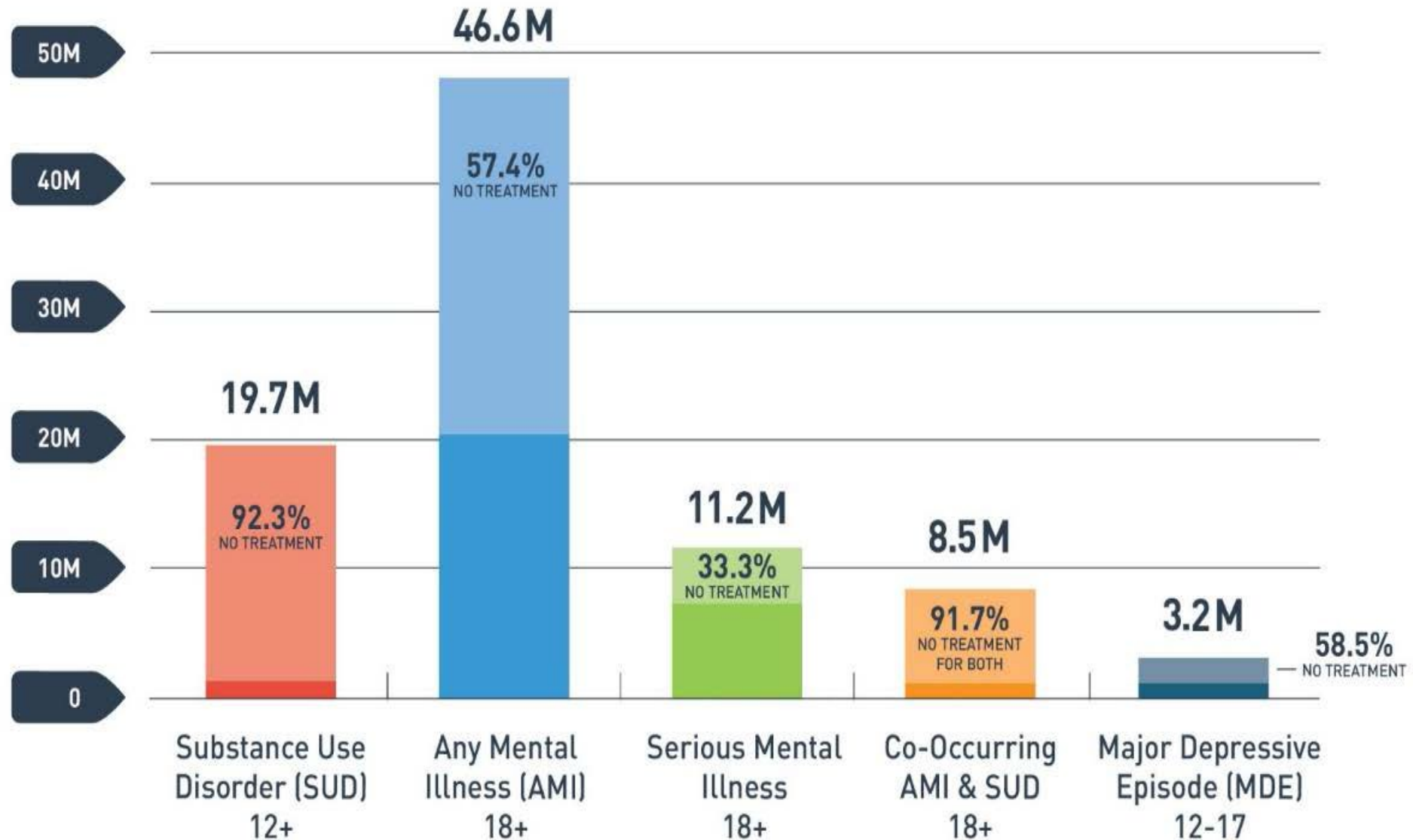
**Elinore F. McCance-Katz, MD, PhD, Assistant Secretary for Mental Health
and Substance Use**



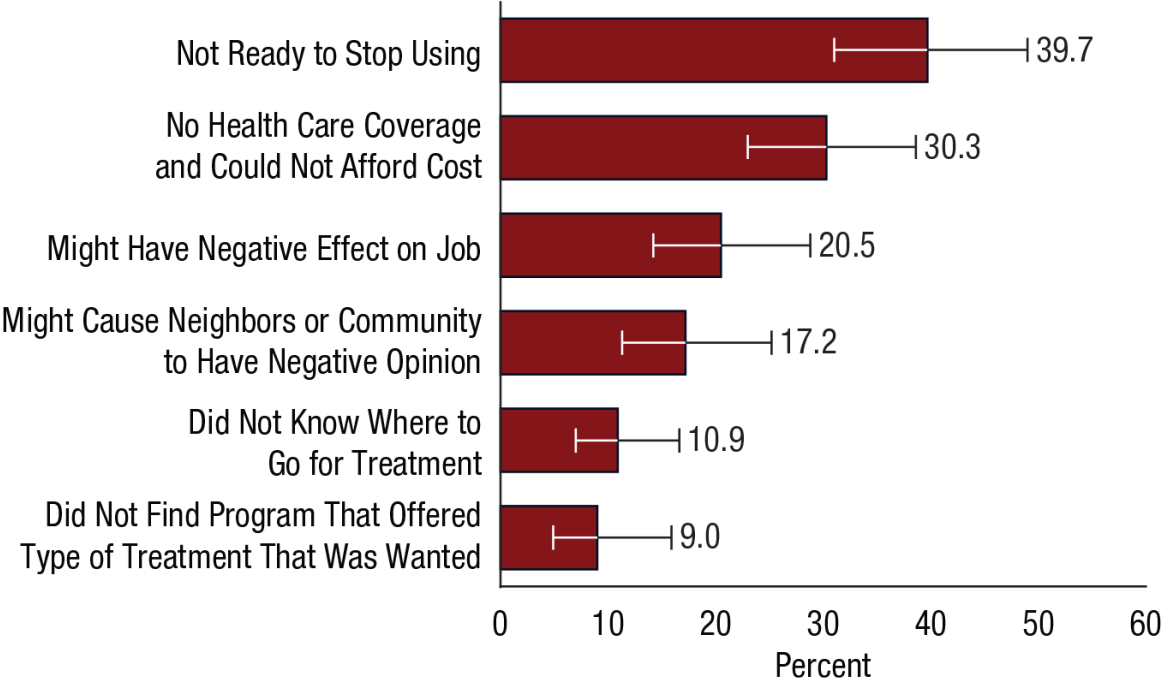
SAMHSA Strategic Plan 2019-2023

- **The SAMHSA Strategic Plan FY2019-FY2023** outlines five priority areas with goals and measurable objectives that provide a roadmap to carry out the vision and mission of SAMHSA over the next four years. The five priority areas are:
 - 1. Combating the Opioid Crisis** through the Expansion of Prevention, Treatment, and Recovery Support Services
 - 2. Addressing Serious Mental Illness** and Serious Emotional Disturbances
 - 3. Advancing Prevention, Treatment, and Recovery Support** Services for Substance Use
 - 4. Improving Data Collection, Analysis, Dissemination, and** Program and Policy Evaluation
 - 5. Strengthening Health Practitioner Training and Education**

Despite Consequences and Disease Burden, Treatment Gaps Remain Vast



Reasons for Not Receiving Substance Use Treatment in the Past Year among People Aged 12 or Older Who Felt They Needed Treatment in the Past Year: Percentages, 2017



Note: Respondents could indicate multiple reasons for not receiving substance use treatment; thus, these response categories are not mutually exclusive.

- **Opioids epidemic:** Increasing heroin use in context of continuing prescription opioid misuse (4.4% of Americans over age 12)
- Disproportionate increase in drug overdose deaths associated with opioids and with heroin use (CDC data) related to **synthetic opioids** mixed into heroin (e.g.: fentanyl)
- Increases in serious mental illness, suicidality in **transitional age youth**
- Major **gaps** in treatment received by affected individuals

Opioids Summary

- Prescription opioids still with high rates of misuse/abuse
- Obtained from friends/relatives and from healthcare provider/prescriber
- Significant **decrease in prescription opioid abuse from 2015**
- Buprenorphine has highest rate of misuse
- **New users of heroin decreased dramatically in 2017**
- Despite modest decline in heroin users continued increase in deaths

Drug Overdose Deaths Involving Cocaine and Psychostimulants with Abuse Potential

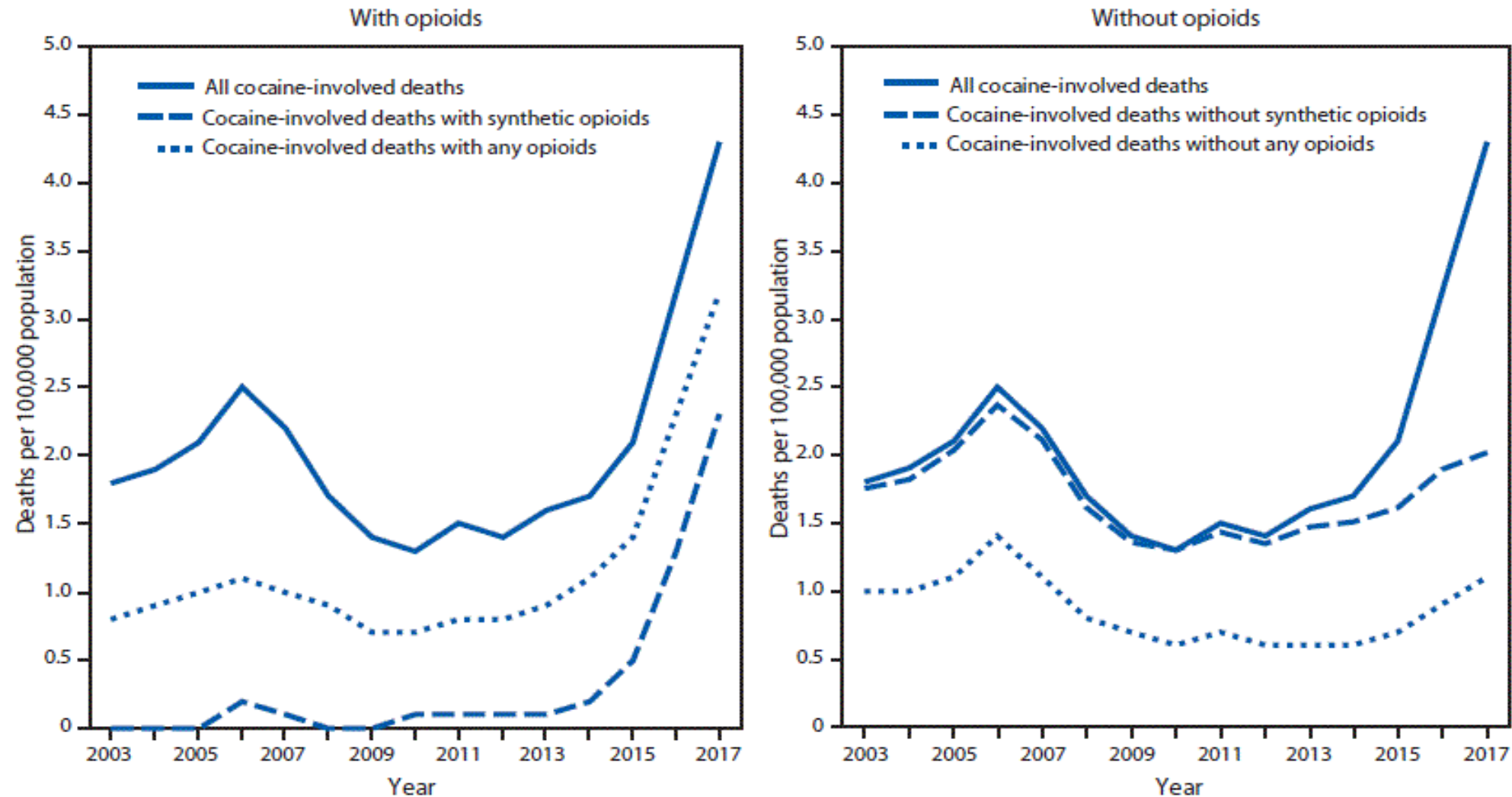


FIGURE 1. Age-adjusted rates* of drug overdose deaths† involving cocaine§ with and without synthetic opioids other than methadone (synthetic opioids) and any opioids|| — United States, 2003–2017**,\†† MMWR 5/3/2019

- Opioids Epidemic: **Some evidence for progress:** Number of new users of heroin decreased from 170,000 in 2016 to 81,000 in 2017
- **Significant increases in those with SUDs receiving treatment in specialty settings and physician office settings**
- **NSDUH reveals areas where we need to focus resources:** Transitional aged youth: mental illness and substance use disorders
- Addressing co-occurring mental and substance use disorders (8.3% in need received treatment)
- Women, and particularly, pregnant women with increasing use of substances

CSAT Budget

Program Category	FY 2018 Operating (\$ in thousands)	FY 2019 Enacted (\$ in thousands)	FY 2019 Enacted +/- FY 2018 Operating
Programs of Regional & National Significance	\$399,091	\$460,677	+\$61,586
State Targeted Response to the Opioid Crisis Grants	\$500,000	----	-\$500,000
State Opioid Response Grants	\$1,000,000	\$1,500,000	+\$500,000
Substance Abuse Prevention & Treatment Block Grant	\$1,858,079	\$1,858,079	---
Total Budget	\$3,757,170	\$3,818,756	+\$61,586

Programs of Regional & National Significance (Details)

Program	FY 2018 Operating (\$ in thousands)	FY 2019 Enacted (\$ in thousands)
Opioid Treatment Programs/Regulatory Activities	\$8,724	\$8,724
Screening, Brief Intervention & Referral to Treatment	\$24,700	\$30,000
Targeted Capacity Expansion – General (includes MAT-PDOA @ \$89M in FY 2019)	\$95,192	\$100,192
Pregnant & Postpartum Women (PPW)	\$29,931	\$29,931
Building Communities of Recovery (BCOR)	\$5,000	\$6,000
Recovery Community Support Services (RCSP)	\$2,434	\$2,434
Children & Families	\$29,605	\$29,605

Programs of Regional & National Significance (Details)

Program	FY 2018 Operating (\$ in thousands)	FY 2019 Enacted (\$ in thousands)
Treatment Systems for Homeless	\$36,386	\$36,386
Criminal Justice Activities (includes Drug Courts @ \$70M in FY 2019)	\$89,000	\$89,000
Minority AIDS	\$64,534	\$65,570
SAT Minority Fellowship Program	\$4,539	\$4,789
Addiction Technology Transfer Centers	\$9,046	\$9,046
Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths	---	\$12,000
First Responder Training (CARA)	---	\$36,000
Improving Access to Overdose Treatment	---	\$1,000

State Grant Programs – Opioids

- State Opioid Response (SOR)
 - In FY 2018, SAMHSA awarded 57 State Opioid Response (SOR) grants for a total of \$933 million. States received funding based on a formula, with a 15 percent set-aside for the ten states with the highest mortality rate related to drug overdose deaths.
- The SOR grants address the opioid crisis by:
 - increasing access to MAT using the three FDA-approved medications for the treatment of OUD;
 - reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD; and
 - reducing unmet treatment need
- State Targeted Response (STR):
 - \$1B allocated over two rounds in FYs 2017 and 2018.
 - Conduct needs assessments and strategic planning.
 - Identify gaps and resources.
 - Implement and expand access to clinically appropriate evidence-based practices for OUD treatment; focus on use of medication-assisted treatment and recovery support services.
 - Advance substance misuse prevention in coordination with other federal efforts.
- Through 10/2018, the program supported treatment to 237,934 persons, with over 65 percent receiving MAT funded through the program (Next report for YTD numbers will be completed by May 2019).

Tribal Opioid Response Grants (TOR)

- In FY 2018, SAMHSA awarded 134 Tribal Opioid Response (TOR) grants for a total of \$50 million.
- The purpose of these grants is to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT).
- This is the first time SAMHSA has an entire grant program dedicated to tribal-specific opioid treatment.

Medication Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA)

- In FY 2018, SAMHSA awarded \$65.7 million to 128 new grants and \$12.8 million to 17 continuation grants to states, political subdivisions within states, public and private non-profit organizations, and tribes and tribal organizations.
- In FY 2019, SAMHSA awarded \$16.3 million to 30 new grants.
- The goal of the MAT-PDOA program is to expand/enhance access to the number of people receiving MAT for Opioid Use Disorder (OUD).
- Desired outcomes include:
 - an increase in the number of admissions for MAT and clients receiving integrated care/treatment resulting in a decrease in illicit opioid use and prescription opioid misuse; and
 - the development and implementation of risk diversion plans, integration of peer and other recovery support services, and alignment with Prescription Drug Monitoring Programs (PDMP).

Division of State and Community Assistance (DSCA)

Performance Partnership Grants Branch

- Manages the Substance Abuse Prevention and Treatment Block Grant (SABG):
- The FY 2019 SABG proposed appropriation is the same as FY 2018 at \$1.9 billion. The SABG was first authorized in 1992. It is a vital source of funding for states as it accounts for approximately 27.5 percent of total single state agency (SSA) funding.
- The SABG provides annual funding to the States and Jurisdictions to plan, carry out, and evaluate authorized activities to prevent and treat substance abuse.
 - Requires States and Jurisdictions to obligate and expend Block Grant funds for certain activities (e.g., primary prevention, and early intervention services for HIV)
 - Must demonstrate compliance with numerous performance requirements, including **maintenance of effort (MOE)**.
 - The SABG includes a 20 percent set-aside to support primary prevention activities; and a 5 percent set-aside for early intervention services for HIV

<https://www.samhsa.gov/sites/default/files/samhsa-fy-2019-congressional-justification.pdf>

Division of State and Community Assistance (DSCA)

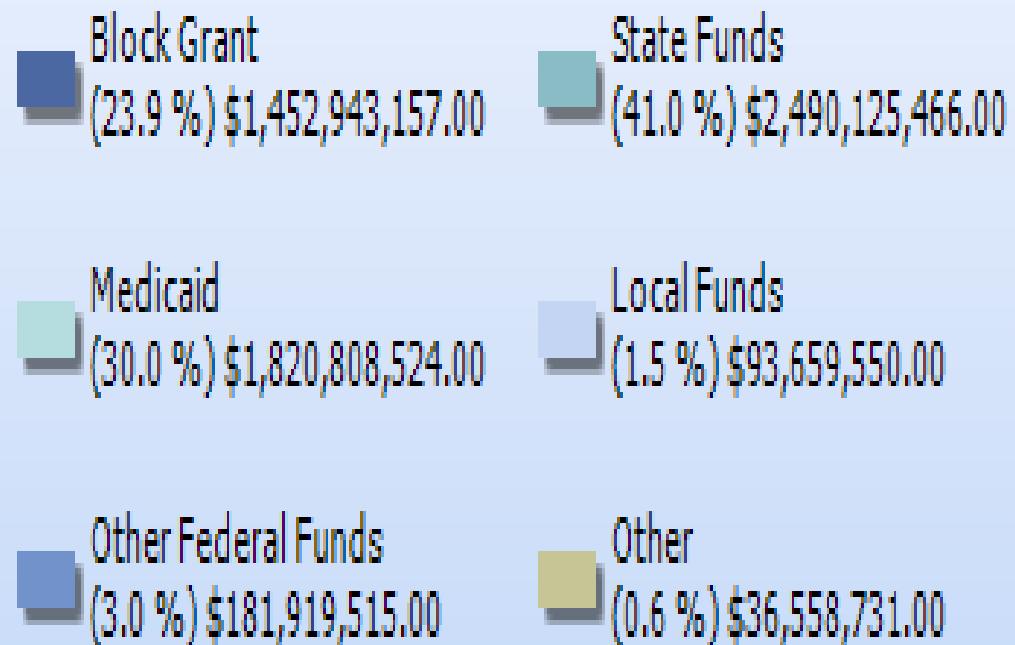
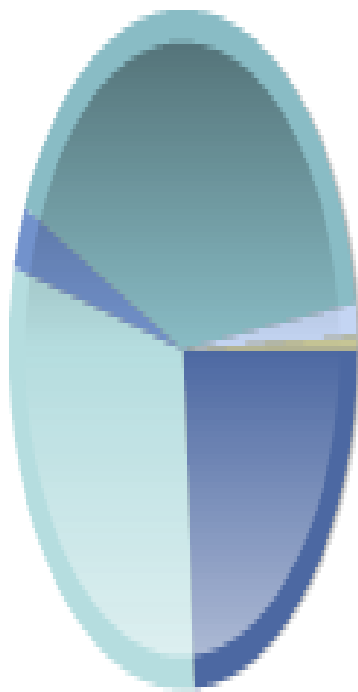
Performance Measurement Branch (PMB):

SAMHSA's Performance Accountability and Reporting System (SPARS) and Web Block Grant Application System (WebBGAS)

- Real-time data entry and reporting system
- Enables daily program management by grantees and Government Project Officer
- Common data platform among centers
- Data Visualization—Graphic reports (e.g., bar charts) that allow GPOs to identify the status of each grant

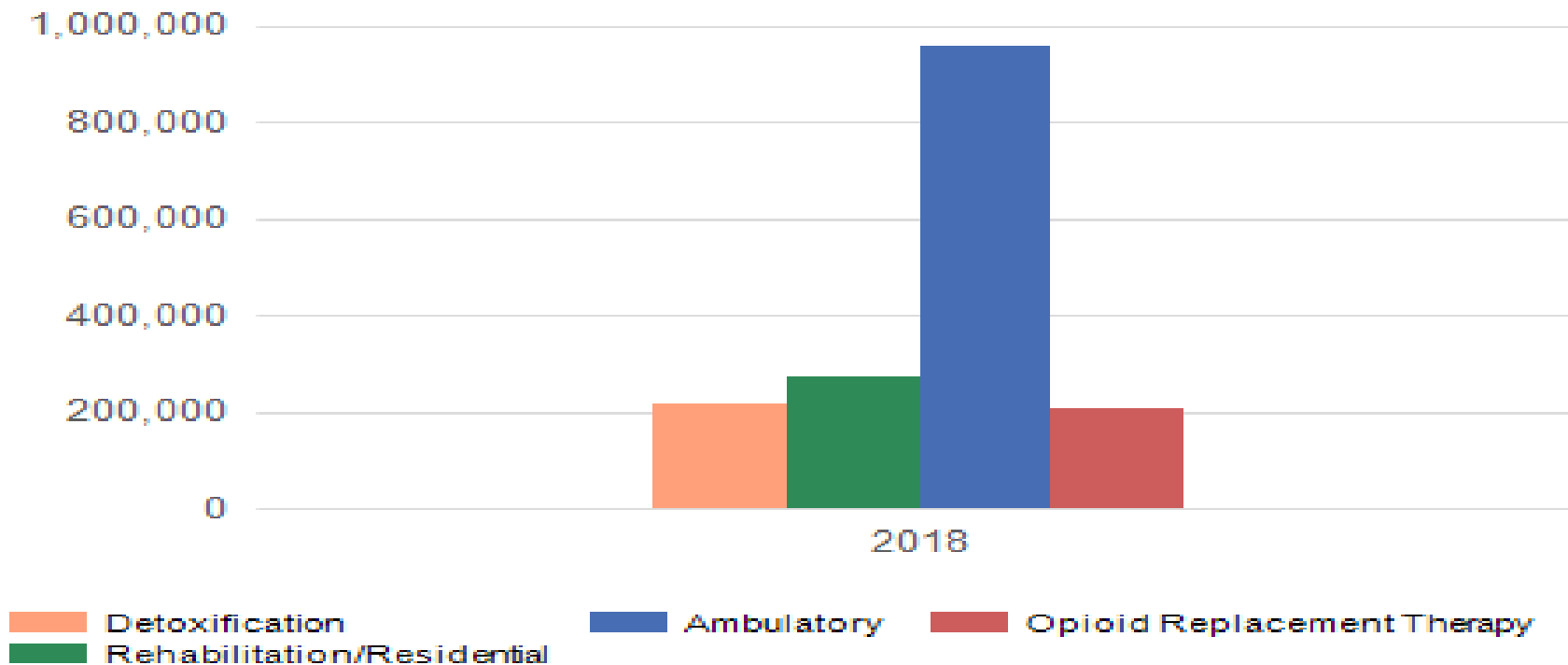
State Funding Pattern (2018)

Substance Abuse Services Funding Nationwide

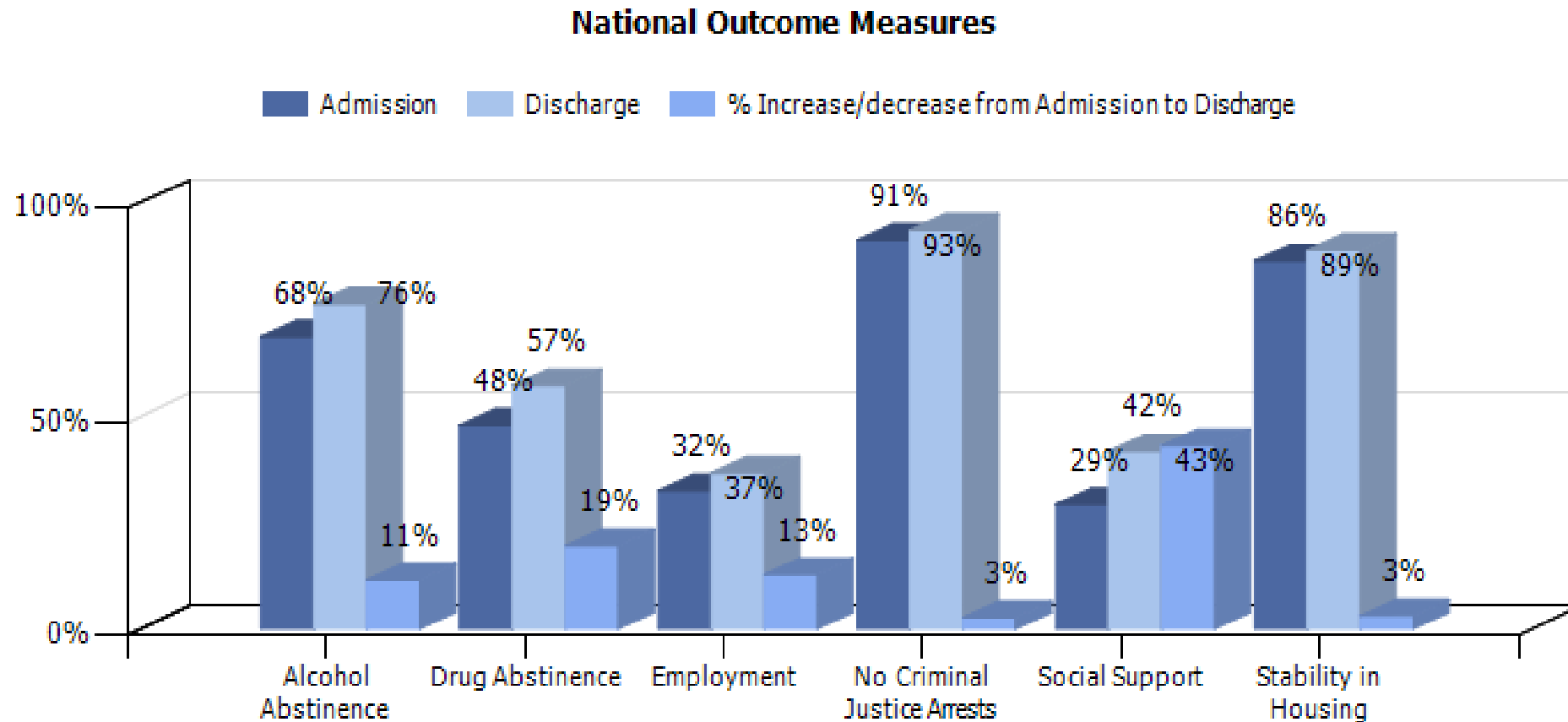


Categorical SABG Spending (2018)

All States/Jurisdictions - Persons Served by Category

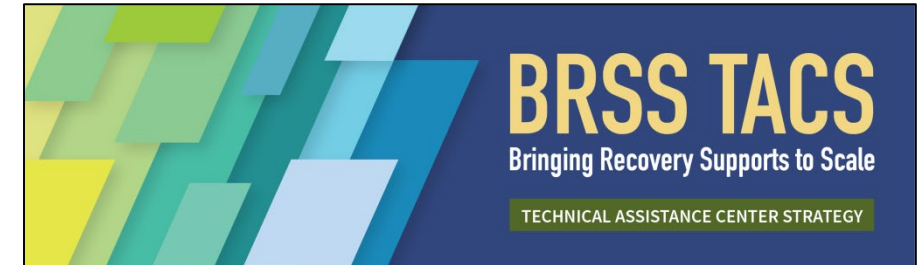


National Outcome Measures (2018)

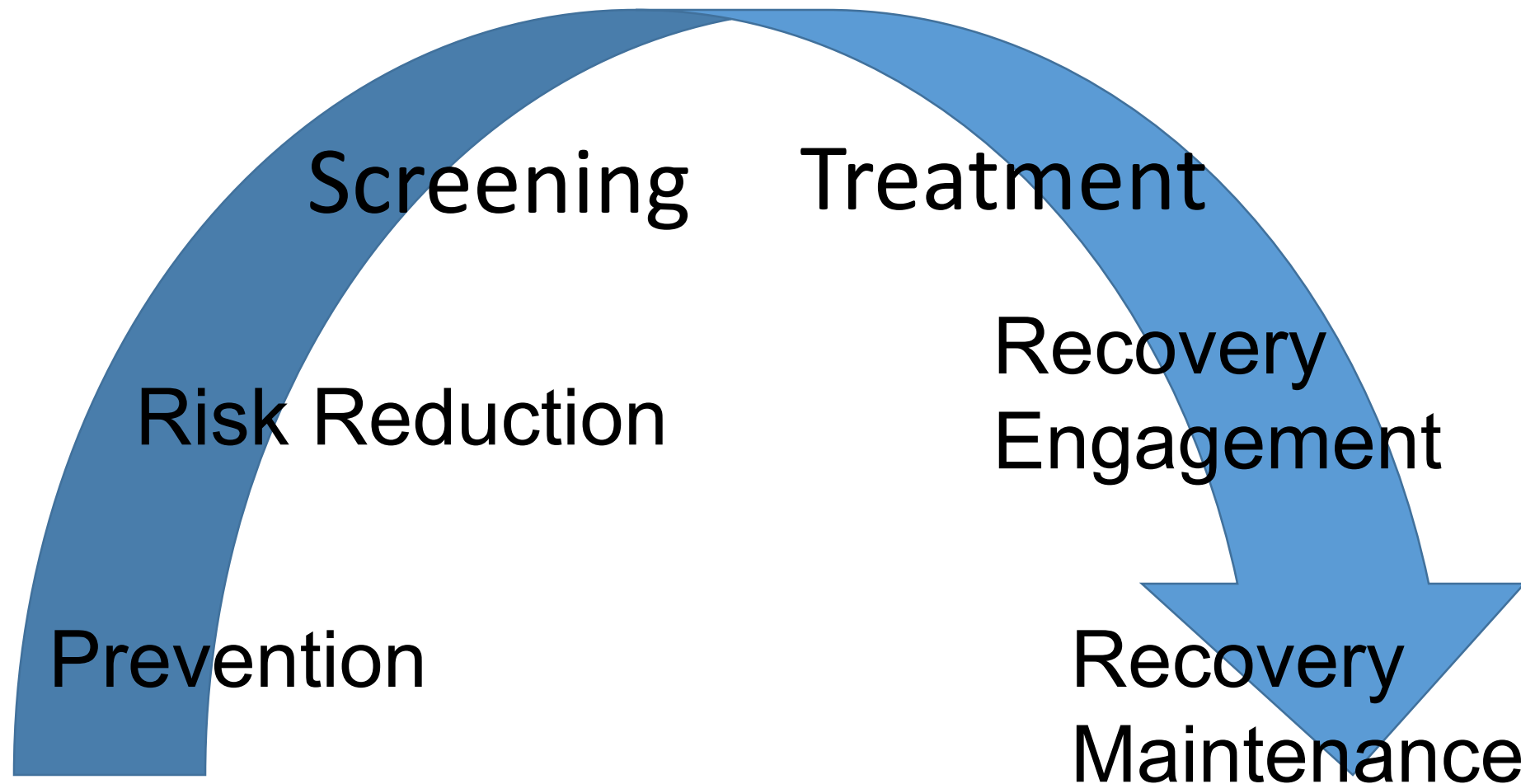


Office of Consumer Affairs

- Generates and disseminates substance use disorder treatment information to the general public.
- Works within SAMHSA and stakeholders to develop initiatives that foster a better understanding of the needs of those in recovery and their families.
- Co-leads BRSS-TACS (Building Recovery Supports to Scale Technical Assistance Center Strategy) to help programs, systems, states, territories, and tribes implement effective recovery supports and services for individuals of all ages and diverse populations with M/SUDs.
- Develops national communication strategies and public education campaigns, including the annual observance of the National Recovery Month (September).



Behavioral Health Continuum of Care

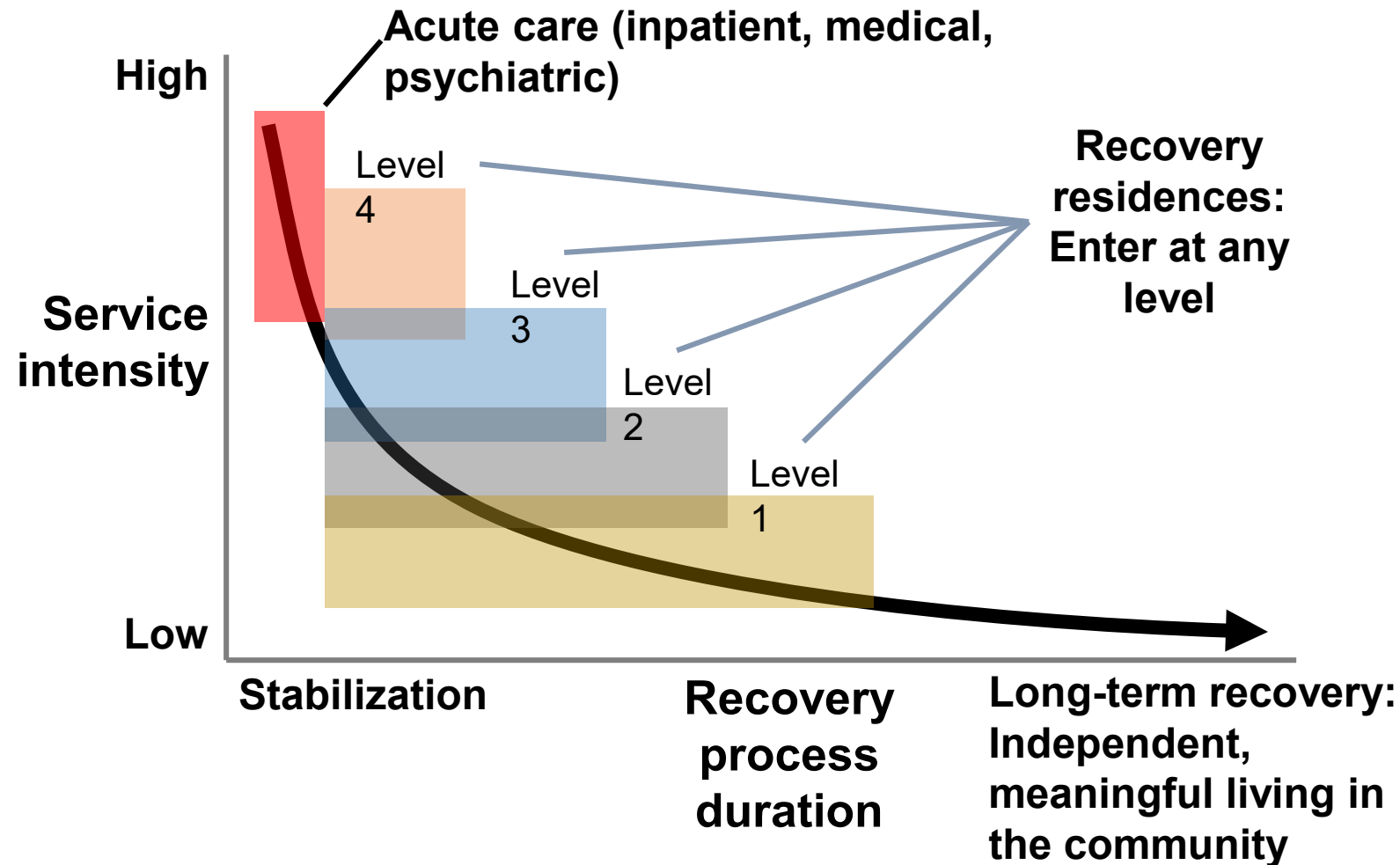


What Are We Trying To Accomplish?

- Screening
- Treatment (pharmacotherapy and psychosocial interventions)
 - Alcohol use disorder
 - Opioid use disorder
 - Cannabis use disorder
 - Stimulant use disorder
- Promoting group mutual help (e.g. AA, NA, Smart Recovery)
- Address co-occurring mental health conditions and psychosocial problems
- Continuing care guided by ongoing assessment
- Stabilization & recovery

SUD	Medications	Psychosocial Intervention
Alcohol	Acamprosate Disulfiram Naltrexone Topiramate Gabapentin	<ul style="list-style-type: none"> • Behavioral Couples Therapy • Cognitive Behavioral therapy (CBT) • Community Reinforcement Approach (CRA) • Motivation Enhancement Therapy (MET) • Twelve Step Facilitation
Opioids	Buprenorphine Methadone ER-Injectable Naltrexone Lofexidine	Medical Management Contingency Management (CM)/Individual Drug Counseling (IDC)
Cannabis		CBT/MET
Stimulants		CBT/CRA/IDC +/- CM

Recovery Housing in the Continuum of Recovery



TIP 63: Medications for Opioid Use Disorder

This Treatment Improvement Protocol (TIP) reviews the use of the three Food and Drug Administration (FDA)-approved medications used to treat opioid use disorder (OUD)—methadone, naltrexone, and buprenorphine—and the other strategies and services needed to support recovery for people with OUD.



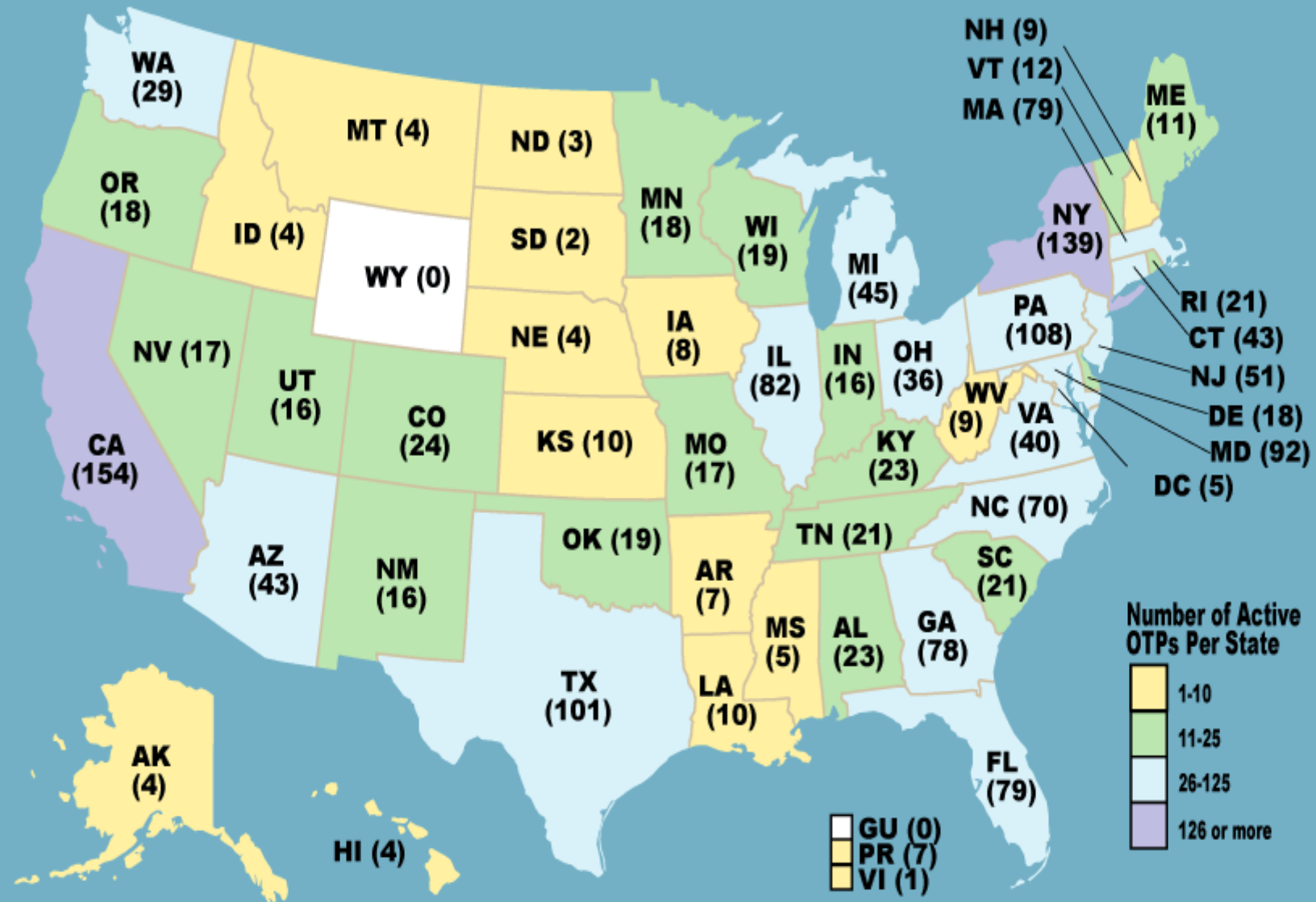
Benefits of Medication for OUD

- Reduces all cause mortality
- Reduces HIV risk
- Improves adherence to medical treatment
- Improves social function
- Decreases criminal behaviors
- Decreases drug use

<http://www.bmj.com/content/bmj/357/bmj.j1550.full.pdf>

<http://www.bmj.com/content/bmj/357/bmj.j1947.full.pdf>

SAMHSA Certified Opioid Treatment Programs



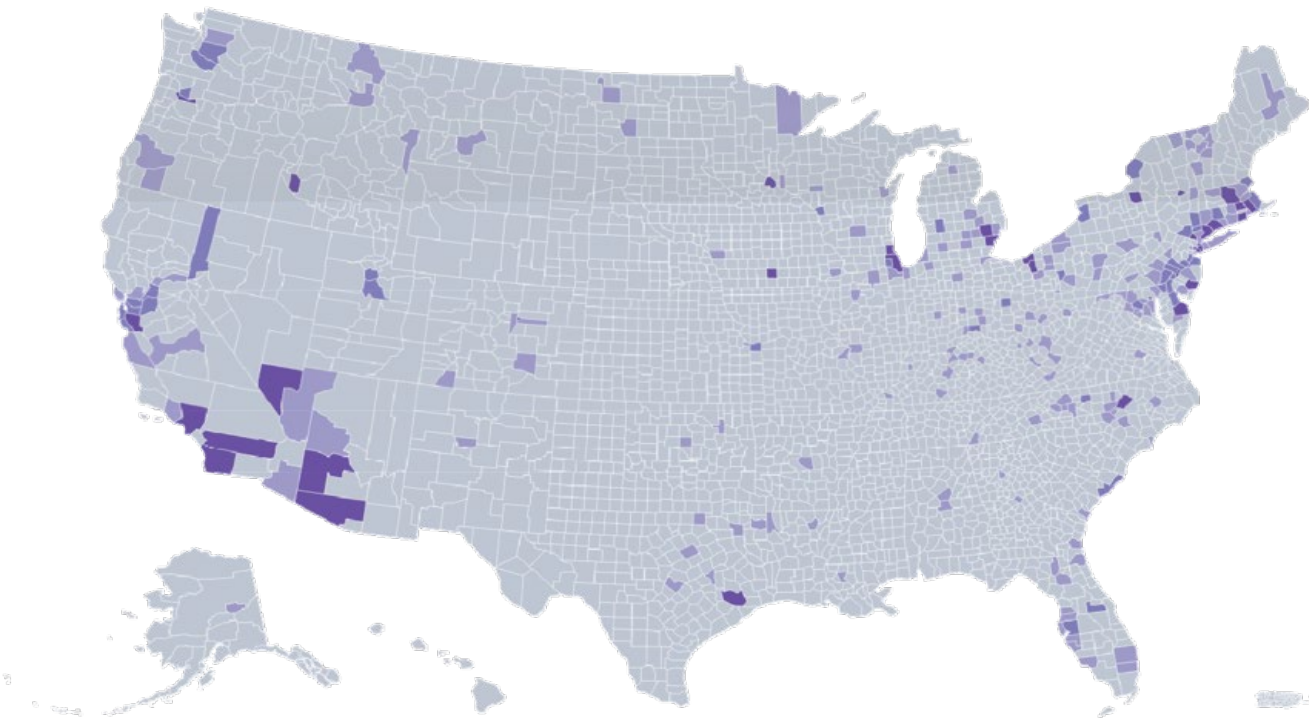
Source: SAMHSA, CSAT. OTP Database. February 27, 2018.

Expanding access to Medication-Assisted Treatment

Substance use disorder treatment facilities offering all three medications for OUD, by county (2018).

NOTE: Gray = no facilities; light purple = 1 facility; medium purple = 2 facilities; dark purple = 3 or more facilities.

SOURCE: amfAR, 2018.



SAMHSA MATx Mobile Application

MATx empowers health care practitioners to provide effective, evidence-based care for opioid use disorders. This free app supports practitioners who provide medication-assisted treatment (MAT), as well as those who plan to do so in the future.

<https://www.youtube.com/watch?v=BV-nnODqLsA>



SAMHSA – Useful Products for the Field

Products in the Pipeline

Treatment:

- MAT in CJ setting
- MOUD in Emergency Departments
- Recovery with a focus on Education and Employment
- OUD Rural Advisory

Prevention:

- Marijuana use among women of child bearing age
- Emerging Adults (18-25yo)

Center for Mental Health Services:

- Co-occurring Disorders

Resources

- **SAMHSA's TIP 63: Medications for Opioid Use Disorder,** <https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf>
- **The Surgeon General's Report on Alcohol, Drugs, and Health,** <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>
- **Finding Quality Treatment for Substance Use Disorder,** <https://store.samhsa.gov/system/files/pep18-treatment-loc.pdf>
- **SAMHSA/Addiction Technology Transfer Center,** <http://attcnetwork.org/projects/opioid.aspx>
- **Tribal Training and Technical Assistance Center,** <https://www.samhsa.gov/tribal-ttac>
- **Providers' Clinical Support System for Medication-Assisted Treatment,** <https://pcssnow.org/>
- **Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants,** https://www.samhsa.gov/sites/default/files/topics/alcohol_tobacco_drugs/healthy_pregnancy_healthy_baby_flyer.pdf
- **Shared Decision-Making Tools – Decisions in Recovery: Treatment for Opioid Use Disorder,** <https://store.samhsa.gov/product/Decisions-in-Recovery-Treatment-for-Opioid-Use-Disorders/SMA16-4993>

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

Thank You!

www.samhsa.gov

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