# SAMHSA: Behavioral Health Services Overview

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Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

# SAMHSA Overview

- One of several agencies in the HHS family of agencies
- SAMHSA's mission is to reduce the impact of substance use disorder and serious mental illness on America's communities.
- The 21st Century Cures Act (Dec 2016) elevated SAMHSA leadership to the Assistant Secretary level
- Funding includes block formula grants, discretionary grants, cooperative agreements and contracts.
- Office of the Assistant Secretary
  - National Mental Health and Substance Use Policy Laboratory
  - Office of the Chief Medical Officer
  - Office of Tribal Affairs Policy
  - PEPFAR

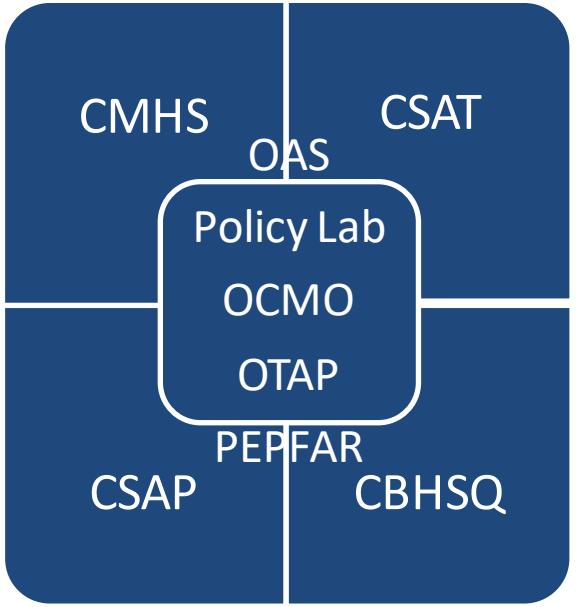
## General organization:

CSAT: Center for Substance Abuse Treatment

CSAP: Center for Substance Abuse Prevention

CMHS: Center for Mental Health Services

CBHSQ: Center for Behavioral Health Statistics and Quality

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# Mental and Substance Use Disorders in America

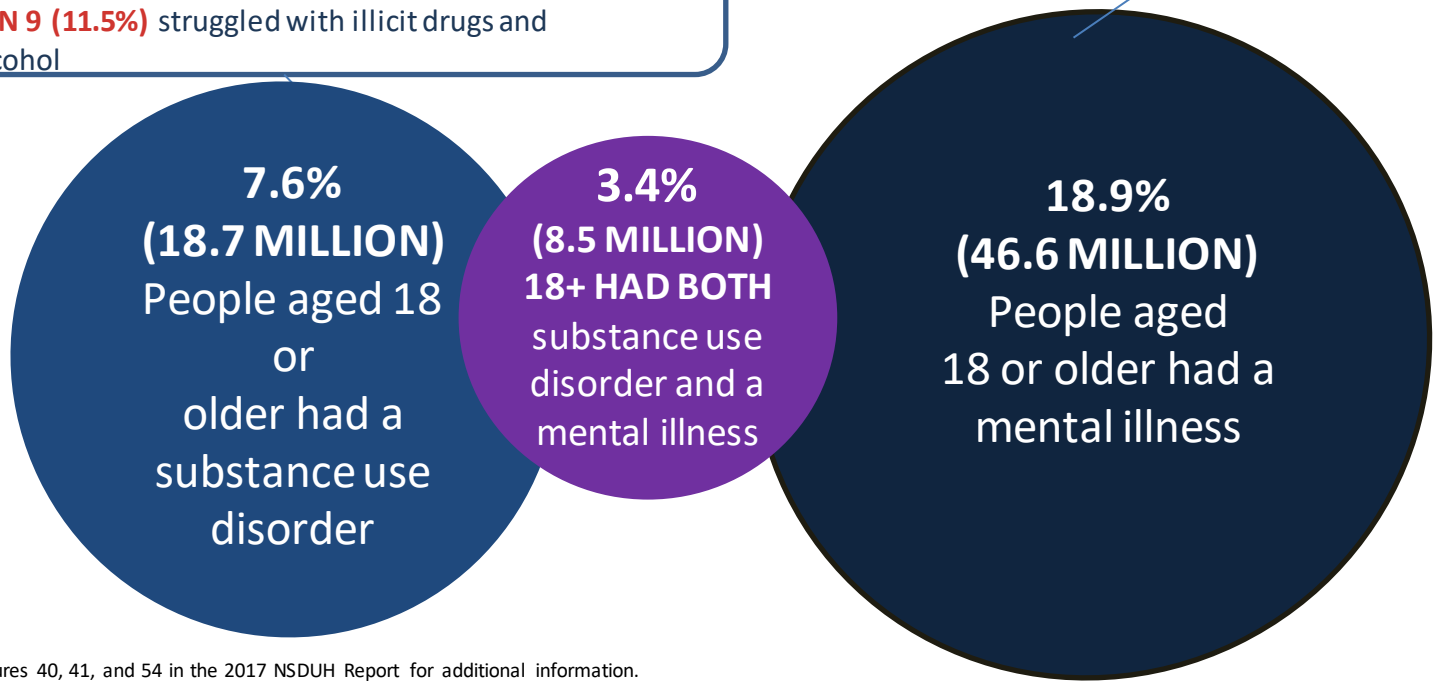
PAST YEAR, 2017, 18+

**Among those with a substance use disorder:**

- **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:**

- **1 IN 4 (24.0%)** had a serious mental illness




See figures 40, 41, and 54 in the 2017 NSDUH Report for additional information.

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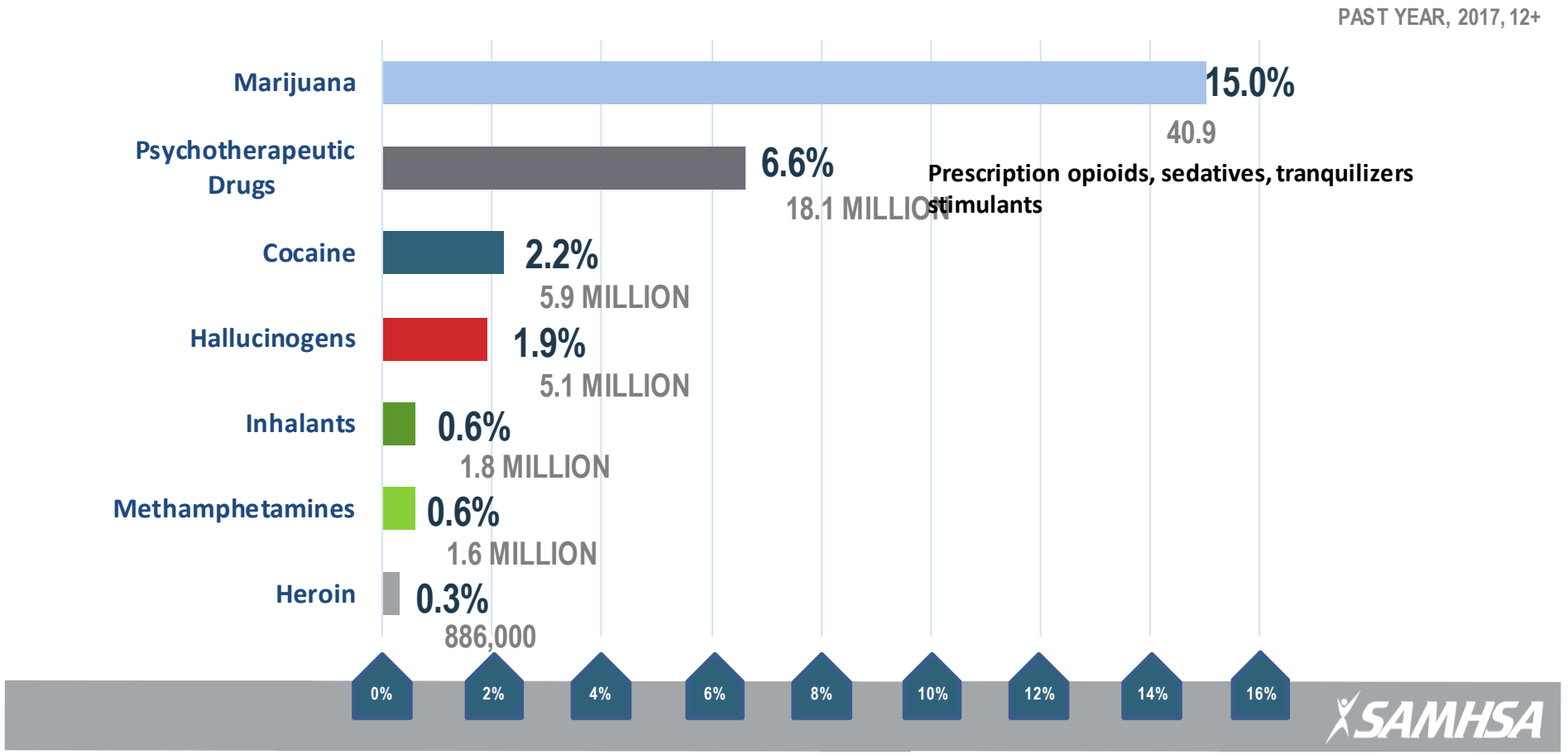
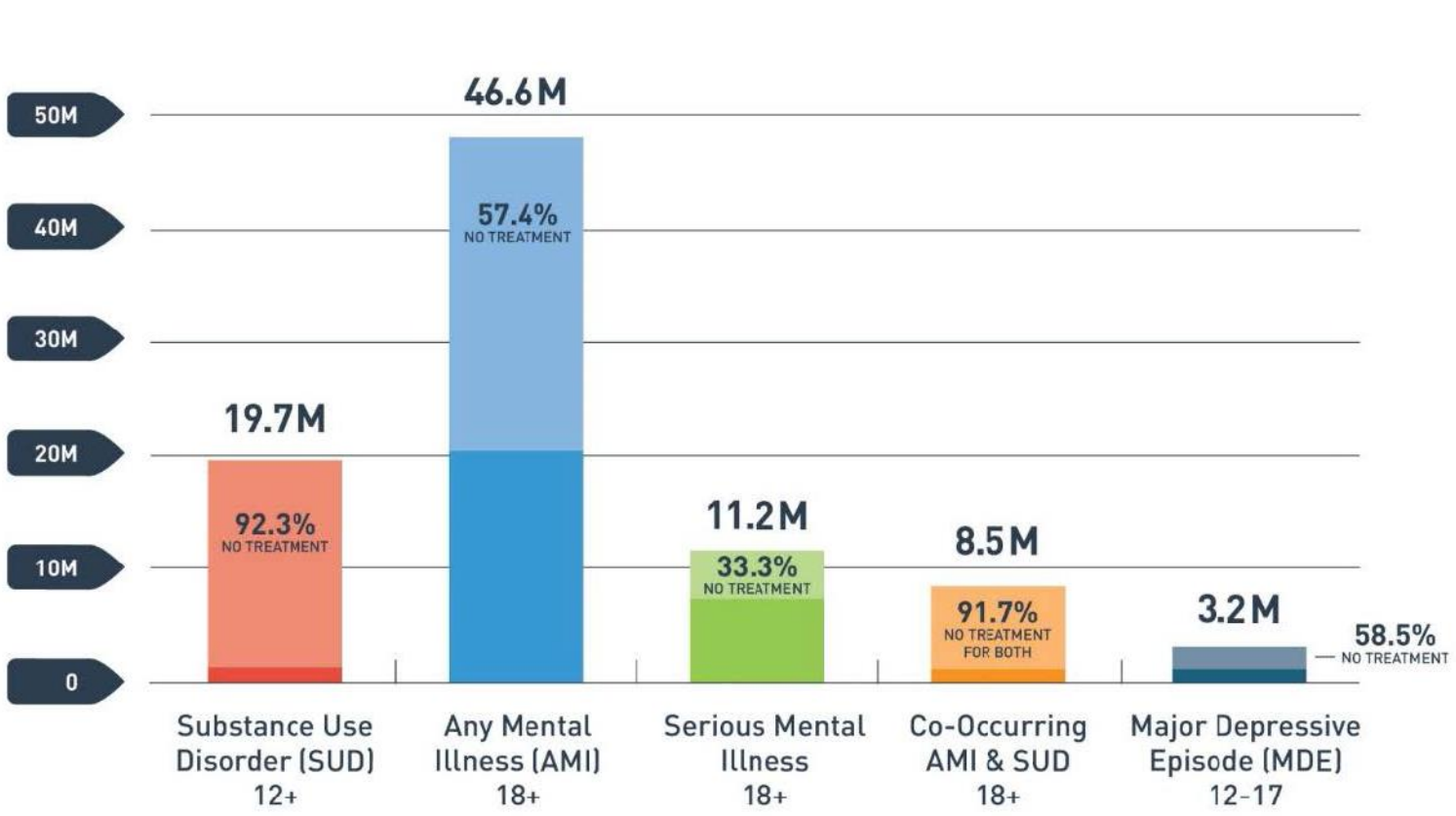
# ILLICIT DRUG USE IMPACTS MILLIONS: MARIJUANA MOST WIDELY USED DRUG



# Despite Consequences and Disease Burden, Treatment Gaps Remain Vast




See the 2017 NSDUH Report for additional information.



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# National Survey on Drug Use and Health (NSDUH)

- NSDUH is a comprehensive household interview survey of substance use, substance use disorders, mental health, and the receipt of treatment services for these disorders in the United States.
- NSDUH is collected face-to-face by field interviewers who read less sensitive questions to respondents and transition respondents to audio computer assisted self-interviewing for sensitive items.
- NSDUH covers the civilian, noninstitutionalized population, aged 12 or older:
- Sample includes all 50 states and DC
- Approximately 67,500 persons are interviewed annually
- Data collected from January to December

- Response:
- Simplified grant application process to encourage greater community participation
- 3,294 applications received to-date compared to total of 1,360 last year
- Establishment of STR TA/T program in the states to address opioids crisis training needs
- Offender Re-entry program: grantees can provide services *prior* to release
- Young children mental health services program: now serves children exposed to substances in utero who develop behavioral health issues
- New Certified Community Behavioral Health Clinics providing emergency care and integrated services

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# SAMHSA's Response to NSDUH Findings

- **2018: Launch of new approach to technical assistance and training**
- **Previous focus on technical assistance to grantees expanded to national approach**
  - ***Establishment of Clinical Support System for Serious Mental Illness***
    - National practitioner training efforts
    - Focus on appropriate use and monitoring of psychotropic medications
    - Use of clozapine in treatment refractory schizophrenia
    - Assisted outpatient treatment
  - ***Establishment of national system of Technology Transfer Centers***
    - Substance Abuse Prevention Technology Transfer Centers
    - Addiction Technology Transfer Centers
    - Mental Health Technology Transfer Centers
    - Training and technical assistance tailored to needs of HHS regions
    - Native American/Alaska Native, Hispanic/Latino focus centers

# NSDUH data and response

- 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
  - Women, and particularly, pregnant women with increasing use of substances
- **Addressing the need for clinicians to be prepared to address mental health issues and substance issues:**
- Continue with implementation of training and technical assistance programs already launched to help with workforce preparation and expansion to address mental illness and substance use disorders

# SAMHSA's Response

- Alcohol:
  - Increases in new users in transitional age youth (18-25y)
  - Decreases in new users in youth (12-17y) and adults > 26 years compared to 2015
  - Rates of Alcohol Use Disorder have declined in all age groups relative to 2015
- **SAMHSA efforts on reductions in alcohol use in children/youth/transition age youth:**
- CSAP DFC program prioritizes alcohol use and has reported a 27% reduction in use in middle-school and a 19% reduction in use by high school students
- CSAP 'Talk They Hear You' and other public education efforts around alcohol misuse
- CSAT has promoted SBIRT for alcohol use in all programs including CJ, PPW, adolescent treatment, HIV and homeless programs
- CSAT has funded SBIRT training in medical residencies and other healthcare practitioner programs

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# SAMHSA Strategic Plan

## Addressing Serious Mental Illness and Serious Emotional Disturbances.

**2.1 Strengthen Federal coordination to improve care.**

**2.2 Facilitate access to quality care through services expansion, outreach and engagement.**

- FY 2018 National Suicide Lifeline/Disaster Distress Helpline
- FY 2018/2019 Mental Health Awareness Training (MHAT)

**2.3 Improve treatment and recovery by closing the gap between what works and what is offered.**

- FY 2018 Clinical Support System for Serious Mental Illness (CSS-SMI)
- FY 2018 Mental Health Technology Transfer Centers (MHTTC)
- FY 2018 Assertive Community Treatment (ACT)
- FY 2018/2019 Certified Community Behavioral Health Clinics (CCBHC) Expansion Grants
- FY 2018 Minority AIDS
- FY 2019 Center of Excellence for Infant and Early Childhood Mental Health Consultation
- FY 2018 Infant and Early Childhood Mental Health
- FY 2018 Project AWARE-SEA
- FY 2018 Clinical High Risk for Psychosis (CHR-P)

**2.4 Increase opportunities for diversion and improve care for people with SMI or SED involved with the criminal justice and juvenile justice systems.**

- FY 2018 Law Enforcement and Behavioral Health Partnerships for Early Diversion

**2.5 Develop finance strategies to increase availability and affordability of care.**

# Formula & Discretionary Grants

CMHS Administers 3 Formula Grant Programs

- Community Mental Health Block Grant (MHBG)
- Protection and Advocacy for Individuals with Mental Illness (PAIMI)
- Projects for Assistance in Transitions from Homelessness (PATH)

29 Discretionary Grant Programs

## DSSI/Homeless Programs Branch (HPB)

Formula Grant Programs

- Projects for Assistance in Transition from Homelessness (PATH) Grants

Discretionary Grant Programs

- Cooperative Agreements to Benefit Homeless Individuals (CABHI) Cooperative Agreements
- Treatment for Individuals Experiencing Homelessness Grants
- Minority AIDS Initiative-Services Integration (MAI-SI) Grants

## DSSI/Child, Adolescent & Family Branch (CAFB)

Discretionary Grant Programs
Children's Mental Health Initiative (CMHI) Grants
Healthy Transitions (HT) Grants
Statewide Family Networks (SFN) Grants
Circles of Care (COC) Grants

Other Initiatives
National Children's Mental Health Awareness Day
Building Bridges Initiative – Best Practices in Residential Treatment Settings
Family First Prevention Services Act – Working with Administration for Children and Families (ACF) to improve services and supports for youth involved in the child welfare system.

# CMHS: Minority Aids Initiative

Service Integration (MAI-SI) grantees have required activities around Hepatitis as well as HIV included in their grant are the following:

- provide HIV and Hepatitis prevention services (e.g. screening, risk assessment, prevention counseling, rapid testing, PrEP, hepatitis vaccination) within a behavioral health care setting
- Implement outreach strategies to inform individuals of available behavioral health services, and HIV and hepatitis primary care and prevention services
- Provide case management services to coordinator all aspects of care, including behavioral health, primary care health, and HIV and Hepatitis treatment, and other supportive services (e.g. housing, benefits, employment
- There are funding limitations on the grant funds in regards to Hepatitis care within the scope of the grant:
  - No more than 5 percent of funds for each budget period many be used for hepatitis vaccination
  - Funds may not be used for providing HIV or hepatitis primary care services. However, costs related to HIV or hepatitis testing, pre- and post- counseling and confirmatory testing may be included in the budget.
  - Funds may not pay for pharmaceuticals for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), tuberculosis (TC) and hepatitis.

# CSAP Grants that Address HIV/AIDS & Viral Hepatitis

- To reduce the impact of substance use, HIV, and **viral hepatitis (VH)** in high-risk communities, SAMHSA funds the HIV Capacity Building Initiative and the HIV Prevention Navigator grant programs to:
  - provide HIV and **VH testing services** in non-traditional settings
  - develop strategies that combine education and awareness programs
  - produce social marketing campaigns with substance abuse and HIV prevention programming for the population of focus
- Two Minority AIDS Initiative (MAI) programs (93 total grants):
  - 67 HIV Capacity Building Initiative – FY16 (N=19), FY17 (N=12), FY18 (N=36)
  - 26 HIV Prevention Navigator - FY17 (N=20) & FY19 (N=6)
  - Up to 5% of each grant must be used to address Viral Hepatitis
- MAI total funding (FY19): $21,086,504
- Total VH test kits purchased with MAI funds (as of 1/23/2020): 110,177
- Total tested for VH with MAI funds (as of 1/23/2020): 34,558

# CSAT: Division of Pharmacologic Therapies (DPT)

**Core Functions:**

The Division of Pharmacologic Therapies (DPT) manages the day-to-day oversight activities necessary to implement federal regulations on the use of substance use disorder medications such as methadone and buprenorphine.

- Supports the accreditation and certification of more than 1,700 opioid treatment programs (OTPs) that collectively treat more than 300,000 patients each year under 42 CFR Part 8.
- Implements DATA 2000 Waiver Program
- Manages Providers' Clinical Support System (PCSS) and PCSS Universities Program

# CSAT: Division of State and Community Assistance - SABG

**Key Program:**

Substance Abuse Treatment Block Grant (SABG)

- The SABG program's objective is to help plan, implement, and evaluate activities that prevent and treat substance abuse.
- The SABG program targets the following populations and service areas:
  - Pregnant women and women with dependent children
  - Intravenous drug users
  - Tuberculosis services
  - Early intervention services for HIV/AIDS
  - Primary prevention services

# Harm Reduction Strategies: Allowable Use of Federal Funding

**SABG funds can be repurposed to support elements of SSPs:**

- Communication, including use of social media technologies, and outreach activities designed to raise awareness about and increase utilization of SSPs.
- Personnel to support SSP implementation and management (e.g., program staff, as well as staff for planning, monitoring, evaluation and quality assurance).
- Supplies to promote sterile injection/reduce infectious disease transmission through injection drug use (excludes sterile needles, syringes, and drug preparation equipment).
- Testing kits for HIV.
- Syringe disposal services (e.g., contract/other arrangement to dispose of biohazardous material).
- Male and female condoms to reduce sexual risk of infection with HIV and other STDs.

# HIV & Hepatitis Testing Data in the EtHE

**5,781 rapid HIV tests conducted**

- 180 positive results (3.1%)
- 46 “new” positive results (.8%)*

**469 rapid hepatitis B tests conducted**

- 12 positive results (2.6%)
- 7 “new” positive hepatitis B results (1.5%)*

**4,210 rapid hepatitis C tests conducted**

- 405 positive results (9.6%)
- 253 “new” positive hepatitis C results (6.0%)*

* **New positive results = clients who did not know their positive status prior to the rapid test**

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# State Opioid Response (SOR) Program

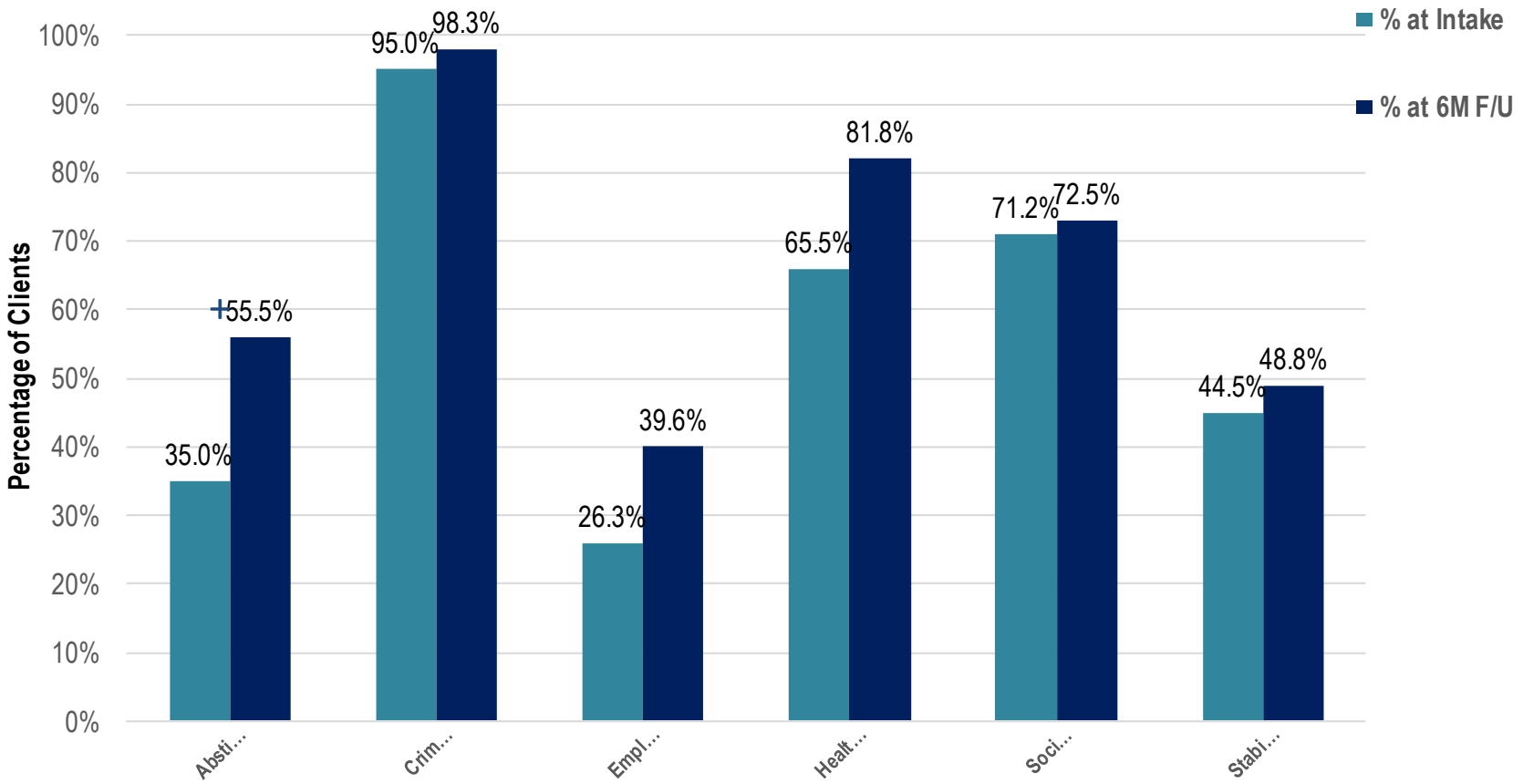
**Core Functions:**

- The SOR Program aims to address the opioid crisis by increasing access to medication-assisted treatment using the (3) FDA-approved medications for the treatment of opioid use disorder (OUD), reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD.

- The program was appropriated $1 billion in FY 2018 and $1.5 billion in FY 2019 (includes a 15 percent set-aside for the ten states with the highest mortality rate related to drug overdose deaths) was awarded to 57 states/territories. In addition to technical assistance and other support, this funding was awarded to states and territories via a formula based on overdose death rates and treatment need. Within this amount, $50 million was also provided to tribes through the Tribal Opioid Response program (TOR).

- Grants were awarded via formula and state allocations were based on the following two elements weighted equally:
  - State's proportion of people who meet criteria for dependence or abuse of heroin or pain relievers who have not received any treatment (NSDUH 2015-2016), and
  - State's proportion of drug poisoning deaths (2016 CDC Surveillance System)

# National Outcome Measures (NOMS): Baseline to Six Months in the EtHE




- Abstinence Rate of Change **+ 59%**
- Crime and Criminal Justice Rate of Change **+ 3%**
- Employment and Education Rate of Change **+ 51%**
- Health, Behavioral and Social Consequences Rate of Change **+ 25%**
- Social Connectedness Rate of Change **+ 2%**
- Stability in Housing Rate of Change **+ 10%**

- Note for all analyses: n = 4,062 – 4,092

+ Difference between baseline and follow-up is statistically significant at the .05 level

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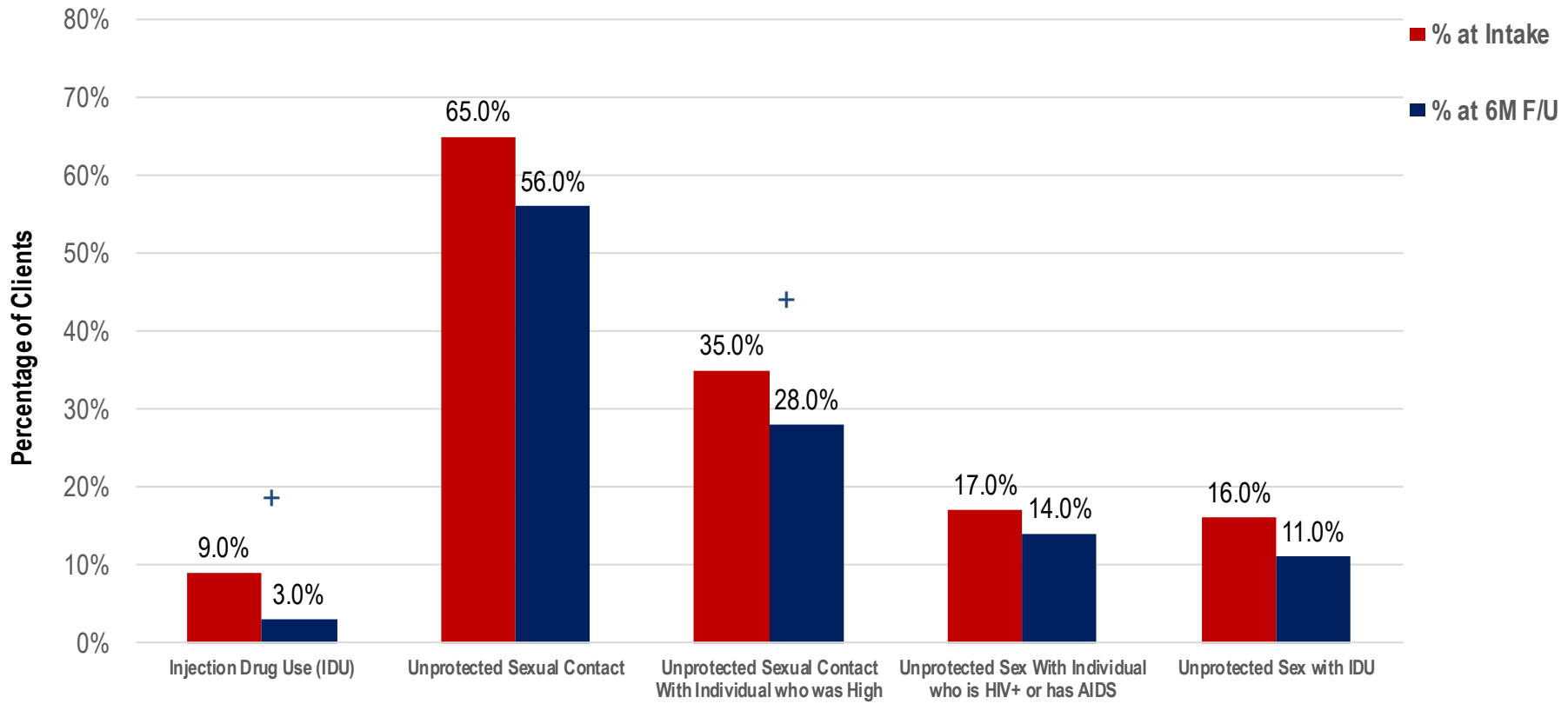
# Changes in Risky Behavior: Baseline to Six Months in the EtHE




- Injection Drug Use Rate of Change **-61%**
- Unprotected Sexual Contact Rate of Change **-14%**
- Unprotected Sexual Contact with Individual who was High Rate of Change **-20%**
- Unprotected Sexual Contact with Individual who is HIV positive or has AIDS Rate of Change **-18%**
- Unprotected Sexual Contact with an Injection Drug User Rate of Change **-32%**

* Note for all analyses: n = 602 – 4,006

up is statistically

+ Difference between baseline and follow-

significant at the .05 level

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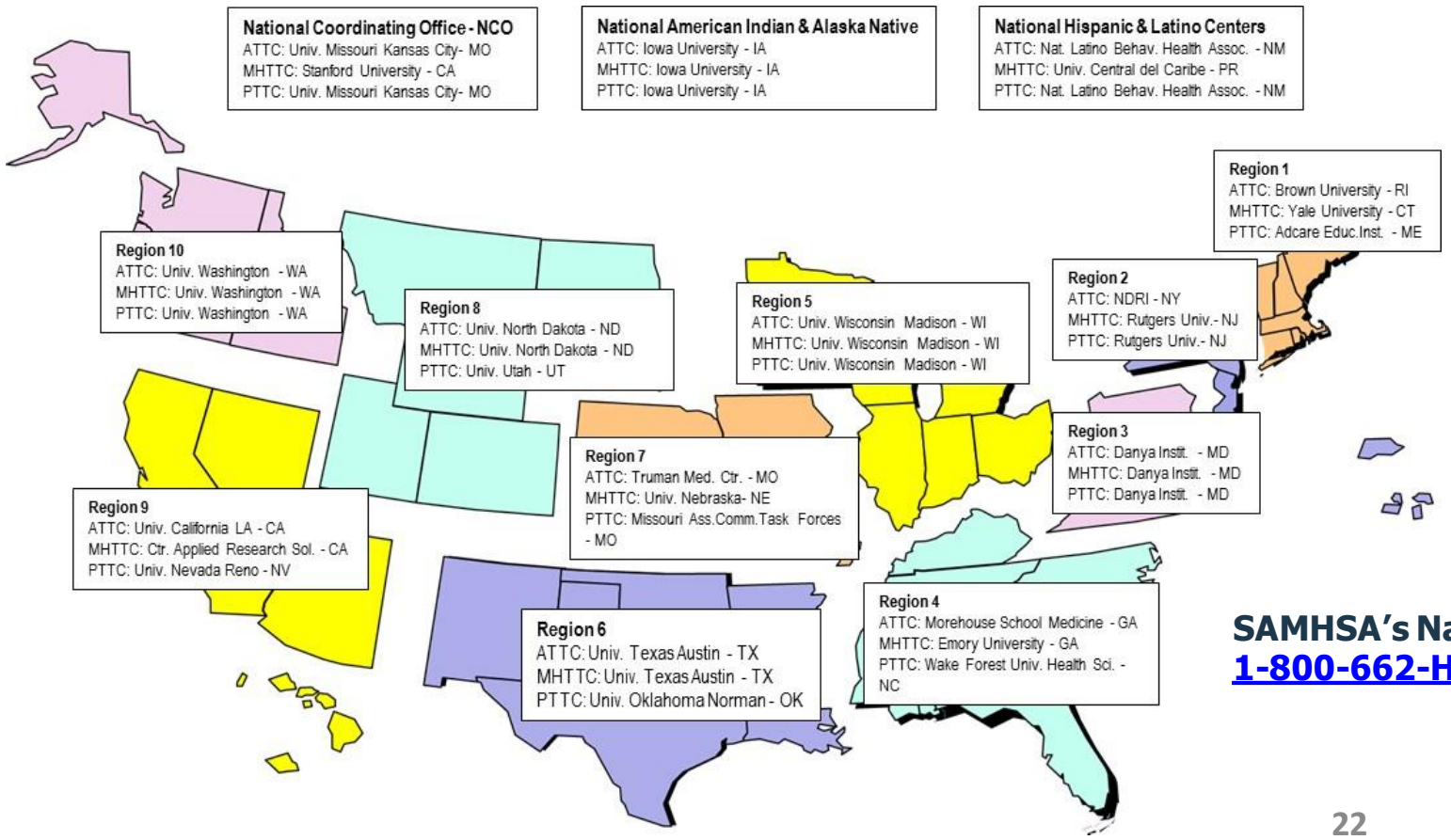


**SAMHSA's National Helpline**
**1-800-662-HELP (4357)**



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

www.samhsa.gov

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

HRSA
Health Resources & Services Administration

# Curing Hepatitis C in the Ryan White HIV/AIDS Program

## Hepatitis C Medicaid Affinity Group: In-Person Convening

*January 30, 2020*

**Sara Woody**
**Public Health Analyst**
**Office of Training and Capacity Development, Special Projects of National Significance**
**HIV/AIDS Bureau (HAB)**

Vision: Healthy Communities, Healthy People

# HIV/AIDS Bureau Vision and Mission

## Vision

Optimal HIV/AIDS care and treatment for all

## Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV and their families

# HRSA's Ryan White HIV/AIDS Program Part F – Special Projects of National Significance (SPNS)

- Supports the development of innovative models of HIV care that quickly respond to the emerging needs of clients served by the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP)
- Promotes the dissemination and replication of successful models.
  - Authorized under Part F of the RWHAP, Section 2691

# Overview: Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
  - More than half of people with diagnosed HIV in the United States – more than 500,000 people – receive care through the Ryan White HIV/AIDS Program
- Funds grants to states, cities/counties, and local community-based organizations
  - $2.3 billion annual investment (fiscal year 2019)
  - Recipients determine service delivery and funding priorities based on their local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payor is available

*Source*: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018; CDC. HIV Surveillance Supplemental Report 2017;21(No.4)

HRSA Ryan White & Global HIV/AIDS Programs

# Goal of HRSA HAB Hepatitis C Initiatives

- Eliminate Hepatitis C Virus (HCV) among HIV coinfected patients in the Ryan White HIV/AIDS Program
- How are we doing this?
  - Developing and assessing models that use a jurisdictional approach to eliminating HCV among HIV coinfected patients
  - Identifying existing barriers to care (providers and patients)
  - Increasing capacity of HCV surveillance systems
  - Establishing practice model incorporating mental health/substance abuse treatment with HCV care
  - Defining the HCV care continuum in the RWHAP

# HRSA/HAB Priority to Cure HCV in People with HIV

- Initiatives demonstrate commitment to curing HCV in people with HIV through the infrastructure of the RWHAP
  - Contract to study barriers to screening, treatment and cure of HCV
  - Jurisdictional approaches to screening, treatment and cure of HCV
  - Enhancing HCV surveillance systems and treatment of HCV in conjunction with mental health and substance abuse treatment
  - Act, Inform, Mobilize: Hepatitis C - increase testing, treatment and cure in people with HIV

# Jurisdictional Approach to Curing HCV among People of Color Living with HIV

- Develop and assess models that use a jurisdictional approach to eliminating HCV among HIV coinfected patients

- Funding to Jurisdictional Sites and Evaluation and Technical Assistance Provider
  - 3 RWHAP Part A recipients (New York City, NY; Hartford, CT; and Philadelphia, PA)
  - National Alliance of State and Territorial AIDS Directors (NASTAD) serves as technical assistance provider to selected RWHAP Part B recipients (Louisiana and North Carolina)
  - RAND Corporation (Evaluation and Technical Assistance)
  - AIDS Education and Training Centers (AETC), National Coordinating Resource Center (NCRC), creator of National HIV/HCV Coinfection Curriculum

- Project funded by the Minority HIV/AIDS Fund for a three-year period
  - Project ended September 2019

# Curing HCV Among People of Color Living with HIV

- Broader focus than Jurisdictional Approach, including improving coordination with SAMHSA-funded substance use disorder (SUD) providers and enhancing surveillance systems

- Funding to Sites and Evaluation and Technical Assistance Provider
  - Yale University and University of Texas Health Science Center at San Antonio
  - RAND Corporation, Evaluation and Technical Assistance
  - AETC, NCRC, creator of National HIV/HCV Coinfection Curriculum

- Project funded by Minority HIV/AIDS Fund for a three-year period
  - Project ends September 2020

# SUD / Behavioral Health Components of the Project

- University of Texas Health Science Center at San Antonio and Yale University have/are:
  - Formed partnerships with local SUD and mental health treatment provider(s)
    - Build their capacity to provide integrated care
    - Enable bidirectional client referrals for appropriate HIV/HCV and SUD treatment
    - Prevent overdose and re-infection (including referrals to syringe services programs, or SSPs)
  - Improving linkages of clients who screen positive for SUDs into SUD treatment
  - Improving linkages to care for clients in SUD and mental health treatment settings who are identified as having HIV and HCV and who are currently out of care
  - Providing referrals to community education programs
    - Improve access to medication-assisted treatment (MAT) and SSPs

# Contact Information

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**Public Health Analyst, Office of Training and Capacity Development**

**HIV/AIDS Bureau (HAB)**

**Health Resources and Services Administration (HRSA)**

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# Hepatitis C Medicaid Affinity Group
# Health Center Program Update

**January 30, 2020**


**Sue Lin, PhD, MS**
**Director, Quality Division, Office of Quality Improvement**
**Bureau of Primary Health Care (BPHC)**


Vision: Healthy Communities, Healthy People

# HRSA Strategic Goals

**GOAL 1** → **Improve Access to Quality Health Services**

**GOAL 2** → **Foster a Health Care Workforce Able to Address Current and Emerging Needs**

**GOAL 3** → **Achieve Health Equity and Enhance Population Health**

**GOAL 4** → **Optimize HRSA Operations and Strengthen Program Management**

# Health Center Program Fundamentals

## Serve High Need Areas

- Must serve **a high need community or population** (e.g., HPSA, MUA/P)

## Patient Directed

- Private non-profit or public agency that is governed by a **patient-majority community board**

## Comprehensive

- Provide **comprehensive primary care** and enabling services (e.g., education, outreach, and transportation services)

## No One is Turned Away

- Services are **available to all** with fees adjusted based upon ability to pay

## Collaborative

- **Collaborate with other community providers** to maximize resources and efficiencies in service delivery

## Accountable

- Meet **performance and accountability requirements** regarding administrative, clinical, and financial operations

The Health Center Program is authorized under Section 330 of the Public Health Service (PHS) Act.

HRSA Health Center Program

# Health Center Program Highlights

Source: Uniform Data System, 2018

HRSA Health Center Program

# Enhance Population Health

## Strategic Goal

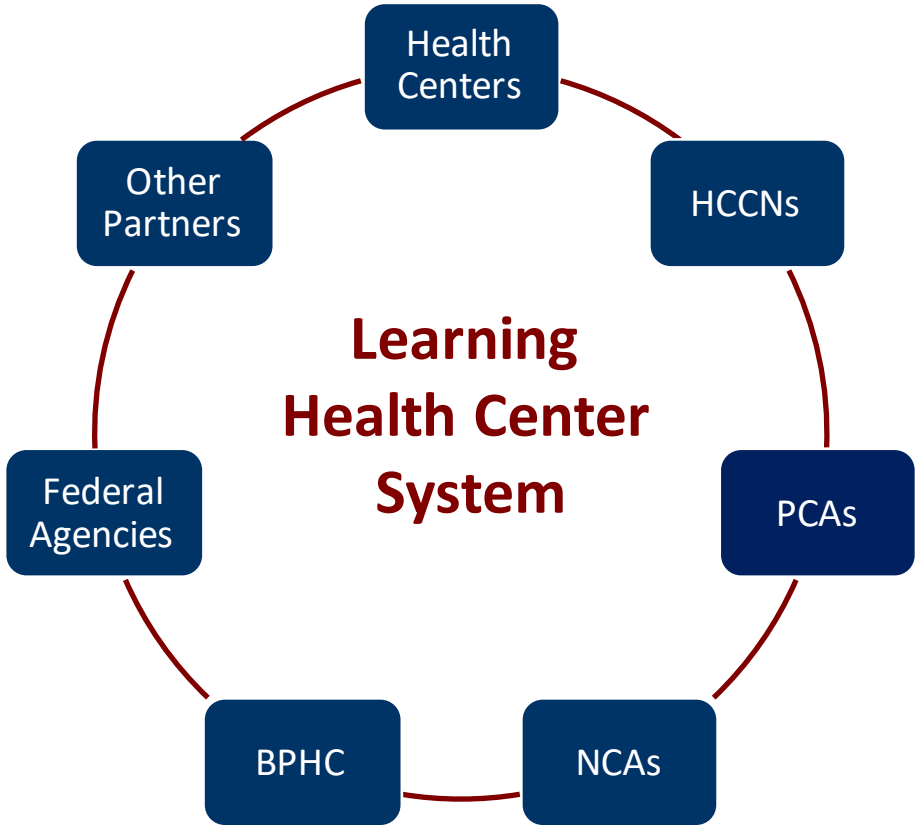
Achieve Health Equity and
Enhance Population Health

## Objectives

- Leverage community partnerships and stakeholder collaboration to achieve health equity and enhance population health
- Promote health and disease prevention across populations, providers, and communities

HRSA Health Center Program

# Building A Learning Health Center System




## Learning Health System Attributes

- **Science and Informatics**
  - Real time access to knowledge
  - Digital capture of the care experience
- **Patient-Clinician Relationships**
  - Engaged, empowered patients
- **Incentives**
  - Incentives aligned for value
  - Full transparency
- **Culture**
  - Leadership instilled culture of learning
  - Supportive system competencies

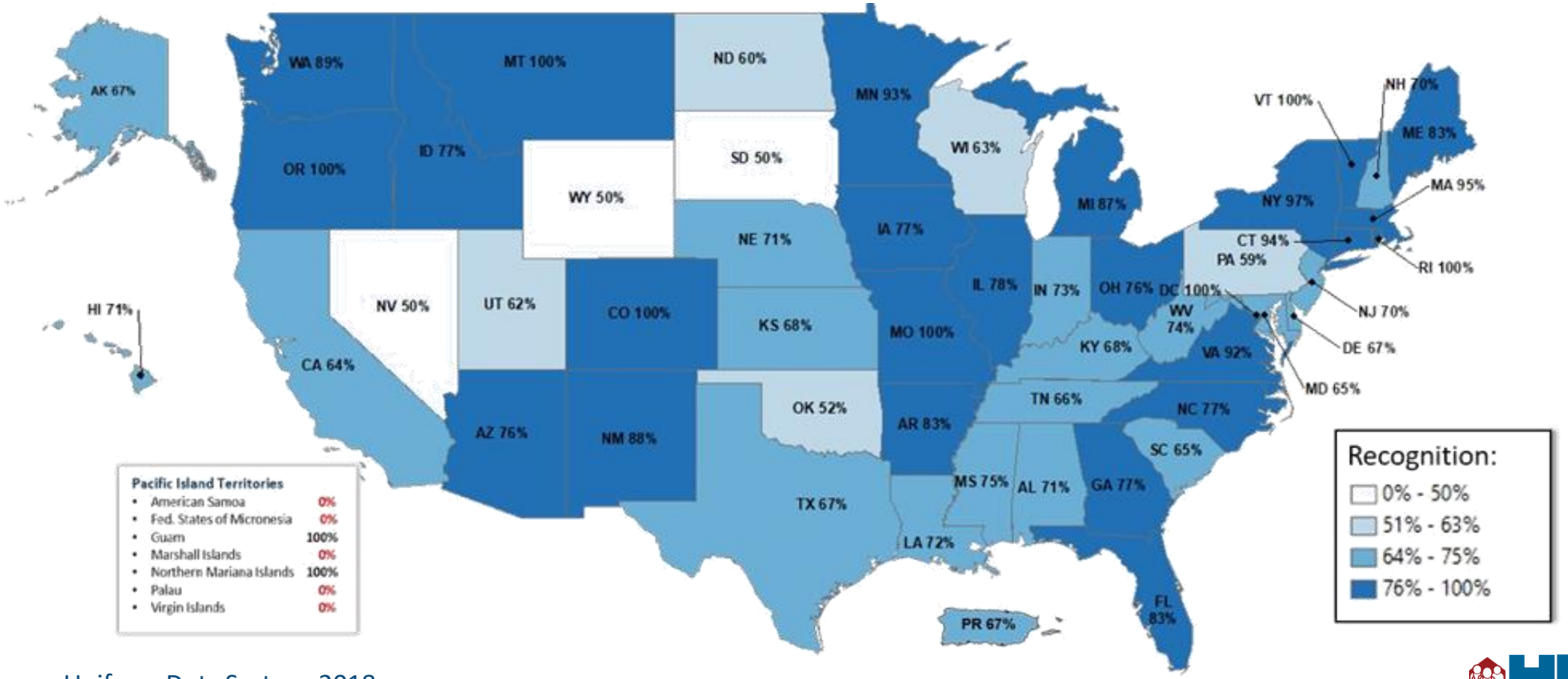
Best Care at Lower Cost: The Path to Continuously Learning Health Care in America
http://www.nationalacademies.org/hmd/Reports/2012/Best-Care-at-Lower-Cost-The-Path-to-Continuously-Learning-Health-Care-in-America.aspx

HRSA Health Center Program

# Patient-Centered Medical Home

## National Patient-Centered Medical Home (PCMH) Recognition in Health Centers

(76% as of September 30, 2019)

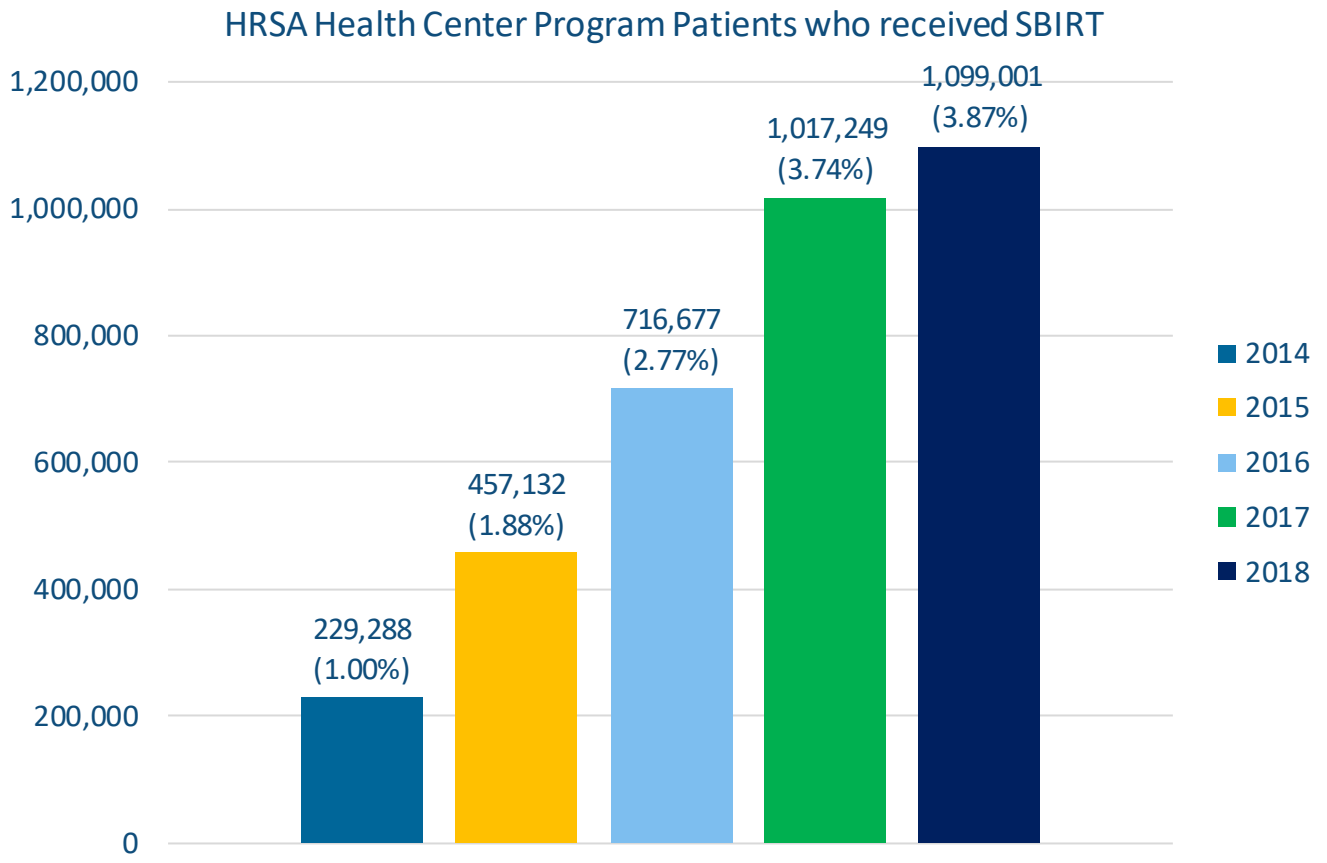



Source: Uniform Data System, 2018

HRSA Health Center Program

# Screening, Brief Intervention, and Referral to Treatment (SBIRT)

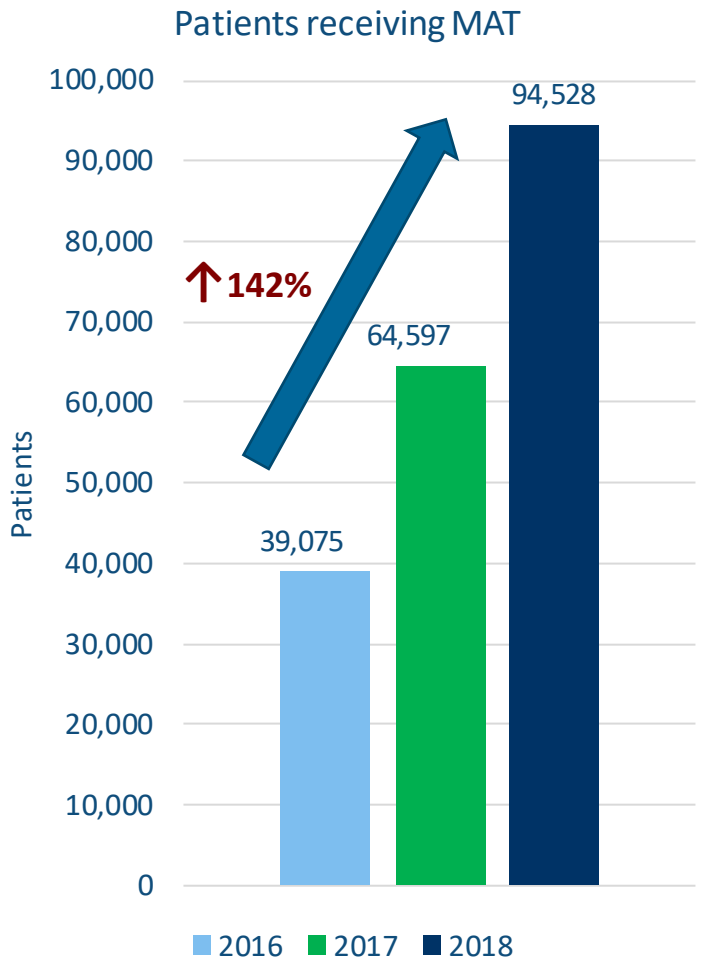
Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

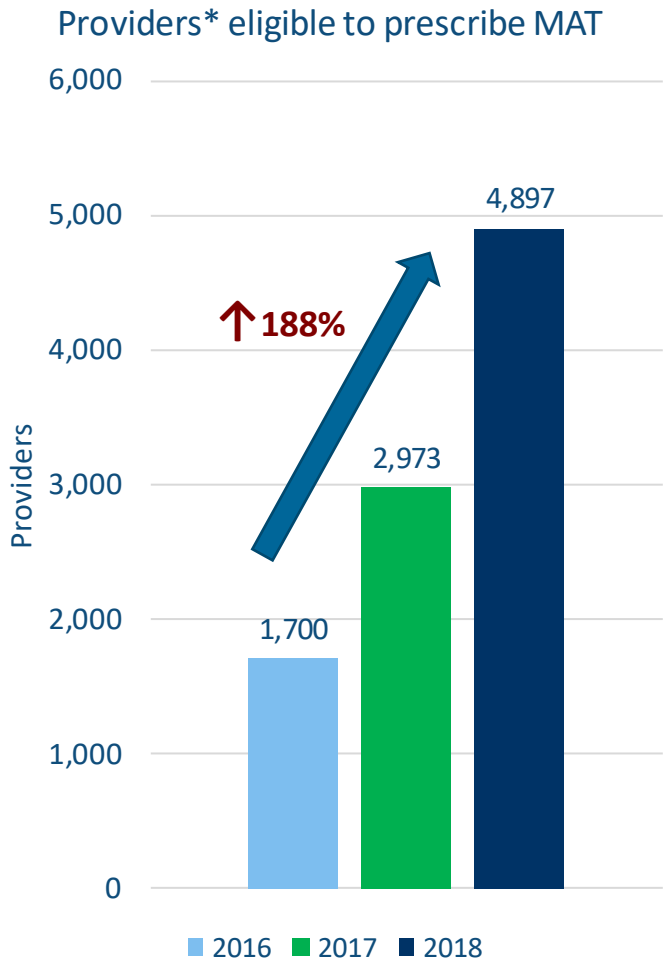


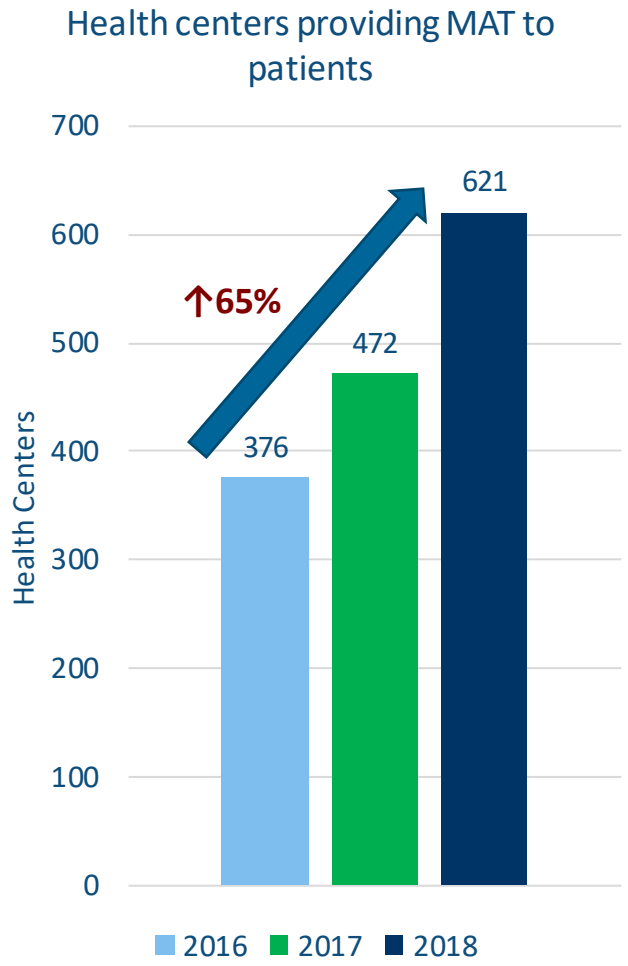

*Percentages represent the percent of total UDS patients
Source: Uniform Data System, 2014-2018 - Table 6A

HRSA Health Center Program

# Medication-Assisted Treatment (MAT)



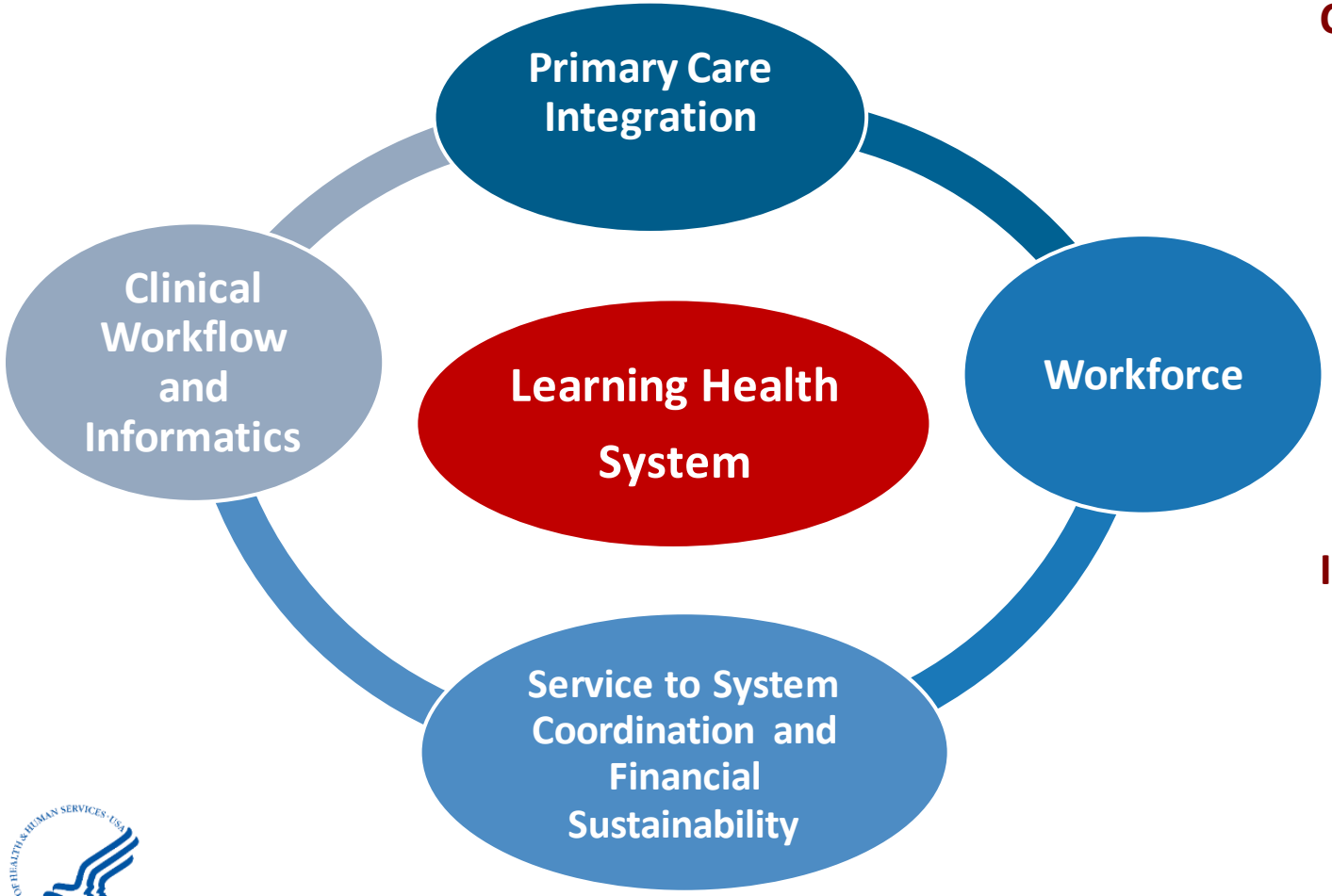




*Definition of MAT providers expanded to include physician assistants & certified nurse practitioners, in 2017.
Source: Uniform Data System - Table Other Data Elements 2017 and 2018, and HIT Information 2016

HRSA Health Center Program

# HRSA Center of Excellence (COE) for Behavioral Health Technical Assistance

The COE will provide Training and Technical Assistance (T/TA) on evidence-based interventions and best practices to support the integration of behavioral health in HRSA funded programs.




## COE Key Functions

- To share promising practices and support behavioral health integration (BHI) in primary care
- To support the initiation of SUD/MAT programs
- To build grantee capacities on the financial sustainability of integrated behavioral health programs
- To leverage innovative, real-time T/TA modalities

## IBHS T/TA Requested Topics

- Enhance BHI service delivery
- Prevention & treatment of opioid use disorder
- Medication-assisted treatment
- Tele-behavioral health
- Pain management

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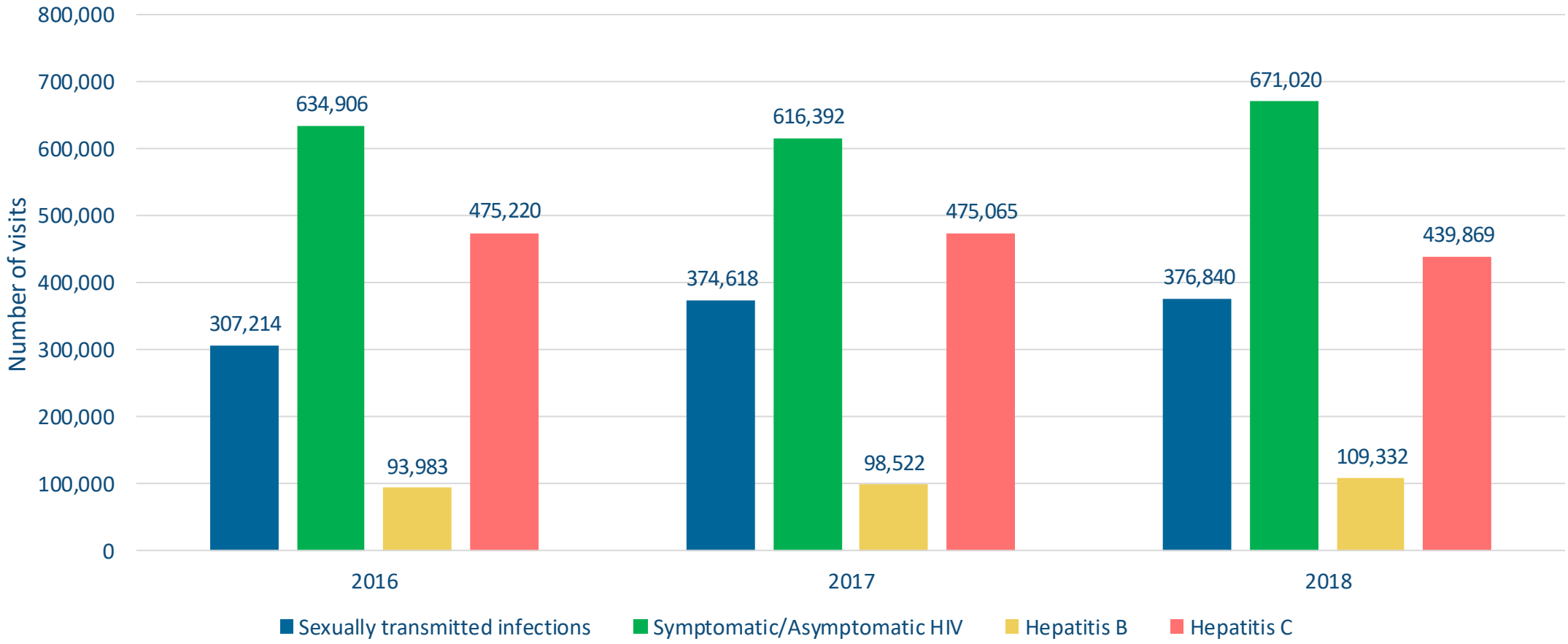
# Selected Infectious Disease Diagnoses




Source: Uniform Data System, 2016-2018

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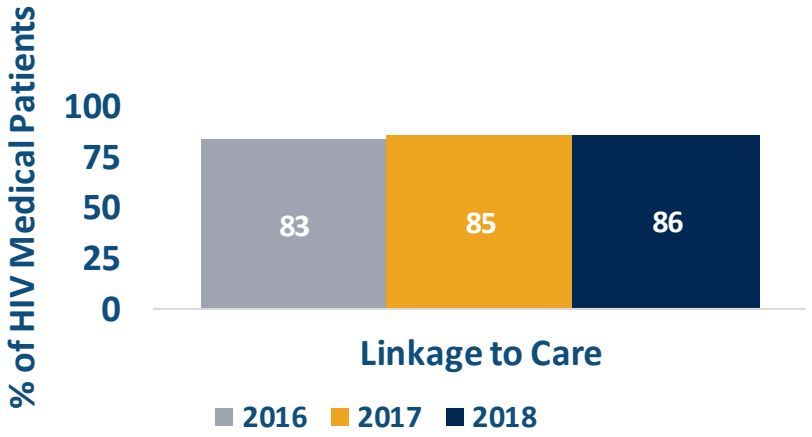
# Health Center Role in Addressing HIV

- **2.4 million** HIV tests conducted annually
- More than **190,000 patients** with HIV receive medical care services at health centers, including many sites co-funded by the Ryan White HIV/AIDS Program (RWHAP)
- More than **600 health centers** purchase Pre-Exposure Prophylaxis (PrEP) through the 340B Program
- FY 2020: **$50 million** to support increased outreach, testing, care coordination, and HIV prevention services, including PrEP, in targeted counties/cities and States.

## HIV and Primary Care Integration




## Related Initiatives

- Partnerships for Care (P4C) Demonstration Project, 2014-2017
- Southeast Practice Transformation Expansion Project, 2017-2018

Source: Uniform Data System, 2018. HRSA Electronic Handbooks.

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# Health Center Role in Ending the HIV Epidemic

**Respond** rapidly to detect and respond to growing HIV clusters and prevent HIV infection (CDC)

High risk referrals of new patients (CDC, S/LHDs)

**Targeted health centers**

Serve the identified counties and states

Health center in reach to identify high-risk current patients

**Diagnose** all people as early as possible after infection

**Test**

**Link to Prevention and Care**

**Treat** the infection rapidly and effectively to achieve viral suppression

**HIV+**

- **Engage and Treat**
- **Retain**
- **Viral suppression**

**HIV-**

- **PrEP**

**Prevent** HIV using proven prevention interventions, including PrEP

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# HIV Training and Technical Assistance

## Fenway

- Technical assistance on HIV prevention and PrEP through Project ECHO
- Regional train-the-trainer course on PrEP/HIV prevention
- PrEP/HIV prevention distance learning series

## HITEQ Center

- Training on integrating EHR and health information technology systems to inform HIV prevention and treatment in primary care
- Technical assistance on EHR data integration, health IT optimization, and data collection

## AIDS Education Training Centers

- Capacity building on HIV testing, prevention, and linkage to and retention in care
- Practice transformation coaching to advance routine HIV testing, PrEP, and clinical treatment guidelines
- Technical assistance to support expanding models of integrated team-based care

# Thank You!

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