

# SAMHSA: Crucial Issues of National Importance

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**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Disclaimer and Disclosures

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I have no financial disclosures to make.

# Agenda

- SAMHSA Overview
- Senior Psychologist position
- Nationally Significant Issues
  - Serious mental illness
  - The opioid crisis
- Discussion



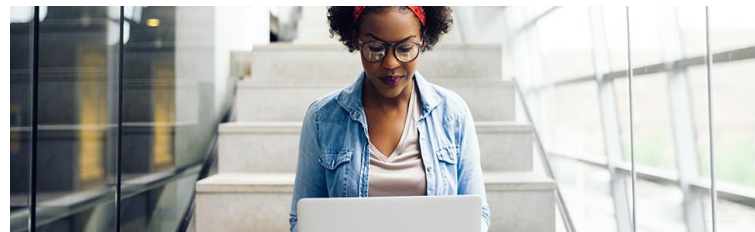
# SAMHSA Overview

- Only federal agency dedicated solely to mental and substance use disorder service delivery in the U.S.
- One of 11 HHS agencies/departments
- 21<sup>st</sup> Century Cures Act
- Mission: reduce the impact substance abuse and mental illness on America's communities
- Mental and substance use disorders programs/policy
- Assistant Secretary for Mental Health and Substance Use, Elinore McCance-Katz, M.D., Ph.D.



# SAMHSA Overview (cont'd)

- General organization:
  - Office of the Assistant Secretary for Mental Health and Substance Use
  - Center for Substance Abuse Prevention
  - Center for Substance Abuse Treatment
  - Center for Mental Health Services
  - Center for Behavioral Health Statistics and Quality
- Funding (block grants, contracts, cooperative agreements)
- Grant information
  - [samhsa.gov](https://www.samhsa.gov/grants) “grants” tab ([grants.gov](https://www.grants.gov) for all federal grants)
  - [samhsa.gov](https://www.samhsa.gov/data) “data” tab
- Products and resources
  - [store.samhsa.gov](https://store.samhsa.gov)
  - [samhsa.gov/technology-transfer-centers-ttc](https://www.samhsa.gov/technology-transfer-centers-ttc)



# Senior Psychologist Role

- Created in 2018 to expand clinical expertise within SAMHSA
- Initially in Office of the Chief Medical Officer, recently moved to Center for Substance Abuse Prevention (CSAP)
- Duties have included:
  - SME product development and evaluation
  - Response to Congressional and public inquiries
  - Clinical advisor to CSAP's Office of the Director and staff
  - Coordinator for the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)
  - Liaison between SAMHSA and providers of mental health and substance use disorder prevention, treatment and recovery services

# Mental Illness and Substance Use Disorders in America

PAST YEAR, 2018 NSDUH, 18+

Among those with a substance use disorder:

- 3 IN 8 (38.3% or 7.4M)** struggled with illicit drugs
- 3 IN 4 (74.5% or 14.4M)** struggled with alcohol use
- 1 IN 8 (12.9% or 2.5M)** struggled with illicit drugs and alcohol

**7.8%**  
**(19.3 MILLION)**  
People aged 18  
or older had a  
substance use  
disorder (SUD)

**3.7%**  
**(9.2 MILLION)**  
People 18+ had  
**BOTH** an SUD and  
a mental illness

**19.1%**  
**(47.6 MILLION)**  
People aged 18  
or older had a  
mental illness

Among those with a mental illness:  
**1 IN 4 (23.9% or 11.4M)** had a serious mental illness

In 2018, **57.8M** Americans had a mental and/or substance use disorder.

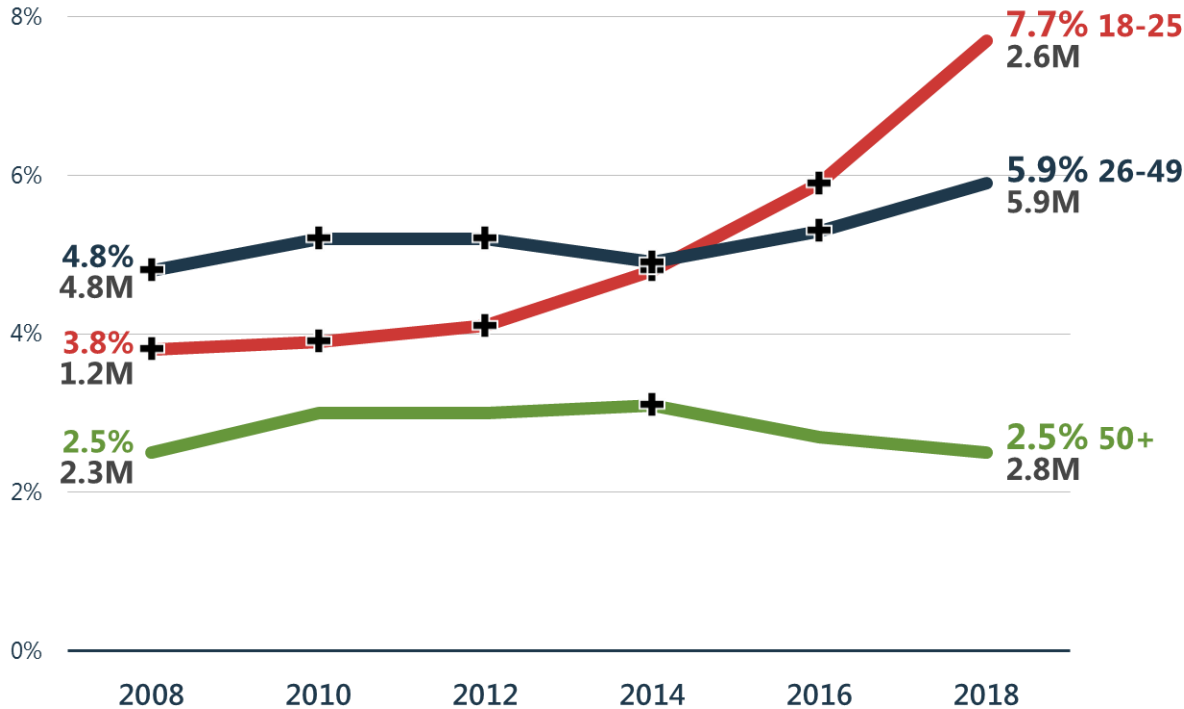
# SERIOUS MENTAL ILLNESS

Creating a system that works for everyone living with SMI and serious emotional disturbance and their families



# Serious Mental Illness (SMI) Rising among Adults Ages 18 to 49

PAST YEAR, 2008-2018 NSDUH, 18+



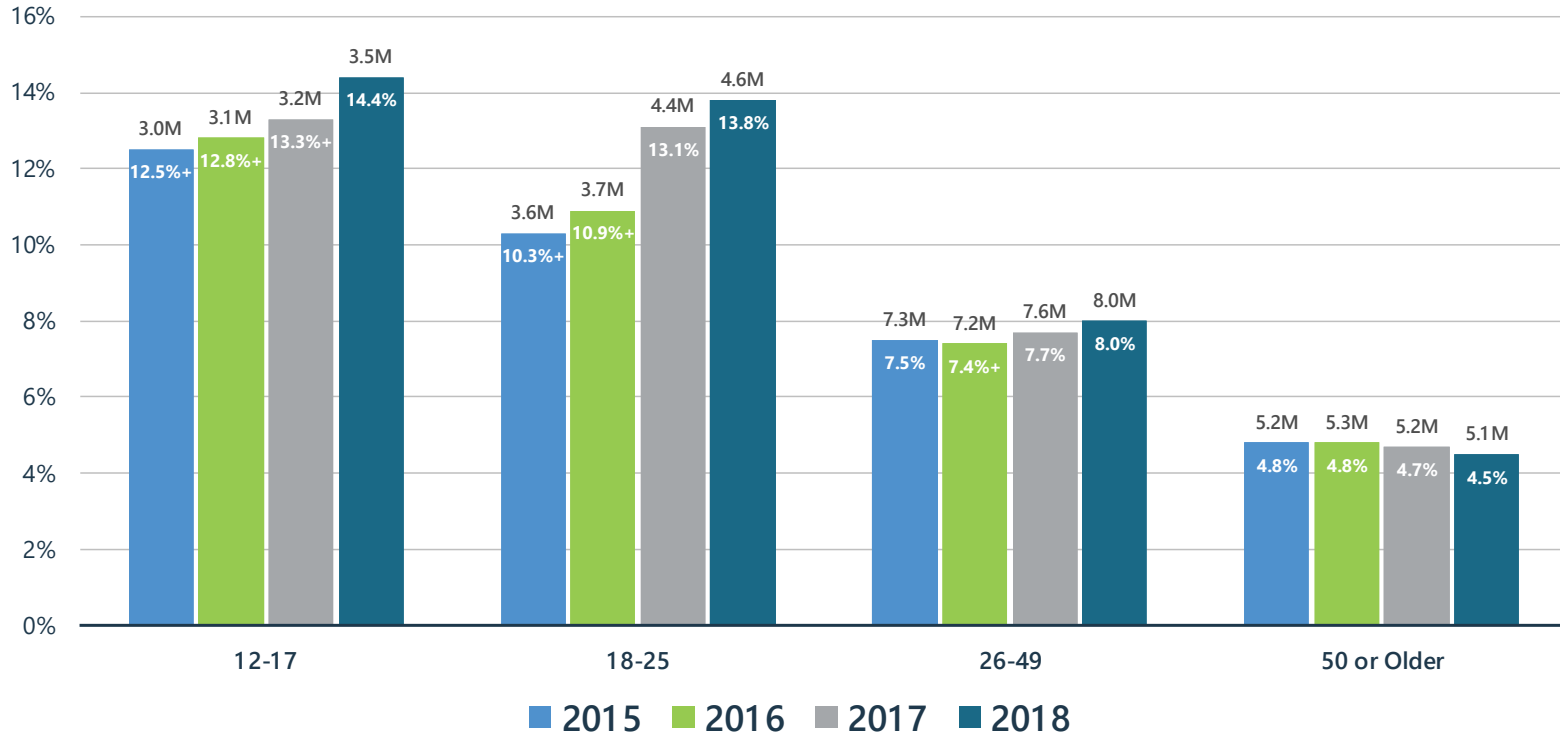
**53.8%**  
**1.4 MILLION YOUNG ADULTS WITH SMI RECEIVED TREATMENT IN 2018**  
**46.2% got NO treatment**

**63.7%**  
**3.8M adults (26-49 y.o.) with SMI received treatment;**  
**36.3% got NO treatment**

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Major Depressive Episodes

PAST YEAR, 2015-2018 NSDUH, 12+

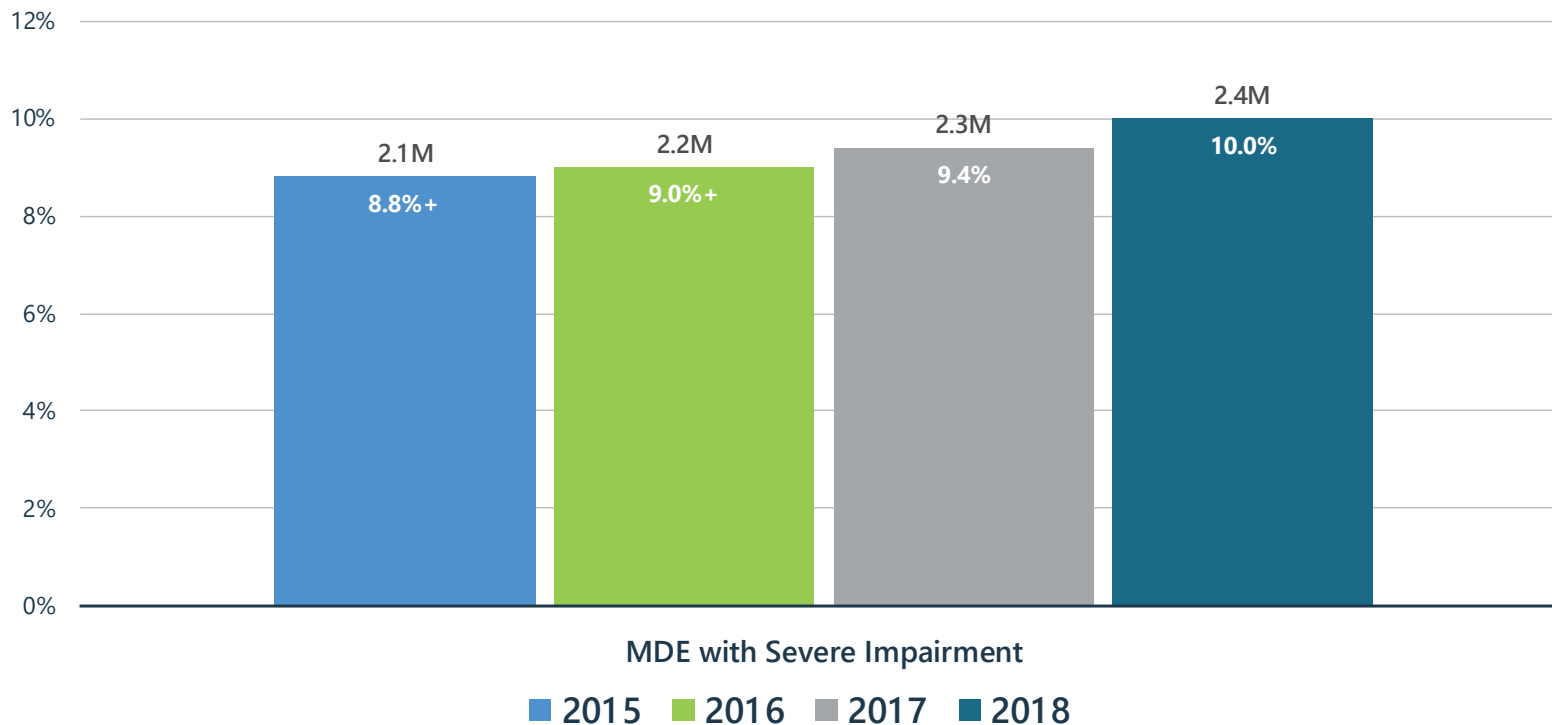


+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

Note: The adult and youth MDE estimates are not directly comparable.

# Major Depressive Episodes with Severe Impairment among Adolescents

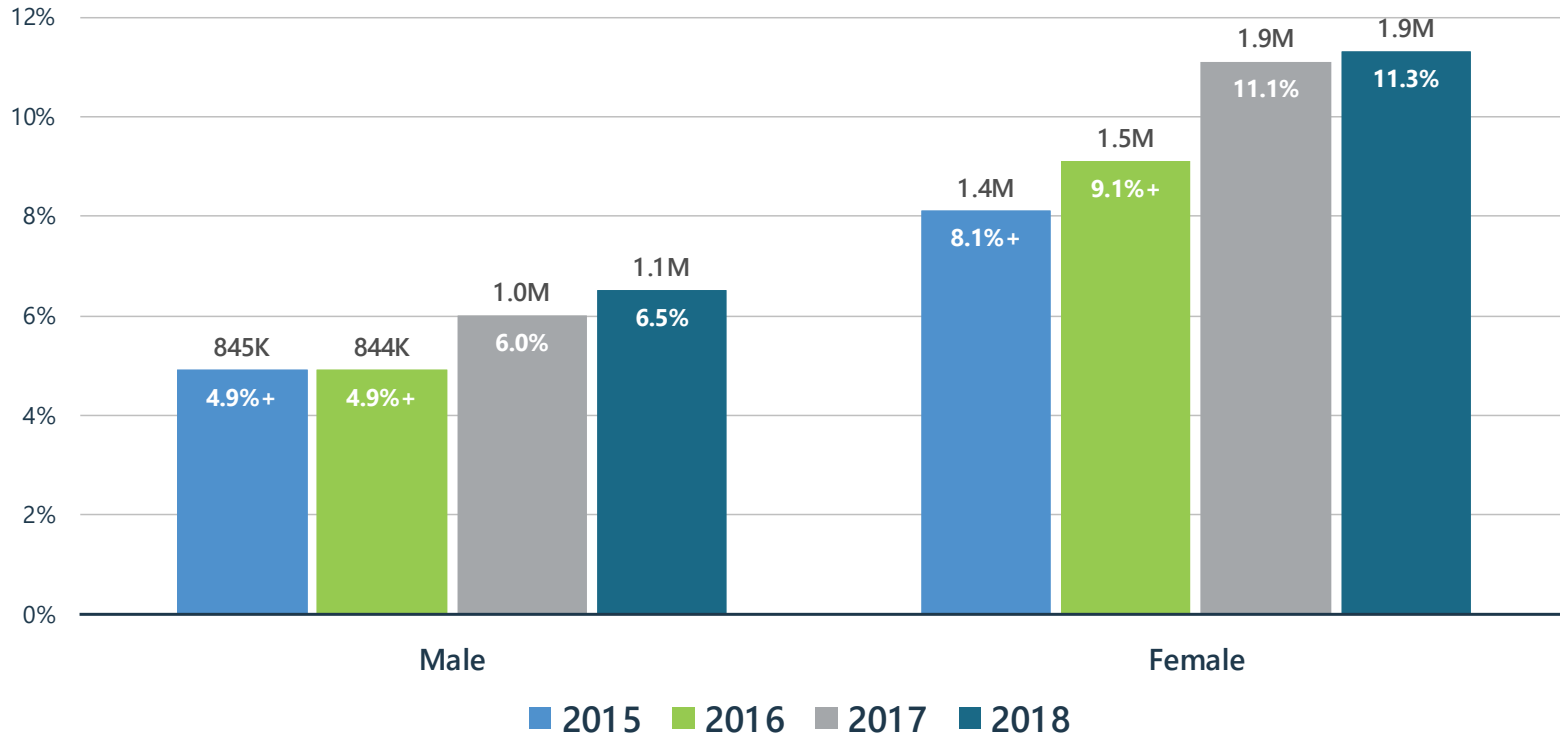
PAST YEAR, 2015-2018 NSDUH, 12-17



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Major Depressive Episodes with Severe Impairment among Young Adults

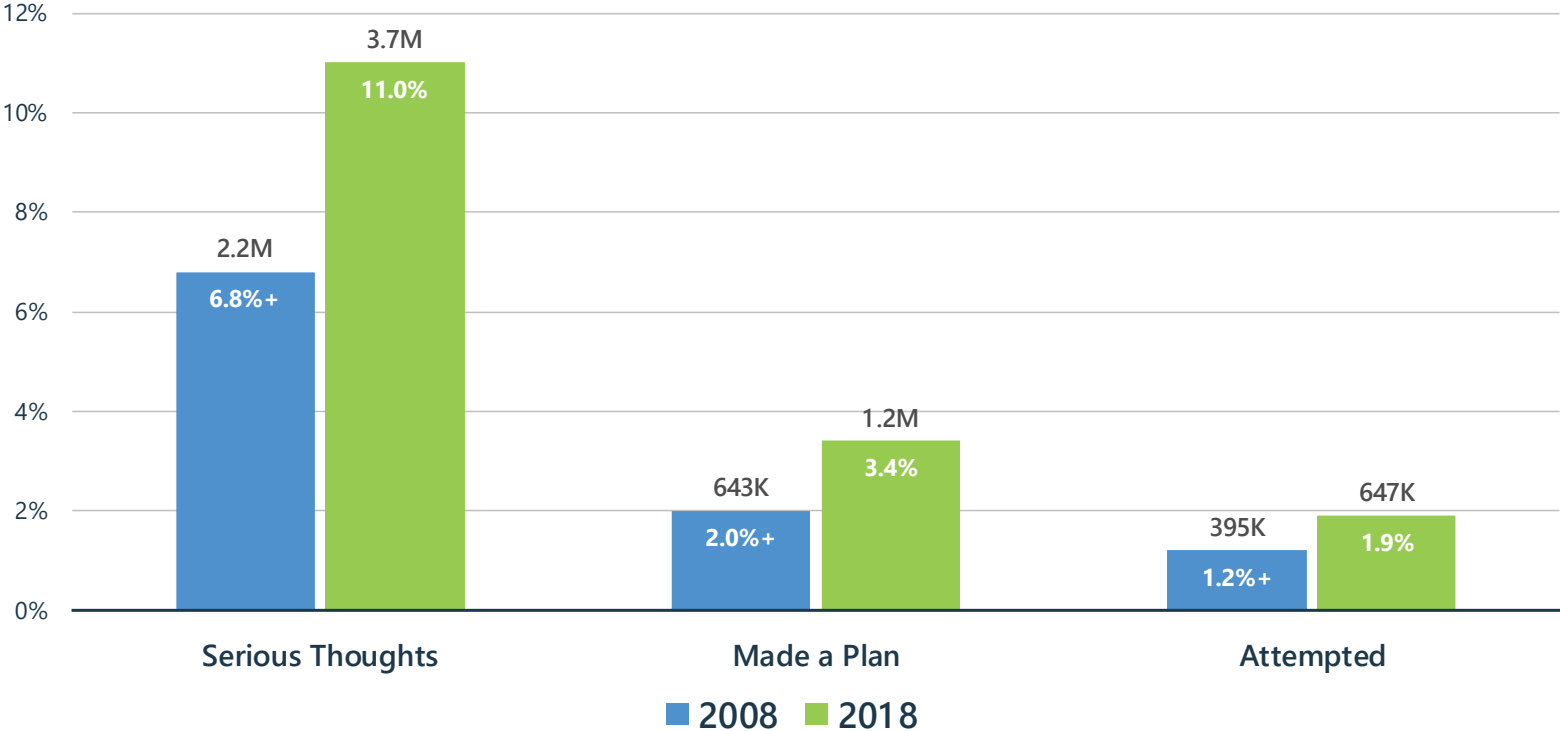
PAST YEAR, 2015-2018 NSDUH, 18-25



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Suicidal Thoughts, Plans, and Attempts Increase for Young Adults

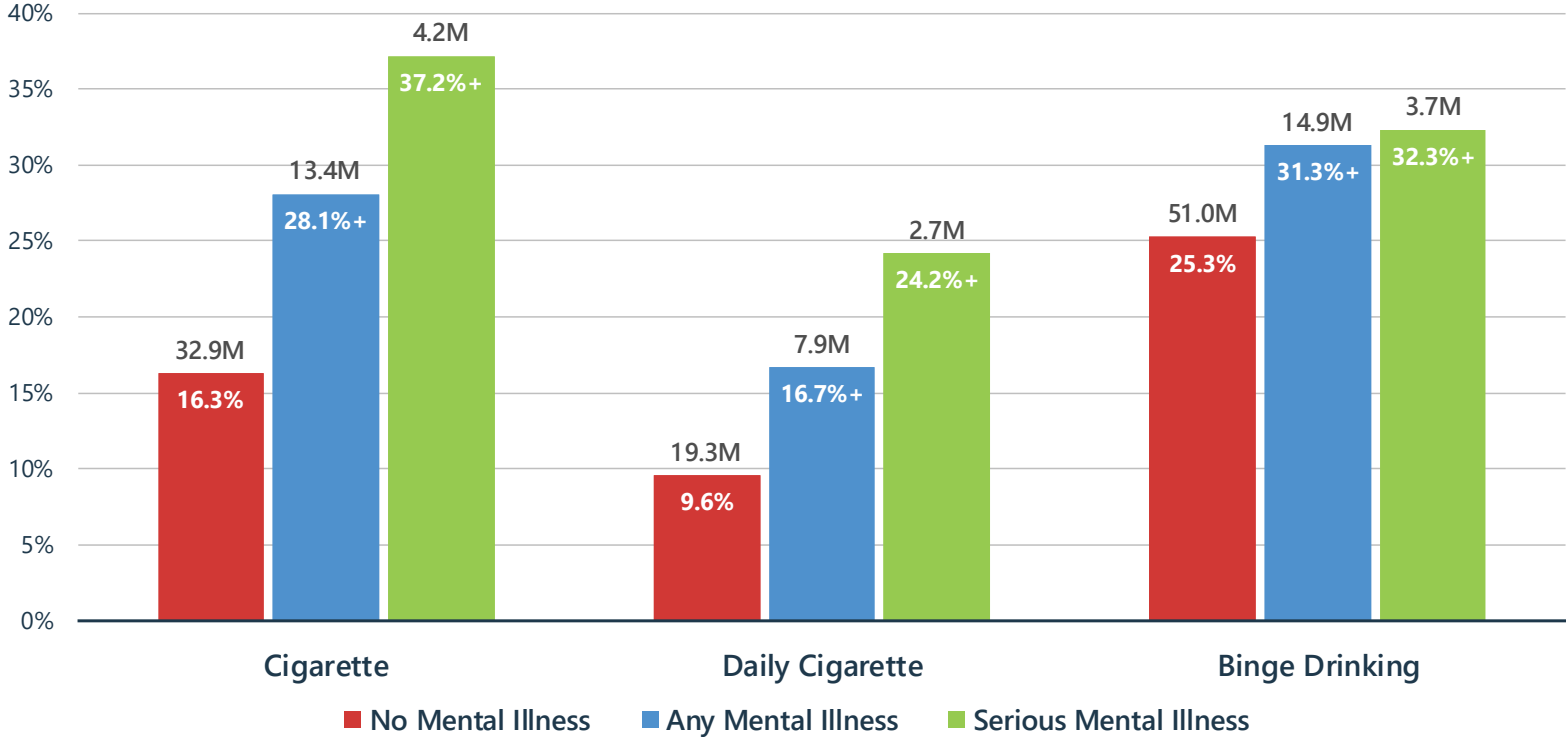
PAST YEAR, 2008 and 2018 NSDUH, 18-25



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

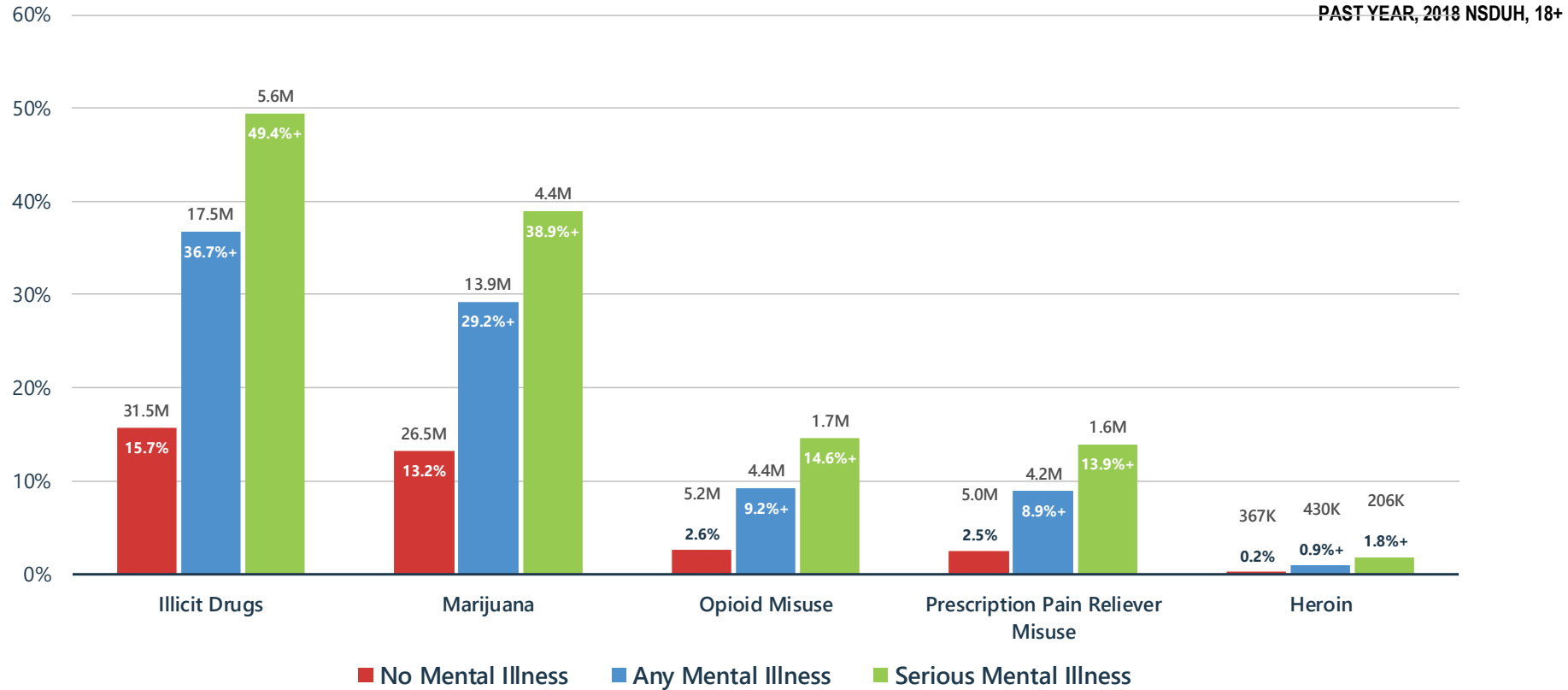
# Co-Occurring Issues: Substance Use More Frequent in Adults with Mental Illness

PAST MONTH, 2018 NSDUH, 18+



+ Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.

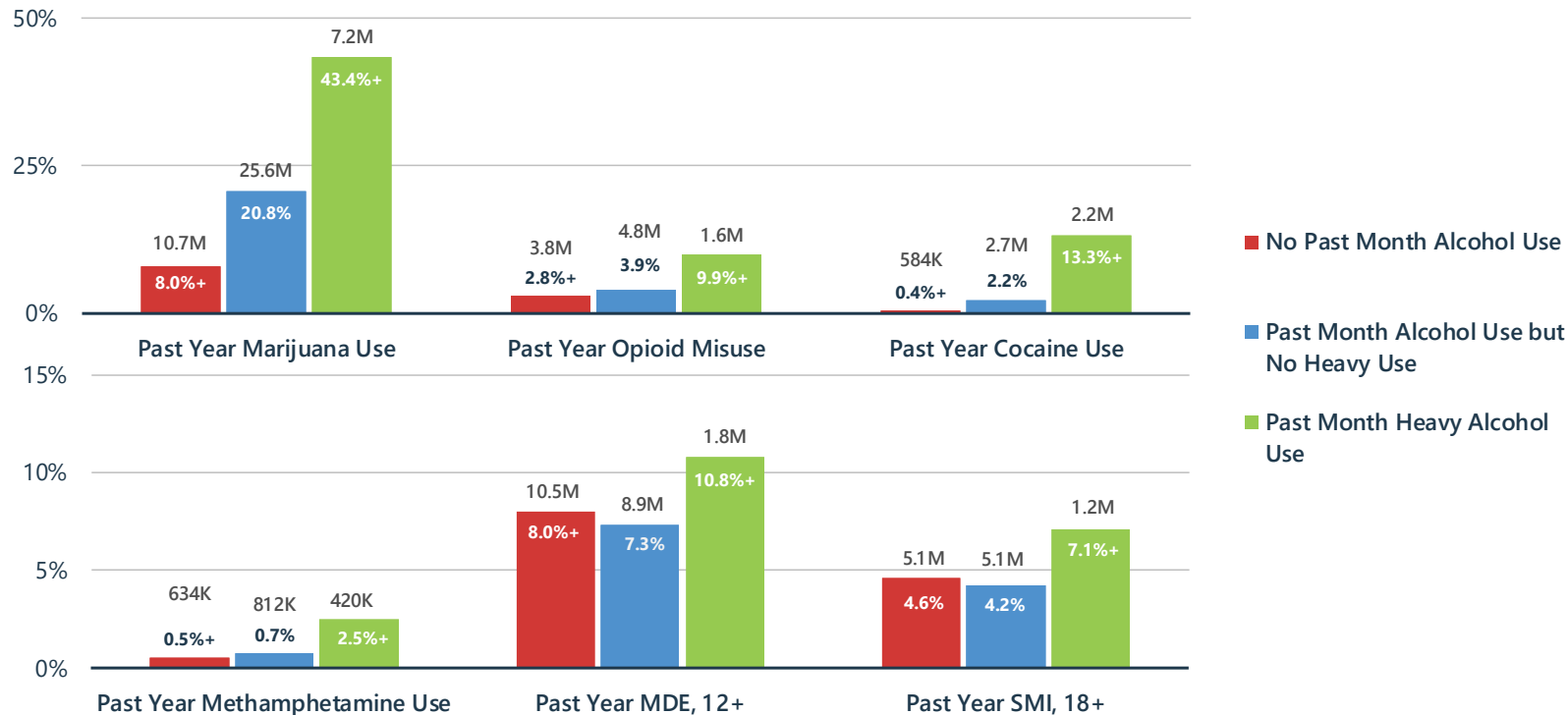
# Co-Occurring Issues: Substance Use More Frequent in Adults with Mental Illness



+ Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.

# Alcohol Use Related to Other Substances, MDE & SMI

PAST YEAR/MONTH, 2018 NSDUH, 12+

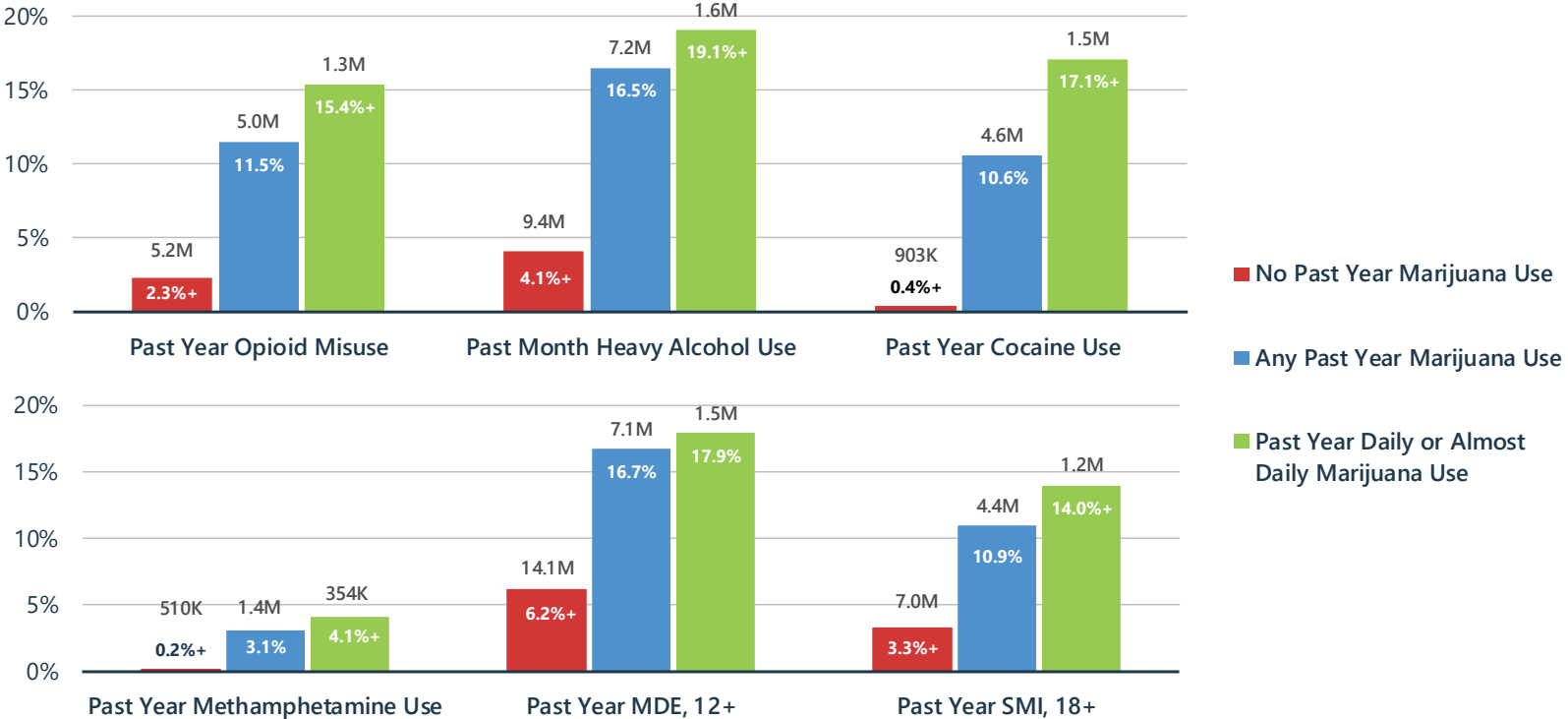


+ Difference between this estimate and the estimate for people with past month use and not heavy alcohol use is statistically significant at the .05 level.



# Marijuana Use Related to Other Substances, MDE & SMI

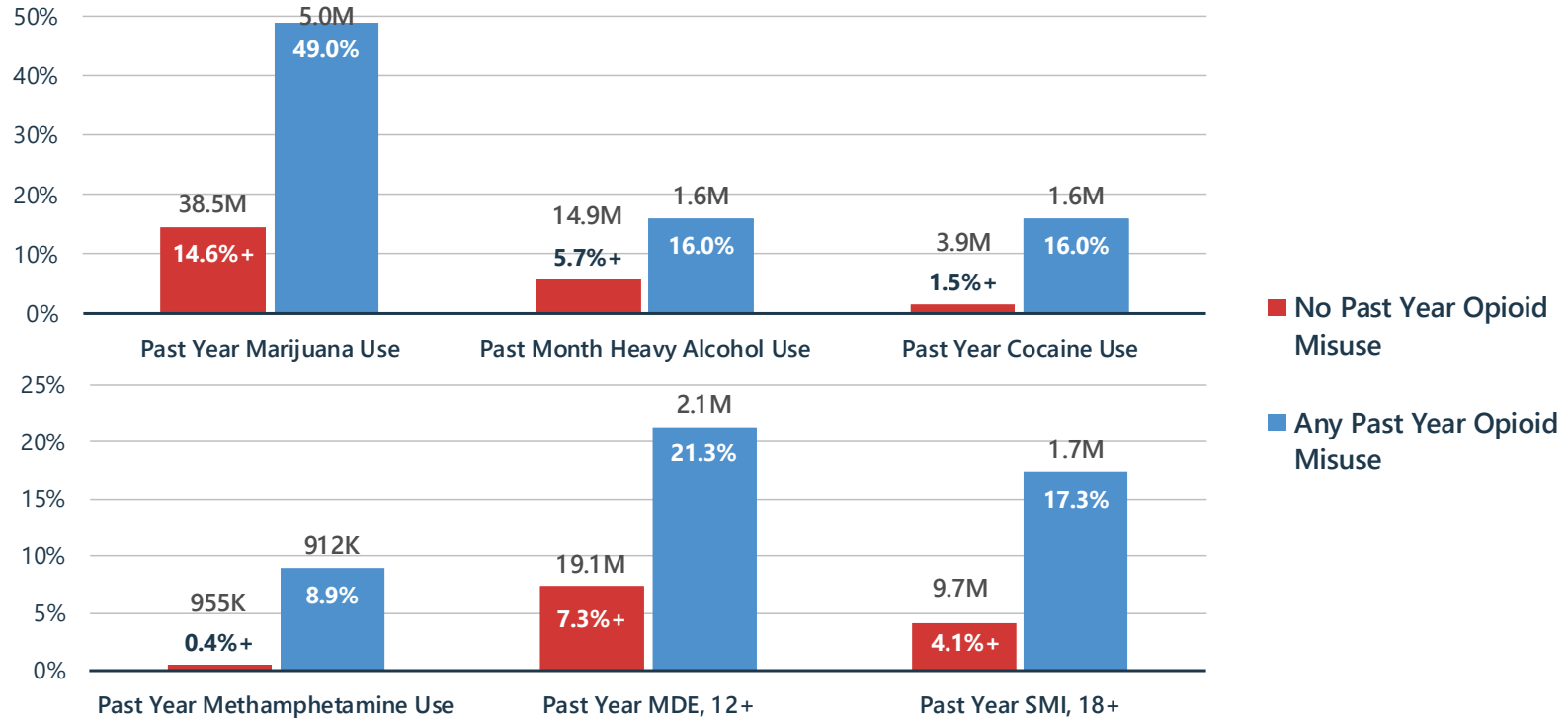
PAST YEAR/MONTH, 2018 NSDUH, 12+



+ Difference between this estimate and the estimate for people with past year marijuana use is statistically significant at the .05 level.

# Opioid Misuse Related to Other Substances, MDE & SMI

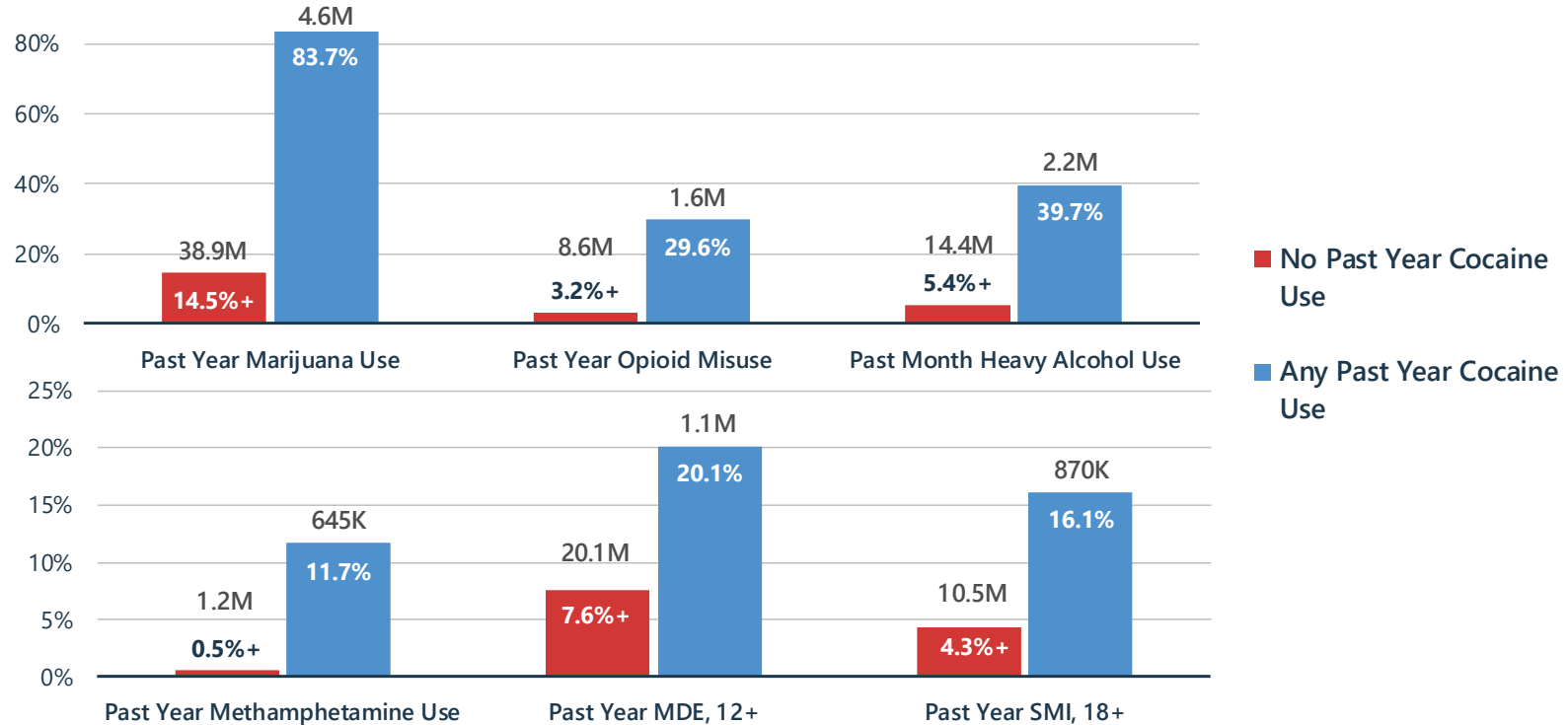
PAST YEAR/MONTH, 2018 NSDUH, 12+



+ Difference between this estimate and the estimate for people with past year opioid misuse is statistically significant at the .05 level.

# Cocaine Use Related to Other Substances, MDE & SMI

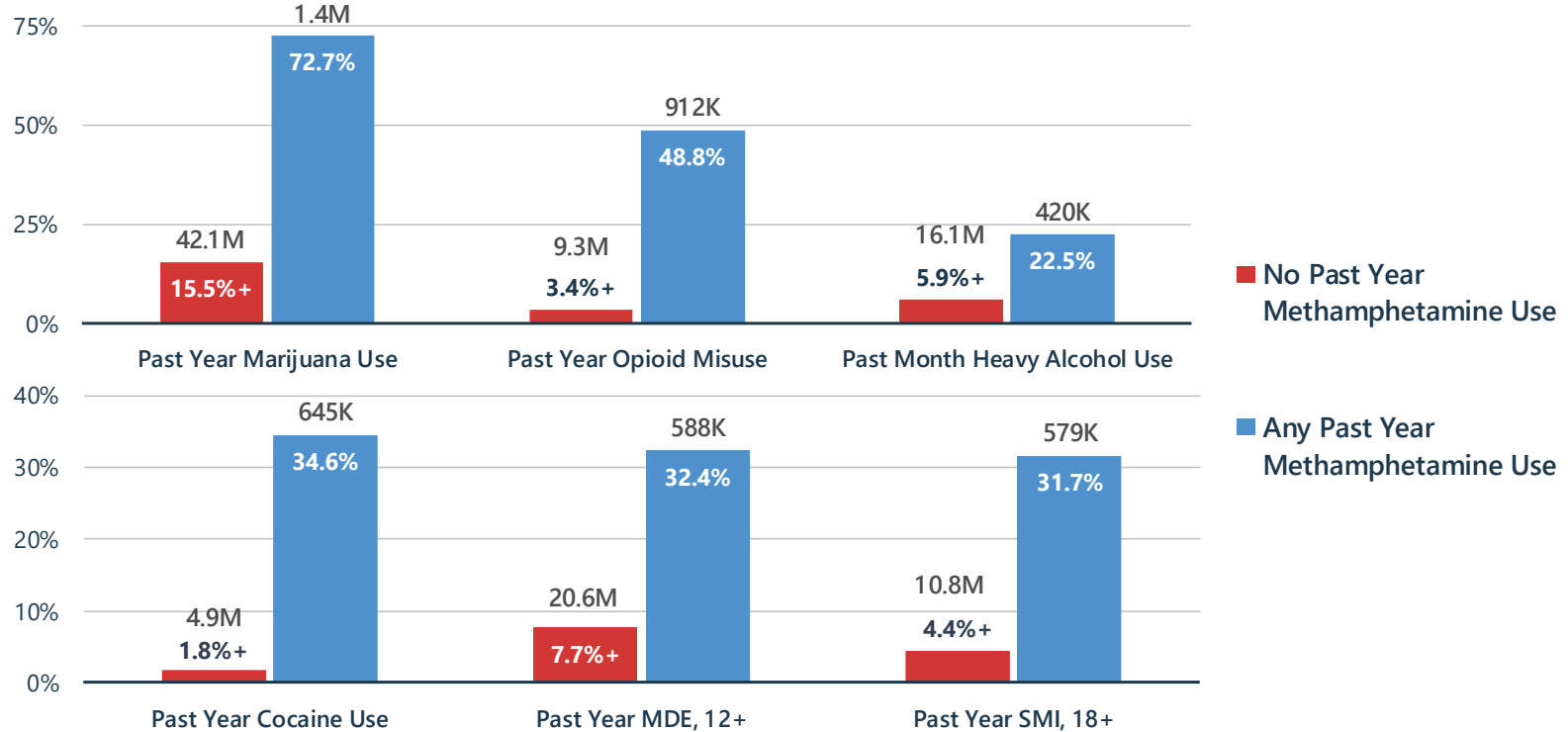
PAST YEAR/MONTH, 2018 NSDUH, 12+



+ Difference between this estimate and the estimate for people with past year cocaine use is statistically significant at the .05 level.

# Meth Use Related to Other Substance Use, MDE & SMI

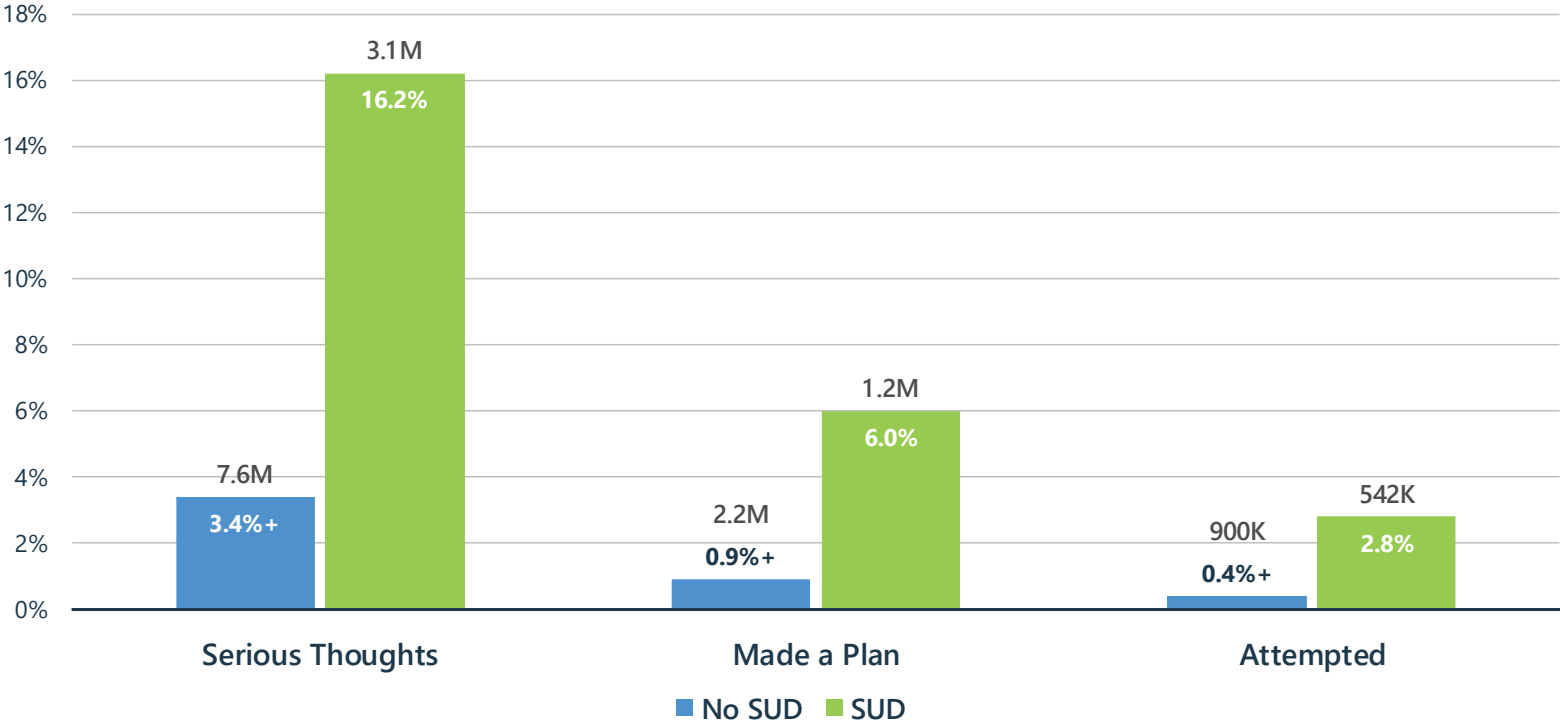
PAST YEAR/MONTH, 2018 NSDUH, 12+



+ Difference between this estimate and the estimate for people with past year methamphetamine use is statistically significant at the .05 level.

# Substance Use Disorder Associated with Suicide Risk

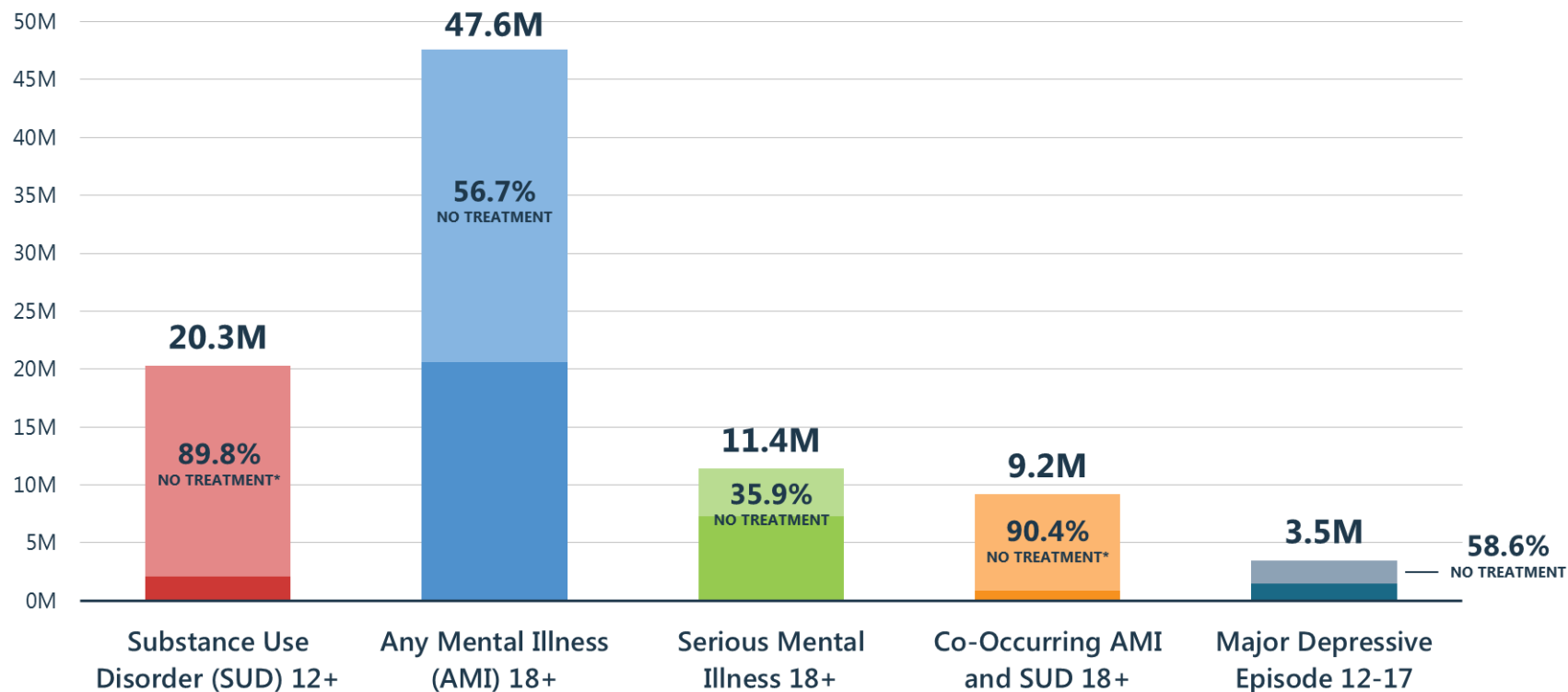
PAST YEAR, 2018 NSDUH, 18+



+ Difference between this estimate and the estimate for adults with SUD is statistically significant at the .05 level.

# Treatment Gaps Remain Vast

PAST YEAR, 2018 NSDUH, 12+



\* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

# Summary: Mental Health Issues in the U. S. in 2018

- Serious mental illness increased in adults (18 and older)
- Significant increases in major depression and severe impairment associated with major depression were observed in adolescents (12-17 years) and young adults (18-25 years)
- Significant increases in suicidality observed in 18-25 years
- Co-occurring substance use and mental disorders are common
- Use of one substance—alcohol or illicit substances—strongly correlated with polysubstance use, major depression and serious mental illness
- Substance use disorders increase risk for suicidality
- The large gap in treatment need continues

# Introduction to the ISMICC

- Interdepartmental Serious Mental Illness Coordinating Committee
- 21st Century Cures Act mandate
- SAMHSA leading these efforts
- Federal partners include HUD, DOL, ED, DOJ, CMS, DOD, VA, SSA, ACL and ACF
- Public members include advocacy leaders, consultants, persons with lived experience, behavioral health practitioners, law enforcement, legal experts, and others
- December 2017 report to Congress with 45 recommendations spanning 5 focus areas
- Final report to Congress due December 2021





# Importance of ISMICC

- Keep federal government focused on SMI needs
- Provide feedback about ongoing issues; participate in SAMHSA activities related to special topics in mental illness
- Help with urgent issues:
  - Work with SAMHSA leadership and staff on approaches to problems, media contacts, communications with the public, implementation and dissemination of information

# SAMHSA Resources to Increase Access to Care

- Block grants to states
  - Set asides: 20% for prevention, 10% for SMI/First Episode Psychosis
- Children's Mental Health Services
- Integrated Care Programs: Certified Community Behavioral Health Clinics
- Assistance in Transition from Homelessness
- Assertive Community Treatment
- Assisted Outpatient Treatment
- Suicide Prevention Programs
- Criminal Adult and Juvenile Justice Programs
- Advancing Wellness and Resilience in Education (AWARE)
- Mental Health First Aid-type training programs
- Healthy Transitions
- National Child Traumatic Stress Initiative (NCTSI)

# Reduce Suicide

- National Suicide Prevention Lifeline
  - 1-800-273-8255 (TALK)
  - Veterans press 1
- Grants to communities/tribal entities to prevent youth suicide
- Zero Suicide: training of healthcare providers

# Mental Health Criminal Justice Related Grants

- Adult and Youth Treatment Court Collaboratives
- Early Diversion Grants
- Assisted Outpatient Treatment (AOT)

# Practitioner Training

- National network of training and technical assistance to assure behavioral health professionals are equipped to meet patient needs
  - Repository of evidence-based practices on which to base program services
  - Clinical Support System for SMI/Center of Excellence for Psychopharmacology
  - Regional networks of local trainers to assist colleagues in their communities
- Increase mental health practitioners

# Financing Care and Treatment of SMI

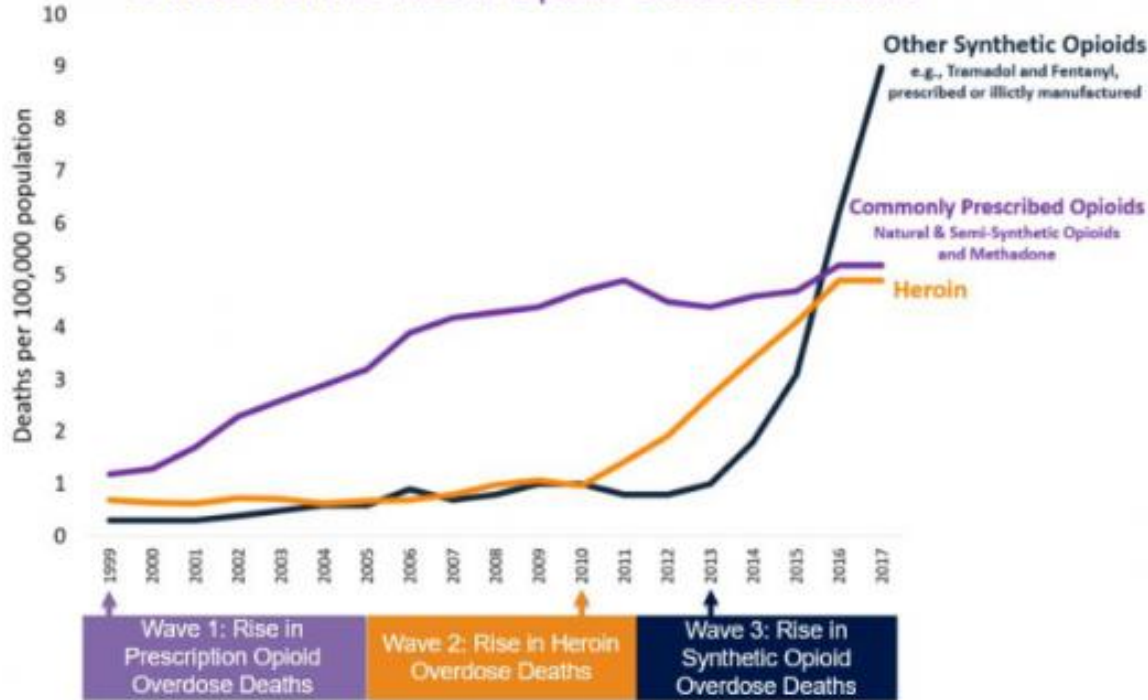
- Enforce existing parity laws
- Work with insurers to educate about SMI
  - What clinical evidence there is for treatment approaches
  - Encourage insurers to require use of evidence-based models of care inclusive of both medication and psychosocial services
  - Encourage insurers to manage spectrum of needs of those living with SMI to assure psychiatric care, physical healthcare, and recovery services in community (e.g. peer support, case management, housing, education and employment)
  - Encourage payments for behavioral health services that are equivalent to those for medical services

# THE OPIOID CRISIS

A comprehensive, evidence-based strategy to address prevention, treatment, and recovery services for those living with or at risk for Opioid Use Disorder

# Opioid-Related Trends

## 3 Waves of the Rise in Opioid Overdose Deaths

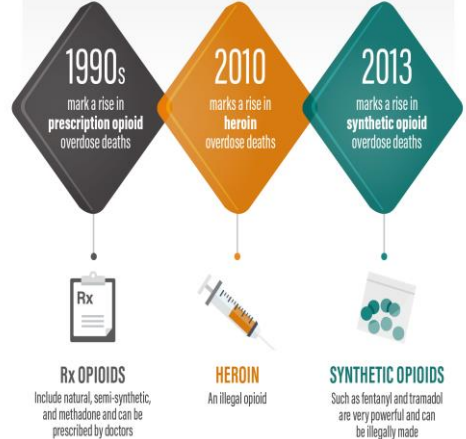


SOURCE: National Vital Statistics System Mortality File.

## RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

### A Multi-Layered Problem in Three Distinct Waves

**399,000** people died from an opioid overdose (1999-2017)



Learn more about the evolving opioid overdose crisis: [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose)

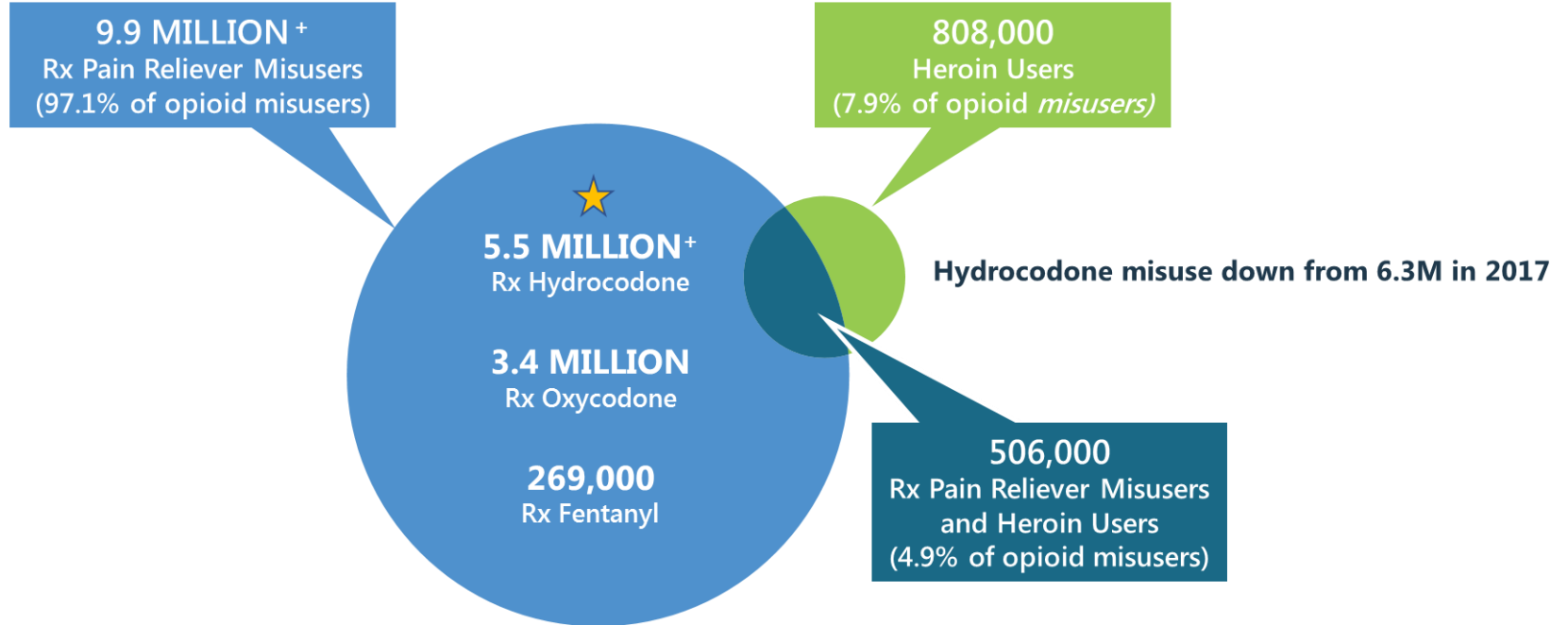


# Opioid Grip Lessening: Prescription Pain Reliever Misuse

PAST YEAR, 2018 NSDUH, 12+

★ Significant decrease from 11.4M opioid misusers in 2017

10.3 MILLION PEOPLE WITH OPIOID MISUSE (3.7% OF TOTAL POPULATION)



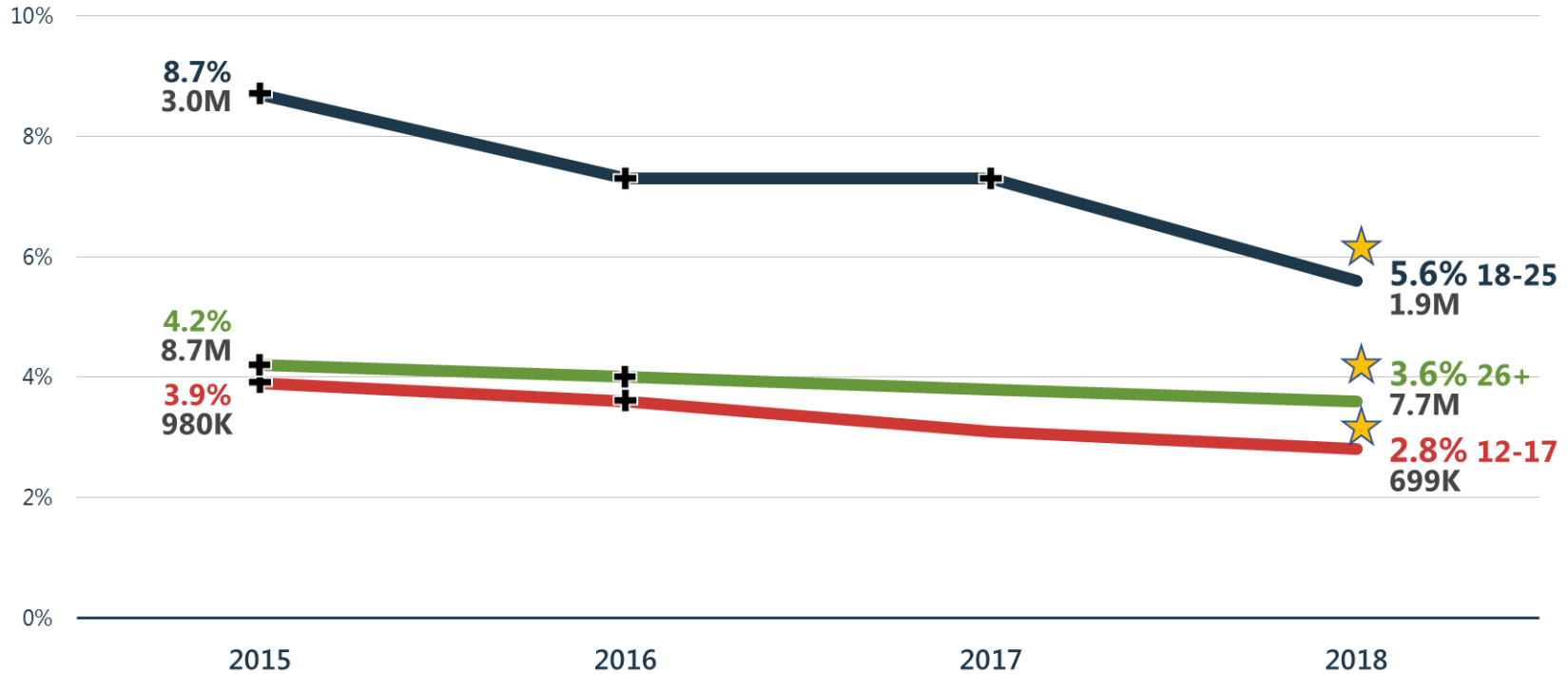
Rx = prescription.

Opioid misuse is defined as heroin use or prescription pain reliever misuse.

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

# Opioid Misuse

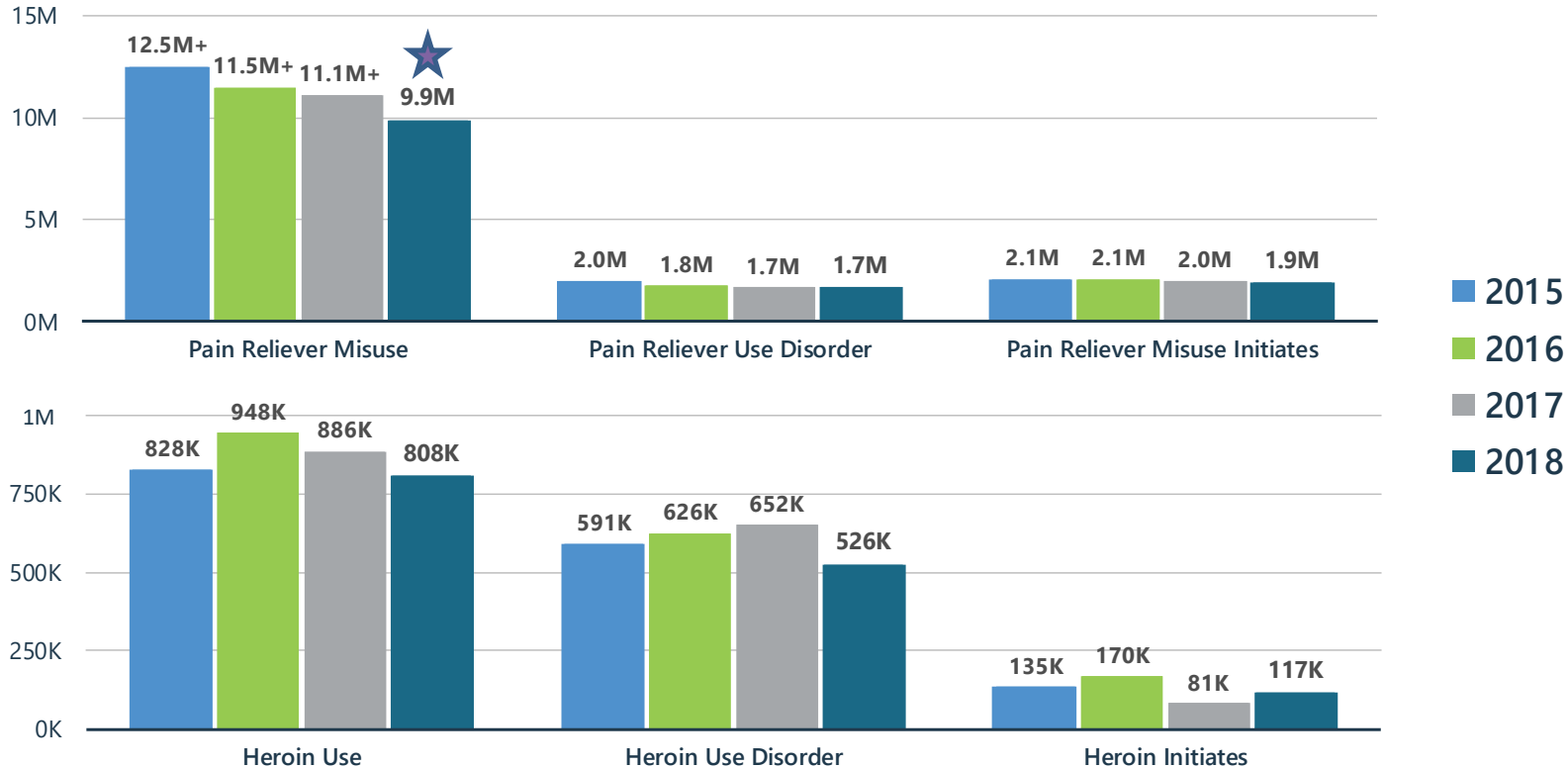
PAST YEAR, 2015-2018 NSDUH, 12+



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# Prescription Pain Reliever Misuse and Heroin Use

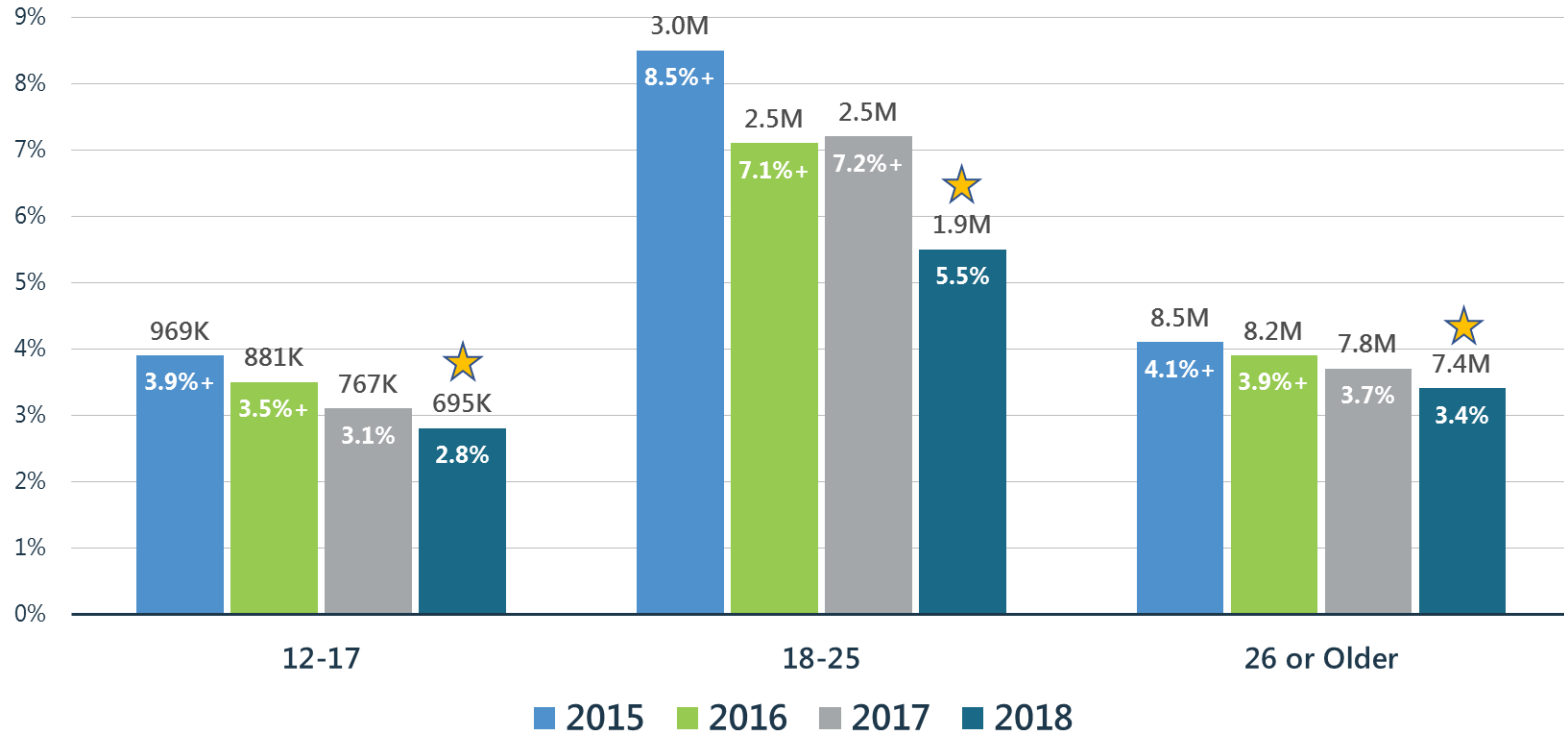
PAST YEAR, 2015-2018 NSDUH, 12+



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# Prescription Pain Reliever Misuse

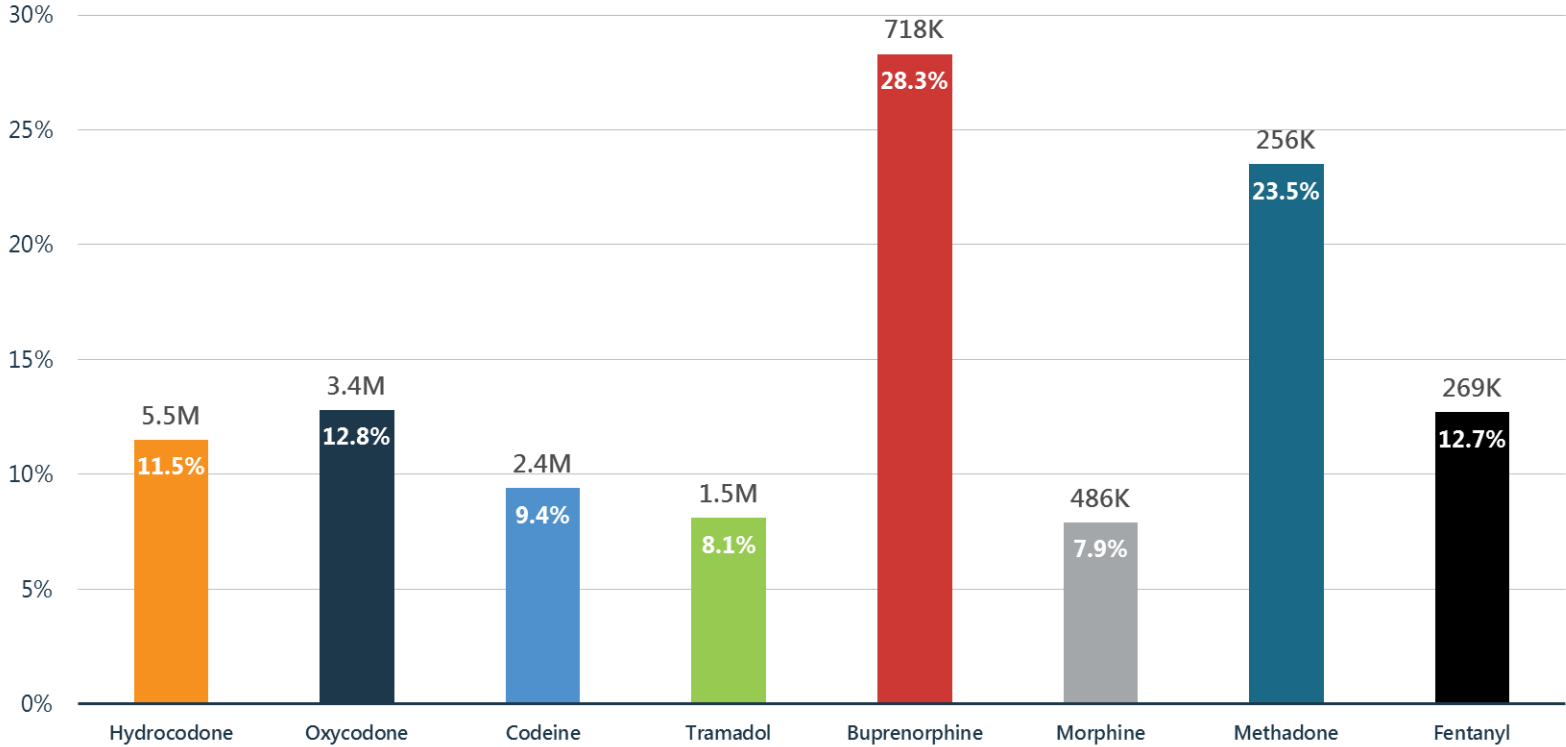
PAST YEAR, 2015-2018 NSDUH, 12+



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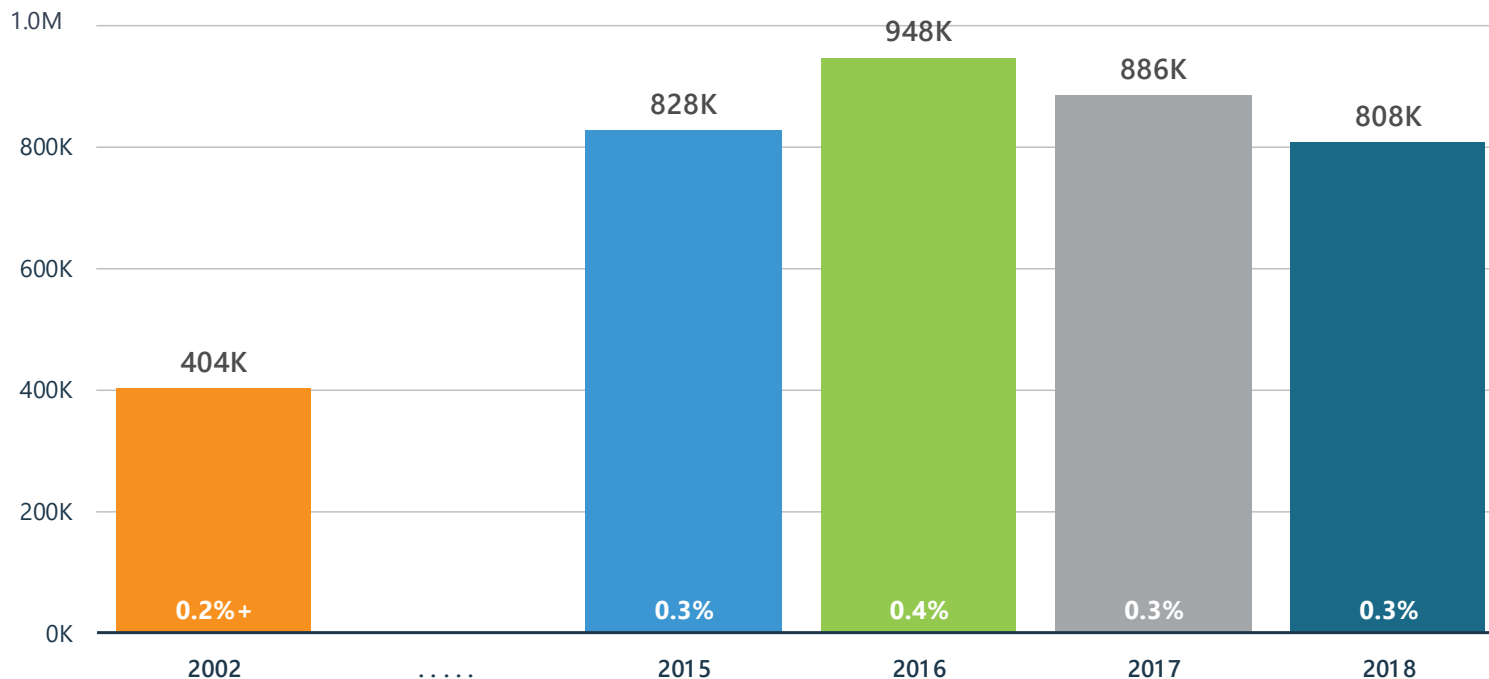
# Misuse of Prescription Opioid Subtypes

PAST YEAR, 2018 NSDUH, 12+ SUBTYPE USERS



# Heroin Use Climbed - Now Declining

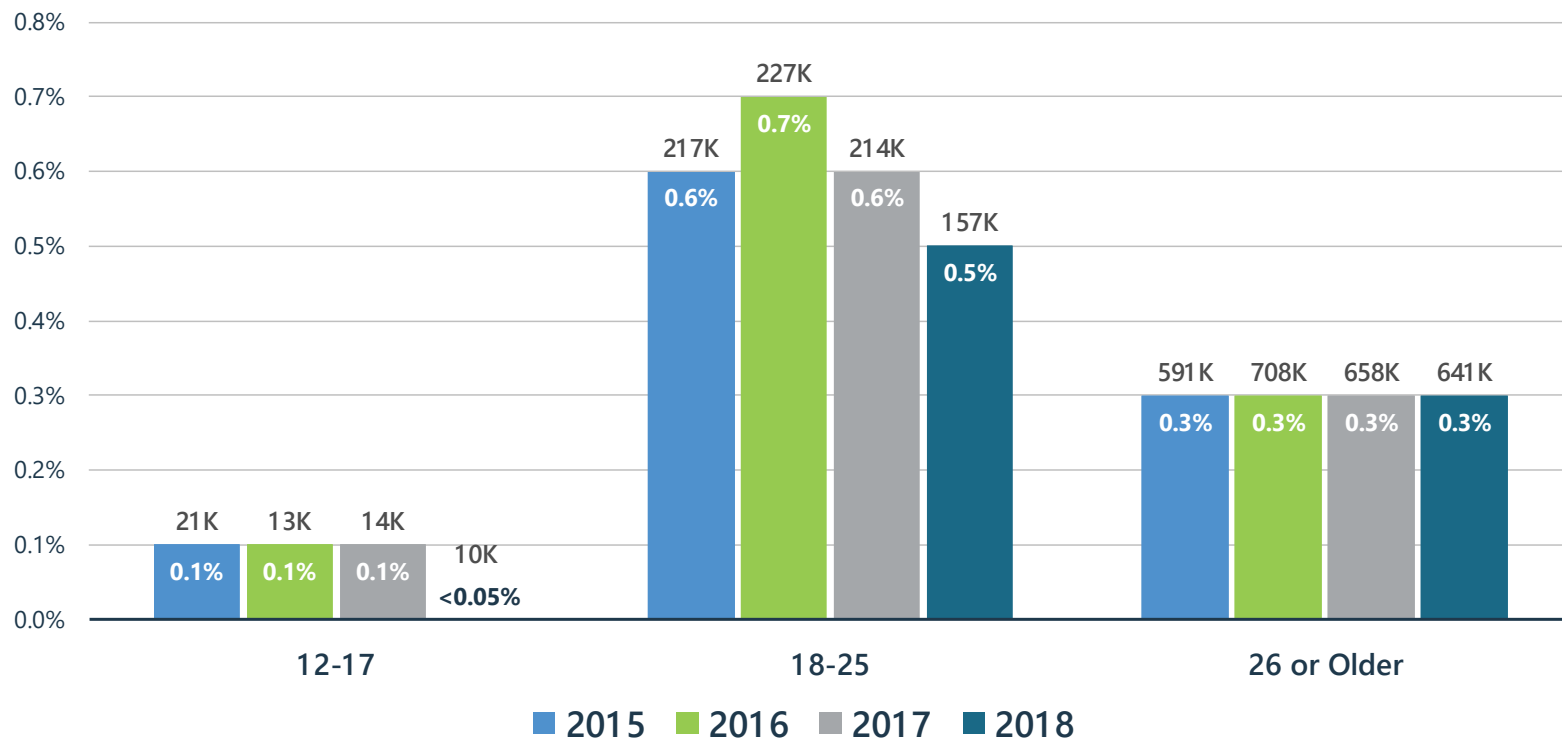
PAST YEAR, 2002 AND 2015-2018 NSDUH, 12+



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Heroin Use Declining in Young Adults

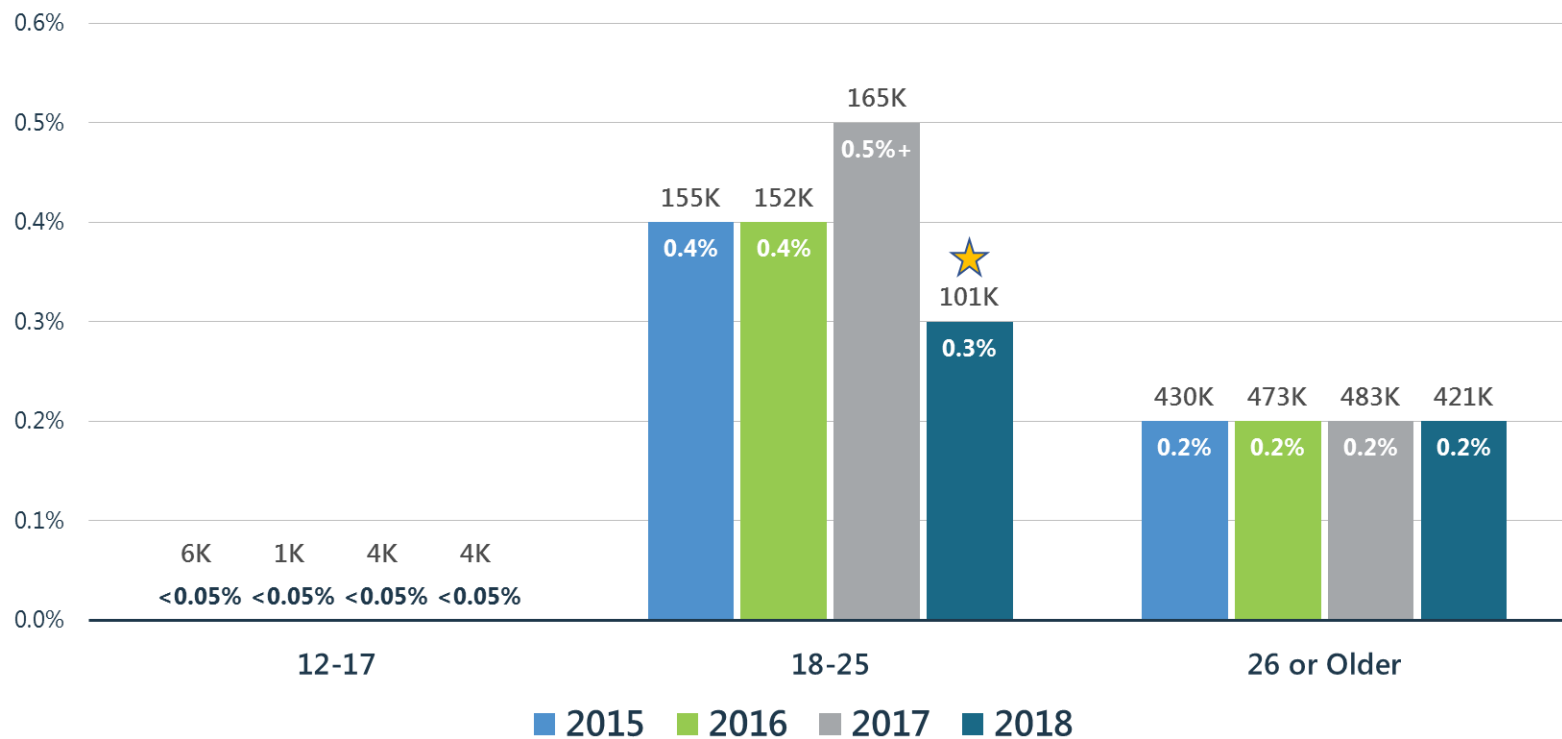
PAST YEAR, 2015-2018 NSDUH, 12+



No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Heroin-Related Opioid Use Disorder

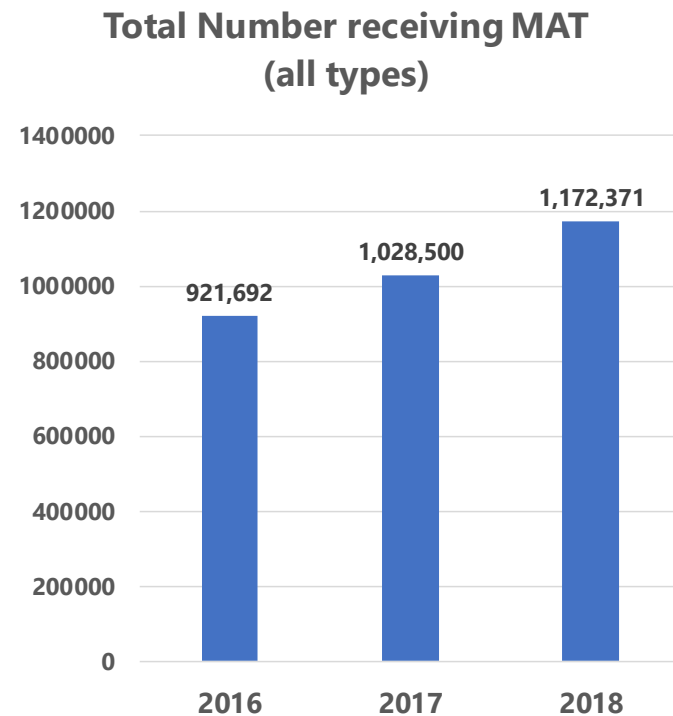
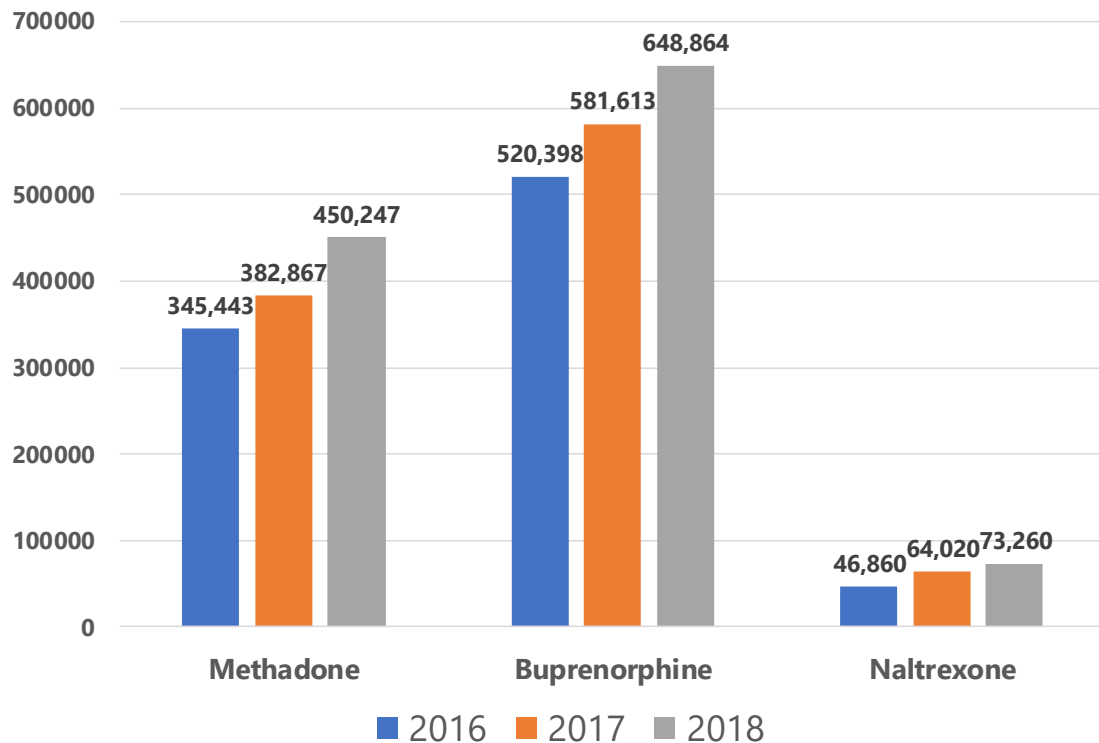
PAST YEAR, 2015-2018 NSDUH, 12+



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.



# Medication Assisted Treatment for Opioid Use Disorder



# Summary: Opioid Use in the United States in 2018

- **Significant decrease in prescription opioid misuse across all age groups**
- Buprenorphine continues to have a high rate of misuse relative to other prescribed opioids
- Decline in overall heroin use from 2016-2018 with some differences among age groups
  - Decline in young adult (18-25 years) heroin use is responsible for the overall downward trend
- Heroin Use Disorder
  - Young adult heroin use disorder decreased significantly compared to 2017 and was steady in adults 26 and older
- Total with OUD decreased from 2.1M in 2017 to 2.0M in 2018
- Increased use of medication assisted treatment (MAT)

# Federal Response: HHS 5-Point Opioid Strategy

- 1** Strengthening public health surveillance
- 2** Advancing the practice of pain management
- 3** Improving access to treatment and recovery services
- 4** Targeting availability and distribution of overdose-reversing drugs
- 5** Supporting cutting-edge research

# Public Health Surveillance

- National Survey on Drug Use and Health (NSDUH)
- Treatment Episode Data Set (TEDS)
- National Survey of Substance Abuse Treatment Services (NSSATS)
- Collaboration with CDC on Prescription Drug Monitoring Program implementation and data evaluation
- CDC: more frequent reporting on overdose deaths
- Replacement of the Drug Abuse Warning Network (DAWN) with SAMHSA's Emergency Department Surveillance System (SEDSS)

# SAMHSA's Work to Combat the Opioid Crisis

- Launch of **new approach** to **technical assistance and training**
- 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 focused centers
- Establishment of **Clinical Support System for practitioners**
- National practitioner training efforts and evidence-based technical **assistance to providers/states/fed agencies on opioid crisis** topics
- **Simplified grant application process** to encourage greater community participation (applications increased >140%)

# SAMHSA's Work to Combat the Opioid Crisis (Cont'd)

- **Resources for evidence-based prevention, treatment, recovery services for opioid use disorder (OUD):**
  - **State Targeted Response grants**
  - **Overdose reversal drug access programs**
  - **Drug-Free Communities (DFC)**
  - **MAT** for prescription drug and opioid addiction
  - **Criminal justice programs with MAT:** \$60M to \$80M in FY19
  - **Block grants** for states
  - **Pregnant/post partum women/NAS:** \$20M to \$40M in FY19
  - **New injection drug/HIV program:** \$150M in FY19
  - **Recovery coaches** program
  - **HIPAA/42 Code of Federal Regulation:** Family inclusion in medical emergencies such as opioid overdoses

# SAMHSA's Work to Combat the Opioid Crisis (Cont'd)

- **Opioids STR grants** to address state opioids crisis training needs
- **Offender re-entry program:** service provision *prior* to release
- **Children mental health services program:** serves kids exposed to substances in utero who later develop behavioral health issues
- **Certified Community Behavioral Health Clinics** providing emergency care and integrated services
- **Regulate opioid treatment programs** and DATA-waivered providers

# SAMHSA's Opioid Overdose Prevention Toolkit

- Opioid use disorder facts
- Five essential steps for first responders
- Information for prescribers
- Safety advice for patients and family members
- Recovering from opioid overdose



- Free download from:

**<https://store.samhsa.gov/system/files/sma18-4742.pdf>**



# Discussion



# Thank You

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

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[www.samhsa.gov](http://www.samhsa.gov)

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