

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



THE FEDERAL RESPONSE TO THE OPIOID CRISIS

Kimberly Johnson, PhD

Director, Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
U.S. Department of Health & Human Services

**CCSME: Building Community Response
to the Opioid Crisis
March 1st, 2017**



SETTING THE STAGE



CHANGING THE NARRATIVE: SAVING LIVES, HEALING FAMILIES, REBUILDING COMMUNITIES

SECTIONS

Portland Press Herald

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Posted November 17, 2016 | Updated November 18, 2016

INCREASE FONT SIZE **A⁺**

Maine experts hail U.S. surgeon general's report on addiction crisis

Public health officials and treatment specialists say "Facing Addiction in America" could change the public's perception that drug abuse is a moral failing rather than a disease.

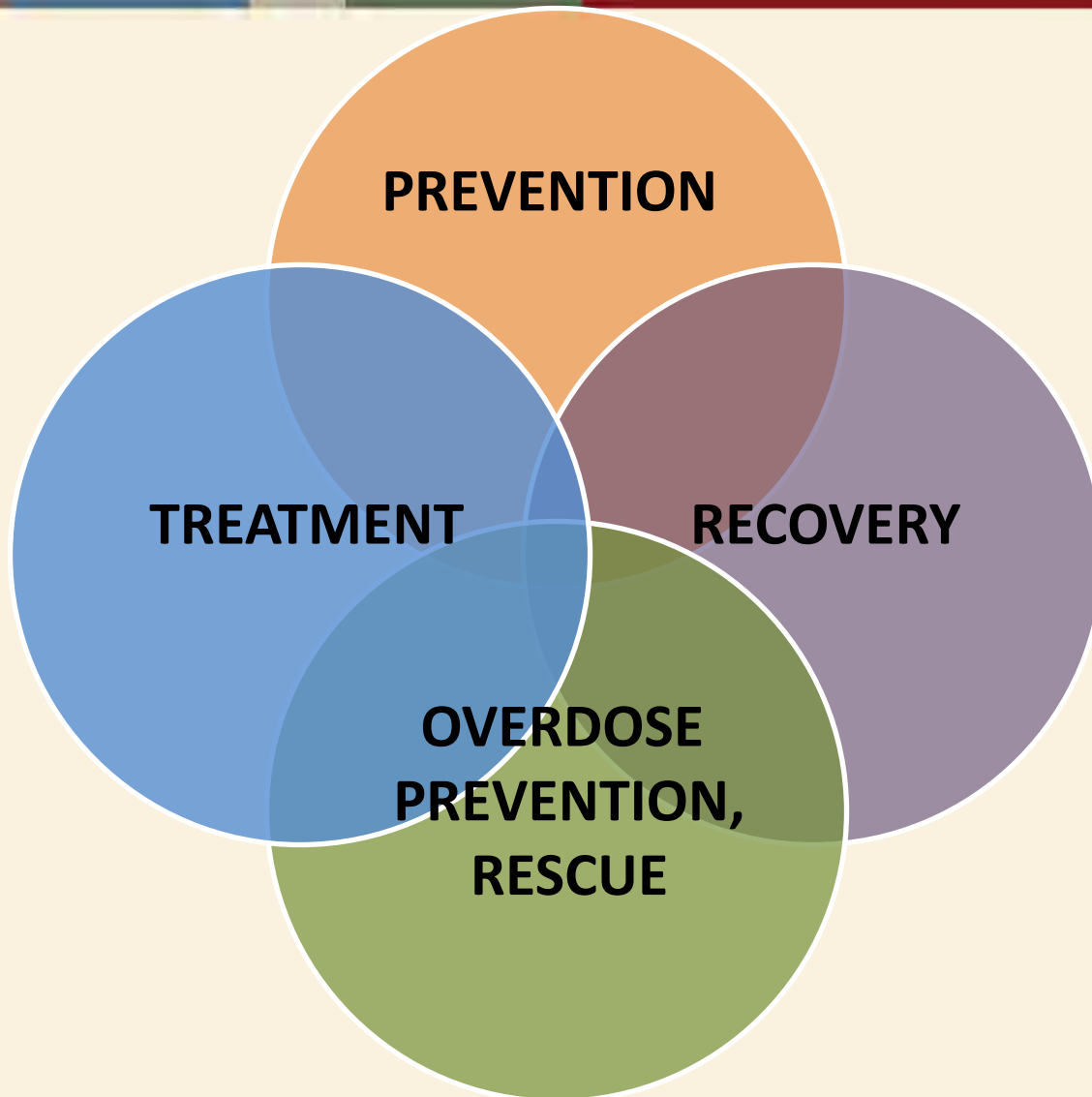
<http://www.pressherald.com/2016/11/17/maine-addiction-experts-hail-new-report-by-u-s-surgeon-general/>

2016 SURGEON GENERAL'S REPORT

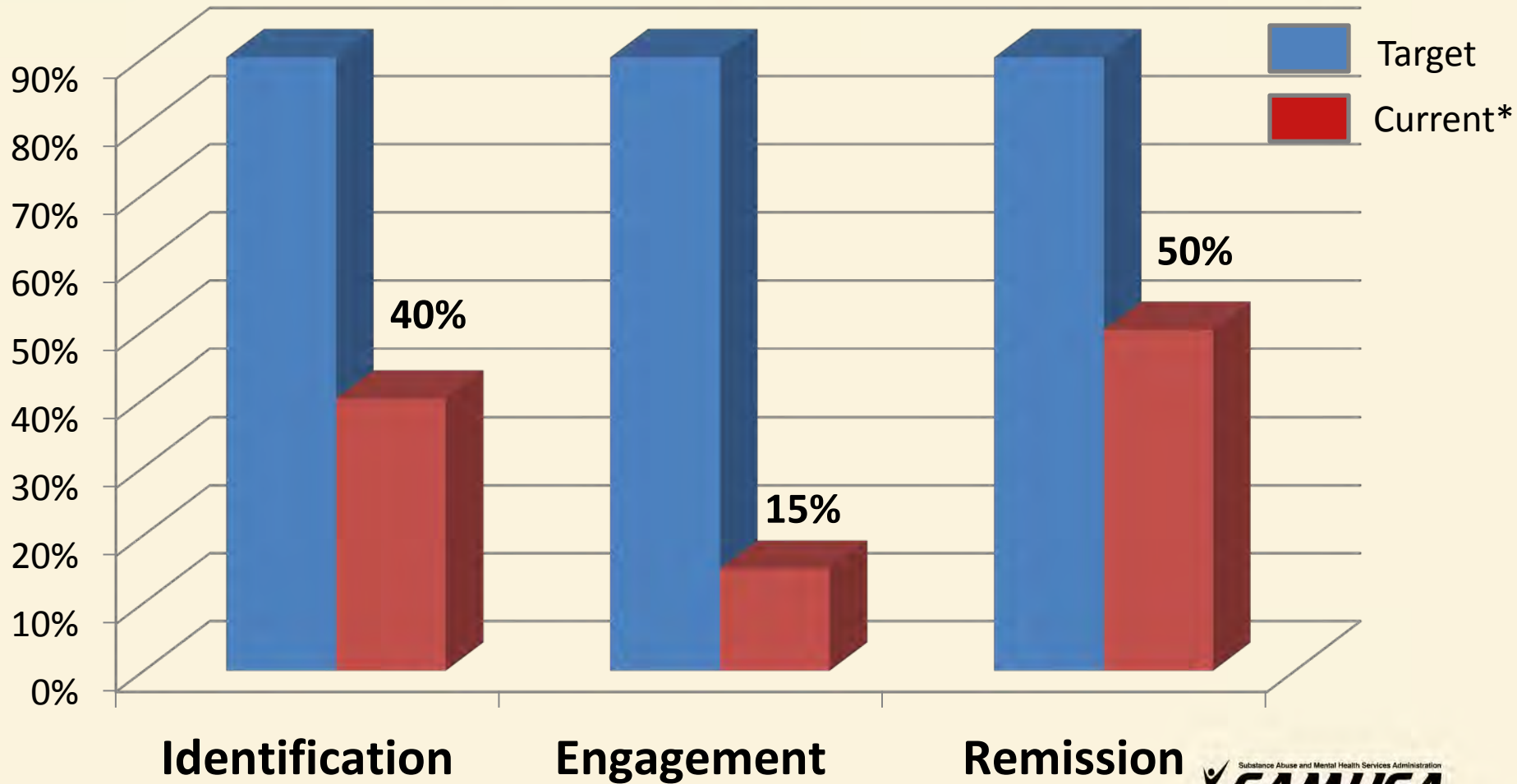
Recommendations focusing on prescribed opioids have been issued by the CDC to curb the rise in opioid overdose deaths.

Screening for substance use and SUDs before and during the course of opioid prescribing, combined with client education, are recommended.

PUBLIC HEALTH SOLUTIONS



APPLYING THE 90:90:90 BENCHMARK



MANY BARRIERS TO ACCESS

MAINE VOICES

Posted August 4

INCREASE FONT SIZE **PA+**

Maine Voices: Expanded access to opioid addiction treatment is a moral imperative

With 272 Mainers dying in 2015 and thousands more addicted, the epidemic calls for collective action.



Oklahoma Watch
impact journalism in the public interest

Justice ▾ Government ▾ Public Health ▾ Watch-Out Forums Conversations

OKWatch Radio Troubled State Addicted Oklahoma Auditing the Storm

UNSETTLED COUNTRY

October 8, 2016

Where Addiction Holds a Grip But Treatment Lags



ACCESS IS MULTIFACETED AND NOT ALWAYS EQUAL

“As residents, we are the pressure point of a broken system. *We have to tell patients they need things they can't afford and, in Massachusetts, we live the difference between universal access to health care and equality of access.* Every week, I had a patient who couldn't get the care that they needed, because they had no support, they didn't have the right type of insurance, or their life was simply too chaotic and the medical system too bureaucratic to respond.”

-- Elisabeth Poorman, M.D.

ACCESS: COVERAGE

HealthAffairs

At the Intersection of Health, Health Care and Policy

Cite this article as:

Tami L. Mark, Tracy Yee, Katharine R. Levit, Jessica Camacho-Cook, Eli Cutler
and Christopher D. Carroll
Insurance Financing Increased For Mental Health Conditions But Not For
Substance Use Disorders, 1986-2014
Health Affairs 35, no.6 (2016):958-965
doi: 10.1377/hlthaff.2016.0002

The online version of this article, along with updated information and services, is
available at:
<http://content.healthaffairs.org/content/35/6/958>

HealthAffairs

At the Intersection of Health, Health Care and Policy

Cite this article as:

Timothy B. Creedon and Benjamin Lê Cook
Mental Health Care Increased But Not For Substance Use, While
Disparities Remain
Health Affairs 35, no.6 (2016):1017-1021
doi: 10.1377/hlthaff.2016.0098

The online version of this article, along with updated information and services, is
available at:
<http://content.healthaffairs.org/content/35/6/1017>

PARITY AT WORK



- Aetna, starting in March 2017, will stop requiring doctors to seek approval from the insurance company before they prescribe particular medications such as Suboxone.
- Anthem and Cigna also recently dropped prior authorization requirements.
- Both of these companies took the step after the AG of New York investigated whether the firms' coverage practices unfairly barred patients from needed treatment. *The insurers adjusted their prescribing requirements as part of larger settlements.*

ACCESS: DISCRIMINATION

VIEWPOINT

Michael P. Botticelli, MEd
White House Office of
National Drug Control
Policy, Washington, DC.

Howard K. Koh, MD, MPH
Harvard T.H. Chan
School of Public Health,
Boston, Massachusetts;
and Harvard Kennedy
School, Cambridge,
Massachusetts.

Changing the Language of Addiction


Words matter. In the scientific arena, the routine vocabulary of health care professionals and researchers frames illness¹ and shapes medical judgments. When these terms then enter the public arena, they convey social norms and attitudes. As part of their professional duty, clinicians strive to use language that accurately reflects science, promotes evidence-based treatment, and demonstrates respect for patients.

However, history has also demonstrated how language can cloud understanding and perpetuate societal bias. For example, in the past, people with mental illness were derided as “lunatics” and segregated to “insane asylums.” In the early days of human immuno-

Stigma isolates people, discourages people from coming forward for treatment, and leads some clinicians, knowingly or unknowingly, to resist delivering evidence-based treatment services. The 2014 National Survey on Drug Use and Health⁴ estimates that of the 22.5 million people (aged ≥ 12 years) who need specialty treatment for a problem with alcohol or illicit drug use, only an estimated 2.6 million received treatment in the past year; of the 7.9 million specifically needing specialty treatment for illicit drug use, only 1.6 million received treatment. The survey noted that reasons for not seeking treatment included fears that receiving it would adversely affect the individual's job

JAMA October 4, 2016 Volume 316, Number 13

ACCESS: AVAILABILITY

- 
- ➔ Chronic care services for successful treatment and long-term recovery, including:
 - Case management
 - Comprehensive treatment and recovery supports
 - Continuum of care
 - MAT as needed
 - Health monitoring
 - Supportive services, and more...
 - ➔ Acute care services for emergency, point-in-time care.

HHS/SAMHSA: 21ST CENTURY CURES ACT



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State Targeted Response to the Opioid Crisis Grants

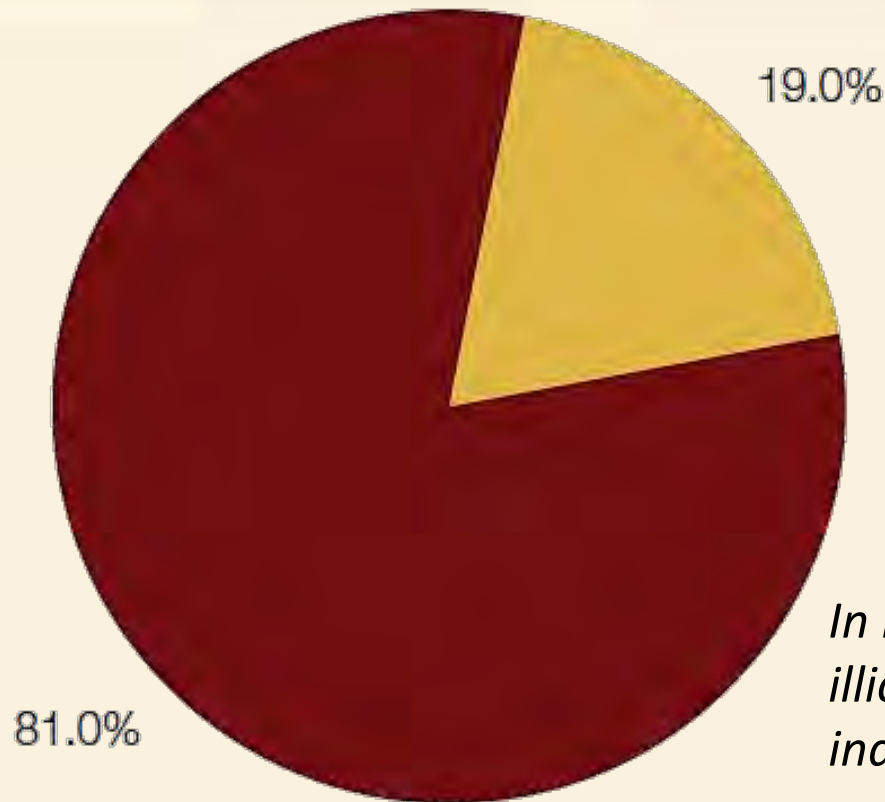
Short Title: Opioid STR

Initial Announcement

**Application Due Date was
February 17, 2017**

Please note that these applications will not be submitted through National Institutes of Health (NIH)'s electronic Research Administration (eRA) grants system. These will be submitted and processed through Grants.gov.

ONLY 19% OF MAINERS RECEIVED TREATMENT FOR ILLICIT DRUG USE

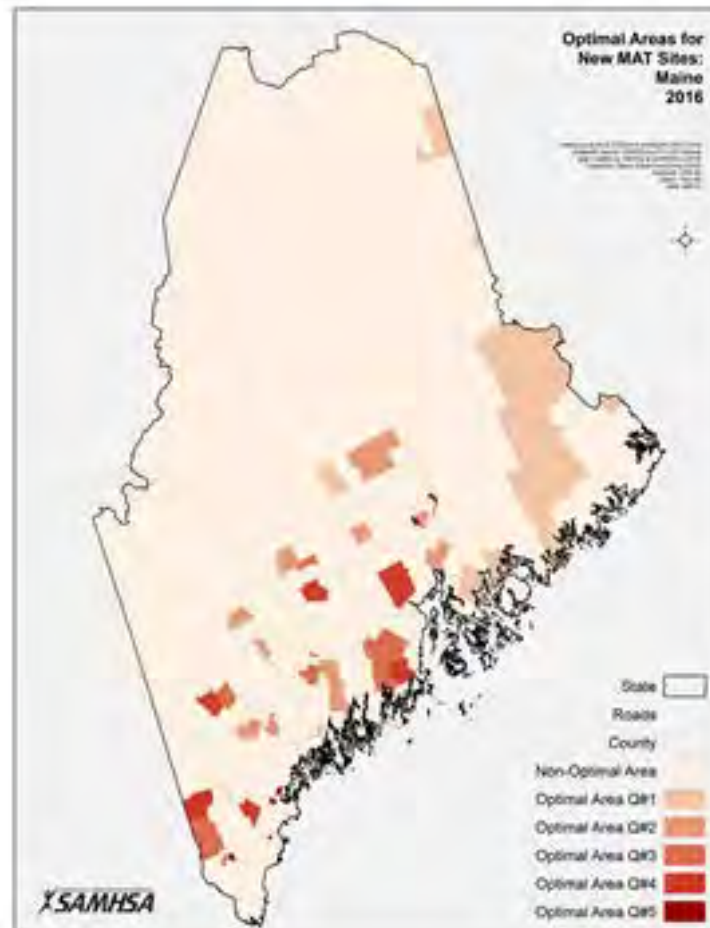


Annual Average, 2010–2014

- Received Treatment for Illicit Drug Use
- Did Not Receive Treatment for Illicit Drug Use

In Maine, among individuals aged 12 + with illicit drug dependence or abuse, about 5,000 individuals (19.0%) per year from 2010 to 2014 received treatment for their illicit drug use within the year prior to being surveyed.

Identifying “Optimal” Geographical Zones to Locate OBOT or OTP

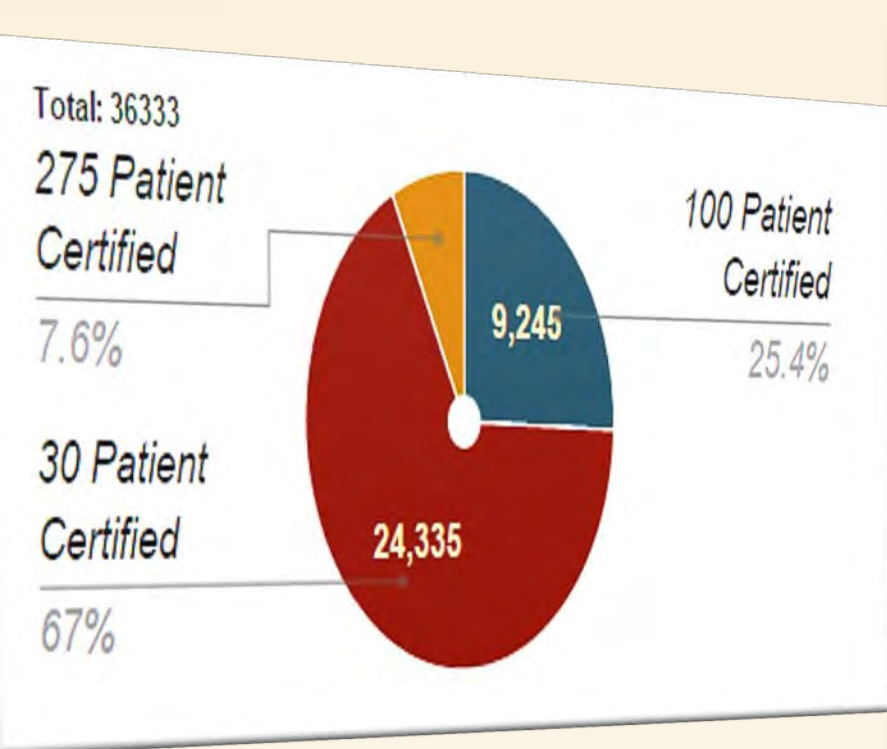


MAINE SUBSTANCE ABUSE TREATMENT (2015)



- 52% of all substance abuse treatment admissions also involved a MH disorder.
- More than 1 in 3 substance use treatment admissions listed alcohol as the primary reason for admission followed by heroin/morphine.
- Primary admission rates related to heroin/morphine have steadily increased since 2011, and have surpassed synthetic opiates as the second most common substance necessitating treatment.
- *More than 8 out of 10 pregnant substance abuse treatment admissions related to opioids/opiates.*

SAMHSA CERTIFICATION FOR BUPRENORPHINE DATA WAIVERS



Time Frame	30 Cert	%	100 Cert	%	275 Cert	%	Total
Past 30 days	261	53	107	22	126	26	494
Past 60 days	777	58	246	18	318	24	1,341
Past 90 days	1,329	55	434	18	652	27	2,415
Last Year	4,813	52	1,777	19	2,753	29	9,343
Current	24,335	67	9,245	25	2,753	8	36,333

SAMHSA 2017 snapshot: <https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/physician-program-data>

HHS/SAMHSA & CARA 2016

HHS.gov

U.S. Department of Health & Human Services



Programs & Services

Grants & Contracts

Laws & Regulations

HHS takes additional steps to expand access to opioid treatment

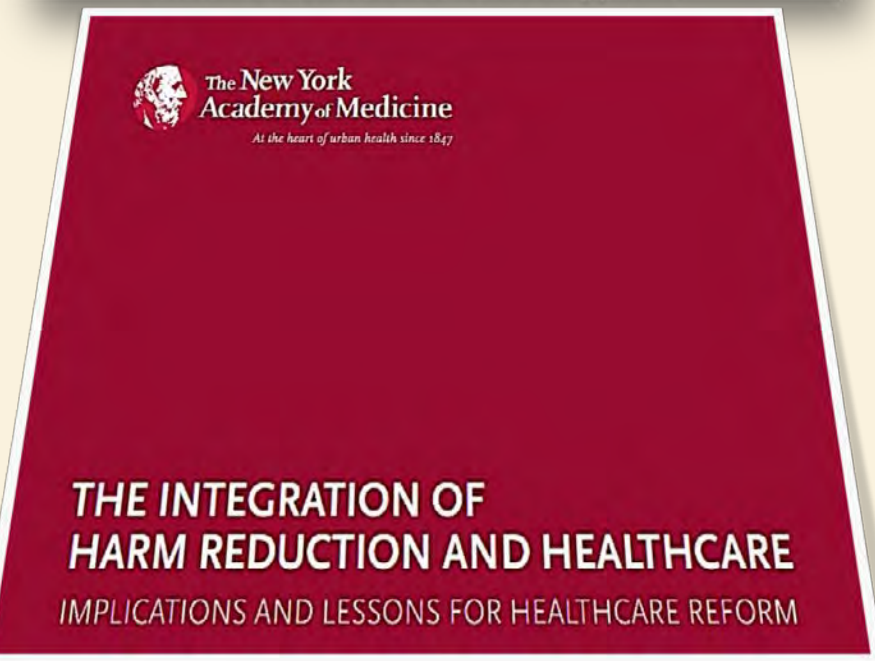
Allows more providers to prescribe treatment

The U.S. Department of Health and Human Services (HHS) is taking additional steps to address the U.S. opioid epidemic by further expanding access to medication-assisted treatment (MAT) for opioid use disorders.

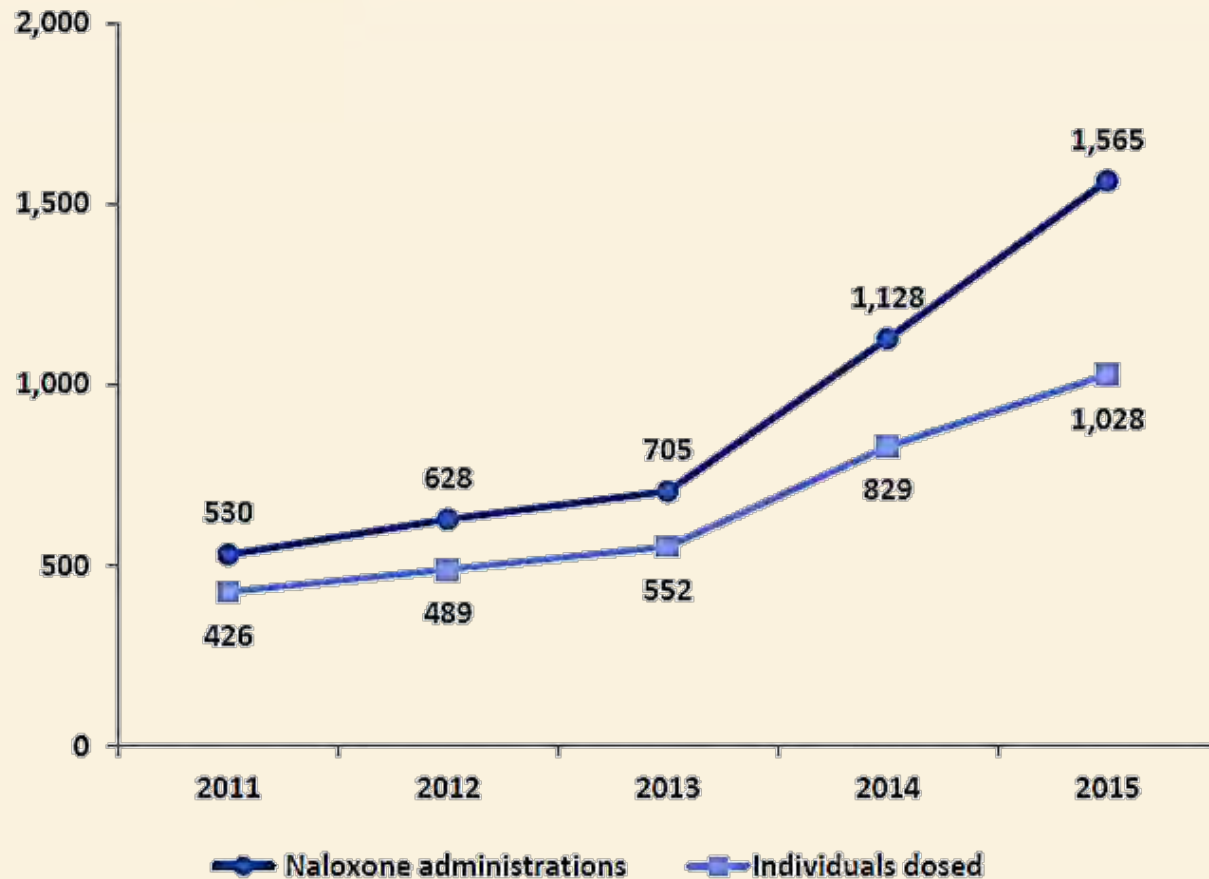
Administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), today's announcement enables nurse practitioners (NPs) and physician assistants (PAs) to immediately begin taking the 24 hours of required training to prescribe the opioid use disorder treatment, buprenorphine.

ENGAGEMENT: OPEN *EVERY* DOOR

- ➔ Meet people where they are.
- ➔ Work on what is bothering them not what is bothering you.
- ➔ If at first you don't succeed, review, adapt, and try again.



NALOXONE ADMINISTRATION IN MAINE

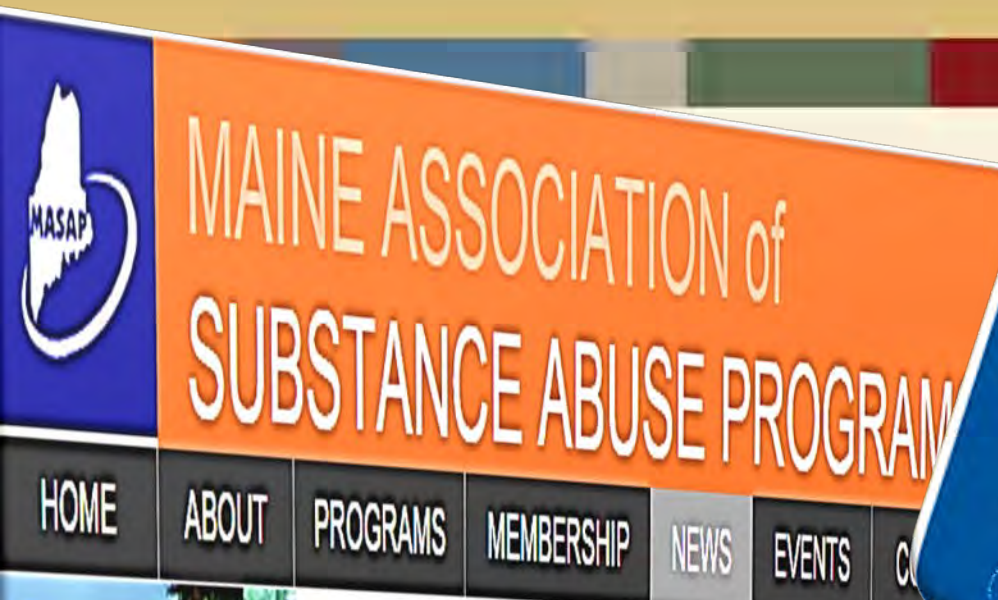


Source: EMS, 2011-2015

*Naloxone is a medication administered to counter the effects of an overdose due to opioids.

**Some individuals may have received multiple administrations/doses of naloxone.

SAMHSA RESOURCE FOR OVERDOSE RESCUE



Home > News > News Detail

News

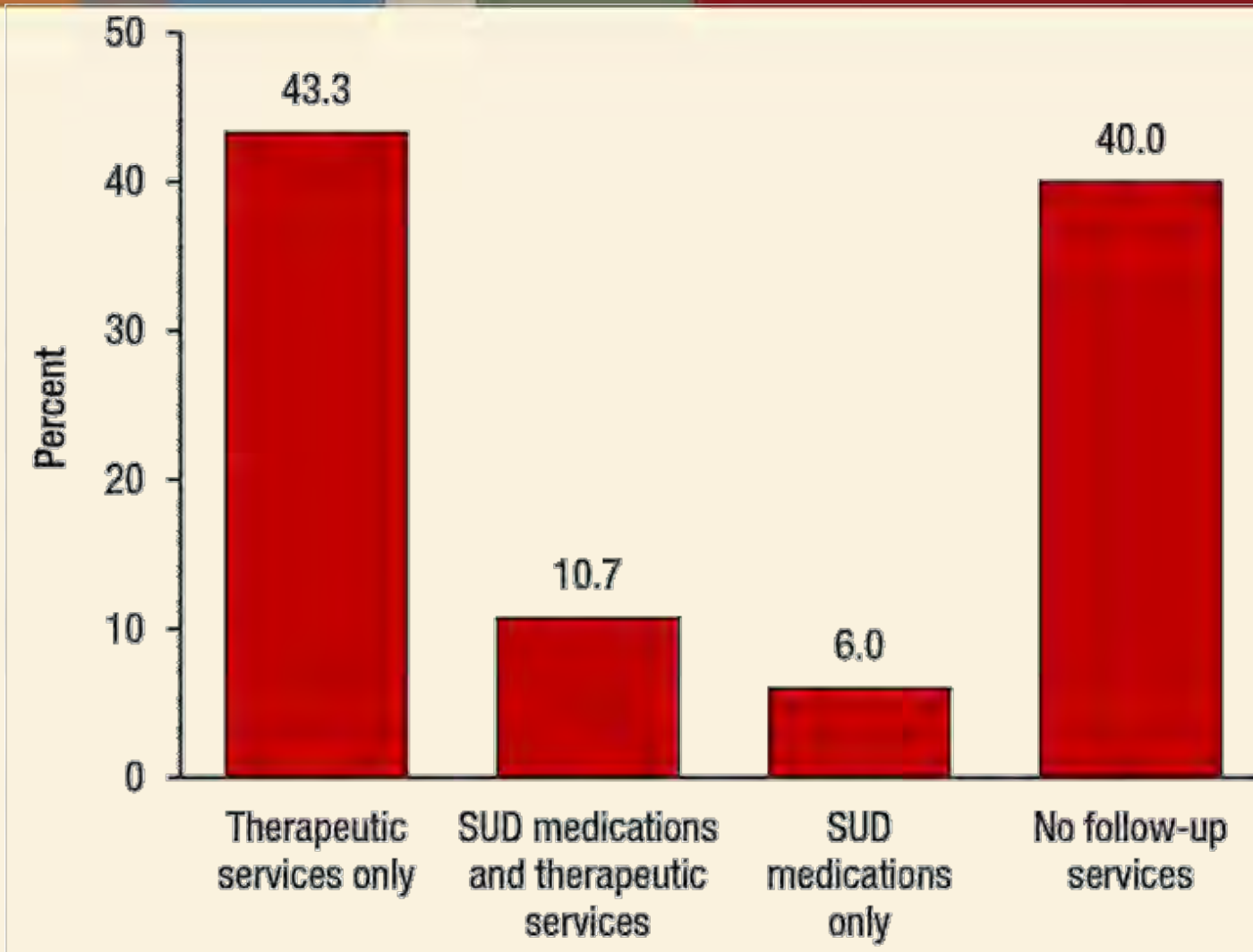
Opioid Overdose Toolkit released by SAMHSA

Wednesday January 27th, 2016



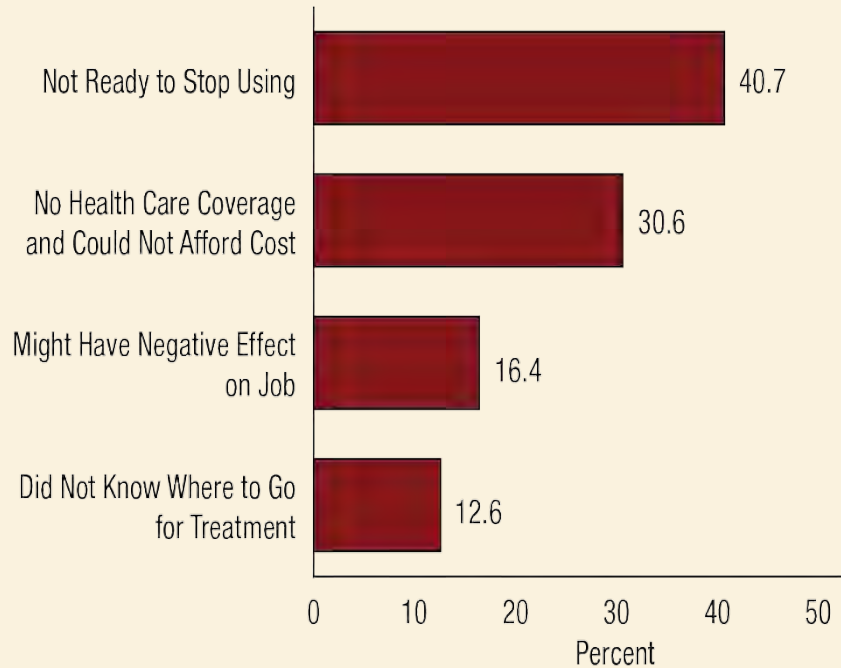
CURES funds can be used for naloxone & other overdose prevention and treatment efforts.

NATIONAL DISCONNECT: OPIOID TREATMENT & FOLLOW-UP SERVICES

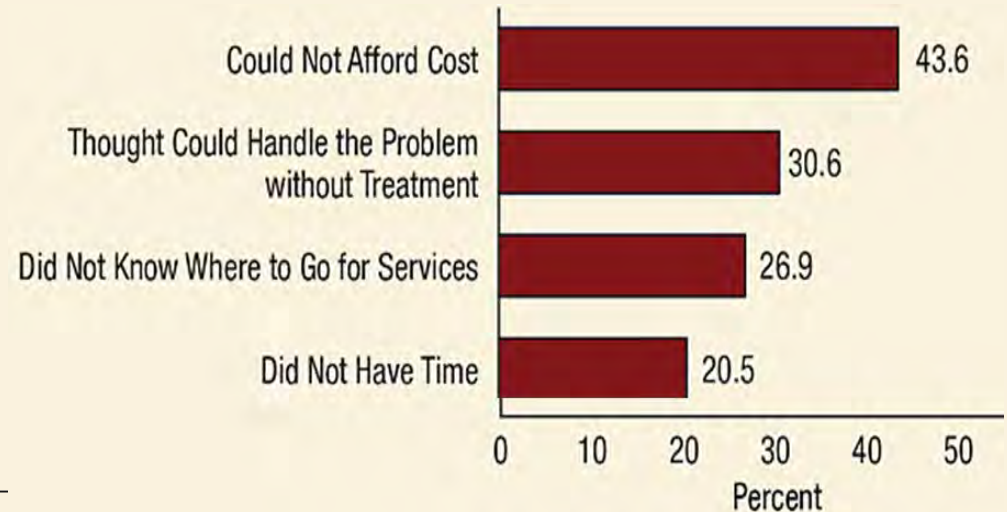


ENGAGING THOSE IN NEED

Top Reasons for Not Receiving Substance Use Treatment



Top Reasons for Not Receiving MH services



ENGAGEMENT: SELF DIRECTED CARE

[home](#) | [providers](#)

Decisions in Recovery: Treatment for Opioid Use Disorder

[Should I start?](#)

[Which do I start?](#)

[How do I start?](#)

[Recovery tools](#)



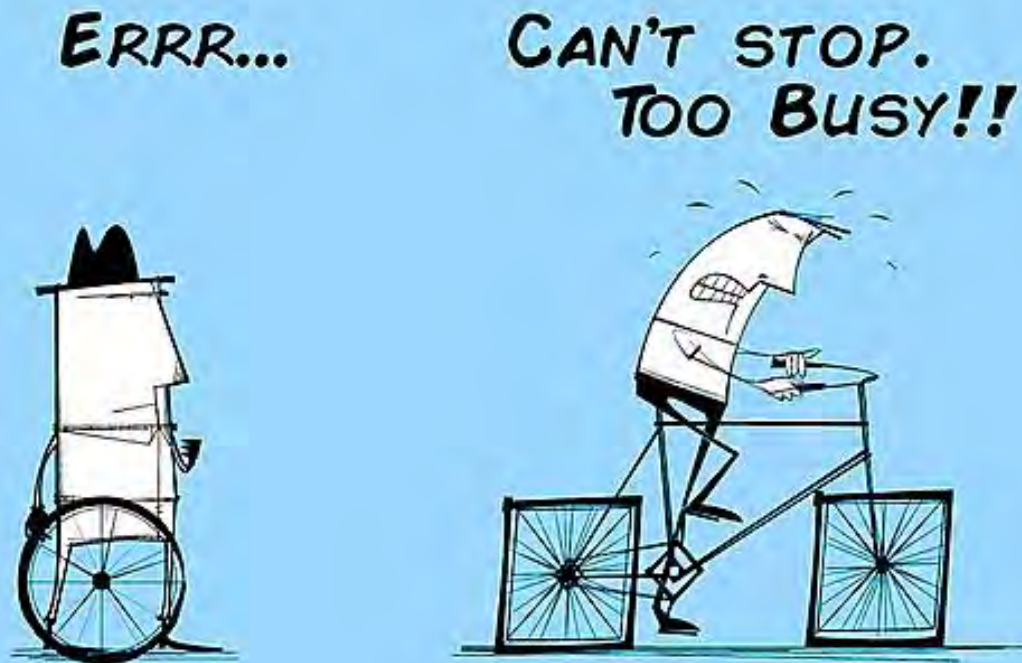
*I want to make the choices
about which medication is right
for me*

Are you finding it difficult to stop using? If you've thought about cutting down or stopping, this site can help. If you are using narcotics, prescription pain medications, heroin, or any other opioid drug, this site has information about some of your treatment options and ways to locate a provider who can help.

You can also watch videos of people who have been where you are. They found a way to succeed in recovery and reclaim their lives. So can you.

Opioid use disorder is a primary, chronic and relapsing disease that affects your body and your brain. Whether this is your first try at overcoming addiction, or a fresh start after many attempts, give yourself credit for having the courage to change.

EMBRACING THE ROI OF QI





VA-DoD SUD Guideline Key Recommendations

- Screening and brief alcohol intervention
- 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 and withdrawal

SUD	Medications	Psychosocial Intervention
Alcohol	Acamprosate Disulfiram Naltrexone Topiramate Gabapentin*	Behavioral Couples Therapy Cognitive Behavioral therapy (CBT) Community Reinforcement Approach (CRA) Motivation Enhancement Therapy (MET) Twelve Step Facilitation
Opioid	Buprenorphine Methadone ER-Injectable Naltrexone*	Medical Management** Contingency Management (CM)/Individual Drug Counseling (IDC)**
Cannabis		CBT/MET
Stimulant		CBT/CRA/IDC +/- CM

*suggested **recommended only with medication

<http://www.healthquality.va.gov/guidelines/MH/sud/>

SAMHSA FY2015 GRANTS TO MAINE: OVER \$18 MILLION IN TOTAL FUNDING

Formula Funding

Substance Abuse Prevention and Treatment Block Grant	\$6,824,460
Community Mental Health Services Block Grant	\$1,802,317
Projects for Assistance in Transition from Homelessness (PATH)	\$300,000
Protection and Advocacy for Individuals with Mental Illness (PAIM)	\$428,000
Subtotal of Formula Funding	\$9,354,777

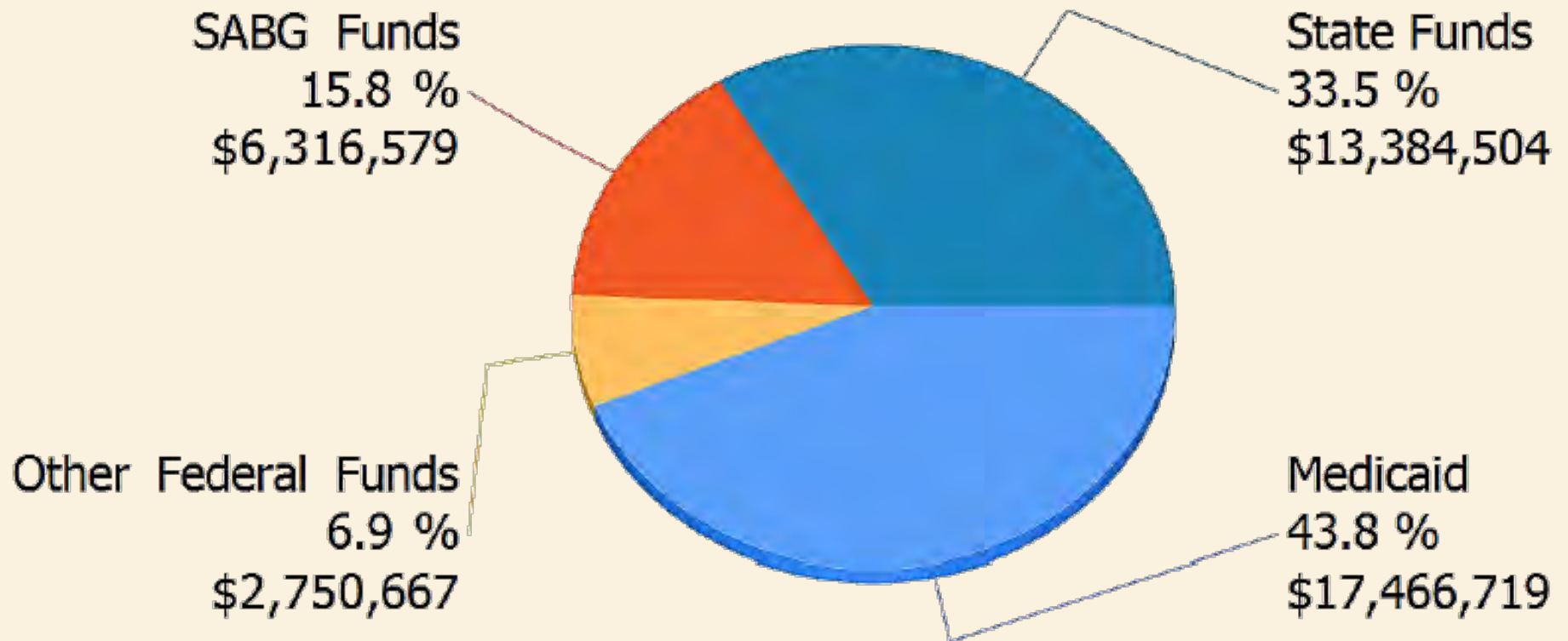
Discretionary Funding

Mental Health	\$4,547,738
Substance Abuse Prevention	\$3,946,446
Substance Abuse Treatment	\$800,000
Subtotal of Discretionary Funding	\$9,294,184


Total Funding

Total Mental Health Funds	\$7,078,055
Total Substance Abuse Funds	\$11,570,906
Total Funds	\$18,648,961

MAINE EXPENDITURES FOR SUBSTANCE ABUSE TREATMENT AND PREVENTION IN 2015



Snapshot from 2016 SAMHSA Report



RESOURCES

CURES TECHNICAL ASSISTANCE



- KICK OFF MEETING IN DC
- WEBINARS
- PEER TO PEER
- ON SITE TA AND TRAINING

FY 2017 SAMHSA OPEN FUNDING OPPORTUNITIES: SELECT EXAMPLES (1)

Substance Abuse and Mental Health Services Administration



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Grants	Drug-Free Communities (DFC) Support Program-New
Grant Announcements	<i>Initial Announcement</i>
Applying	
Review	
Grants Management	
Continuation Grants	

Funding Opportunity Announcement (FOA) Information

FOA Number: SP-17-001

Posted on Grants.gov: Friday, January 6, 2017

Application Due Date: Wednesday, March 15, 2017

<https://www.samhsa.gov/grants/grant-announcements/sp-17-001>

FY 2017 SAMHSA OPEN FUNDING OPPORTUNITIES: SELECT EXAMPLES (2)



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Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts

Short Title: Family Treatment Drug Courts (FTDCs)

Initial Announcement

Funding Opportunity Announcement (FOA) Information

FOA Number: TI-17-004

Posted on Grants.gov: Thursday, December 29, 2016

Application Due Date: Friday, March 3, 2017

<https://www.samhsa.gov/grants/grant-announcements/ti-17-004>

FY 2017 SAMHSA OPEN FUNDING OPPORTUNITIES: SELECT EXAMPLES (3)

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Grants » Grant Announcements » Recovery Community Services Program-Statewide Network

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Grants	Recovery Community Services Program-Statewide Network
Grant Announcements	Short Title: RCSP-SN
Applying	<i>Initial Announcement</i>
Review	
Grants Management	Funding Opportunity Announcement (FOA) Information
Continuation Grants	FOA Number: TI-17-006
Block Grants	Posted on Grants.gov: Tuesday, January 17, 2017
	Application Due Date: Monday, March 20, 2017

<https://www.samhsa.gov/grants/grant-announcements/ti-17-006>

FY 2017 SAMHSA OPEN FUNDING OPPORTUNITIES: SELECT EXAMPLES (4)

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Grants » Grant Announcements » Services Grant Program for Residential Treatment for Pregnant and Postpartum Women

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GPRA Measurement Tools	

Services Grant Program for Residential Treatment for Pregnant and Postpartum Women

Short Title: PPW

Initial Announcement

Funding Opportunity Announcement (FOA) Information

FOA Number: TI-17-007

Posted on Grants.gov: Wednesday, February 15, 2017

Application Due Date: Monday, April 17, 2017

<https://www.samhsa.gov/grants/grant-announcements/ti-17-007>

FY 2017 SAMHSA OPEN FUNDING OPPORTUNITIES: SELECT EXAMPLES (5)




The screenshot displays the SAMHSA website interface. At the top, the SAMHSA logo is on the left, and a search bar with the text 'Search SAMHSA.gov' is on the right. Below the search bar are social media icons for Facebook, Twitter, YouTube, and a blog. A navigation menu in the center includes links for 'Find Help & Treatment', 'Topics', 'Programs & Campaigns', 'Grants' (which is highlighted), 'Data', 'About Us', and 'Publications'. Below the navigation menu, a breadcrumb trail reads 'Grants » Grant Announcements » Grants for the Benefit of Homeless Individuals'. To the right of the breadcrumb trail are icons for printing, email, RSS, and a 'SHARE+' button. On the left side, there is a vertical menu under the heading 'Grants' with links for 'Grant Announcements', 'Applying', 'Review', 'Grants Management', 'Continuation Grants', and 'Block Grants'. The main content area on the right is titled 'Grants for the Benefit of Homeless Individuals' and contains the following information:

- Short Title:** GBHI
- Initial Announcement*
- Funding Opportunity Announcement (FOA) Information**
- FOA Number:** TI-17-009
- Posted on Grants.gov:** Thursday, February 23, 2017
- Application Due Date:** Tuesday, April 25, 2017


<https://www.samhsa.gov/grants/grant-announcements/ti-17-009>

SAMHSA's OTP-Q PROGRAM (1)



- Five year Technical Assistance (TA) Program to facilitate integration and care coordination; to help ensure OTPs and States can provide appropriate and quality treatment; and to focus on community engagement.
- Provide training, TA, and support to guide 1500 OTPs and SOTAs in developing and sustaining high quality MAT and recovery services.
- Focus on meaningful patient outcomes, consistent with 42 CFR 8, SAMHSA accreditation guidelines and standards of approved accrediting bodies, including: CARF, COA, Joint Commission, NCCHC, and Washington and Missouri.

SAMHSA's OTP-Q PROGRAM (2)



- ➔ Work with state agencies, provider organizations, and patient advocates to facilitate:
 - Organizational development
 - Regulation development and revision
 - Regional clinical education
 - Increased access to MAT
 - Community relations
 - Development of a Community Relations Plan
 - Needs assessment to establish gaps in services
 - Public Service Messaging

SAMHSA RESOURCES FOR WORKFORCE DEVELOPMENT

PCSS-O Training

Educational Resources for Prescribers of Opioid Medications

Focus on safe opioid
prescribing

www.pcoss-o.org

PCSS MAT TRAINING

PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

Focus on OUD
treatment

www.pcssmat.org



Focus on CME-
accredited trainings on
safe use of opioids

SAMHSA TECHNOLOGY TRANSFER AND TECHNICAL ASSISTANCE RESOURCES



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BRSS TACS

Bringing Recovery Supports to Scale
Technical Assistance Center Strategy

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Access webinars from BRSS TACS that

Bringing Recovery Supports to Scale Technical Assistance Center Strategy

SAMHSA'S NATIONAL CENTER ON SUBSTANCE ABUSE AND CHILD WELFARE



New Resource! *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers* (PDF 1.66 MB)

This publication provides:

- ▶ An overview of the extent of opioid use by pregnant women and the effects on the infant
- ▶ Evidence-based recommendations for treatment approaches from leading professional organizations
- ▶ An in-depth case study, including ideas that can be adopted and adapted by other jurisdictions
- ▶ A guide for collaborative planning, including needs and gaps analysis tools for priority setting and action planning

Additional Resources

This webpage describes resources on best practices in the treatment of opioid use disorders and Neonatal Abstinence Syndrome (NAS). Resources are categorized into the following seven sections:

- ▶ [NCSACW Webinar Series on Opioid Use Disorders and Treatment](#)
- ▶ [Essential Information About the Treatment of Opioid Use Disorders](#)

SAMHSA RESOURCES FOR JUSTICE INVOLVED



**SAMHSA's
GAINS
Center for
Behavioral Health and
Justice Transformation**

GAINS Center for Behavioral Health and Justice Transformation

The GAINS Center focuses on expanding access to services for people with mental and/or substance use disorders who come into contact with the justice system.

Grants and Grantees

Learn about the SAMHSA-funded [grant programs](#) that address behavioral health and criminal justice issues:

- » [Behavioral Health Treatment Court Collaboratives \(BHTCC\)](#)
- » [Law Enforcement and Behavioral Health Partnerships for Early Diversion](#)
- » [Mental Health Transformation Grant \(MHTG\)](#)
- » [Transforming Lives Through Supported Employment \(SE\) Program](#)

Mental Health Treatment Court Locators

Locate Mental Health Treatment Courts for:

- » [Adults](#)
- » [Juveniles](#)

About GAINS

GAINS is an acronym for Gather, Assess, Integrate, Network, and Stimulate. Learn about the [history of the GAINS Center and its model](#) for coordinating with justice systems to provide

**NATIONAL
HELPLINE**
1-800-662-4357 (HELP)

Subscribe to the Newsletter

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Related SAMHSA Resources

Topics

- » [Criminal and Juvenile Justice](#)
- » [Mental and Substance Use Disorders](#)
- » [Trauma and Violence](#)
- » [Veterans and Military Families](#)

Programs and Campaigns

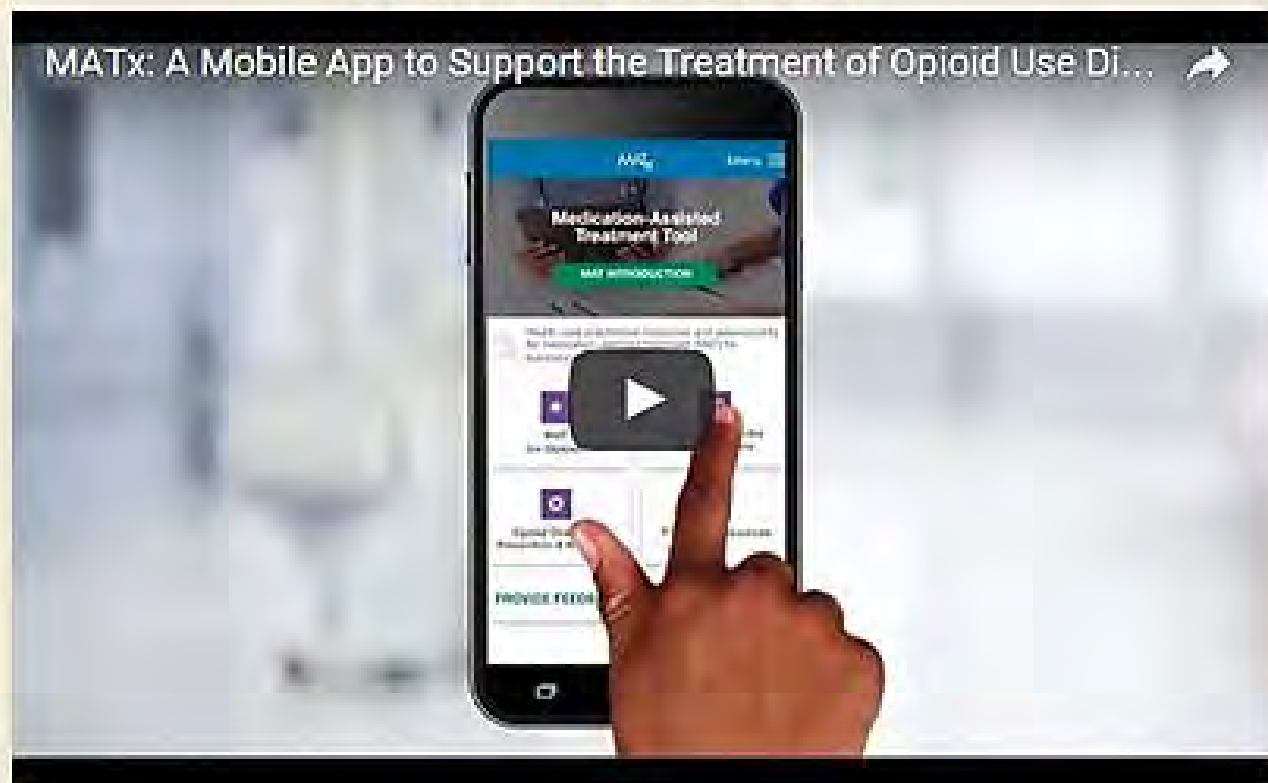
- » [National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint](#)

Publications

SAMHSA HIT TOOLS: SELECT EXAMPLES



SAMHSA MATx



<http://store.samhsa.gov/apps/mat/>

ACCESS, ENGAGEMENT, & QUALITY HINGE ON TRUST...

The Washington Post

PowerPost

Federal Insider

Cyberattacks on personal health records growing 'exponentially'

By Joe Davidson | Columnist September 28 at 7:00 AM



GAO

United States Government Accountability Office

Report to the Committee on Health,
Education, Labor, and Pensions,
U.S. Senate

August 2016

ELECTRONIC HEALTH INFORMATION

HHS Needs to
Strengthen Security
and Privacy Guidance
and Oversight

MODERNIZING 42 CFR PART 2

**SUPPLEMENT: PUBLIC COMMENT
PERIOD ENDED FEBRUARY 17, 2017**



Confidentiality of Substance Use Disorder Patient Records

A Rule by the [Health and Human Services Department](#) on 01/18/2017

PUBLISHED DOCUMENT

Start Printed Page 6052

AGENCY:

Substance Abuse and Mental Health Services Administration, HHS.

DOCUMENT DETAILS

Printed version:
[PDF](#)

Publication Date:
01/18/2017

regulations.gov

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PR Confidentiality of Substance Use Disorder Patient Records

This Proposed Rule document was issued by the [Department of Health and Human Services \(HHS\)](#)

For related information, [Open Docket Folder](#)

[Comment Now!](#)

Due Feb 17 2017, at 11:59 PM ET

ID: HHS-OS-2016-0005-0378

View original printed format: [PDF](#)

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Document Information

Date Posted:
Jan 18, 2017

RIN:

Action

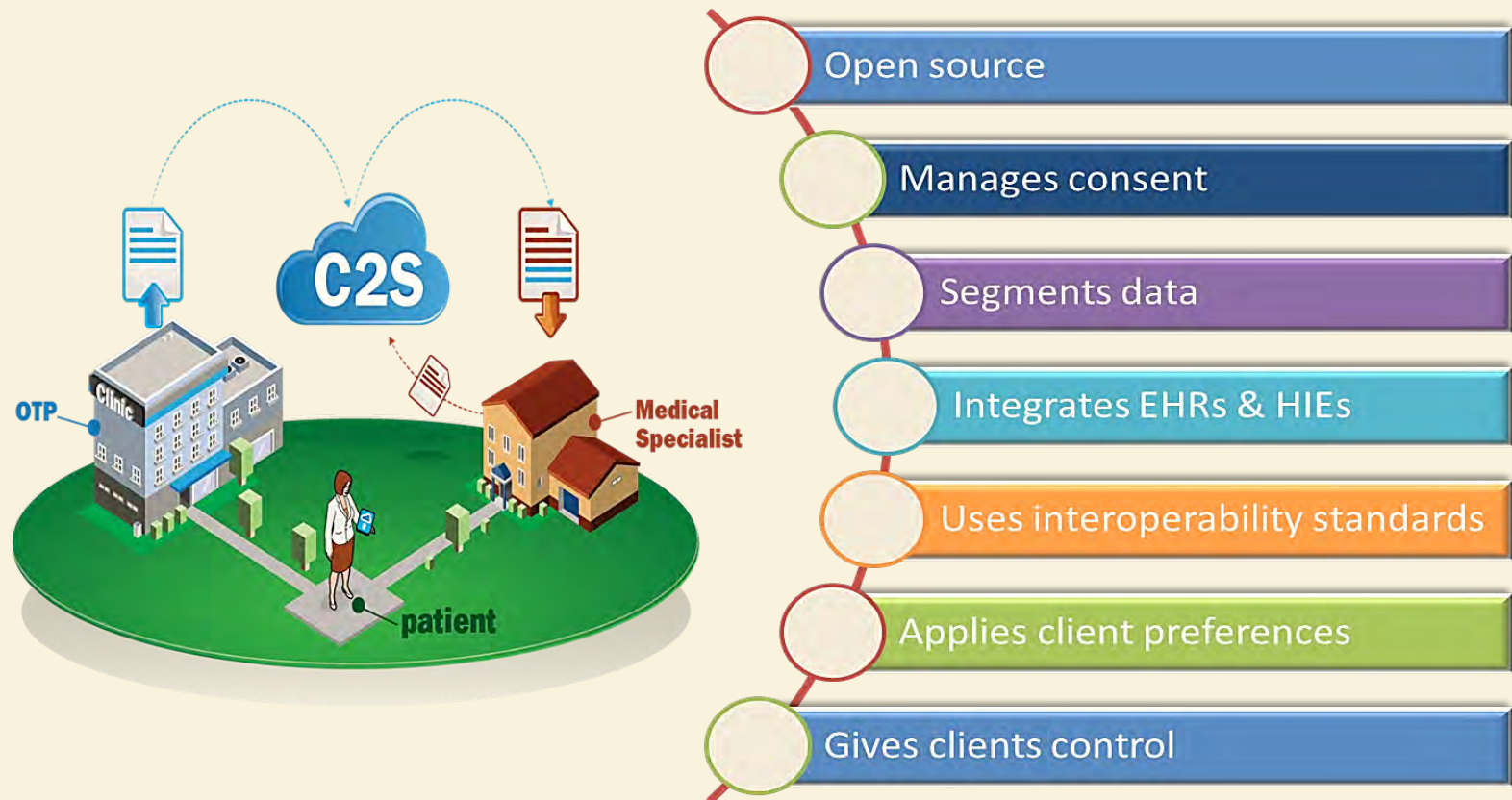
Supplemental notice of proposed rulemaking.

Summary

On Feb. 9, 2016, the Substance Abuse and Mental Health Services Administration (SAMHSA) published a Notice of Proposed Rulemaking (NPRM) that proposed policy changes to update and modernize the Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR part 2). SAMHSA explained in the NPRM that these changes were intended to better align the regulations with advances in the U.S. health care delivery system while retaining important privacy protections for individuals seeking treatment for substance use disorders. The last substantive update to these regulations was in 1987. SAMHSA is issuing this Supplemental Notice of Proposed Rulemaking (SNPRM) to propose additional clarifications to the part 2 regulations as amended by the concurrently issued final rule. As noted in the final rule, 42 CFR part 2 Confidentiality of

SAMHSA SAFEGUARDING PRIVACY: C2S

Consent2Share (C2S)



PREVENTION IS EFFECTIVE, TREATMENT WORKS, & PEOPLE RECOVER EVERY DAY



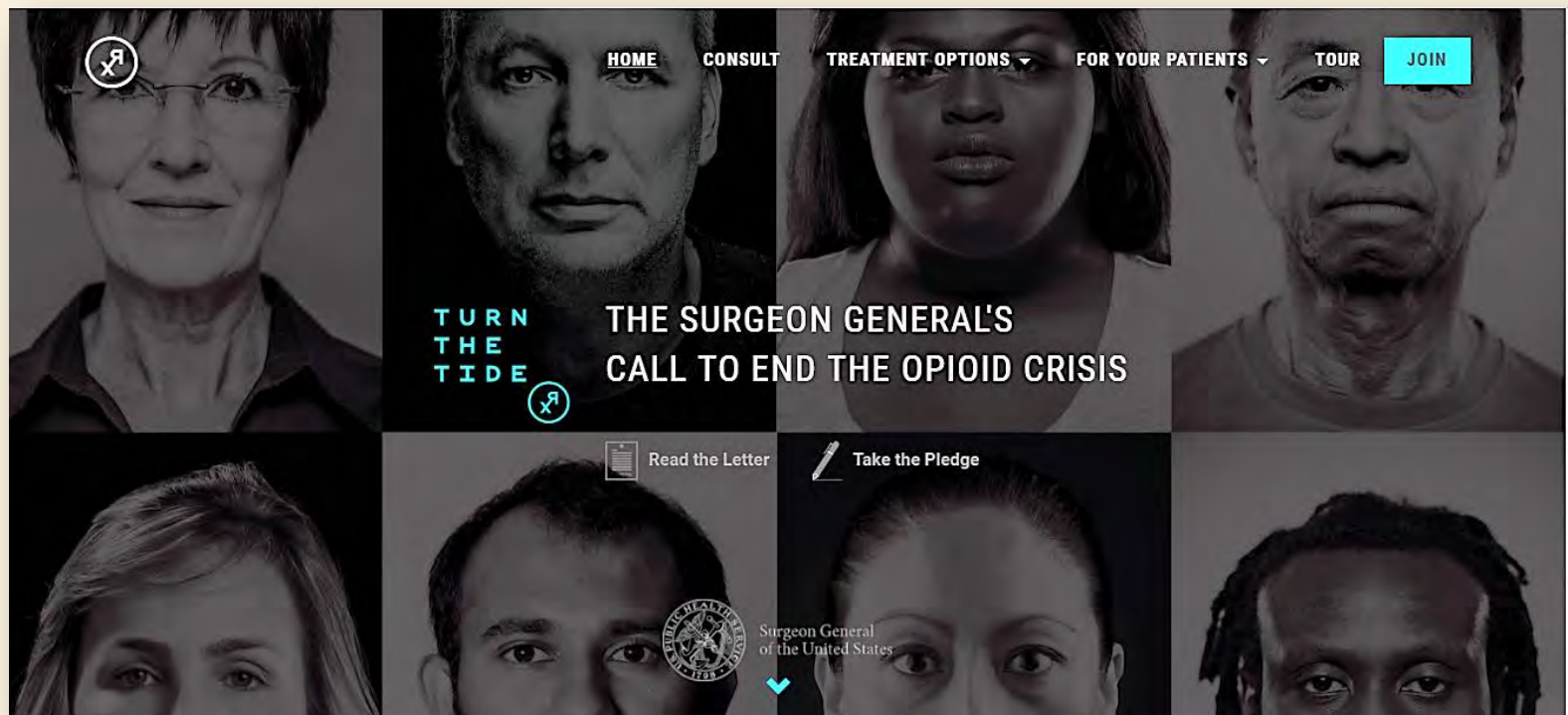
“People recover every day, quietly and without media coverage. They get well and go on to do incredible things in our communities. The power of possibility of people in recovery is immense. It needs to see the light of day.”

Portland Press Herald May 13, 2015

THE FEDERAL RESPONSE TO THE OPIOID CRISIS

THANK YOU!

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