Embracing Change & Moving Forward
SAMHSA Perspectives

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

AACDP Sept 2020

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Disclosure

- Community Psychiatrist
- No commercial interests or conflicts of interest
- I will not be discussing particular products on or off label
- I am a past president of the American Psychiatric Association and am not representing the APA today
- Federal Employee: Ideas and organization that I am presenting today represent my own and are intended to highlight current initiatives that are recently funded and/or are in development at SAMHSA.

Your Opportunity:

- Laws, regulations and health policy is *mutable*
- Government (and SAMHSA) is relevant to the practice of psychiatry
- Your Opportunity:
    - **Providers** of services that interact with Medicare, Medicaid and other payers
    - **Teachers** and influencers of the next generation of our workforce
    - **Influencers** Local, State, National and International
    - **Researchers** generators of the evidence we need to improve treatment

Embracing Change: Agenda

Changes

SAMHSA

a) **CCBHC**

b) **Suicide and 988**

Your engagement opportunities

4 Eras of Change in Mental Health Treatment

1800-1950 **Asylum Era**
Spring Grove Lunatic Asylum 1797

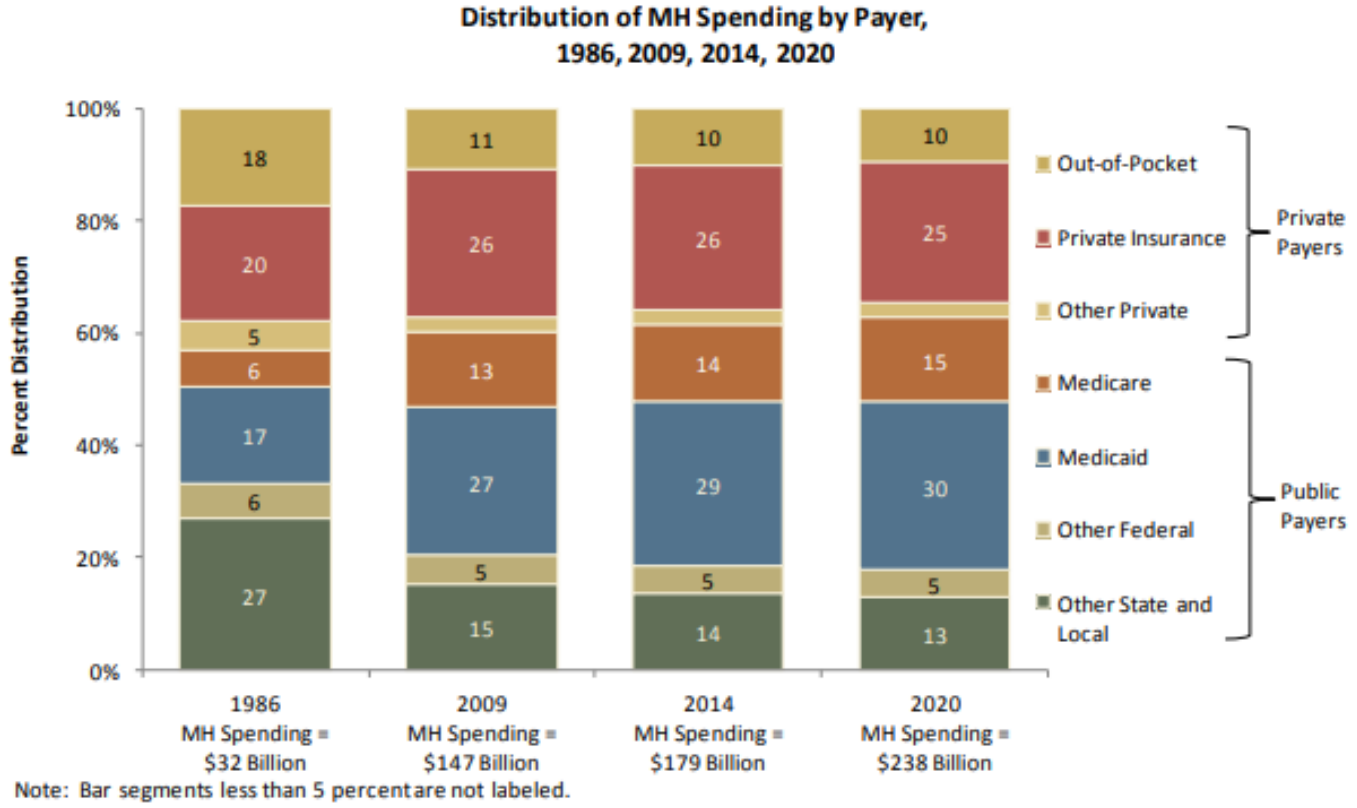
Dark Ages
Before 1800

Community Era
1950-2000

Recovery-
Rapprochement

Changes in Payment source: local, state, federal

Medicaid Is Expected to Finance a Large and Growing Share of Mental Health Treatment Spending



Note: Bar segments less than 5 percent are not labeled.

Source: SAMHSA Spending Estimates.

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NSDUH 2019

NSDUH
NATIONAL SURVEY ON DRUG USE AND HEALTH

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Welcome to the National Survey on Drug Use and Health (NSDUH)

A trusted source of data since 1971

Have you been selected to participate?

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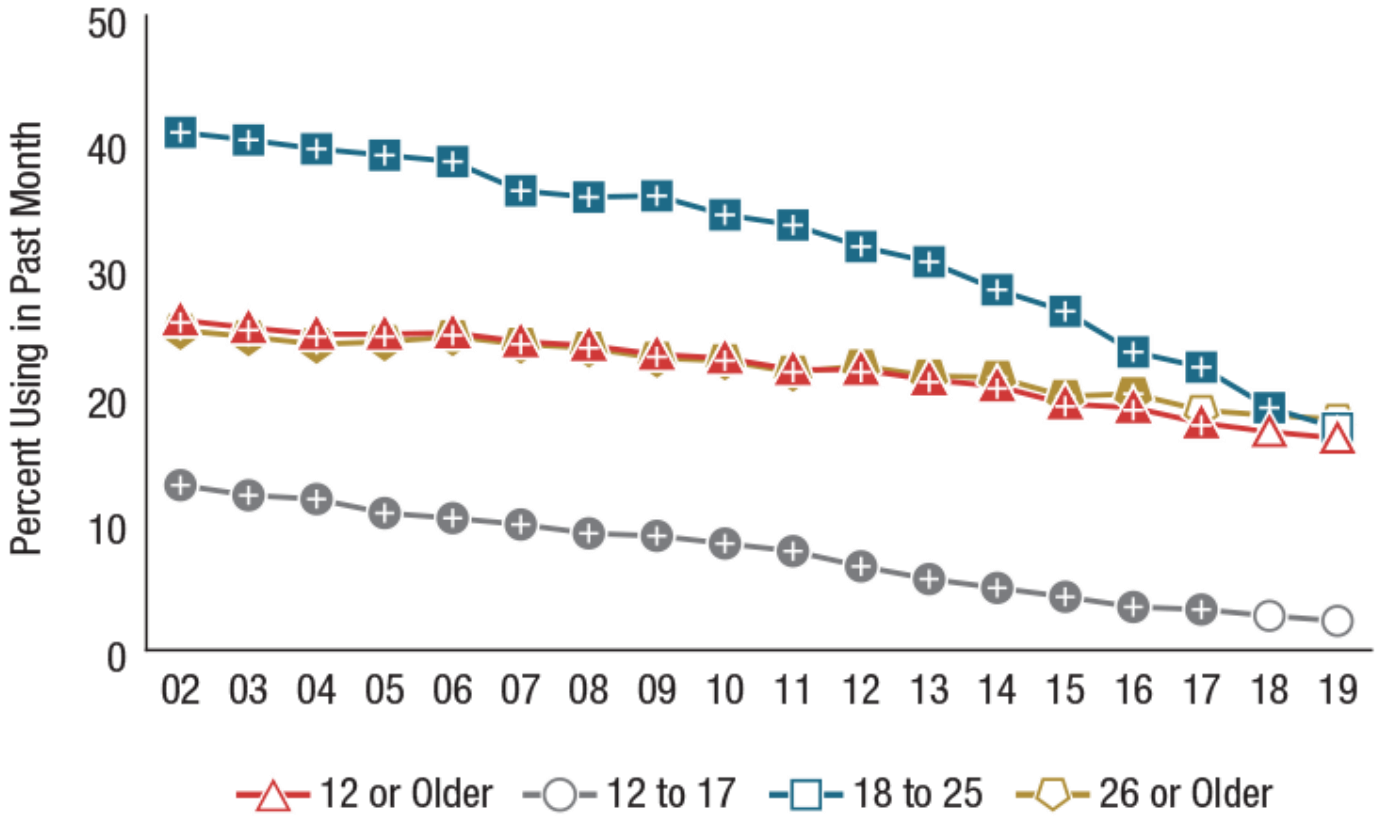
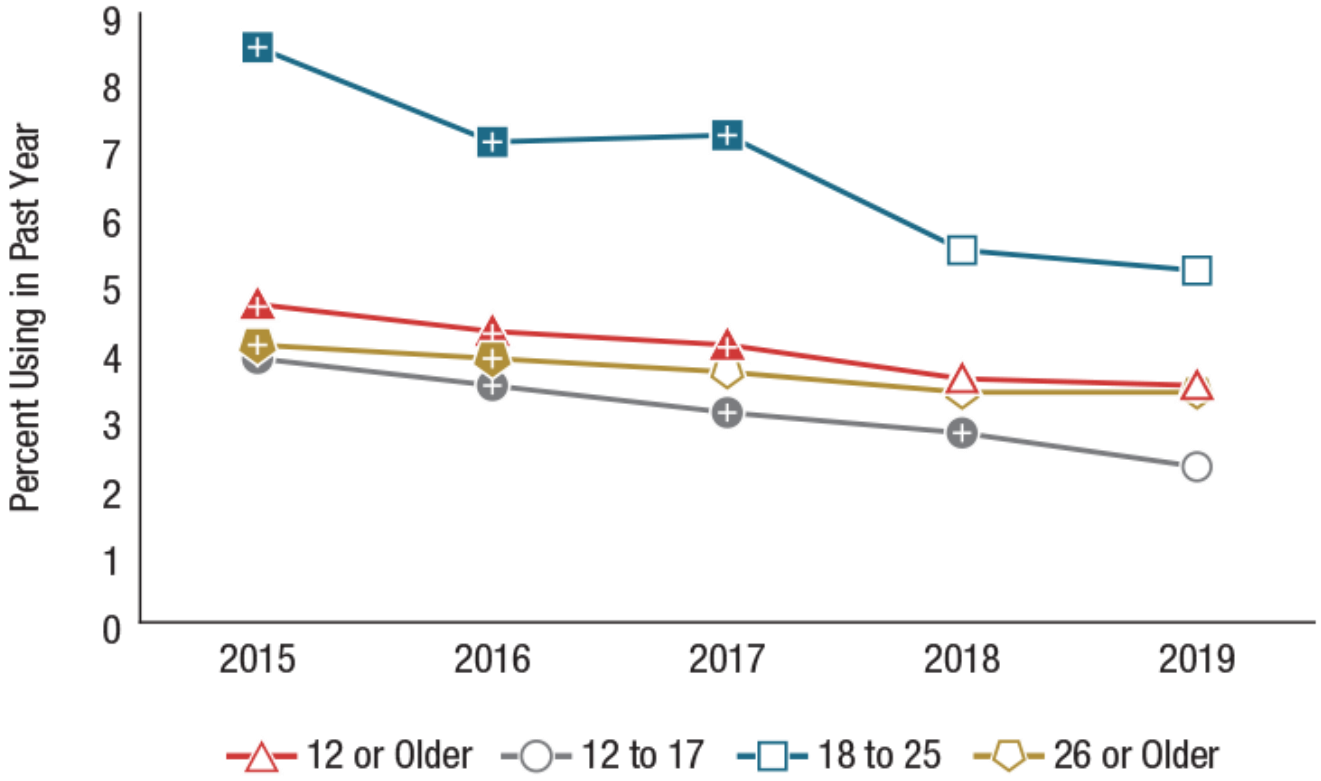
Past Month Cigarette Use among People Aged 12 or Older: 2002-2019



Age	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
12 or Older	26.0+	25.4+	24.9+	24.9+	25.0+	24.3+	24.0+	23.3+	23.0+	22.1+	22.1+	21.3+	20.8+	19.4+	19.1+	17.9+	17.2	16.7
12 to 17	13.0+	12.2+	11.9+	10.8+	10.4+	9.9+	9.2+	9.0+	8.4+	7.8+	6.6+	5.6+	4.9+	4.2+	3.4+	3.2+	2.7	2.3
18 to 25	40.8+	40.2+	39.5+	39.0+	38.5+	36.2+	35.7+	35.8+	34.3+	33.5+	31.8+	30.6+	28.4+	26.7+	23.5+	22.3+	19.1+	17.5
26 or Older	25.2+	24.7+	24.1+	24.3+	24.7+	24.1+	23.8+	23.0+	22.8+	21.9+	22.4+	21.6+	21.5+	20.0+	20.2+	18.9	18.5	18.2

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

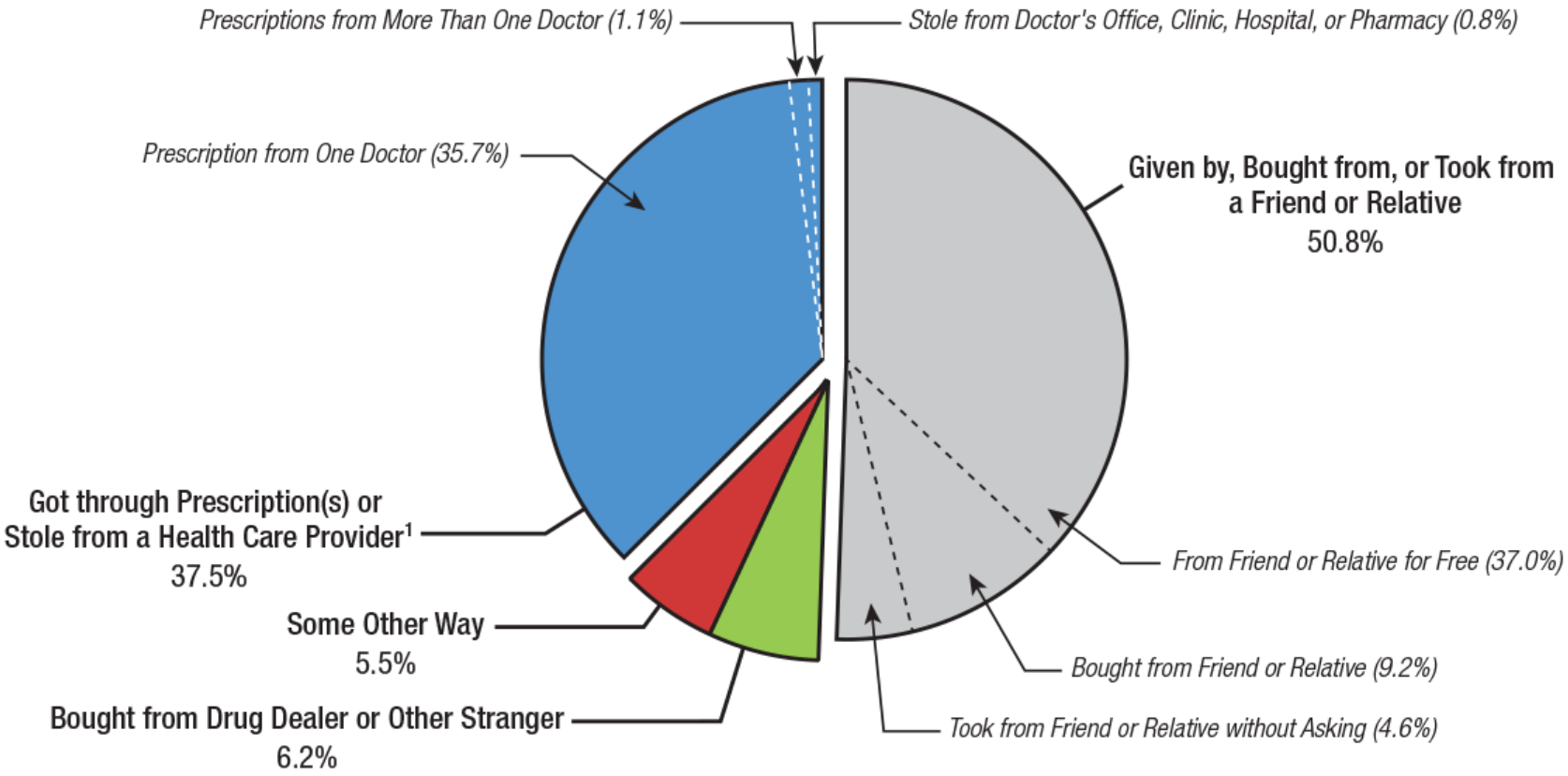
Past Year Prescription Pain Reliever Misuse among People Aged 12 or Older: 2015-2019



Age	2015	2016	2017	2018	2019
12 or Older	4.7+	4.3+	4.1+	3.6	3.5
12 to 17	3.9+	3.5+	3.1+	2.8+	2.3
18 to 25	8.5+	7.1+	7.2+	5.5	5.2
26 or Older	4.1+	3.9+	3.7	3.4	3.4

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Source Where Pain Relievers Were Obtained for Most Recent Misuse among People Aged 12 or Older Who Misused Pain Relievers in the Past Year: 2019



9.7 Million People Aged 12 or Older Who Misused Pain Relievers in the Past Year

Note: Respondents with unknown data for the Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded.

[1] The percentages from the subcategories do not add to the total percentage for the category due to rounding.

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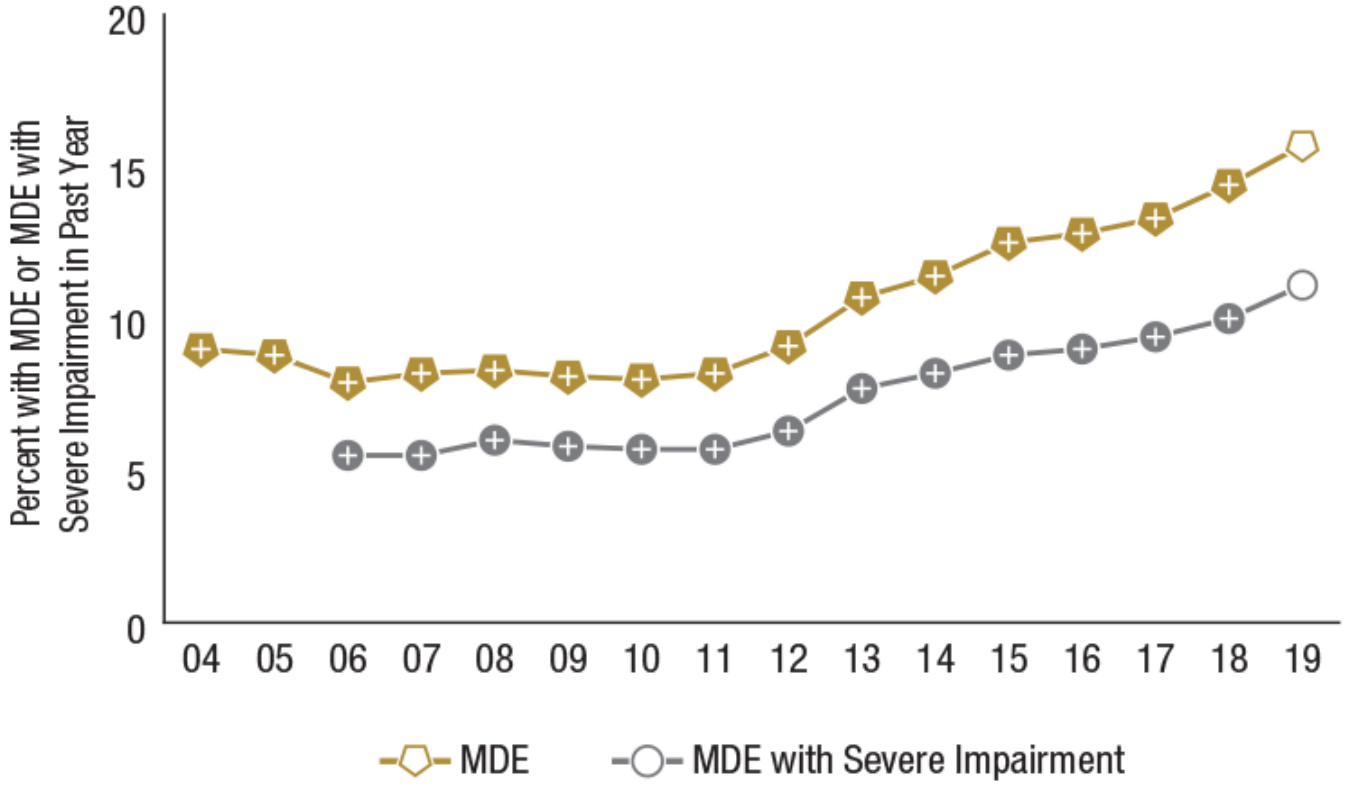
Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: 2004-2019



MDE Status	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
MDE	9.0+	8.8+	7.9+	8.2+	8.3+	8.1+	8.0+	8.2+	9.1+	10.7+	11.4+	12.5+	12.8+	13.3+	14.4+	15.7
MDE with Severe Impairment	N/A	N/A	5.5+	5.5+	6.0+	5.8+	5.7+	5.7+	6.3+	7.7+	8.2+	8.8+	9.0+	9.4+	10.0+	11.1

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.
N/A = not available.

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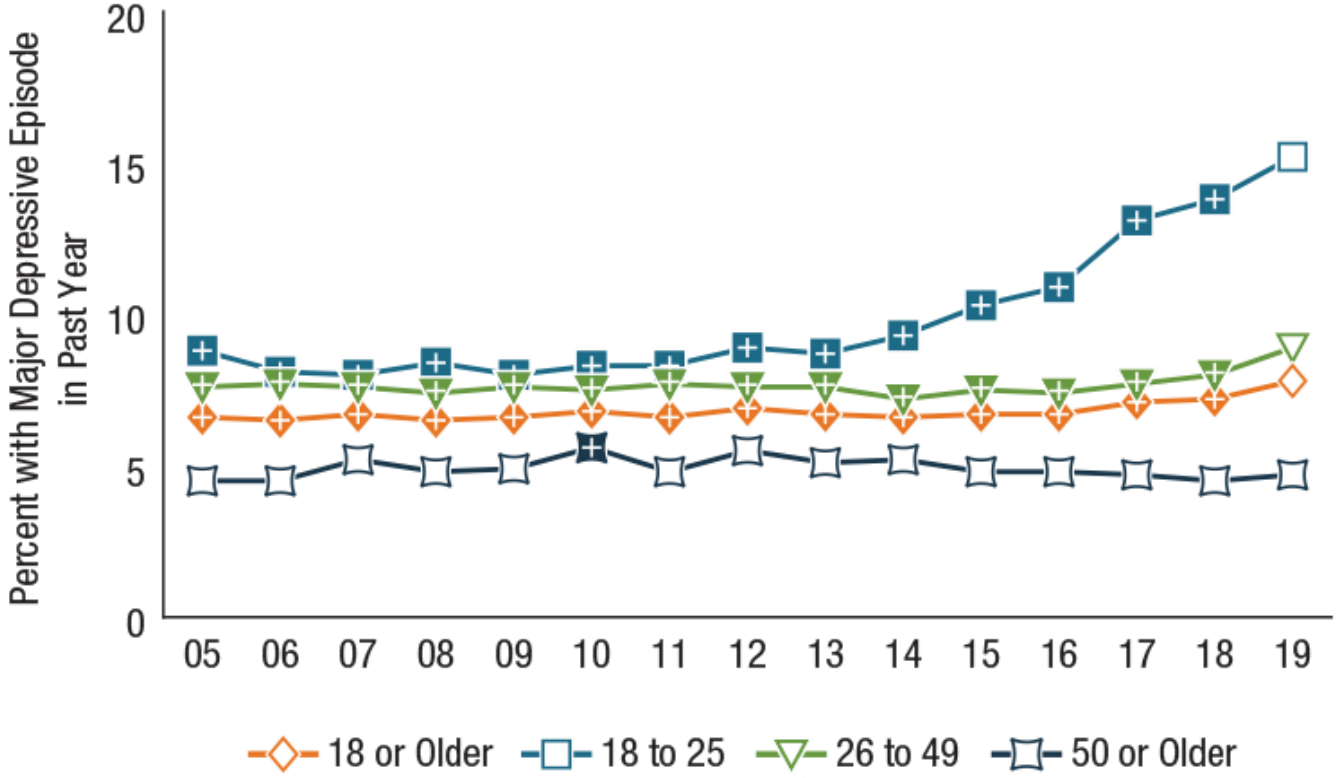
Major Depressive Episode in the Past Year among Adults Aged 18 or Older: 2005-2019



Age	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	6.6+	6.5+	6.7+	6.5+	6.6+	6.8+	6.6+	6.9+	6.7+	6.6+	6.7+	6.7+	7.1+	7.2+	7.8
18 to 25	8.8+	8.1+	8.0+	8.4+	8.0+	8.3+	8.3+	8.9+	8.7+	9.3+	10.3+	10.9+	13.1+	13.8+	15.2
26 to 49	7.6+	7.7+	7.6+	7.4+	7.6+	7.5+	7.7+	7.6+	7.6+	7.2+	7.5+	7.4+	7.7+	8.0+	8.9
50 or Older	4.5	4.5	5.2	4.8	4.9	5.6+	4.8	5.5	5.1	5.2	4.8	4.8	4.7	4.5	4.7

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

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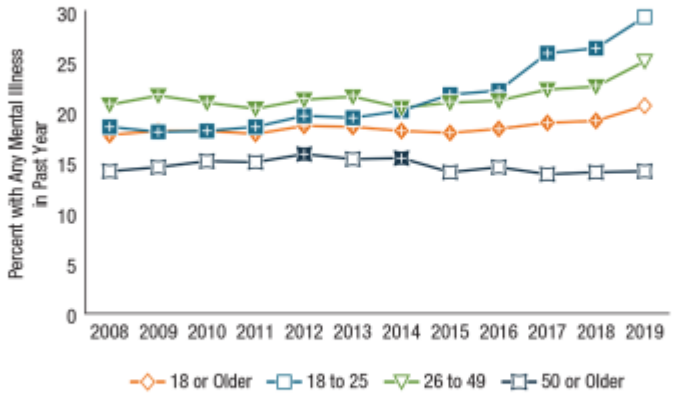
18-25 yo increasing prevalence AMI and SMI

FFR1.51

Any Mental Illness in the Past Year among Adults Aged 18 or Older: 2008-2019



Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	17.7+	18.1+	18.1+	17.8+	18.6+	18.5+	18.1+	17.9+	18.3+	18.9+	19.1+	20.6
18 to 25	18.5+	18.0+	18.1+	18.5+	19.6+	19.4+	20.1+	21.7+	22.1+	25.8+	26.3+	29.4
26 to 49	20.7+	21.6+	20.9+	20.3+	21.2+	21.5+	20.4+	20.9+	21.1+	22.2+	22.5+	25.0
50 or Older	14.1	14.5	15.1	15.0	15.8+	15.3	15.4+	14.0	14.5	13.8	14.0	14.1

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

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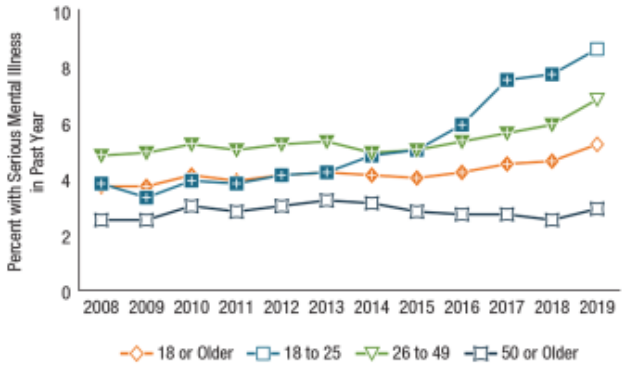
FFR1.52

Serious Mental Illness in the Past Year among Adults Aged 18 or Older: 2008-2019



Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	3.7+	3.7+	4.1+	3.9+	4.1+	4.2+	4.1+	4.0+	4.2+	4.5+	4.6+	5.2
18 to 25	3.8+	3.3+	3.9+	3.8+	4.1+	4.2+	4.8+	5.0+	5.9+	7.5+	7.7+	8.6
26 to 49	4.8+	4.9+	5.2+	5.0+	5.2+	5.3+	4.9+	5.0+	5.3+	5.6+	5.9+	6.8
50 or Older	2.5	2.5	3.0	2.8	3.0	3.2	3.1	2.8	2.7	2.7	2.5	2.9

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

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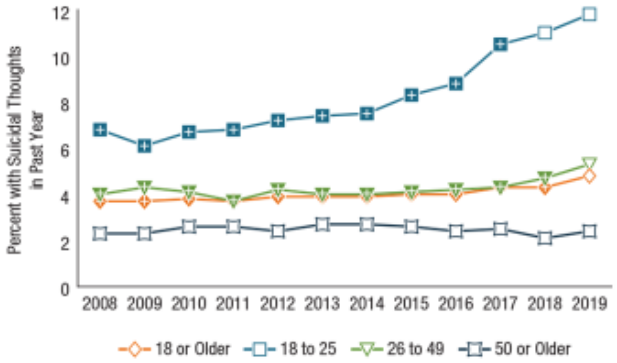
18-25 yo increasing thinking-planning-attempting

FFR1.61

Had Serious Thoughts of Suicide in the Past Year among Adults Aged 18 or Older: 2008-2019



Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	3.7+	3.7+	3.8+	3.7+	3.9+	3.9+	3.9+	4.0+	4.0+	4.3+	4.3+	4.8
18 to 25	6.8+	6.1+	6.7+	6.8+	7.2+	7.4+	7.5+	8.3+	8.8+	10.5+	11.0	11.8
26 to 49	4.0+	4.3+	4.1+	3.7+	4.2+	4.0+	4.0+	4.1+	4.2+	4.3+	4.7+	5.3
50 or Older	2.3	2.3	2.6	2.6	2.4	2.7	2.7	2.6	2.4	2.5	2.1	2.4

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

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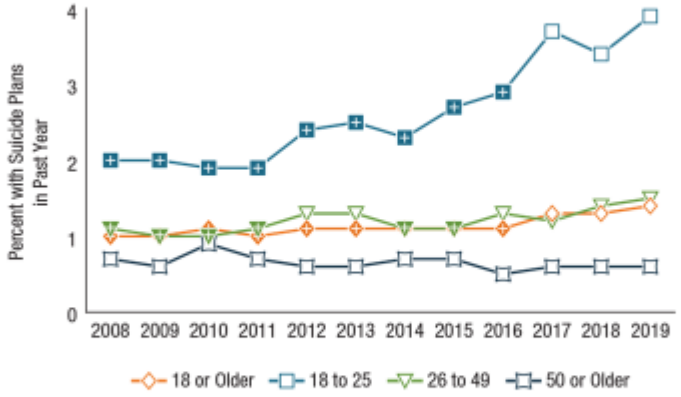
FFR1.62

Made a Suicide Plan in the Past Year among Adults Aged 18 or Older: 2008-2019



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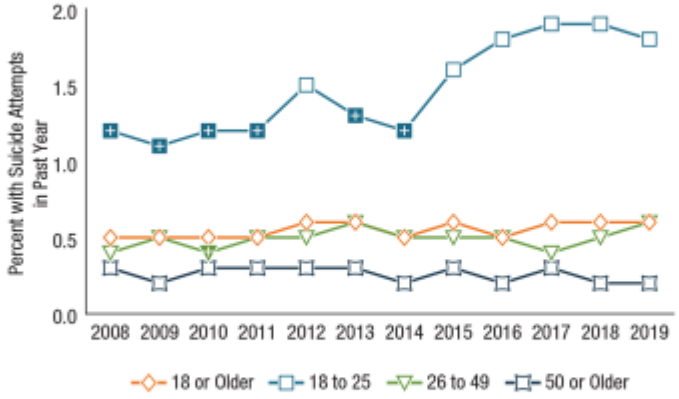
FFR1.63

Attempted Suicide in the Past Year among Adults Aged 18 or Older: 2008-2019



Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	0.5	0.5	0.5	0.5	0.6	0.6	0.5	0.6	0.5	0.6	0.6	0.6
18 to 25	1.2+	1.1+	1.2+	1.2+	1.5	1.3+	1.2+	1.6	1.8	1.9	1.9	1.8
26 to 49	0.4	0.5	0.4+	0.5	0.5	0.6	0.5	0.5	0.5	0.4	0.5	0.6
50 or Older	0.3	0.2	0.3	0.3	0.3	0.3	0.2	0.3	0.2	0.3	0.2	0.2

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

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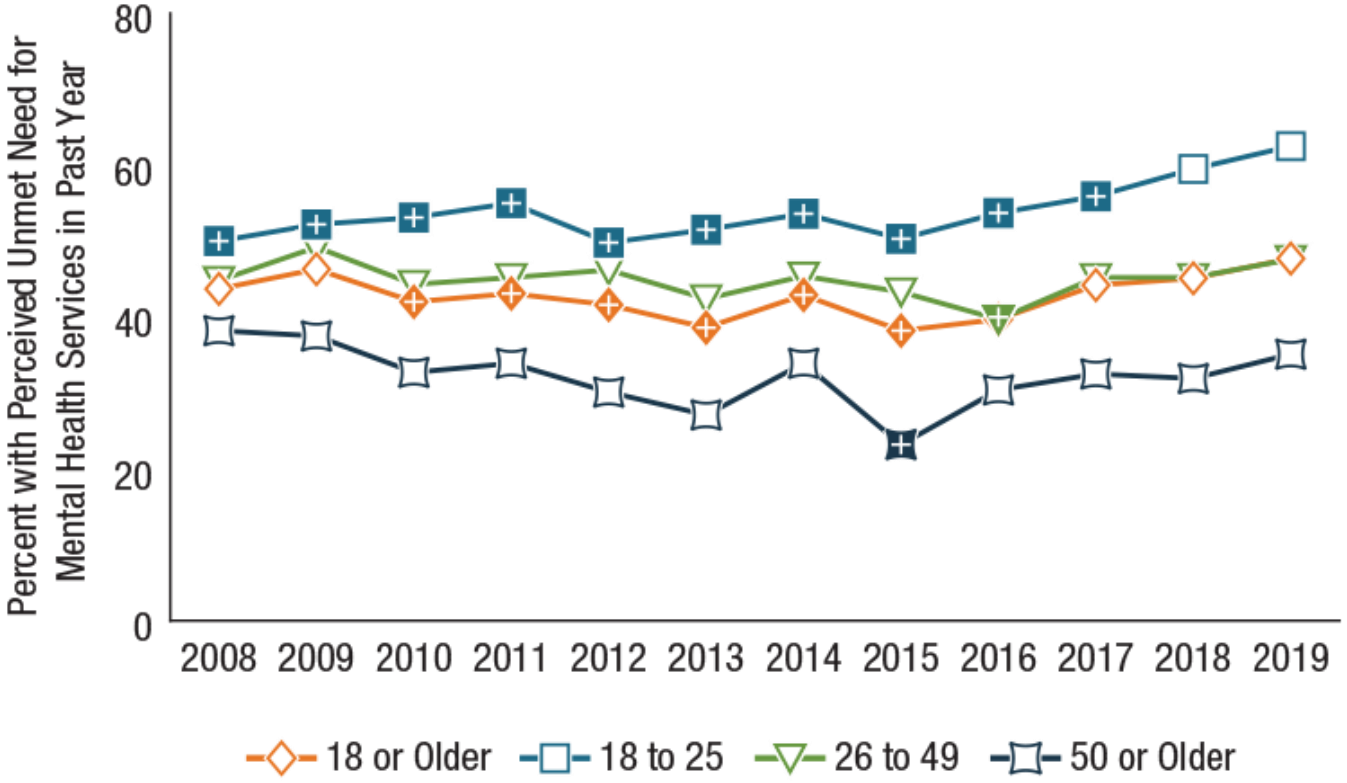
Perceived Unmet Need for Mental Health Services in the Past Year among Adults Aged 18 or Older with Serious Mental Illness in the Past Year: 2008-2019



Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	43.7	46.3	42.0+	43.1+	41.6+	38.6+	42.9+	38.2+	39.7+	44.2	45.1	47.7
18 to 25	50.0+	52.2+	53.1+	55.0+	49.8+	51.5+	53.6+	50.3+	53.7+	55.9+	59.5	62.5
26 to 49	44.8	49.2	44.3	45.2	46.2	42.4	45.4	43.3	39.7+	45.2	45.2	47.6
50 or Older	38.2	37.5	32.7	33.9	30.1	27.1	33.9	23.2+	30.4	32.5	31.9	35.1

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

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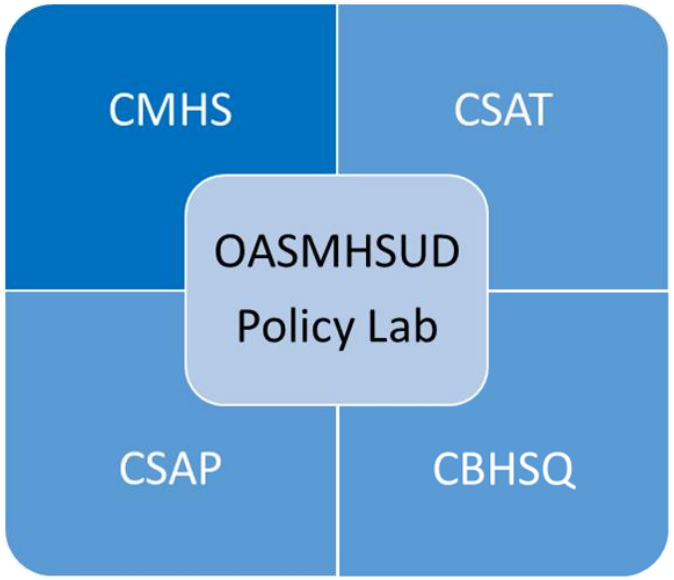
What about COVID?

- **CDC, reported in 8-14-2020 MMWR, from a representative panel survey, June 24-30, 2020 and compared with same period in 2019:**
- 40.9 % of 5470 respondent reported at least one adverse mental or behavioral health conditions
  - 30.9% Anxiety disorder or depressive disorder
  - 26.3% symptoms of trauma or stress related disorder
  - 13.3% having started or increased substance use to cope with stress or emotions related to COVid-19.
- 10.7% of all Respondents reported having seriously considered suicide in prior 30 days, and this was higher in some sub populations:
  - 25.5% for those 18-25 yo
  - 18.6% for Hispanic respondents
  - 15.1% for non-Hispanic blacks
  - 30.7% for unpaid caregivers
  - 21.7% for essential workers

About SAMHSA

- One of several agencies in the HHS family of agencies
  - Others: CMS, FDA, NIH, HRSA
- Funding (block grants, discretionary grants, contracts, cooperative agreements)

  – CMHS: Center for Mental Health Services
  – CSAT: Center for Substance Abuse Treatment
  – CSAP: Center for Substance Abuse Prevention
  – CBHSQ: Center for Behavioral Health Statistics & Quality



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Block Grants as a Foundation

Substance Abuse Prevention and Treatment Block Grant (SABG)

Grantees use the funds to plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health. Awarded by formula to state Substance Abuse Authority.

Community Mental Health Services Block Grant (MHBG)

Grantees use the funds to provide comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances and to monitor progress in implementing a comprehensive, community-based mental health system. Awarded by formula to State BH Authority.

Other CMHS Formula Grants:

Protection and Advocacy for individuals with Mental illness

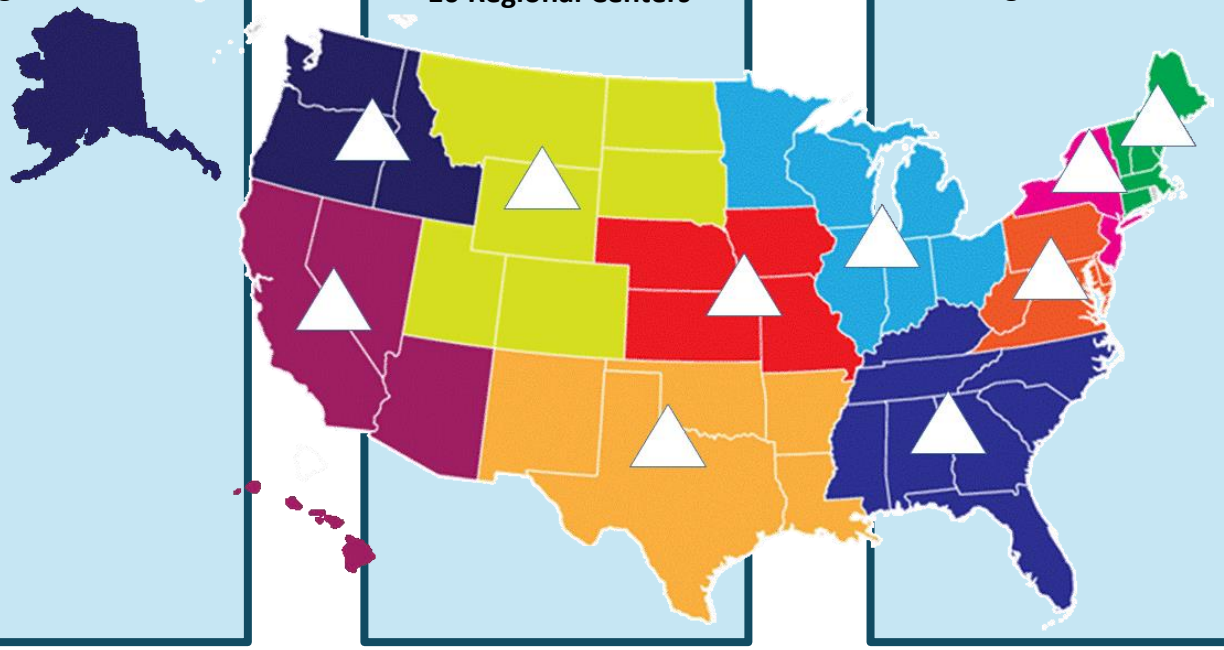
Programs to address homelessness and SMI

The TTC Network

ATTC
1 Network Coord. Ctr.
Tribal Center
1 Hispanic& Latino Ctr.
10 Regional Centers

MHTTC
1 Network Coord. Ctr.
Tribal Center
1 Hispanic& Latino Ctr.
10 Regional Centers

PTTC
1 Network Coord. Ctr.
Tribal Center
1 Hispanic& Latino Ctr.
10 Regional Centers



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Multiple TA centers

Practitioner Training

SAMHSA's practitioner training offers tools, training, and technical assistance to practitioners in the fields of mental health and substance use disorders.

Technology Transfer Centers (TTC) Program

The purpose of the Technology Transfer Centers (TTC) is to develop and strengthen the specialized behavioral healthcare and...

State Targeted Response Technical Assistance (STR-TA)

The State Targeted Response Technical Assistance (STR-TA), known as the Opioid Response Network, was created to support efforts...

Providers Clinical Support System (PCSS)

Providers Clinical Support System (PCSS) is a national training and clinical mentoring project developed in response to the...

Clinical Support System for Serious Mental Illness (CSS-SMI)

This initiative supports the use and implementation of evidence-based screening and treatment for serious mental illness (SMI)...

Suicide Prevention Resource Center (SPRC)

The Suicide Prevention Resource Center (SPRC) provides a virtual learning lab designed to help state- and community-level...

Rural Opioid Technical Assistance (ROTA)

The purpose of this program is to develop and disseminate training and technical assistance for rural communities on addressing...

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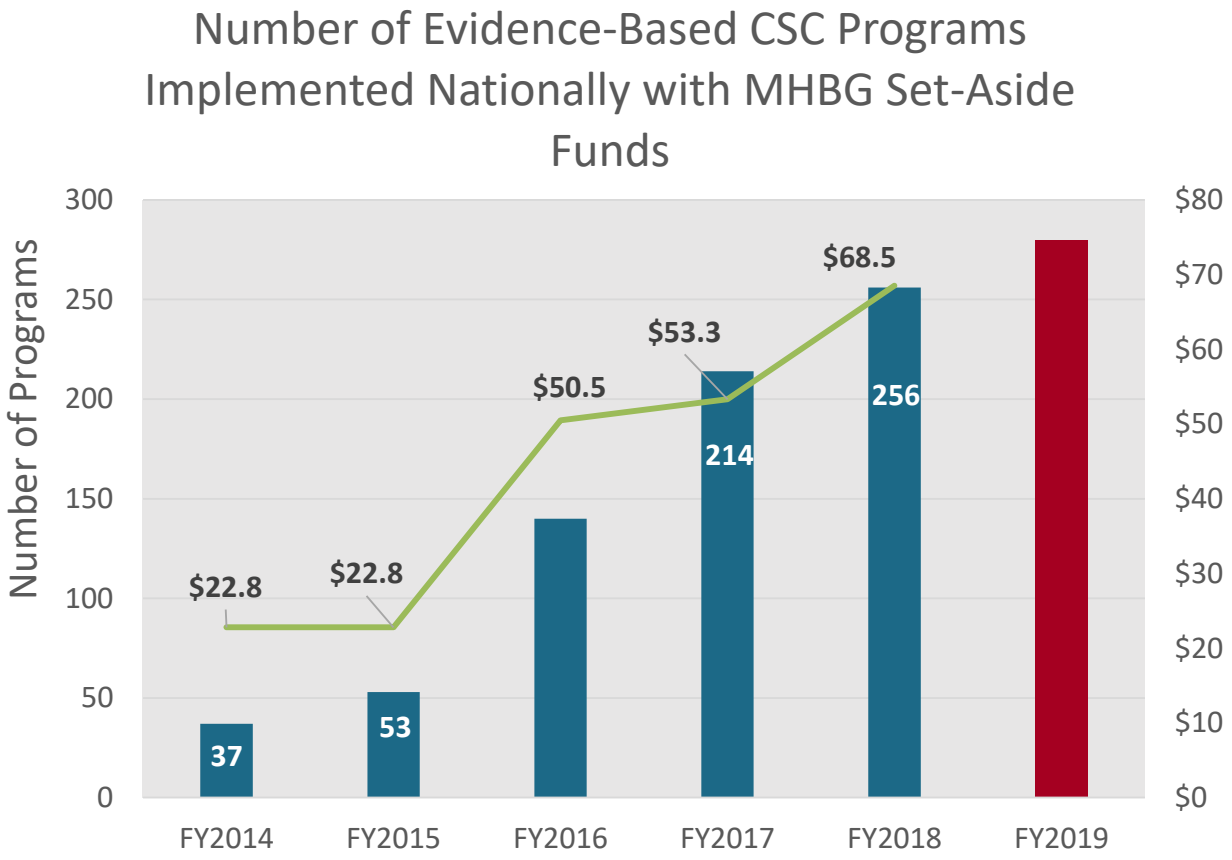
As of 2019 Nearly 290 New programs to serve FEP

Result
($,law,?)



PSYCHIATRIC NEWS

DEPARTMENTS | Clinical & Research | Professional | Government

Robert Heinssen, Ph.D., said that NIMH will leverage its national Early Psychosis Intervention Network (EPINET) to see whether coordinated psychosis care can improve by incorporating a learning health system approach that continually adjusts and adapts care in response to patient health trends.

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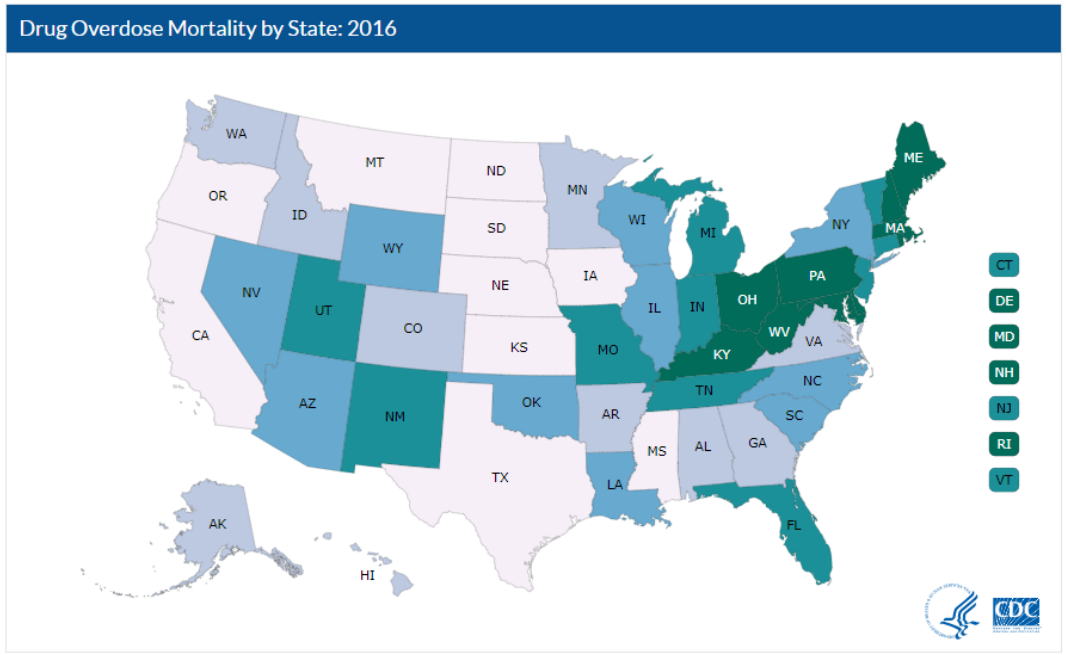
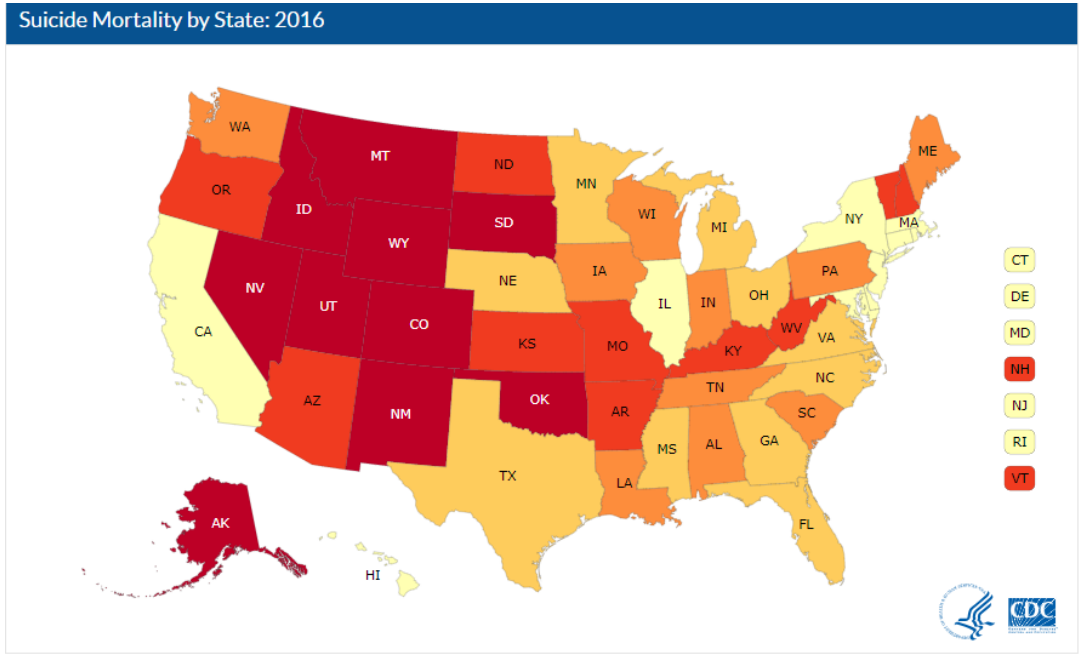
Side by Side Overdose and Suicide



Age-Adjusted Death Rates[1]

United States 19.8

- 6.4 - 12.1
- 12.5 - 16.8
- 17.6 - 21.8
- 22.2 - 27.4
- 28.7 - 52



Age-Adjusted Death Rates[1]

United States 13.5

- 7.2 - 12.1
- 12.6 - 14.2
- 14.2 - 16.3
- 16.8 - 19.3
- 20.2 - 25.9

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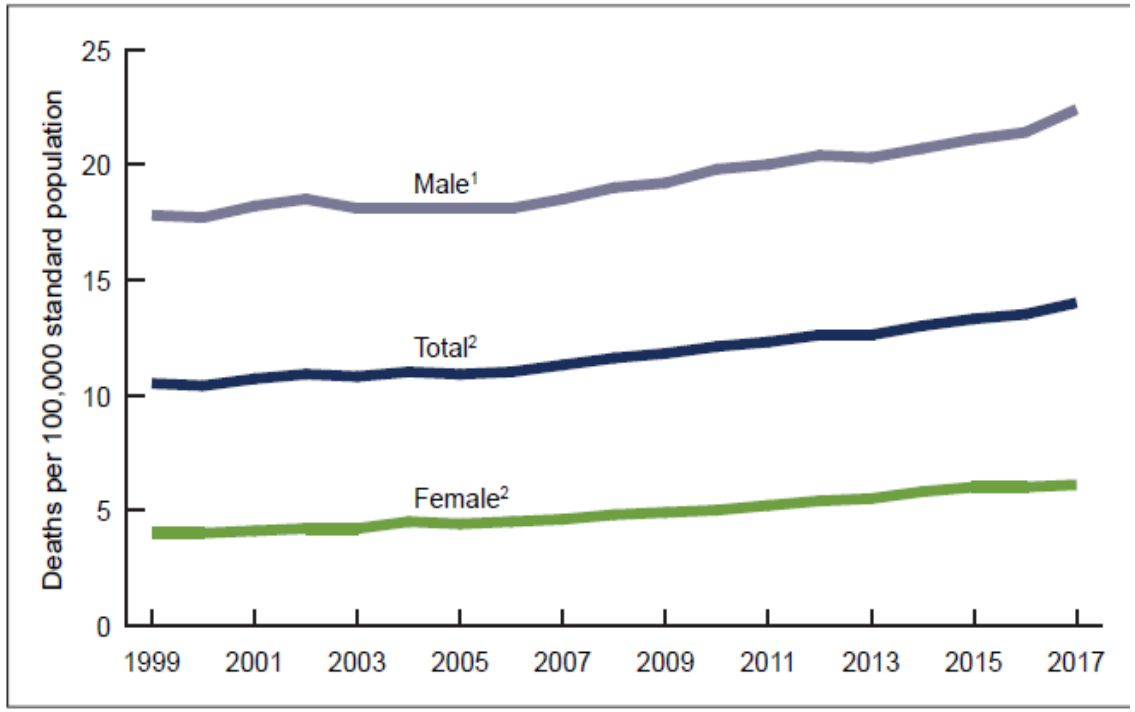
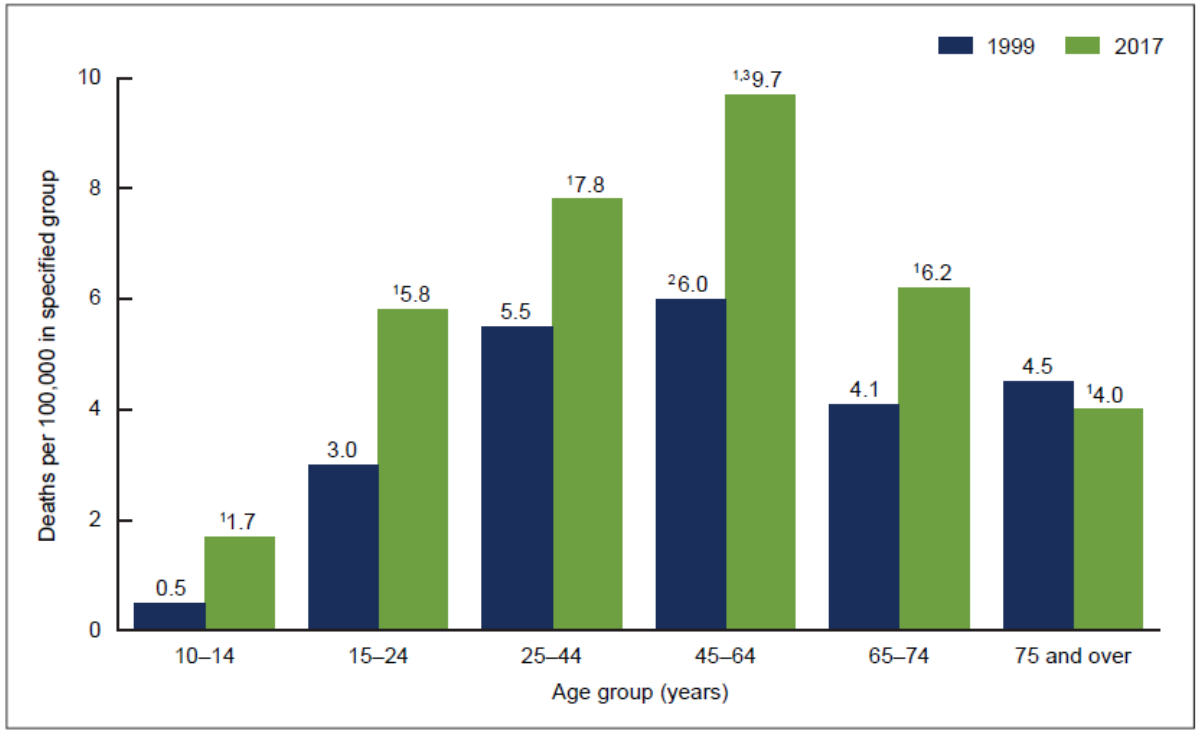
Problem: Suicide Mortality

Figure 1. Age-adjusted suicide rates, by sex: United States, 1999–2017



[1]Stable trend from 1999 through 2006; significant increasing trend from 2006 through 2017, $p < 0.001$.
[2]Significant increasing trend from 1999 through 2017 with different rates of change over time, $p < 0.001$.
NOTES: Suicides are identified using *International Classification of Diseases, Tenth Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db330_tables-508.pdf#1.
SOURCE: NCHS, National Vital Statistics System, Mortality.

Figure 2. Suicide rates for females, by age group: United States, 1999 and 2017



[1]Significantly different from 1999 rate, $p < 0.05$.
[2]Significantly higher than rates for all other age groups in 1999, $p < 0.05$.
[3]Significantly higher than rates for all other age groups in 2017, $p < 0.05$.
NOTES: Suicides are identified using *International Classification of Diseases, Tenth Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0.
Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db330_tables-508.pdf#2.
SOURCE: NCHS, National Vital Statistics System, Mortality.

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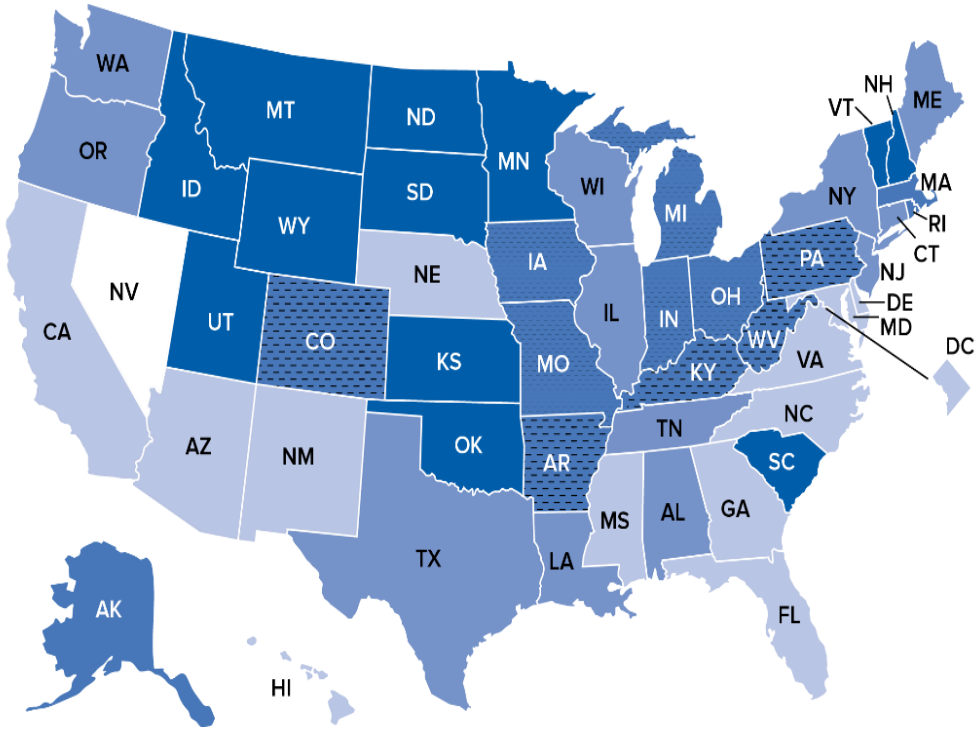
SUICIDE RATES INCREASED IN ALMOST EVERY STATE.

Suicide rates rose across the US from 1999 to 2016.

- Increase 38 - 58%
- Increase 31 - 37%
- Increase 19 – 30%
- Increase 6 - 18%
- Decrease 1%



SOURCE: CDC's National Vital Statistics System; CDC Vital Signs, June 2018.

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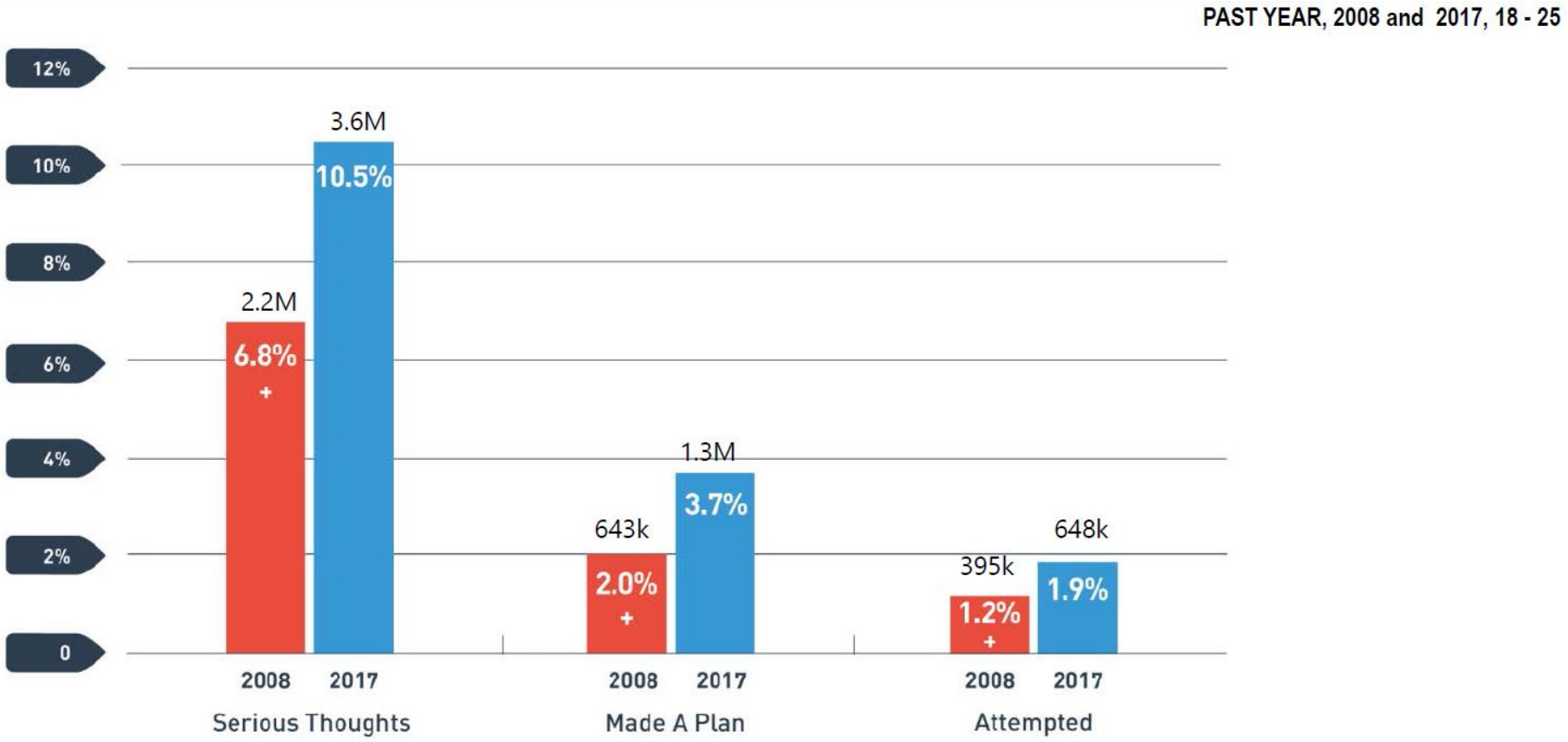
Suicidal Thoughts, Plans, and Attempts in Young Adults: Future Demand for suicide prevention and intervention



See figures 59 to 61 in the 2017 NSDUH Report for additional information.

No difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

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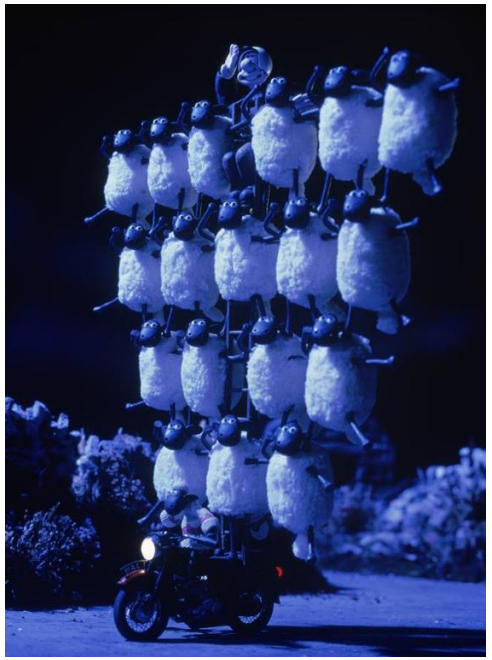
SAMHSA Suicide related Programs, Efforts, Initiatives

- Garrett Lee Smith (GLS) State/Tribal Youth Suicide Prevention and Intervention Program
  - *Evaluations show program lowers rates of suicide and suicide attempts with increased longevity and robustness when duration of grant is increased
- GLS Campus Suicide Prevention Grant Program
- Zero Suicide in Health Systems
- Suicide Prevention Resource Center
- National Strategy for Suicide Prevention grants
- Native Connections (Tribal Behavioral Health)
- National Suicide Prevention Lifeline
- Crisis Center Follow-up grants
- SMVF TA- Mayor's and Governor's Challenge
- Family Toolkit
- Updated *After an Attempt* brochures
- National Strategy for Suicide Prevention Implementation Assessment Report
- Suicide Clusters Within American Indian and Alaska Native Communities
- Lifeline Warning Signs Wallet Cards

Organize yourselves!



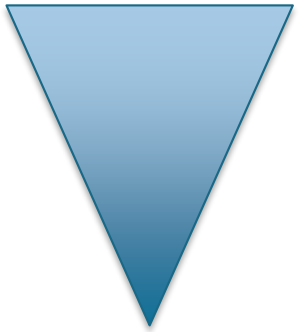
Brilliant

Teamwork lads!

SAMHSA Opportunity Suicide

- Bring **Crisis** into 21st Century (focus on the person in need)
- Look at **Community** data to target high risk communities.
- Expand the number and types of systems that engage with **Zero Suicide**
- **Train** professionals (general, specialty and other professionals)

Design Thinking: What does the person in crisis need?



- Basic to best
- Someone to **talk to** with safe landing
  - Talk line capacity
  - Trained personnel with knowledge of resources
  - Follow up capacity until safely landed
    - engaged with entity, has safety plan, circumstances resolved, admitted.
- **Place to go** with safe landing
  - ED to Specialty MH Crisis Center
- **Someone to respond or be dispatched** with safe landing
  - Police to professionally staffed Crisis response team

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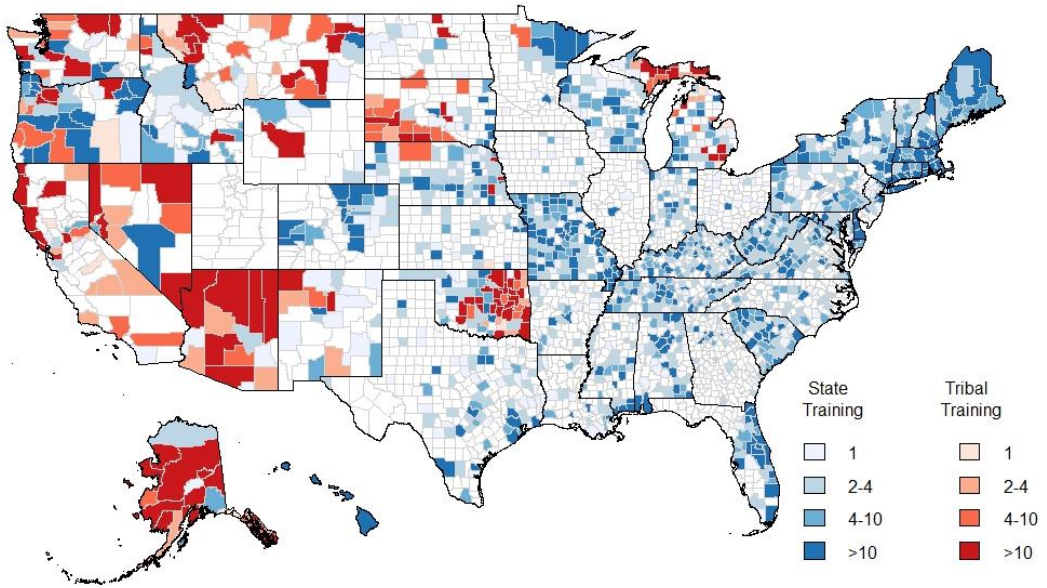
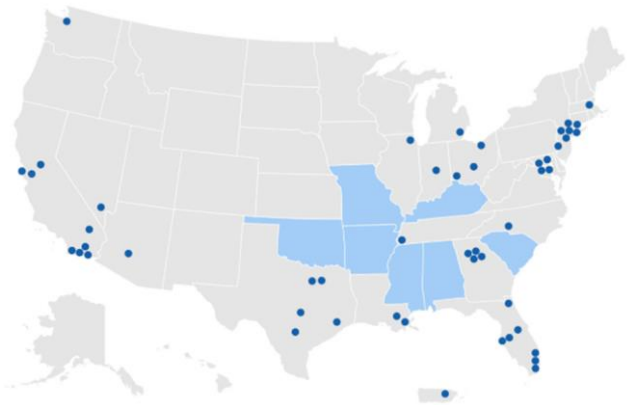
Should our opportunities match Greatest need?

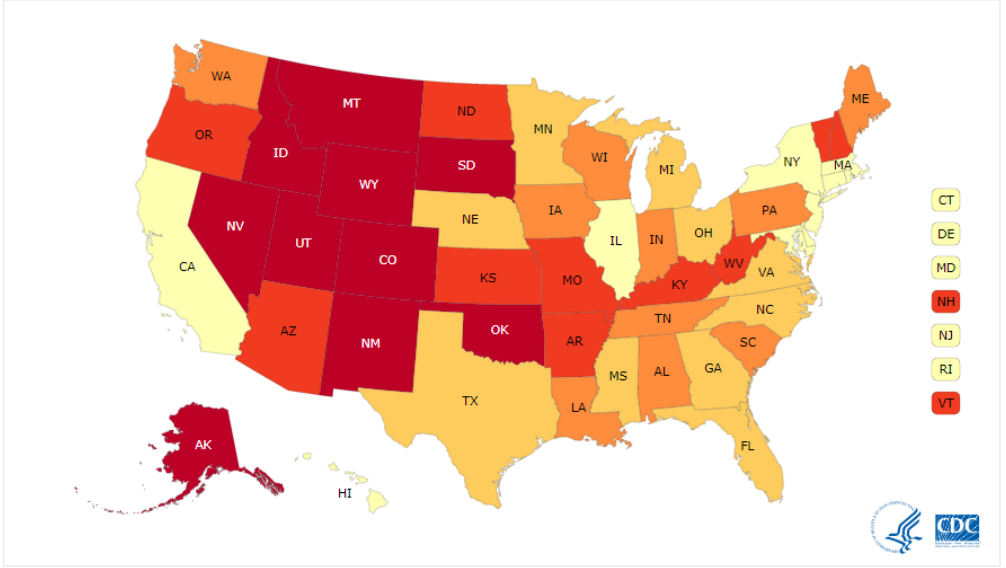
Counties with GLS Activities (2006-2018)





Geographic Hotspots: The 48 counties, plus Washington, DC, and San Juan, PR, where >50% of HIV diagnoses occurred in 2016 and 2017, and an additional seven states with a substantial number of HIV diagnoses in rural areas

Suicide Mortality by State: 2016



Age-Adjusted Death Rates[1]

United States 13.5

- 7.2 - 12.1
- 12.6 - 14.2
- 14.2 - 16.3
- 16.8 - 19.3
- 20.2 - 25.9

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ZEROSuicide
IN HEALTH AND BEHAVIORAL HEALTH CARE

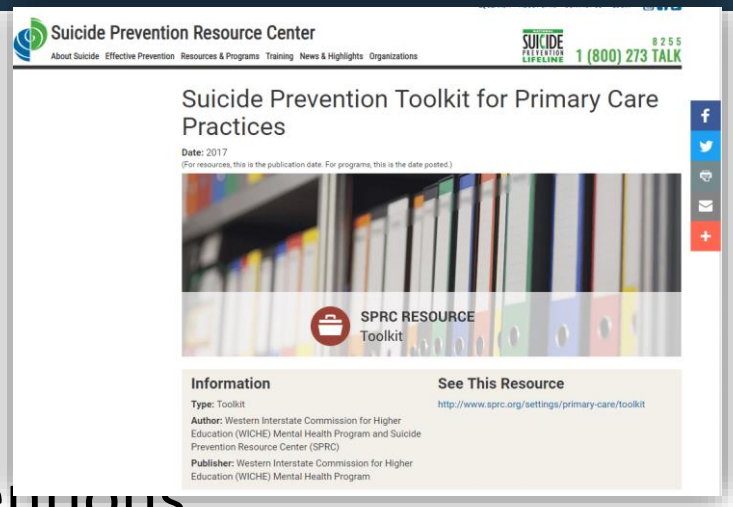
The Zero Suicide Movement

SPRC

National Action Alliance for Suicide Prevention

Train professionals

- Primary care
  - Identify
  - Means restriction
  - Suicide Safety Plan
  - Follow up
- Specialty Care: Suicide specific interventions
  - DBT
  - CAMS
  - CBT-S
  - Pharmacology: Clozaril and Lithium
  - Treat underlying condition
- Other professionals: “task shifting”: teachers, school nurses, case managers, home visitors, other



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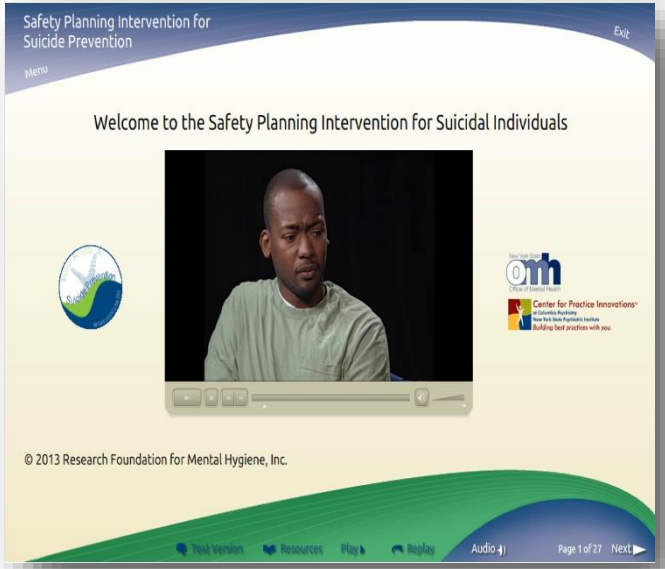
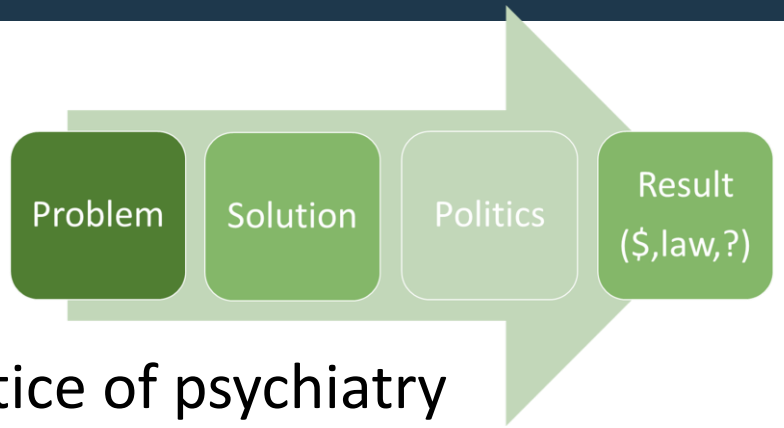
Zero Suicide Resources: Means, Safety Plan and Follow Up



Access at: www.zerosuicide.com

Your Opportunity:

- Laws, regulations and health policy is *mutable*



- Government (and SAMHSA) is relevant to the practice of psychiatry
- Your Opportunity:
    - **Providers** of services that interact with Medicare, Medicaid and other payers
    - **Teachers** and influencers of the next generation of our workforce
    - **Influencers** Local, State, National and International
    - **Researchers** generators of the evidence we need to improve treatment

Thank You

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)