

The Opioid Crisis: SAMHSA Efforts

Jon Perez, Ph.D.
Regional Administrator HHS IX
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services



SAMHSA
Substance Abuse and Mental Health
Services Administration

21st Century Cures Act Created Assistant Secretary for Mental Health and Substance Use

- **Establishes an Assistant Secretary for Mental Health and Substance Use to head SAMHSA. Requires the Assistant Secretary to:**
 - Maintain a system to disseminate research findings and EBPs to service providers to improve prevention and treatment services
 - Ensure that grants are subject to performance and outcome evaluations; conduct ongoing oversight of grantees
 - Consult with stakeholders to improve community based and other mental health services including for adults with SMI and children with SED
 - Collaborate with other departments (VA, DoD, HUD, DOL) to improve care to veterans and service members and support programs to address chronic homelessness
 - Work with stakeholders to improve the recruitment and retention of mental health and substance use disorder professionals

Refocusing of SAMHSA

- Efforts to develop a system to disseminate research findings and EBPs to service providers to improve prevention and treatment services:
National Mental Health Substance Use Policy Laboratory
- Focus on the most seriously ill/tackling the biggest issues in behavioral health:
 - **People living with SMI**
 - **Opioid Crisis**

Plan to Address the Opioid Crisis: Getting it Right

1. Assessing the Need

What do Americans know and understand about risks of prescription pain medications and heroin?
What is the current state of service delivery for OUD?

2. Establishing effective practice

Prevention education
First responder training
Naloxone
MAT/psychosocial supports/community recovery supports

3. Workforce

Is there a trained workforce ready to take on OUD in a variety of medical settings?
How do we train the workforce?
How do we assure that individuals with OUD are detected and get to the care/services they need?

4. Increasing Prevention/Treatment/Recovery Funding/Resources

How much funding is needed to address the epidemic? How should that funding be distributed? How do we determine that money is being spent appropriately and obtaining desired outcomes (metrics/data analysis)

5. Implementation

Rapid, efficient service delivery
Timely, safe, and effective interventions
Close observation and modifications in real time

Plan to Address the Opioid Crisis: FY 18 Increased Resources

- Substance Abuse Treatment: \$3.18B, an increase of \$1.05B from FY17
- New \$1B Opioid grant program
 - **\$50M set-aside for tribes**
 - 15% set-aside for states hardest hit
 - Includes prevention, treatment, and recovery language
- MAT PDOA increased by \$28M (total: \$84M)
- PPW increased by \$10M (total \$29.9M)
- CJ increased to \$89M (\$70M for Drug Courts)
- BCOR (peer specialist training programs) increased by \$2M (total: \$5M)
- MFP: addiction psychiatry, addiction medicine, psychology (\$1M increase to total of \$4.5M)
- Reinstatement of Drug Abuse Warning Network (DAWN) at 10M

STR Region IX Awards

6

Arizona \$12,171,518

California \$44,749,771

Hawaii \$2,000,000

Nevada \$5,663,328



SAMHSA
Substance Abuse and Mental Health
Services Administration

Evidence-Based Practices Resource Center

- New SAMHSA website launching today
- Aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings
- Contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources

www.samhsa.gov/ebp-resource-center

Behavioral Health Treatment Services Locator

findtreatment.samhsa.gov