SAMHSA IN THE AGE OF CURES

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Congress’ Creation of Assistant Secretary for Mental Health and Substance Use

21st Century Cures Act:

Section 6001: Establishes an Assistant Secretary for Mental Health and Substance Use to head SAMHSA

Requirements for the Assistant Secretary:

- Maintain a system to disseminate research findings and EBP 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

• Maintain a system to disseminate research findings and EBPs to service providers to improve prevention and treatment services
  – Small agency/small budget/big job: requires a focus on the most seriously ill/tackling the biggest issues in behavioral health:
    • People living with SMI
    • Opioid Crisis
SMI: Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)

- Public/Federal partnership to review current issues in addressing SMI, federal program review, and recommendations to Congress for better coordination of SMI and SED services

- Best practices/EBPs for treatment of SMI:
  - Psychotropics/psychotherapies
  - ACT/FACT, crisis intervention, hospital beds, AOT
  - CJ diversion program expansion
  - Peer support, Housing, Employment
    - Funding of Programs
    - Technical Assistance
    - Dissemination Programs
National Mental Health and Substance Use Policy Laboratory

• Will promote evidence-based practices and service delivery models through evaluating models that would benefit from further development and through expanding, replicating or scaling EBPs across a wider area
  – Main focus on SMI: particularly schizophrenia and schizoaffective disorder as well as other serious mental illnesses
  – Focus on EBP and service models for substance disorders with focus on OUD

• Closer relationships with NIH
Assistant Secretary Priorities: SMI

– Early Intervention/Ongoing support:
  • FEP programs, ACT, crisis intervention programs
  • Integrated care
  • Diversion from incarceration to care
  • Access to care: parity
  • Transitional Age Youth

– Effective medical treatment of psychosis
  • Clozapine for treatment refractory schizophrenia
  • Long acting medications
  • AEs: Metabolic syndrome/Medical illnesses/Tobacco/Co-occurring SUDs

– Suicide Prevention
  • Understanding links between poorly treated pain/depression/addiction/suicidality
  • Zero suicide; Focus on veterans and service members
Assistant Secretary Priorities: Opioid Crisis

• Support for evidence-based prevention, treatment, recovery services
  – STR grants to states
  – Block grants to states
  – TA to states on EBP: MAT, psychotherapies, PDMP, toxicology screens
  – Naloxone access/First Responders/Peers
  – Pregnant/post partum women/NAS
  – CJ programs
  – Recovery Housing
  – Training programs: ATTCs, PCSS, CIHS
Assistant Secretary Priorities: Opioid/Other Substances

- Establishment of EBP in clinical practice: MAT where available and psychosocial therapies
- Clinician/state government partnerships
- Review of SAMHSA initiatives with other substances
Performance and Outcome Evaluations

- CBHSQ/Policy Lab:
- Review data collection systems and ability to evaluate: e.g.: NSDUH
- Review GPRA data collection system
- Review process of how evaluations are conducted
- Begin process of OMB approval for outcome variables ahead of FOAs
Workforce Development

- Continue SAMHSA training initiatives: ATTCs, PCSS-type programs
- DATA waiver training in pre-graduate settings: Medical, advance practice nursing, physician assistant programs
- Encourage national certification programs for peer workforce
- Encourage entry to the field through incentives: e.g.: loan forgiveness
- Integration of BH into primary care/FQHCs
Stakeholders and SAMHSA

• Establish a partnership with stakeholders that includes a core set of common goals that all can represent to their communities/states/Congressional reps

• Agree that there will not be enough BH providers in the foreseeable future so work together to fund training in all BH specialties and increase access to care

• Work together toward parity for treatment of MH/SUD

• Bring perspectives to federal government
Assistant Secretary Wishlist

Access to evidence-based behavioral healthcare for all in need

- Increase SAMHSA assistance to families of those living with SMI/SUDs
- Prioritize Section 8 housing for those living with SMI and recovering from SUD
- Eliminate criminal records for minor drug offenses
- Help to establish effective interventions in BH for transitional age youth
- Control the swing of the pendulum as regards opioid analgesic prescribing
Questions?