Informing Federal Healthcare Policy: The Role of Psychiatry

Elinore F. McCance-Katz, MD, PhD
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

Alexander Award Lecture
Baylor College of Medicine
Department of Psychiatry
April 18, 2018

SAMHSA
Substance Abuse and Mental Health Services Administration

Government Service: A Different Path for a Psychiatrist

- Government service: Role for psychiatry in informing healthcare policy—most regulators are not healthcare providers
- Means of reducing stigma: Educate government officials about mental and substance use disorders
- Advocacy role
- Balancing clinical interests and policy work
- Develop unusual skill sets: legislative analysis, political analysis, anticipating downstream effects of policies/interpreting data, stakeholder relationship building, media management

SAMHSA
Substance Abuse and Mental Health Services Administration

About SAMHSA

- One of several agencies in the HHS family of agencies
- Funding of mental health and substance use disorder services (block contracts, cooperative agreements)
- Behavioral health programs/policy
- Only agency in federal government dedicated solely to mental and substance use disorders with statutory requirements related to service delivery in U.S.

General organization:

- OASMHSU: Offices of the Assistant Secretary for
- Mental Health and Substance Use
- CSAT: Center for Substance Abuse Treatment
- CSAP: Center for Substance Abuse Prevention
- CMHS: Center for Mental Health Services
- CBHSQ: Center for Behavioral Health Statistics & Quality

2016 National Survey on Drug Use and Health

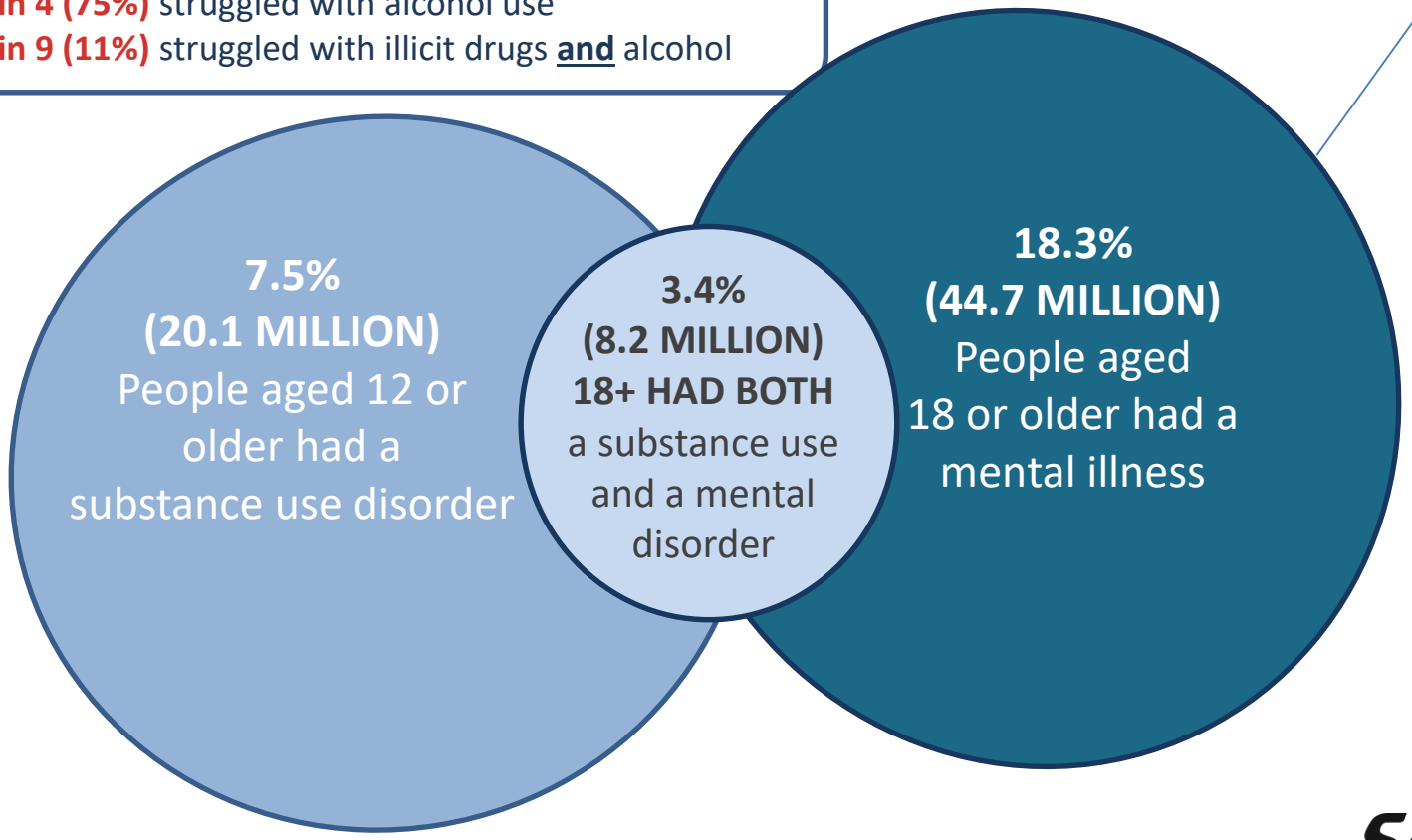
MENTAL AND SUBSTANCE USE DISORDERS IN AMERICA: 2016

Among those with a substance use disorder about:

- **1 in 3 (33%)** struggled with illicit drugs
- **3 in 4 (75%)** struggled with alcohol use
- **1 in 9 (11%)** struggled with illicit drugs **and** alcohol

Among those with a mental illness about:

1 in 4 (25%) had a serious mental illness



PAST YEAR, 2016, 12+

SAMHSA
Substance Abuse and Mental Health Services Administration

Mental and Substance Use Disorders: Major Challenges of Our Time

Serious Mental Illness:

- In 2016: Over 11 million adults with SMI and over 7 million children and youth with SED
- 35.2% of adults with SMI did not receive psychiatric treatment
- Lack of use of evidence-based practices: Nearly a third receive medications only with no psychosocial or psychotherapeutic services
- Only 2.1% receive AOT and 2.1% receive supported employment services
- 2 million people are incarcerated every year; 20% SMI and up to 50% with SUD; only 1/3 of those will get any treatment for mental illness
- Creates a revolving door of incapacity, with consequences of inability to be stably housed or employed
- Higher rates of suicide – people with serious depression and/or psychotic disorders have a rate 25x that of the general public
- Higher rates of co-occurring mental and physical health problems: people with SMI die 10 years earlier than the general population

Opioid Crisis:

- Over 2 million Americans have an OUD—only 1 in 5 receive specialty treatment for illicit drug use
- 63,632 drug overdose deaths in 2016 – 44,249 (66%) from opioids

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 Through the Lens of Psychiatry

- Maintain a system to disseminate research findings and EBPs to service providers to improve prevention and treatment services: NMHSUPL
- Focus on the most seriously ill/tackling the biggest issues in behavioral health:
  - People living with SMI
  - Opioid Crisis
  - *Treatment—not just recovery*
  - *Continuums of care to make necessary resources available to SMI*
  - *Collaborative care to best serve SMI*

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
  - SMI: Particularly schizophrenia and schizoaffective disorder as well as other serious mental illnesses
  - EBP and service models for substance disorders with focus on OUD
- Closer relationships with NIH

SAMHSA
Substance Abuse and Mental Health Services Administration

Office of the Chief Medical Officer

- Created December 2016 in the 21st Century Cures Act
- Central Functions are to:
  - Engage with professional community
  - Coordinate across SAMHSA
  - Promote Evidence Based Practice
  - Strategic and long range planning
  - Performance metrics (programs and grants)

  - Staff:
  - Psychiatry, Medicine/Family Medicine, Psychology, Nursing, C
    Pharmacy
  - Newly established Fellow Program

Serious Mental Illness

Creating a system that works for everyone living with SMI and SED and their families

SAMHSA
Substance Abuse and Mental Health Services Administration

Interdepartmental Serious Mental Illness Coordinating Committee

- 21st Century Cures Act established this Public/Federal partnership to review current programs/practices within the federal government and encourage more collaboration between agencies
  - SAMHSA will lead these efforts over the next 4 years
  - Collaboration with HUD, DOL, DOE, CMS, DoD/VA, SSA
  - Plan to bring Administration for Community Living and Administration for Children and Families into the efforts
  - December 2017 Report to Congress with 45 recommendations: Federal collaboration, treatment issues: access/engagement/EBP, justice diversion/services, community recovery services, finance models

SAMHSA
Substance Abuse and Mental Health Services Administration

Plan to Address SMI

- Focus on SMI/SED
- Address SMI prevention potential
- Increase access to treatment:
  - Increase treatment capacity
  - Innovative approaches
  - Workforce development
- Reduce suicide
- Justice intervention programs for those with mental health issues
- Training and technical assistance to communities
- Enforce parity laws/work with insurers on best approaches to coverage for SMI/SED
- Better collaboration between federal agencies

SAMHSA
Substance Abuse and Mental Health Services Administration

SMI Prevention: Is it Possible?

- Most individuals who develop SMI:
  - Develop symptoms in adolescence/young adulthood (75% of diagnoses made by age 25); long delays in obtaining treatment; up to 2 years of psychosis before a person comes to psychiatric medical attention
  - Prodrome to psychotic disorders can be identified: focus on high risk youth
  - Follow these youth clinically and provide supports
  - Determine whether such interventions impact development of an SMI diagnosis or reduce severity of the illness
  - Youth in Prodrome Phase of Psychosis Program
  - Future Issues: how to sustain intervention if approach is found to be effective

Addressing SMI: Increasing Access to Treatment

- SAMHSA funds programs to assist states/communities with provision of mental health care:
  - Block grants to states
  - 10% set aside for SMI: FEP
  - Children's Mental Health Services
  - Integrated Care Programs
  - Assistance in Transition from Homelessness
  - ***Assertive Community Treatment***
  - Assisted Outpatient Treatment
  - ***Criminal and Juvenile Justice Programs***
  - Suicide Prevention Programs

SAMHSA
Substance Abuse and Mental Health Services Administration

Increase Access to Treatment

- Innovative Programs:
  - Certified Community Behavioral Health Centers
    - Integrates mental health, substance use disorder, physical healthcare
    - Requires that all aspects of a person's health be addressed
    - Requires 24-hour crisis intervention services
    - Community recovery services connections
    - Peer supports
    - 2-year demonstration and evaluation
    - ***2018: 100M additional funding***
  - Integration of BH into primary care: FQHC models

SAMHSA
Substance Abuse and Mental Health Services Administration

Reduce Suicide

- National Hotline
- Grants to communities/tribal entities to prevent youth suicide
- Zero Suicide: training of healthcare providers to:
  - Ask about suicidality
  - Make safety plans with person and family
  - Assure that person gets to treatment
  - Follow up contact to verify

Mental Health CJ-Related Grant Programs

- Adult and Youth Treatment Court Collaboratives:
  - Focuses on connecting with individuals early in their involvement with the criminal justice system and prioritizing the participation of municipal and misdemeanor courts in the collaborative
- Early Diversion Grants:
  - Establishes or expands programs that divert adults with SMI or COD from CJ system to community-based services prior to arrest
- Assisted Outpatient Treatment: civil commitment to outpatient treatment
  - Implements and evaluates new AOT programs and identifies evidence-based/best practices in order to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and CJ system interactions

Workforce Development

- Develop a national network of training and technical assistance to assure that 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 network of local trainers to assist colleagues in their communities
- Increase BH workforce: encourage more psychiatry residency training positions; loan repayment programs for BH professionals

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 those living with SMI to assure both psychiatric care, physical healthcare, and recovery services in community (e.g. housing, education/employment)
  - Encourage payments for behavioral health services that are equivalent to those for medical services

Mental Health Services Budget

- FY 2019 PROPOSED PRESIDENT'S BUDGET
  - MHBG is restored to $562M
  - Healthy Transitions restored to $20M
  - ***ACT increased from $5 to $15M***
  - ***MH CJ increased from $4 to $14M***

SAMHSA
Substance Abuse and Mental Health Services Administration

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

SAMHSA
Substance Abuse and Mental Health Services Administration

What is Needed at the Federal Level?

HHS FIVE-POINT OPIOID STRATE

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
- Treatment Episode Data Set
- National Survey of Substance Abuse Treatment Services
- Collaboration with CDC on PDMP implementation and data evaluation
- Reinstatement of DAWN

SAMHSA
Substance Abuse and Mental Health Services Administration

Plan to Address the Opioid Crisis

- STR grants to states: 500 million/yr through Cures FY 17/18 + 1 B; ***President's budget continues increase at 1 billion in FY 19***
- Prevention/education; MAT/psychosocial/recovery services
- Naloxone access/First Responders/Peers: ***increase from 25 to 75 million FY 19***
- MAT-PDOA
- Block grants to states
- Pregnant/post partum women/NAS: ***increase to 40 million in FY 19***
- CJ programs with MAT; ***increase to 80 million in FY 19***
- Recovery Coaches
- Minority Fellowship Program: specifies addiction medicine/psychiatry/psychology increased by **1M to 4.5M**
- HIPAA/42 CFR: Family inclusion in medical emergencies: overdose
- ***New Injection Drug Use/HIV Program at $150M***
- ***Consistent with President's Opioid Commission Report recommendations***

SAMHSA
Substance Abuse and Mental Health Services Administration

Workforce Development

- SAMHSA training initiatives:
  - **Regional network** of ATTCs, PCSS-type programs
  - Establish regional network of **prevention** technology transfer centers
- **STR TA/T grant**: national network of trainers that focus on local communities to meet training/TA needs related to opioid crisis
- Support for **DATA waiver training in pre-graduate settings**: medical, advance practice nursing, physician assistant programs
- Encourage **national certification program for peer workforce**
- With HRSA:
  - Integration of BH/OUD treatment into primary care/FQHCs
  - Telehealth/HIT: expanded access to treatment/training

SAMHSA
Substance Abuse and Mental Health Services Administration

SAMHSA: A New Approach to Technical Assistance and Training

EVIDENCE-BASED, LOCAL TRAINING, NATION-WIDE SCOPE

Evidence-based Practice Repository in NMHSUPL

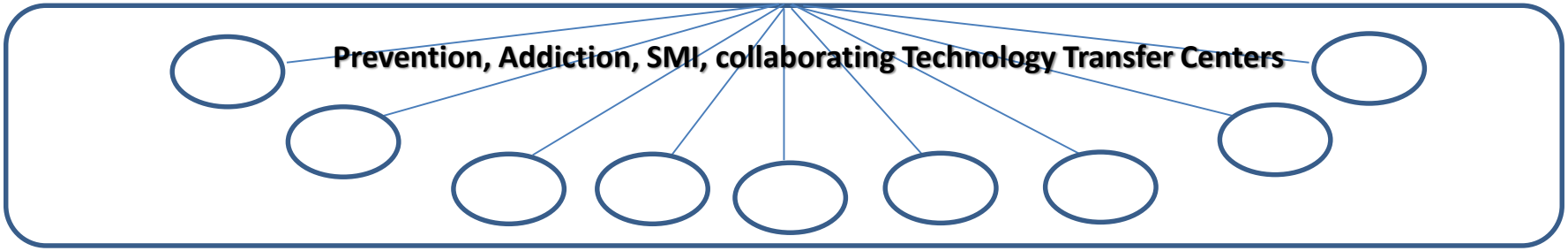
Grants and National TA/T Centers:

STR, Block Grant, PCSS, CSS-SMI

Specialty TA Centers:

E.g.: National Child Traumatic Stress Network, Block Grants, National Center on Substance Abuse and Child Welfare, CIHS

Combined Efforts at the Regional, State, and Local Level oriented to all Health Professionals



SAMHSA
Substance Abuse and Mental Health Services Administration

Product Development

- TIP 63
- PPW Factsheets
- Finding a Substance Use Disorder Treatment Program
- Opioid Overdose Prevention Toolkit
- CSS-SMI
  - Use of long acting medications/clozapine for treatment refractory schizophrenia
  - AOT training modules
- Establishment of EBP website: Replacement of NREPP

Plan to Address Opioid Crisis/Other Substances

- Establishment of EBP in clinical settings: MAT and psychosocial therapies
- Clinician/state government partnerships
- Review of SAMHSA initiatives with other substances
  - Marijuana

SAMHSA Quality Assurance: How We Know What We Do is Working?

- New Focus for SAMHSA
- Performance and Outcomes Evaluation
- CBHSQ/NMHSU Policy Lab:
  - Internal review of data collection systems and ability to evaluate: e.g.: NSDUH and GPRA data collection systems
  - Begin process of OMB approval for outcome variables ahead of FOAs
  - Client-entered data
  - External evaluation: NIH, ASPE, and CDC collaborations

Stakeholders and SAMHSA

- Establish a partnership with stakeholders to better inform the agency regarding current issues and trends in states and communities
- Work together to increase funding for training in ***all*** BH specialties to increase access to care; primary care provider training/greater establishment of integrated care systems
- Work together toward:
  - Parity for treatment of MH/SUD
  - CCBHCs
  - Crisis intervention services
  - IMD exclusion
  - Integrated and collaborative care
- Consistent message of advocacy

Assistant Secretary Goals

- SAMHSA to establish and disseminate evidence-based treatment including prevention and recovery services across the nation
- Parity: Access to care/payment for services
- Comprehensive, collaborative care rate for treatment of SMI and OUD/SUD that reimburses real costs
- 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
- Establish effective interventions in BH for transitional age youth
- Control the swing of the pendulum as regards to opioid analgesic prescribing

SAMHSA
Substance Abuse and Mental Health Services Administration

Assistant Secretary Position Increases Ability of SAMHSA to Make Progress in Behavioral Healthcare

- Increase in SAMHSA budget of 35%
  - >1.5 B increase in opioids PHE funding
  - STR TA/T to states for opioids crisis
  - Complete reworking of SAMHSA technical assistance programs
  - Reinstatement of DAWN with 10M in funding
  - Increase in ACT/MH CJ funding
  - Representation of HHS on President's School Safety Commission Report
  - Outreach to communities on violence assessment and intervention with youth
  - Rebuilding of data collection programs to include client entered data available in real time
  - Increased funding to tribal entities
  - CMOs collaborative work with HRSA/NIH/IHS
  - Establishment of ongoing work with ISMICC
  - Raising the marijuana adverse effects in youth issue

SAMHSA
Substance Abuse and Mental Health Services Administration

How to get involved

- Volunteer to assist local/state government with questions they have about behavioral health
- Serve on committees that states/feds convene
- Fellowships in public psychiatry
- Consider a position in public psychiatry
- Get involved with projects/grant reviews at federal agencies (SAMHSA, CMS, CDC, NIH)
- Intern in federal government

Psychiatry Leadership

- Puts a focus on the medical and psychiatric aspects of mental and substance use disorders
- Recognition of the importance of continuums of care: inpatient, residential, intensive outpatient treatment, individual/group therapy
- Can bring resources together/integrate psychiatric and medical services, community supports
- Establish collaborative care models: with other specialties, allied providers, community recovery services

Questions?

SAMHSA
Substance Abuse and Mental Health Services Administration