The Federal Response to the Nation’s Opioid Crisis

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The Opioid Crisis in Alabama:
From Silos to Solutions
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Two Years in the Making

Most Heavily Lobbied Piece of Legislation

Pays for Cancer Research

Pays ($500 million) to Fight the Epidemic of Opioid Abuse ($1 billion authorized)

Funds Mental Health Treatment

Helps Food & Drug Administration – Speed up Drug Approvals

Pushes for Better Use of Technology in Medicine
The Cures Act includes provisions that impact SAMHSA and relate to the agency’s work across the continuum of prevention, treatment and recovery support for individuals with, and at risk for, mental illness and substance use disorders.

Through Section 1003, SAMHSA’s efforts to address the opioid epidemic will be greatly enhanced through the Account for the State Response to the Opioid Abuse Crisis.

Through provisions in the Helping Families in Crisis Act portion of the statute, SAMHSA is reauthorized as an agency.
The Opioid Grant provision:

- **Authorizes** HHS Secretary to *provide grants to STATES* to supplement opioid abuse prevention and treatment activities.
Helping Families in Mental Health Crisis Act Provisions in CURES Act: Re-authorizing and Elevating SAMHSA Leadership

Title 6: Strengthening Leadership and Accountability

- Elevates head of SAMHSA to Assistant Secretary for Mental Health and Substance Use
- Re-authorizes SAMHSA to collaborate with other agencies and stakeholders, with an emphasis on serious mental illness (SMI), homelessness, and veterans
- Codifies Center for Behavioral Health Statistics and Quality and Chief Medical Officer
- Lays out overall planning and reporting requirements
Title 6: Strengthening Leadership and Accountability

 ✓ Updates Center/Office authorizations, National Advisory Council, and Peer Review requirements

 ✓ Tasks Assistant Secretary of Planning and Evaluation with creating evaluation plan for department-wide behavioral health activities

 ✓ Requires GAO study on PAIMI program

 ✓ Creates Inter-Departmental SMI Coordinating Committee (to be established within 90 days of enactment)
Title 7: Ensuring Mental And Substance Use Disorder Prevention, Treatment, And Recovery Programs

Keep Pace With Science And Technology

- Renames Office of Policy, Planning and Innovation, the National Mental Health and Substance Use Policy Laboratory (Policy Lab) and authorizes new innovation grants program at SAMHSA to promote expanding or replicating evidence-based programs.

- Reauthorizes National Registry of Evidence-based Programs and Practices.

- Reauthorizes each Programs of Regional and National Significance line at FY16 funding levels.
Title 8: Supporting State Behavioral Health Needs

- Re-authorizes SAMHSA block grant programs (both SABG and MHBG) at FY16 funding levels and revises some reporting requirements. *Allows for negotiated settlements on maintenance of effort penalties.*

- For MHBG, requires the identification of a single state agency to administer the grant and establish goals and objectives.

- *Requires HHS to study block grant distribution formula and report on results.*
Title 9: Promoting Access to Mental Health and Substance Use Disorder Care – Individuals and Families

- Re-authorizes numerous SAMHSA programs at FY16 funding levels:
  - CABHI, Jail Diversion, PBHCI, PATH, Garrett Lee Smith (GLS) State/Tribal and Suicide Prevention TA Center, Mental Health Training and Awareness Grants (aka MHFA), AOT and STOP
  - Certain programs have significant changes to the program such as GLS Campus (reauthorized in later Title) and PBHCI

- Specifically authorizes Lifeline program (previously funded/conducted using PRNS) and requires the Secretary to maintain the National Treatment Referral Routing Service (currently Helpline/Treatment Locator).
Title 9: Promoting Access to Mental Health and Substance Use Disorder Care – Individuals and Families

- AUTHORIZES NEW PROGRAMS for: Adult Suicide Prevention, ACT and Crisis Response.

- Requires the Secretary to disseminate information and provide technical assistance on evidence-based practices for mental illness and substance use disorder in older adults.
Title 9: Strengthening the Health Care Workforce

- Reauthorizes HRSA Mental and Behavioral Health Education Training

  - *Authorizes a HRSA training demonstration program to award grants for:*
    - Medical residents and fellows to practice psychiatry and addiction medicine as well as for NPs, PAs, health service psychologists, and social workers to provide mental health and substance use disorder services in underserved community-based settings; and
    - Establishing, maintaining, or improving academic programs that provide training to improve the ability to recognize, diagnose, and treat mental and substance use disorders.

- Specifically authorizes MFP

- Requires reports on workforce.
Title 9: Mental Health on Campus Improvement

- Reauthorizes GLS Campus, significant new uses of fund
- Establishes an interagency on work group
- Convene groups for public-education campaign
Title 10: Strengthening Mental and Substance Use Disorder Care for Women, Children, and Adolescents

- Reauthorizes and updates CMHI
- Authorizes HRSA to provide grants to promote primary and behavioral health care integration in pediatric primary care
- Reauthorizes and updates grants for substance use disorder treatment and early intervention for children and adolescents to provide early identification and services
Title 10: Strengthening Mental and Substance Use Disorder Care for Women, Children, and Adolescents

- Reauthorizes NCTSI
- Establishes a new grant program for maternal depression (likely at CDC)
- Establishes a grant program to develop, maintain, or enhance mental health prevention, intervention, and treatment programs for infants and children at significant risk of developing or showing early signs of mental disorders, including SED, or social or emotional disability.
Title II: Compassionate Communication on HIPAA

- Expresses sense of Congress that clarification is needed regarding existing permitted uses and disclosures of health information under HIPAA by health care professionals to communicate with caregivers of adults with SMI to facilitate treatment.

- Within one year of finalizing rule on 42 CFR Part 2, requires the Secretary to **convene relevant stakeholders** to determine the effect of the regulation on patient care, health outcomes, and patient privacy.

- **Directs Office for Civil Rights to clarify circumstances when a health care provider or covered entity may use or disclose protected health information** related to the treatment of an adult with a mental health or substance use disorder.

- **Authorizes $10 million from FY18-FY22 to develop model training and educational programs** to educate health care providers, regulatory compliance staff, and others regarding the permitted use and disclosure of health information under HIPAA.
Title 12: Medicaid Mental Health Coverage

- Clarifies that Medicaid does not prohibit separate payment for mental health and primary care services provided to an individual on the same day.

- Requires CMS study and report on the provision of care to adults aged 21 to 65 enrolled in Medicaid managed care plans receiving treatment for a mental health disorder in an Institution for Mental Diseases (IMD).
Title 12: Medicaid Mental Health Coverage

- Directs CMS to collect and report on data from states that participated in the Medicaid Emergency Psychiatric Demonstration Project established under Section 2707 of the Affordable Care Act.

- Specifies that children receiving Medicaid-covered, inpatient psychiatric hospital services are also eligible for the full range of early and periodic screening, diagnostic, and treatment services.
Title 13: Mental Health Parity requires that HHS:

- Work with Labor and Treasury to create compliance program guidance, including illustrative past examples of compliance and noncompliance with parity requirements.

- Convene – within six months of enactment – a public meeting to produce an action plan for improved federal and state coordination related to the enforcement of MHPAEA requirements.

- Report (via CMS) annually, for five years, on the results of closed federal investigations finding compliance violations of existing parity requirements.
Title 13: Mental Health Parity requires that HHS:

- **Requires GAO study** on the enforcement of existing parity requirements.

- May update resources related to eating disorders and increase public awareness, through existing programs and activities, and identify model programs to address and identify eating disorders.

- **Clarifies** the coverage of eating disorder benefits, including residential treatment, under existing parity requirements.
Opportunities of the 21st Century Cures Act

- Helping states maximize the effectiveness of new investment in funds to address the opioid epidemic.

- Use re-authorization as opportunity to enhance coordination and collaboration across HHS and the Administration.

- Pending appropriations, improve re-authorized programs and successfully launch newly authorized programs such as adult suicide prevention, innovation grants under the Policy Laboratory, and crisis response.

- Enhance evaluation of program effectiveness and sustain focus on promoting evidence-based and evidence-informed practices.
Challenges

- Securing resources for newly authorized programs in FY18.

- Meeting additional reporting and collaboration requirements without accompanying resources.

- Cures Act did not include certain needed changes to truly reform the mental health system and close the treatment gap for individuals with behavioral health conditions.
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