Supporting Mental Health Programs: SAMHSA Update

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Presentation Overview

- SAMHSA Agency Updates
- New Resources
- Open Discussion
SAMHSA’s Priorities and Core Principles

- Preventing overdose
- Enhancing access to suicide prevention & crisis care
- Promoting Resilience and Emotional Health for Children, Youth and Families
- Integrating behavioral and physical healthcare
- Strengthening the Behavioral Health Workforce

Core Principles:
- Equity
- Trauma-Informed Approaches
- Commitment to Data and Evidence
- Recovery
988 Lifeline: One Year Later

988 Milestones to Date
In the year since rolling out the 988 Suicide & Crisis Lifeline, the line has answered nearly 5 million contacts — nearly 2 million more than the previous 12 months following the $1 billion Biden-Harris Administration investment.

Of the nearly 5 million answered, about 665,000 were texts.

Compared to the 12 months prior,

- **TEXTS:** 1135%
- **CHATS:** 141%
- **CALLS:** 46%

The average speed to answer decreased from 2 minutes and 39 seconds to 41 seconds.

Of the 5 million contacts in the past year, almost 1 million were answered by the Veterans Crisis Line (VCL). The 988 Lifeline links to the VCL, which military members, veterans, and their families can reach by dialing 988 and pressing option 1.
988 Lifeline: Increased Support for Priority Populations

- **Spanish text and chat services**, where Spanish speakers in crisis can reach trained, culturally competent crisis counselors

- Specialized call, text, and chat supports for LGBTQI+ youth and young adults under the age of 25

- **Videophone services** for people who are Deaf or hard of hearing and for whom videophone is a preferred method of communication

- Dedicated, culturally competent services for American Indians and Alaska Natives
Future Goals: Transforming America’s Behavioral Health Crisis System

• Launch a national **technical assistance center** for crisis services

• Establish the **BHCC Suicide Prevention Coordinating Committee** (SPCC) 988 Workgroup
  • Mechanism to drive the coordination of crisis care services across HHS

• Finalize an **evaluation model** for crisis services nationwide

• Continuing to connect all people to community-based services such as **mobile crisis care, stabilization centers, etc.**
Enhancing Access to Suicide Prevention and Crisis Care

• Developing the **2024 National Strategy for Suicide Prevention**

• Updated **Garrett Lee Smith State and Tribal statute**
  • Removed age floor enabling activities for youth and young adults up to age 24

• Funding opportunities – **Zero Suicide, National Strategy for Suicide Prevention**, and **Native Connections**
Enhancing Access to Suicide Prevention and Crisis Care: Black Youth Suicide Policy Academy

- Eight states created action plans to address Black youth suicide

- **Emerging themes**
  - Black youth need targeted interventions that address specific risk factors for Black youth
  - Need for more disaggregated data
  - Youth and community should be engaged in suicide prevention planning

- **Examples of State Action Plan items**
  - Collect county level data related to emergency room visits and hospitalizations by race and age by July 2024
  - Increase the number of Black youth led mental health coalitions/task forces at the collegiate level by a minimum of 2 within the next 2-3 years
Growth in the CCBHC Program

- More than 500 CCBHCs nationwide across 46 states, DC, Guam, and Puerto Rico

BSCA Expansions

- 15 state planning grants awarded in March
- Adding 10 states to the CCBHC Medicaid Demonstration every 2 years starting in 2024
- Awarding 15 additional planning grants will in 2025 using BSCA funds
- On track to have CCBHC Medicaid demonstration programs in a majority of states by 2026
Certified Community Behavioral Health Clinic: Updated Certification Criteria

- Increasing coordination with 988 and crisis systems

- Improving psychiatric rehabilitation supports, with new requirements around supported employment, social inclusion, and finding and maintaining housing

- Include focus on populations facing health disparities in quality improvement plans

- Requiring addiction medicine staffing

- An emphasis on prescribing buprenorphine and coordinating with OTPs provision

- A provision of intensive outpatient services for SUD

- An added focus on harm reduction
Certified Community Behavioral Health Clinic: Data

Overall Health – 14.5%

Everyday Functioning – 25.8%

Social Connectedness – 15.1%

Illegal Substance Use – 13.2%

Binge Drinking – 20.9%

Experience of Homelessness – 32.7%

Hospitalizations – 73.1%

Inpatient SUD Treatment – 63.1%

ER Visits – 68.5%

*From Intake to Six Months
Data based on 2021-2023 timeframe
MHBG Allocations Over the Years (in Millions)
American Rescue Plan Act Funds

- In FY21 SAMHSA provided states, territories, and tribes $1.5B as a supplement to the Mental Health Block Grant
- Funds expire September 2025
- Less than 15% of this amount is spent
- SAMHSA is available if additional technical assistance is needed
Continued Cross-Government Collaboration: Agency Council Update

ISMICC Finance Working Group

The Working Group supported the creation of the NASMHPD Parity Playbook to support states in parity compliance to work towards equal treatment of somatic and behavioral health conditions.

ISMICC Data & Evaluation Working Group

SAMHSA held a Measurement-Based Care (MBC) subject matter expert panel and wrote a soon to be released brief that in order to be a catalyst for broader adoption in behavioral health settings.

Technical Tribal Advisory Committee

In collaboration with tribal nations, SAMHSA is updating the National Tribal Behavioral Health Agenda to include updated statistics, updated Federal strategic plans, and improved web presence.
Policy Academy on Supported Employment for Transitional Age Youth

- Established seven state planning teams with representation across state governments
- Developed action plans to expand Supported Employment for Transition Age Youth
- Will participate in a year-long learning collaborative

Emerging Themes

- Build stakeholder engagement and collaboration
- Finance the practice
- Establish support and technical assistance
- Increase ‘youth voice’ and engagement in planning and delivery
- Develop best practices for Supported Education

Continued Cross-Government Collaborations
Celebrating 50 years of SAMHSA’s Minority Fellowship Program

Increased disciplines
- Psychology
- Psychiatry
- Nursing
- Social work
- Addictions treatment
- Professional counseling
- Marriage and Family Therapy

Total Trained
4,000+ fellows

Annually Fund
400+ fellows
New Resource: Workforce Support Update
New Resource: FindSupport.gov

You can find support

Find health care or support
Get the best ways to search for a health care professional or program.
Find health care or support

How to cope
Learn about the signs that you may need help, how to ask for help, and ways to take care of yourself.
How to cope

Learn about treatment
Find out about treatment types, how to make an appointment, and how to prepare yourself for treatment.
Learn about treatment

How to pay for treatment
Find options for covering costs with or without insurance, including free and low-cost programs.
How to pay for treatment

Helping someone
Learn how to talk to a loved one about getting help and how to take care of yourself.
Helping someone

Get help now
Sometimes help can't wait. There are people you can call, text, or chat for help right now.
Get help now
Discussion

SAMHSA’s mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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SAMHSA National Helpline www.samhsa.gov/find-help/national-helpline

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)