Co-occurring Disorders - Integrating Prevention, Interventions, and Evidence for a Whole Person Approach

Yngvild Olsen, MD, MPH
Captain Christopher Jones, PharmD, DrPH, MPH
Robert Baillieu, MD, MPH
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

The ASAM 55th Annual Conference

SAMHSA
Substance Abuse and Mental Health Services Administration

Disclosure Information

- Yngvild Olsen, MD, MPH, DFASAM has no disclosures to report
- Christopher Jones, PharmD, DrPH, MPH has no disclosures to report
- Robert Baillieu, MD, MPH, FAAFP has no disclosures to report

Learning Objectives

Upon completion of this session, participants will be able to:

1. Describe the multifaceted nature of co-occurring disorders and their impact on individuals and communities.
2. Define SAMHSA's role and initiatives in addressing co-occurring disorders
3. Analyze the challenges and solutions related to housing and other social determinants in the context of co-occurring disorders.

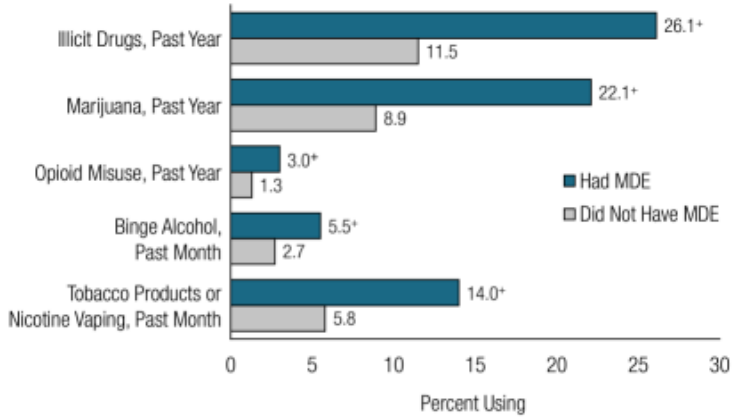
Overview

- The data characterizing co-occurring disorders, exacerbating factors, and treatment gap

- How do we close this gap using an integrated care, whole person approach?
  - Evidence for integrated care
  - Programmatic Interventions
  - Harm Reduction and Prevention
  - Promoting a compassionate and diverse workforce

Substance Use and Mental Health are Intimately Linked

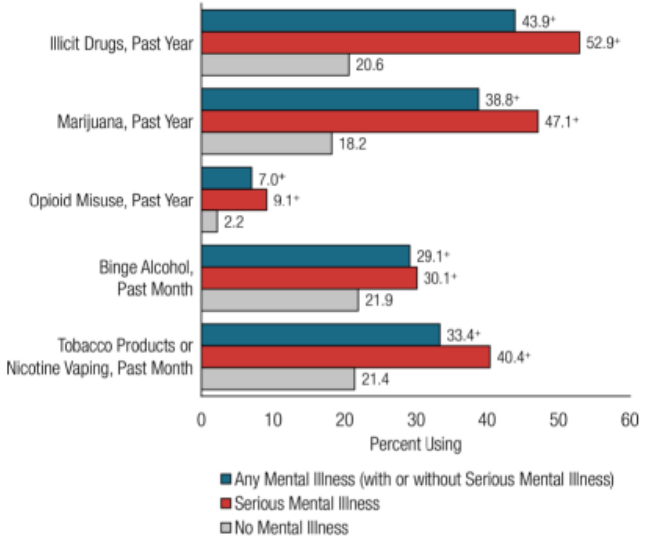
Past Year or Past Month Substance Use: Among Adolescents Aged 12 to 17; by Past Year Major Depressive Episode (MDE) Status, 2022



+ Difference between this estimate and the estimate for adolescents who did not have MDE is statistically significant at the .05 level.

Note: Adolescent respondents with unknown MDE data were excluded.

Past Year or Past Month Substance Use: Among Adults Aged 18 or Older; by Past Year Mental Illness Status, 2022



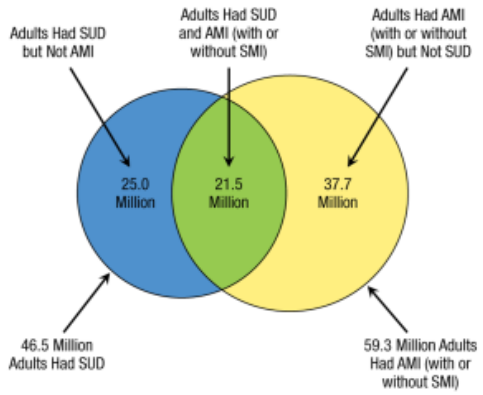
+ Difference between this estimate and the estimate for adults aged 18 or older with no mental illness is statistically significant at the .05 level.

Data Source: Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

SAMHSA
Substance Abuse and Mental Health Services Administration

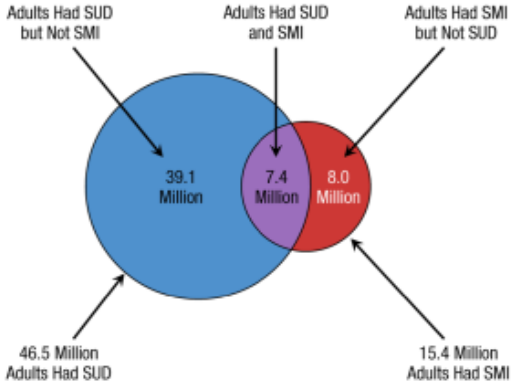
Co-Occurring Disorders (CODs) – Adults and Youth

Past Year Substance Use Disorder (SUD) and Any Mental Illness (AMI): Among Adults Aged 18 or Older; 2022



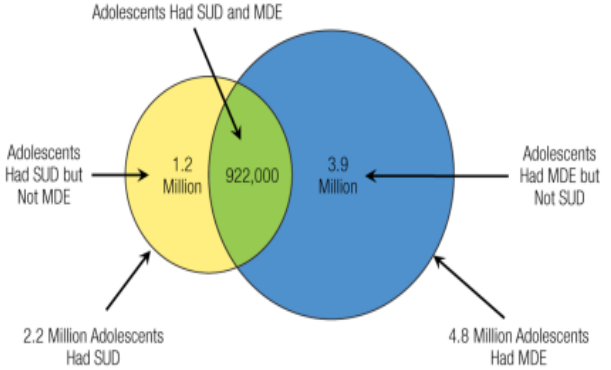
84.2 Million Adults Had Either SUD or AMI (with or without SMI)

Past Year Substance Use Disorder (SUD) and Serious Mental Illness (SMI): Among Adults Aged 18 or Older; 2022



54.4 Million Adults Had Either SUD or SMI

Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE): Among Youths Aged 12 to 17; 2022

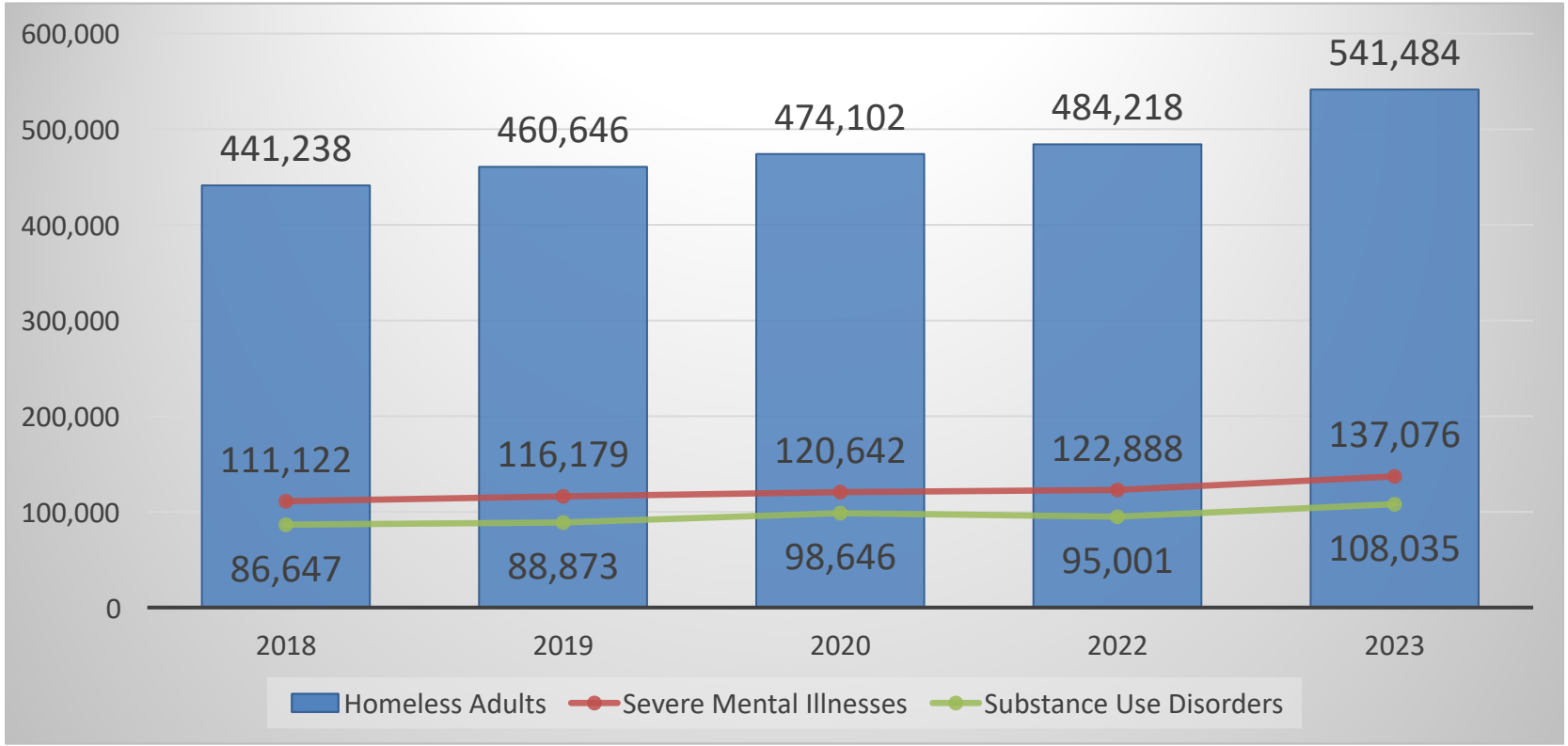


6.1 Million Adolescents Had Either SUD or MDE

Data Source: Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

SAMHSA
Substance Abuse and Mental Health Services Administration

Prevalence of Behavioral Health Disorders Among Adults Experiencing Homelessness



Source: HUD 2023 Data

SAMHSA
Substance Abuse and Mental Health Services Administration

Factors Driving the Uptick

- Homelessness has many contributing factors, including:
  - Shortage of affordable housing
  - High living costs
  - Income inequality
  - Job instability
  - Racial and ethnic disparities
  - Inequitable access to quality health care (including behavioral health care)
  - Inadequate safety nets
  - Gaps in funding and staffing for supportive services

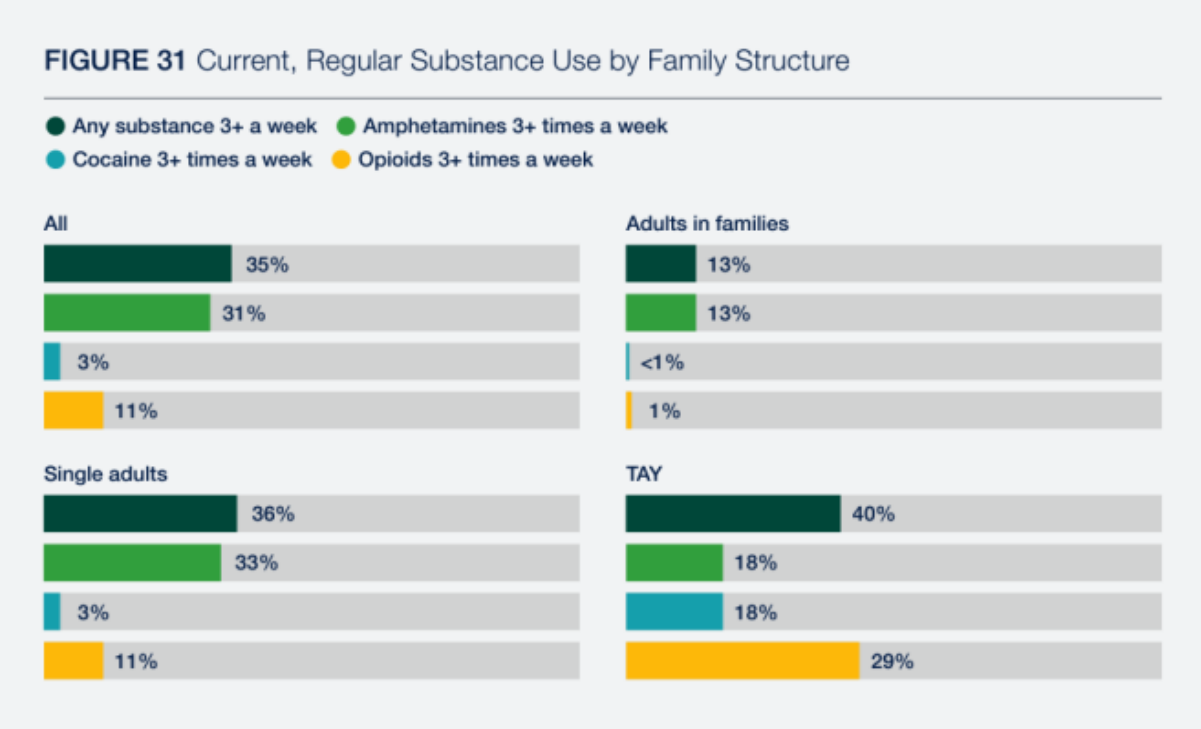
SAMHSA
Substance Abuse and Mental Health Services Administration

Bi-directional Relationship: Behavioral Health and Homelessness

- Behavioral health is **NOT** the primary cause of homelessness
  - Just 4% reported their own substance use was the reason they left their last housing
- Housing instability and homelessness lead to increased risk of:
  - Substance use
  - Serious mental illness
  - Trauma and violence
    - 38% of individuals reported experiencing physical or sexual violence while homeless
- Harder to receive treatment when homeless

Sources: CASPEH Report
Padgett DK. Homelessness, housing instability and mental health: making the connections. BJPsych Bull. 2020 Oct;44(5):197-201. doi: 10.1192/bjb.2020.49. PMID: 32538335; PMCID: PMC7525583.

Substance Use and Homelessness

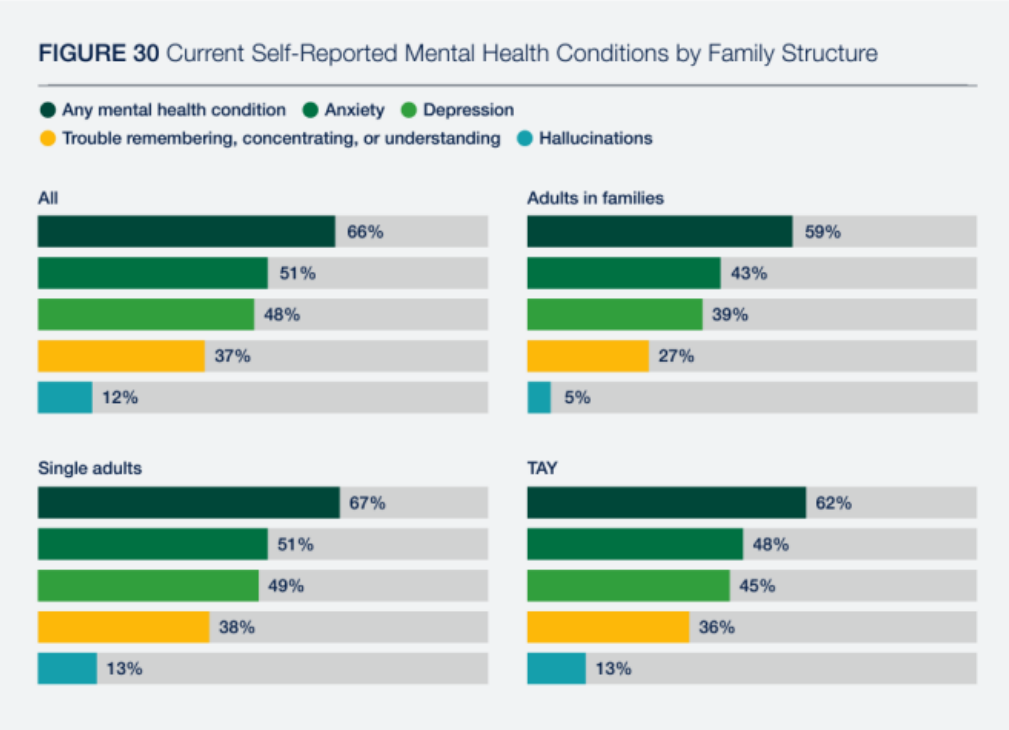


*"I started, I guess you could say using, when I became homeless,... meth... I would **use it to stay awake at night**. So, it's not like I would need a fix in the daytime or nothing else."*

Source: CASPEH Report

SAMHSA
Substance Abuse and Mental Health Services Administration

Mental Health Conditions and Homelessness



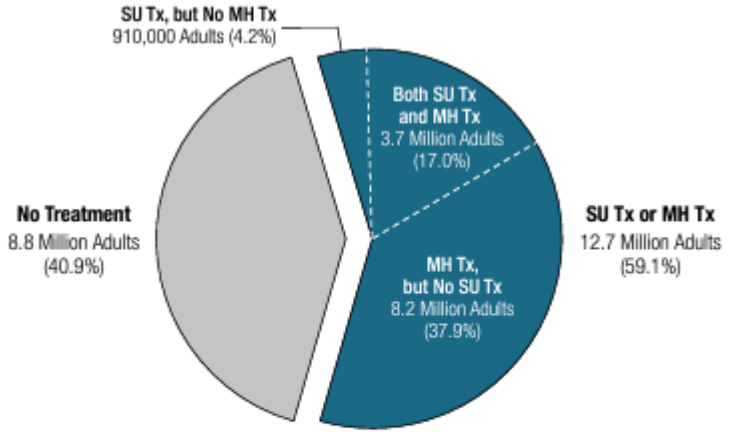
Current mental health conditions are highly prevalent across populations of people experiencing homelessness.

Source: CASPEH Report

SAMHSA
Substance Abuse and Mental Health Services Administration

The Gap - Adults

Receipt of Substance Use Treatment or Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Any Mental Illness; 2022



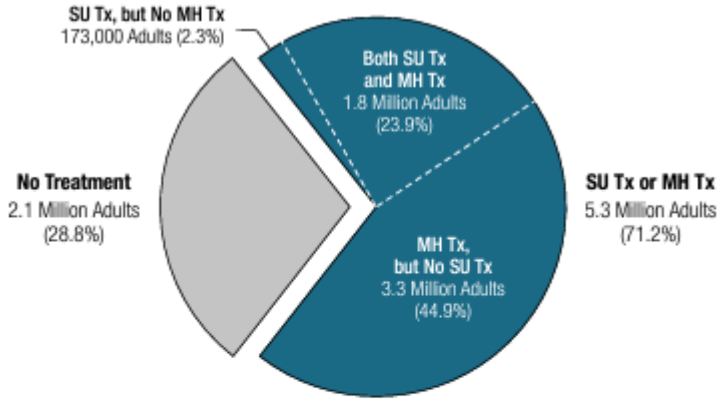
21.5 Million Adults with a Substance Use Disorder and Any Mental Illness

MH Tx = mental health treatment; SU Tx = substance use treatment.

Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Receipt of Substance Use Treatment or Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Serious Mental Illness; 2022



7.4 Million Adults with a Substance Use Disorder and Serious Mental Illness

MH Tx = mental health treatment; SU Tx = substance use treatment.

Note: The percentages may not add to 100 percent due to rounding.

Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

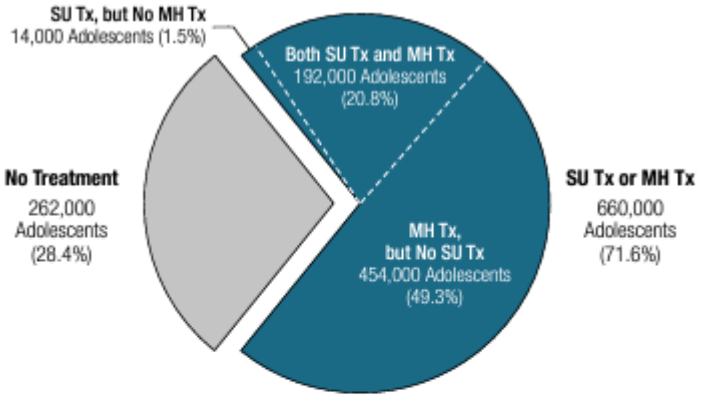
Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Data Source: Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

SAMHSA
Substance Abuse and Mental Health Services Administration

The Gap - Youth

Receipt of Substance Use Treatment or Mental Health Treatment in the Past Year: Among Adolescents Aged 12 to 17 with Past Year Substance Use Disorder and Major Depressive Episode (MDE); 2022



922,000 Adolescents with a Substance Use Disorder and Major Depressive Episode

MH Tx = mental health treatment; SU Tx = substance use treatment.

Note: Adolescents with unknown past year MDE data were excluded.

Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Data Source: Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

SAMHSA
Substance Abuse and Mental Health Services Administration

What We Know

- Substance use and mental health are intimately related
- Higher prevalence of substance use across a range of substances among those with mental health conditions
- Significant overlap between those with SUD and those with mental health conditions
- Homelessness is an exacerbating factor for people with COD
- Yet significant percentage of those with COD do not get any treatment, and even when they do, it tends to be mental health treatment rather than SUD treatment
- This gap in treatment provision increases risk for morbidity and mortality and is an urgent challenge to address in an approach that includes social determinants of health

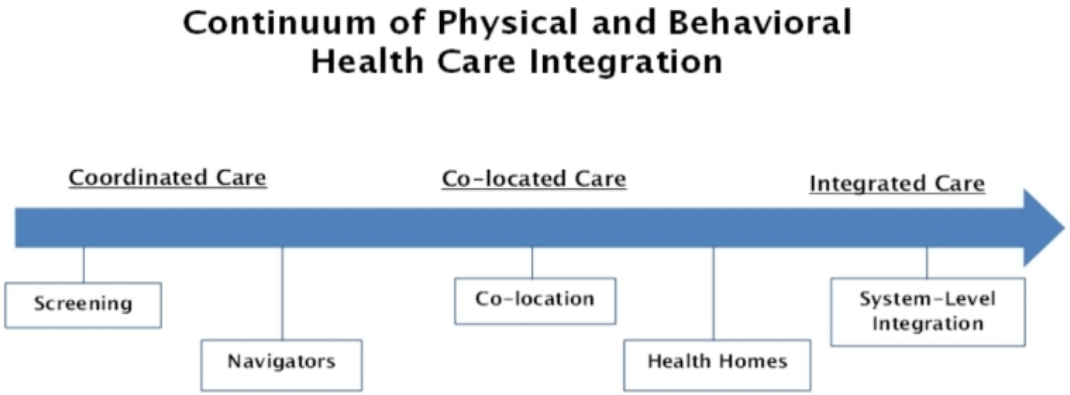
Guiding Frameworks for SAMHSA's Whole Person Approach to COD

SAMHSA
Substance Abuse and Mental Health Services Administration

Evidence: What is integrated care?

"Clinical integration is the extent to which patient care services are coordinated across people, functions, activities, and sites over time so as to maximize the value of services delivered to patients."

– Shortell et al, Remaking health care in America: the evolution of organized delivery systems, 2000.



Source: Heath B et al., A Standard Framework for Levels of Integrated Healthcare, SAMHSA-HRSA Center for Integrated Health Solutions, March 2013.

Structural Elements of Integrated Teams

1. Multidisciplinary care teams
2. Clinical information systems
   - Population-based patient registry
   - Shared electronic health records
   - Inpatient and ED utilization data
   - Quality improvement data
3. Patient-centered care plan
4. Decision-support protocols
5. Financing mechanisms

SAMHSA
Substance Abuse and Mental Health Services Administration

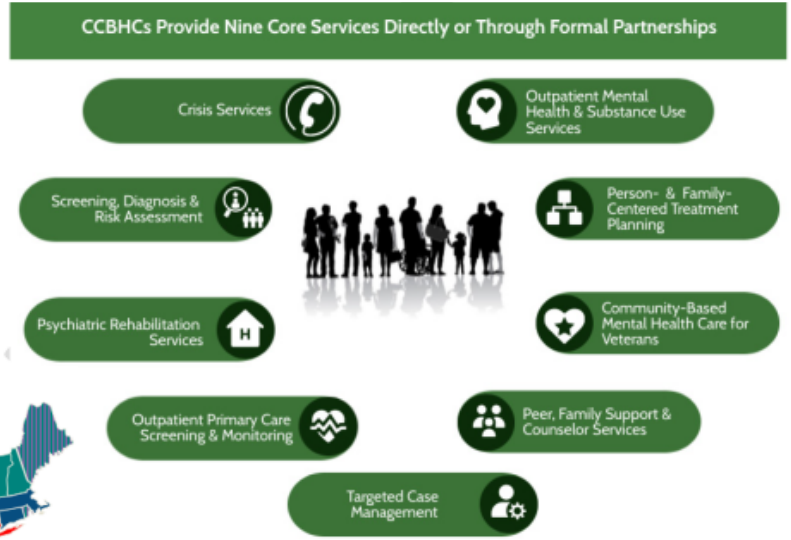
Process Elements of Integrated Care

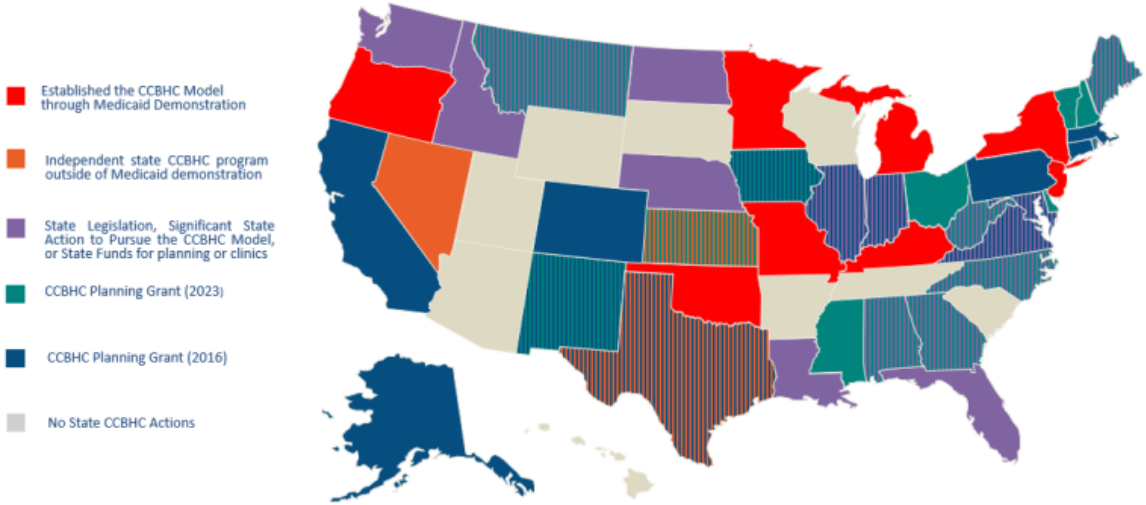
1. Proactive and systematic patient identification and connection to evidence-based treatment
2. Team-based care by general medical and specialty behavioral health providers
3. Information tracking and exchange among providers
4. Continual care management
5. Measurement-based stepped care
6. Self-management support
7. Linkages with community and social services
8. Systematic quality improvement

Closing The Gap – Structural Interventions

CCBHC Certification Criteria:

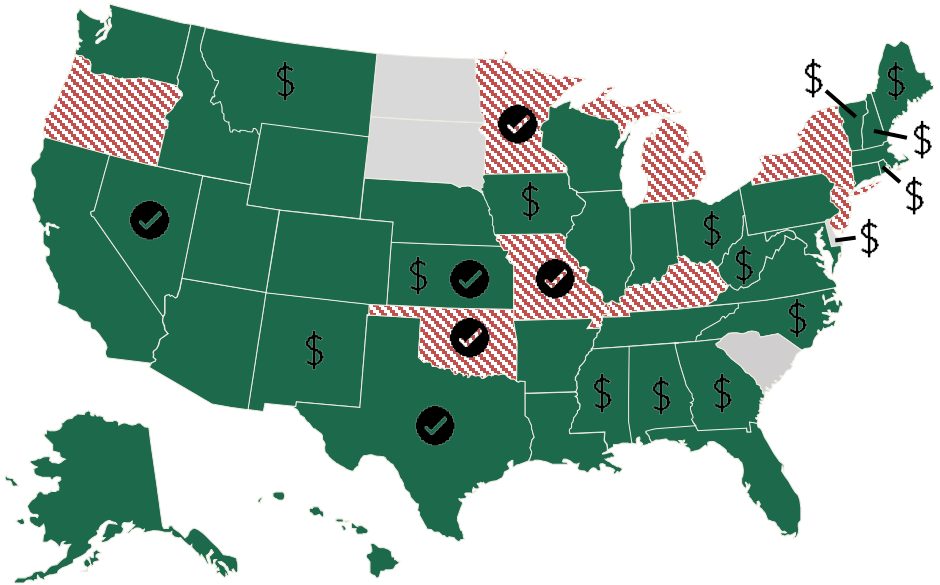
1. **Staffing**
2. **Availability and Accessibility of Services**
3. **Care Coordination**
4. **Scope of Services**
5. **Quality and Other Reporting**
6. **Organizational Authority and Governance**





SAMHSA
Substance Abuse and Mental Health Services Administration

Map of CCBHCs Across the United States (as of March 2023)



Federal CCBHC Medicaid Demonstration (And SAMHSA Expansion Grants)

State contains at least one local SAMHSA expansion grantee

CMS-approved payment method for CCBHCs via a SPA or 1115 waiver separate from Demonstration

$ Chosen to receive one-year planning grant needed to join Medicaid Demonstration staring in March 2023

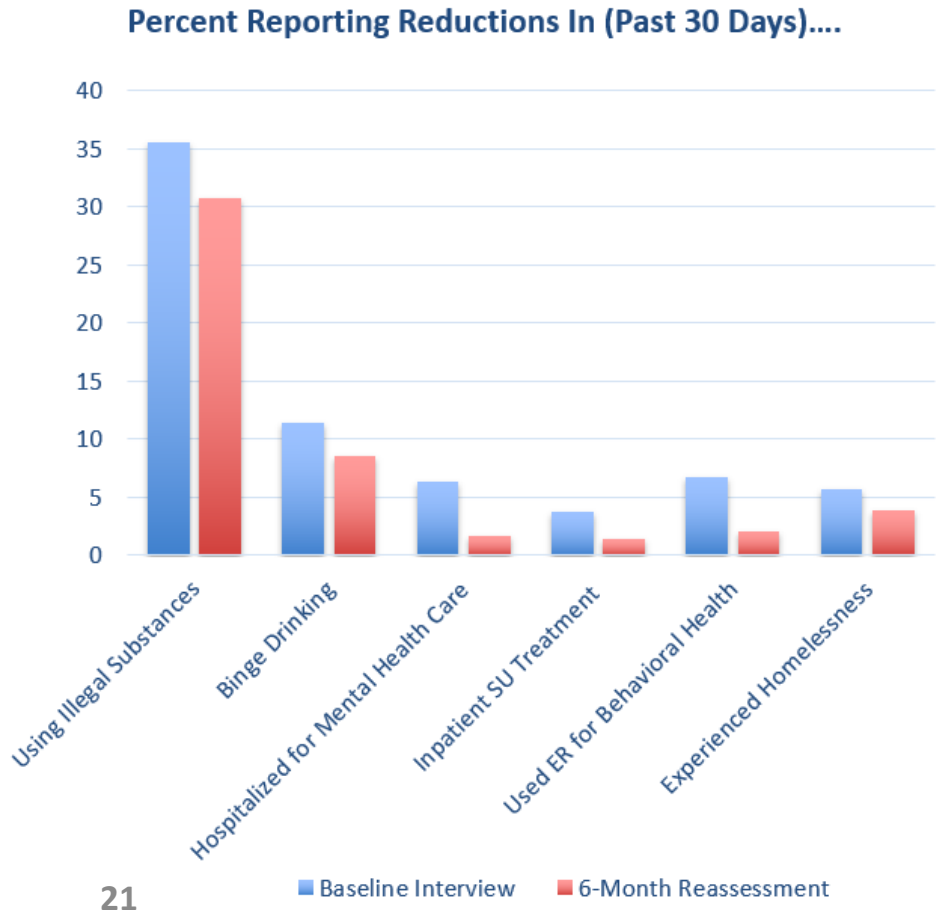
- There are now more than 500 CCBHCs across 46 States, the District of Columbia, and Puerto Rico
- CCBHCs may be a part of the Section 223 Medicaid Demonstration, Independent State programs, or participating in SAMHSA's expansion grants.
- 15 states have been selected to participate in planning grants to prepare to join the Section 223 Medicaid Demonstration:

  Alabama, Delaware, Georgia, Iowa, Kansas, Maine, Mississippi, Montana, North Carolina, New Hampshire, New Mexico, Ohio, Rhode Island, Vermont, West Virginia.

- After year-long planning grant period, states will apply to be one of 10 states to be able to join the Medicaid Demonstration starting July 1, 2024

SAMHSA
Substance Abuse and Mental Health Services Administration

Certified Community Behavioral Health Clinics



CCBHC required Services

1. **Crisis Services**
2. **Outpatient Mental Health and Substance Use Services**
3. **Person- and Family-Centered Treatment Planning**
4. **Community-Based Mental Health Care for Veterans**
5. **Peer Family Support and Counselor Services**
6. **Targeted Care Management**
7. **Outpatient Primary Care Screening and Monitoring**
8. **Psychiatric Rehabilitation Services**
9. **Screening, Diagnosis and Risk Assessment**

SAMHSA
Substance Abuse and Mental Health Services Administration

Opportunities for Co-Occurring Care in OTPs

SAMHSA finalized updates to 42 CFR Part 8, the federal rule that governs Opioid Treatment Programs (OTPs), in February 2024.

The revised rule will enhance OTPs, improve collaboration with partner services and facilitate access to medications for opioid use disorder (MOUD), mental health, harm reduction and recovery support services.

SAMHSA
Substance Abuse and Mental Health Services Administration

Integrating Care in OTPs

- The final rule promotes screening for mental health conditions upon entry into treatment to identify any service needs
- Initial and periodic medical examinations must incorporate assessment of behavioral health, risk of self-harm or harm to others
- A psychosocial assessment is required to ensure that information is gathered in the context of the patient's whole life such as their mental health, housing, recovery support and harm reduction resources

Use this QR Code to link to further information

These Changes & Other Changes to 42 CFR Part 8 Promote:

Fostering trust and recovery in a patient-centered environment

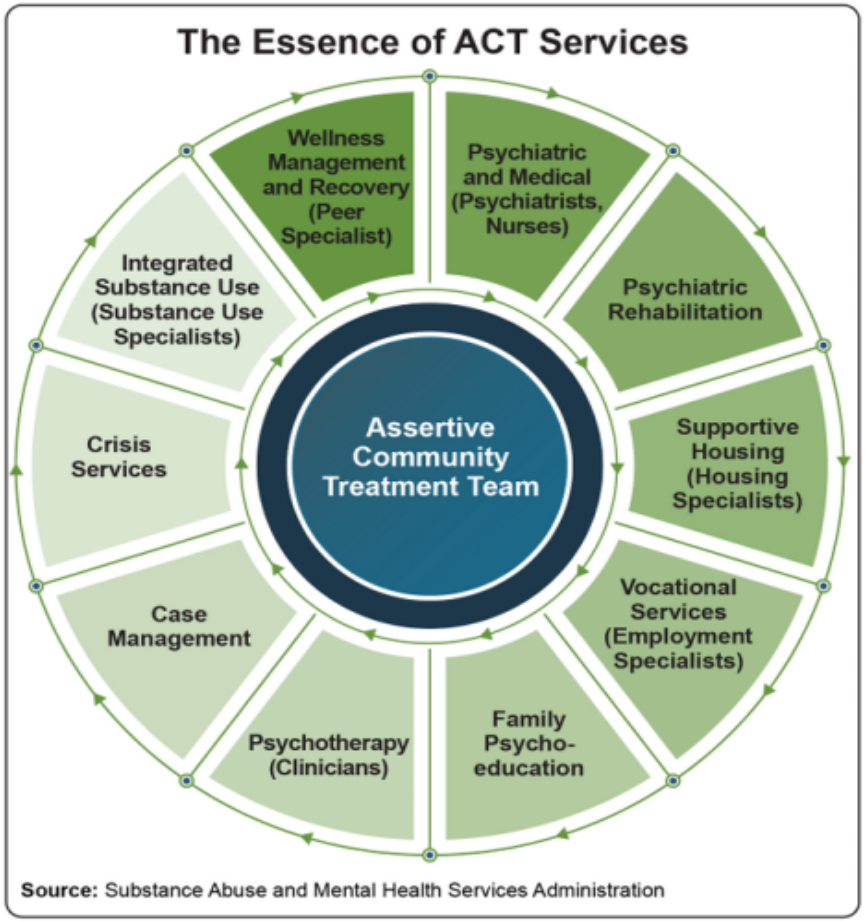
Acknowledging the skill and patient-centered understanding of treating practitioners

Creating responsive, flexible OTP services that are grounded in evidence

Promoting MOUD as a treatment for a chronic medical condition and reducing stigma

Cultural Shifts In Care And Service Delivery

Case Management: ACT and Other Services



SAMHSA
Substance Abuse and Mental Health Services Administration

SAMHSA Grant Resources

- SAMHSA grant programs that support people experiencing or at risk for homelessness and co-occurring disorders:
  - Projects for Assistance in Transition from Homelessness **(PATH)**
  - Treatment for Individuals Experiencing Homelessness **(TIEH)**
  - Grants for the Benefit of Homeless Individuals **(GBHI)**
  - Minority HIV/AIDS Fund: Integrated Behavioral Health and HIV Care for Unsheltered Populations Pilot Project **(Portable Clinical Care)**
  - Homeless and Housing Resource Center **(HHRC)**
  - SSI/SSDI Outreach, Access, and Recovery **(SOAR)**

- ** 988 Suicide & Crisis Lifeline*

SAMHSA
Substance Abuse and Mental Health Services Administration

CSAT Grants for the Benefit of Homeless Individuals (GBHI)

- GBHI program is a discretionary grant program to help communities expand and strengthen treatment and recovery support services for individuals (including youth and families) experiencing homelessness who have substance use disorders or co-occurring mental and substance use disorders.

- **Grant period:** Up to five years
- **Eligible entities:** Community-based public or nonprofit entities
- **Annual funding amounts:** Up to $500,000.

- FY 2023 GBHI obligation was $34,470,885 with 31 new grants and 53 continuation grants.

- Currently there are 73 GBHI grantees in 26 states and one territory.

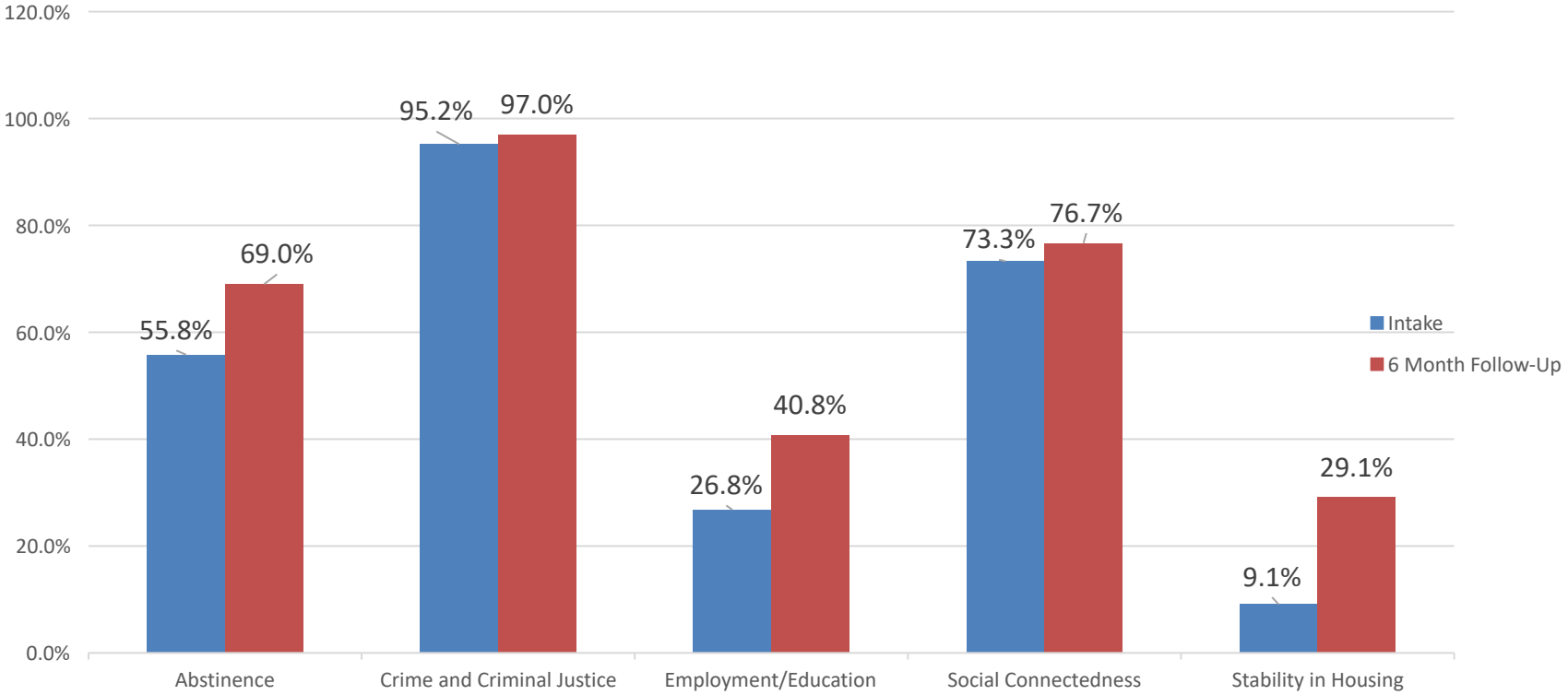
GBHI Services

GBHI required services include:

- Outreach
- Screening and assessment
- Treatment
- Peer support
- Connections to sustainable permanent housing
- Case management
- Recovery support services, including recovery housing
- Assistance in enrollment in mainstream benefits

GBHI grant requires linkages to other resources such as those provided through DOJ, HUD, and VA.

FY 2023- GBHI Client Outcomes



Notes: The denominator for this figure is N=1,233. Data from this figure ranges from October 1, 2022- September 30, 2023 (FY2023).

SAMHSA
Substance Abuse and Mental Health Services Administration

In a Treatment Gap, Harm Reduction and Prevention Save Lives

HHS.gov

SAMHSA
Substance Abuse and Mental Health Services Administration

The Substance Use Landscape Is Changing and Has Never Been Riskier

Illicitly Manufactured Fentanyl–Involved Overdose Deaths with Detected Xylazine — United States, January 2019–June 2022

Mbabazi Kariisa, PhD[1]; Julie O'Donnell, PhD[1]; Sagar Kumar, MPH[1]; Christine L. Mattson, PhD[1]; Bruce A. Goldberger, PhD[2]

Trends in Nonfatal and Fatal Overdoses Involving Benzodiazepines — 38 States and the District of Columbia, 2019–2020

Stephen Liu, PhD[1]; Julie O'Donnell, PhD[1]; R. Matt Gladden, PhD[1]; Londell McGlone, MPH[1]; Farnaz Chowdhury[2]

Illicit Benzodiazepines Detected in Patients Evaluated in Emergency Departments for Suspected Opioid Overdose — Four States, October 6, 2020–March 9, 2021

Kim Aldy, DO[1,2]; Desiree Mustaquim, PhD[3]; Sharan Campleman, PhD[1]; Alison Meyn, MPH[1]; Stephanie Abston[1]; Alex Krotulski, PhD[4]; Barry Logan, PhD[4,5]; Matthew R. Gladden, PhD[3]; Adrienne Hughes, MD[6]; Alexandra Amaducci, DO[7]; Joshua Shulman, MD[8]; Evan Schwarz, MD[9]; Paul Wax, MD[1,2]; Jeffrey Brent, MD, PhD[10]; Alex Manini, MD[11]; the Toxicology Investigators Consortium Fentalog Study Group

RESEARCH Open Access

Signals of increasing co-use of stimulants and opioids from online drug forum data

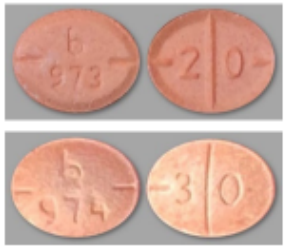
Abeed Sarker[1*], Mohammed Ali Al-Garadi[1], Yao Ge[1], Nisha Nataraj[2], Christopher M. Jones[2] and Steven A. Sumner[2]

Increases in Availability of Cannabis Products Containing Delta-8 THC and Reported Cases of Adverse Events

Print

HAN HEALTH ALERT NETWORK

This is an official CDC HEALTH ADVISORY



SAMHSA
Substance Abuse and Mental Health Services Administration

Harm Reduction Framework

- First document to comprehensively outline harm reduction and its role within HHS
- Provides a roadmap of core practices, 12 principles, and 6 pillars that anyone can apply to their work.
- Will inform SAMHSA's harm reduction activities moving forward, as well as related policies, programs, and practices

SAMHSA's First Harm Reduction Grant Program

- In 2023, SAMHSA awarded $30 million through our first Harm Reduction grant program.

- The Harm Reduction grant program is helping to increase access to community harm reduction services and provide support to harm reduction service providers as they work to help prevent overdose deaths and reduce health risks associated with substance use.

SAMHSA
Substance Abuse and Mental Health Services Administration

Harm reduction activities in SUD treatment-focused grants

- SAMHSA grants and programs now allow or require grantees to integrate harm reduction activities into their treatment programs.
- These include:
  - Naloxone and other opioid overdose reversal medications
  - Fentanyl and Xylazine test strips
  - Syringe services program supports and services*
  - Overdose prevention and response education
  - Infectious diseases screening and referral
  - Culturally appropriate education activities
  - Education targeted towards different populations, such as pregnant people

*Grants include explicit prohibitions of federal funds to be used to purchase drug

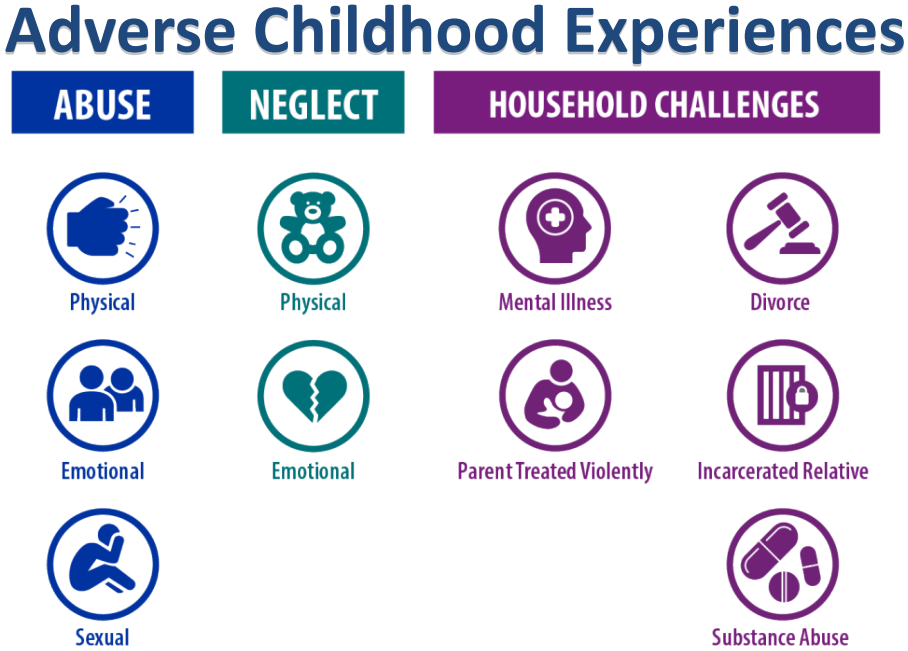
SAMHSA
Substance Abuse and Mental Health Services Administration

SAMHSA Overdose Prevention and Response Toolkit

- Updated to reflect latest overdose trends
- Practical tips for preventing, recognizing, and responding to an overdose
- Information on available opioid overdose reversal medications (OORM)
- Information for specific audiences
  - People who use drugs
  - People who take prescription opioids
  - Practitioners and health systems
  - First Responders
  - Policy and systems considerations

SAMHSA
Substance Abuse and Mental Health Services Administration

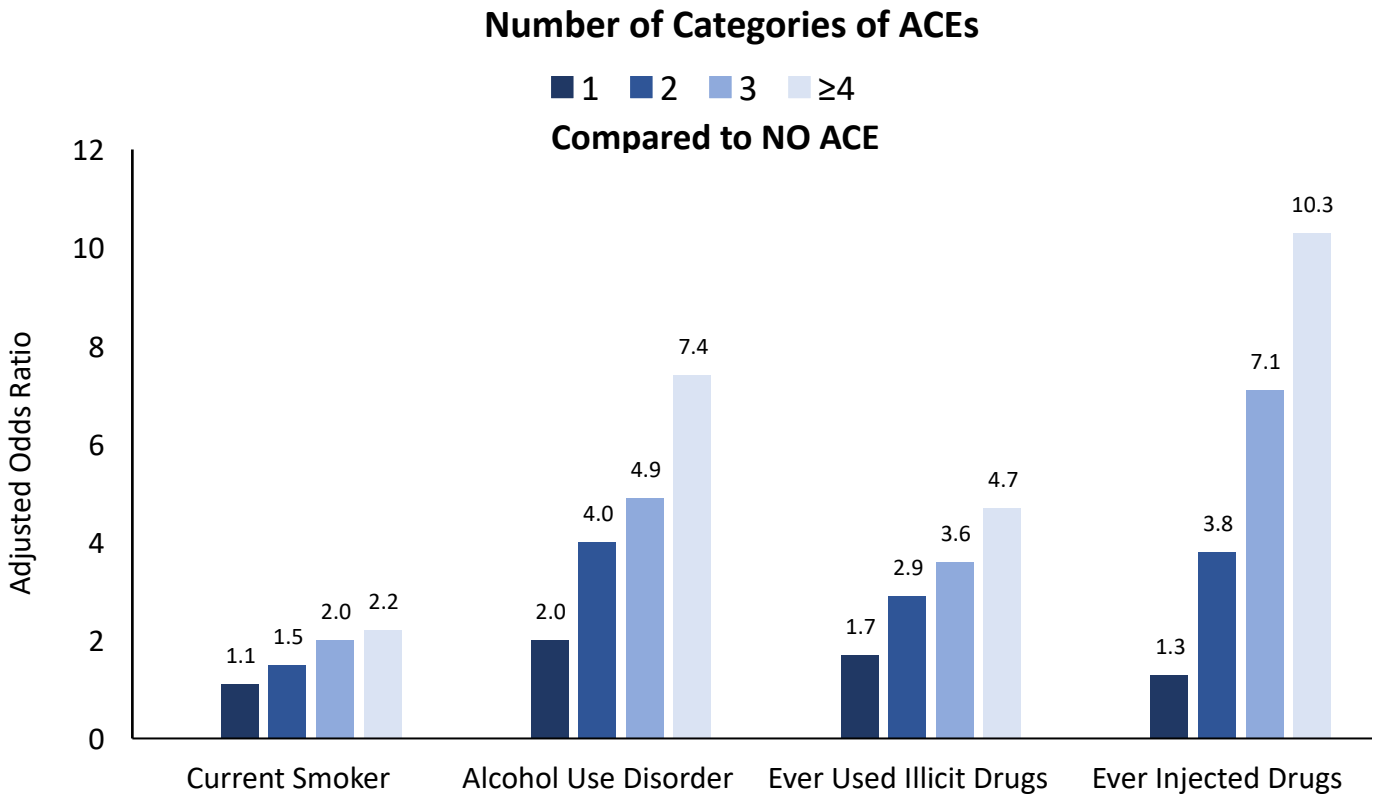
Moving Upstream to Get Ahead of Substance Use and Mental Health Challenges



Social-Ecological Model

Individual → Relationship → School/Community → Society

ACEs and Risk for Substance Use



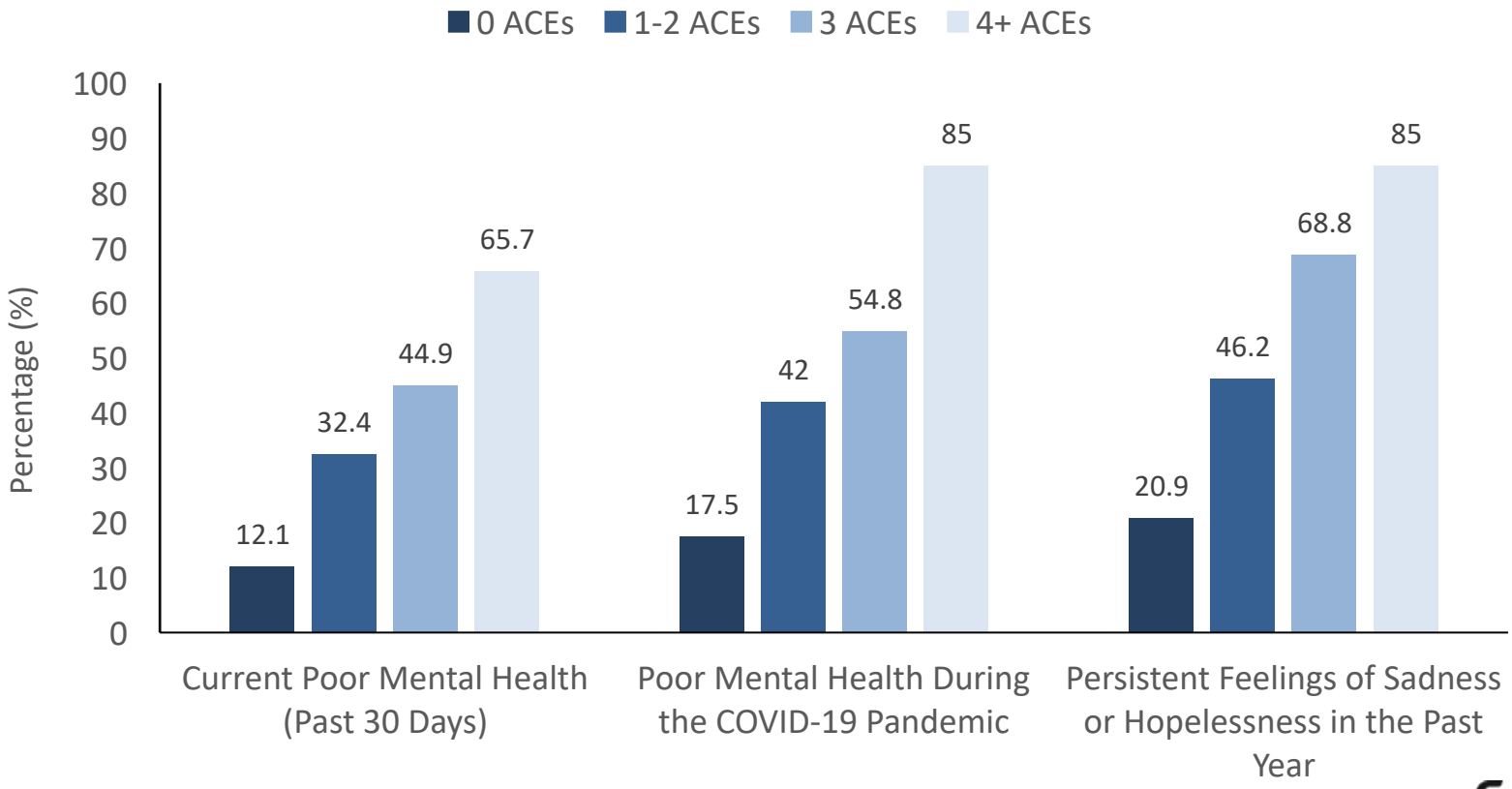
Research shows ACEs increase risk for:

- **Rx opioid misuse, illicit opioid use, opioid use disorder, opioid injection**
- **Cocaine and amphetamine use and use disorder**
- **Earlier age of initiation of substances**

Source: Felitti, Vincent J., et al. *American journal of preventive medicine* 14.4 (1998): 245-258.

SAMHSA
Substance Abuse and Mental Health Services Administration

ACEs and Poor Mental Health



Source: Anderson et al., MMWR, 2022

SAMHSA
Substance Abuse and Mental Health Services Administration

A Comprehensive Approach to Prevention

- Data-driven and nimble incorporating the changing substance landscape
- Centered in the voices and experiences of community(ies) being served
- Addresses Spectrum of Risk & Protective Factors
  - Individual
  - Relationship
  - Community
  - Societal

PREVENTION…

- ***Supports parents, caregivers, & strengthens families***
- ***Increases exposure to positive role models & youth empowerment opportunities***
- ***Supports healthy social & emotional development***
- ***Strengthens problem solving, conflict, & relationship skills***
- ***Expands evidence-based programs & policies across settings***
- ***Prevents & addresses Adverse Childhood Experiences & trauma***
- ***Addresses structural & social determinants of health***
- ***Improves the safety, stability, & livability of community environments***

SAMHSA
Substance Abuse and Mental Health Services Administration

There is a Need to Promote a Robust Workforce

- Based on a recent HRSA/SAMHSA workforce projections report, there will be a shortage of over 31,000 FTEs in the following workforce professions by 2025:
  - Psychiatrists
  - Psychologists
  - Social workers working in behavioral health
  - Addiction counselors

- There is also a need for peer providers in a wide variety of integrated and specialty care settings.

- New challenges evidenced by the COVID-19 pandemic have exposed and exacerbated existing concerns regarding behavioral health workforce supply and distribution.

Source: National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025 (hrsa.gov)

HHS Health Workforce Strategic Plan Goals and Objectives

GOAL 1
Expand the Health Workforce To Meet Evolving Community Needs

- 1.1 Offer financial support and other incentives to expand health workforce and training opportunities
- **1.2 Increase diversity, inclusion, and representation in the health professions**
- **1.3 Invest broadly in health occupation education and training**
- 1.4 Use evidence-based and innovative techniques to retain the existing workforce

GOAL 2
Improve the Distribution of the Health Workforce to Reduce Shortages

- **2.1 Improve the geographic distribution of health care workers**
- **2.2 Ensure distribution of health professionals in high demand**

GOAL 3
Enhance Health Care Quality through Professional Development, Collaboration, and Evidence-Informed Practice

- **3.1 Provide health professional development opportunities**
- **3.2 Encourage integrated, collaborative health care**
- **3.3 Strengthen workforce skills for the future of health care**
- **3.4 Promote evidence-based health care practice**

GOAL 4
Develop and Apply Data and Evidence To Strengthen the Health Workforce

- **4.1 Use data to monitor and forecast health workforce needs**
- 4.2 Advance health workforce knowledge through research and evaluation

SAMHSA
Substance Abuse and Mental Health Services Administration

SAMHSA Builds/Strengthens BH Workforce in 3 Ways

- Funding for pipeline programs and programmatic grants
- Training and Technical Assistance
- Leadership and Partnerships

Pipeline Programs - Examples

- Minority Fellowship Program
- Prevention Fellowship Program
- Historically Black Colleges & Universities Center of Excellence in Behavioral Health
- New AANHPI, Hispanic/Latino, and AI/AN Center of Excellence grants include requirement to develop a workforce recruitment and training plan.

SAMHSA
Substance Abuse and Mental Health Services Administration

Programmatic Grants - Examples

- SUPTRS & MH Block Grant
- Discretionary grant programs
  - SOR/TOR
  - SPF-PFS
  - CCBHC
  - FR CARA, PDO, ODTA
  - BCOR
  - 988 Local Capacity Building Grant
  - Treatment, Recovery, and Workforce Support Grant

SAMHSA
Substance Abuse and Mental Health Services Administration

Training and Technical Assistance

SAMHSA currently funds over 40 Training & TA initiatives that offer professional skill development & implementation support to BH field

PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

SAMHSA Tribal Training and Technical Assistance Center

PCSS Providers Clinical Support System

National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC)

SMIAdviser®
A Clinical Support System for Serious Mental Illness

Centers of Excellence

The purpose of these CoEs is to develop and disseminate training and technical assistance for healthcare practitioners on issues related to addressing behavioral health disparities. The centers will implement training and technical assistance for practitioners to address the disparities in behavioral healthcare in three key populations:

African American Behavioral Health
CENTER OF EXCELLENCE

http://africanamericanbehavioralhealth.org/

E4CENTER
Center of Excellence for
Behavioral Health Disparities in Aging

http://e4center.org/

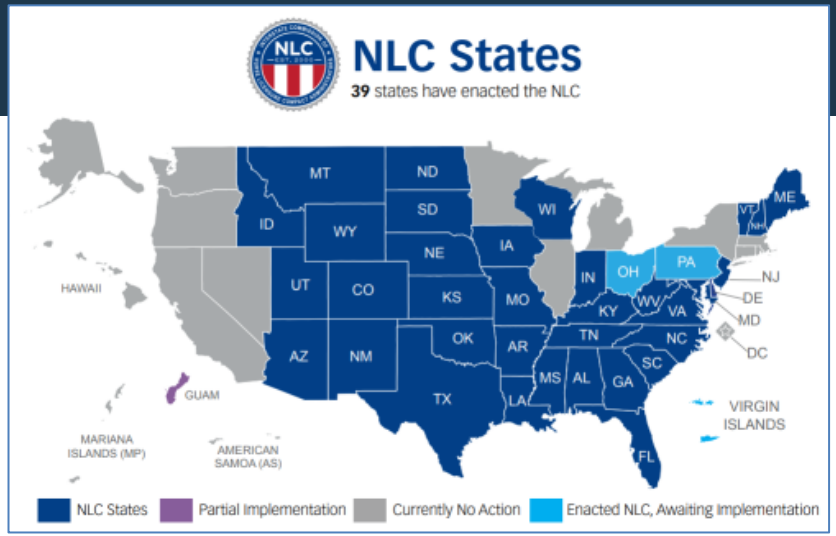
CENTER of EXCELLENCE
LGBTQ+ BEHAVIORAL HEALTH EQUITY

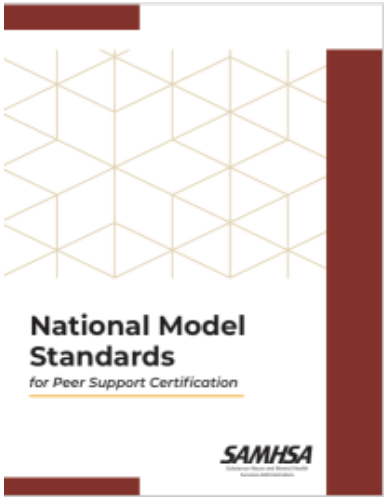
http://www.lgbtqequity.org/

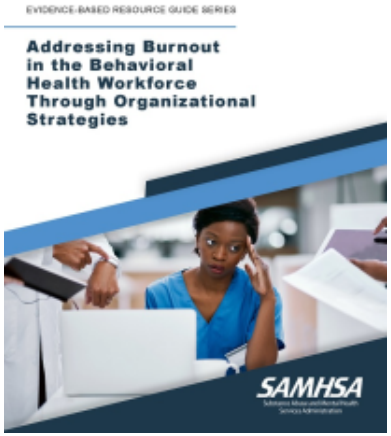
SAMHSA
Substance Abuse and Mental Health
Services Administration

Leadership and Partnerships

- Behavioral Health Workforce Careers Webpage
- Standards and Resources
- Technical Expert Panels and Reports
- Partnership with other Departments and Agencies
- Partnerships with State and Local Partners (e.g., interstate compacts)
- Regulations (e.g., Part 8, MAT/MATE)
- NASADAD prevention workforce assessment







Take Home Points

- Co-occurring disorders are common, exacerbated by social determinants of health and environmental stressors, yet significant treatment gaps exist.
- Integrated care is an evidence-based approach to addressing this treatment gap.
- SAMHSA provides resources for service delivery systems and programs with the goal of supporting and advancing integrated care and a whole person treatment approach.
- With a highly dangerous drug supply and a treatment gap, SAMHSA promotes critical, life-saving harm reduction and prevention actions
- SAMHSA resources also support a trained workforce to deliver behavioral health services

Thank You!

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.

Grant Opportunities
www.samhsa.gov/grants
www.grants.gov/web/grants

988 Suicide and Crisis Lifeline Toolkit
www.samhsa.gov/find-help/988/partner-toolkit


/samhsa


@samhsagov
@samhsa_leader


/samhsa