The View from SAMHSA: Current & Future Trends in Behavioral Healthcare

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U.S. Department of Health and Human Services

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“Embracing the Future”
Portland, Oregon
June 14, 2019
Presentation Outline

• The Big Picture: NSDUH 2017 Mental & Substance Use Disorders
• Opioid Epidemic Update: data and trends
• Emerging Substance Trends: Cannabis, Kratom, E-cigarettes
• Addressing SMI and SED
• The Policy Lab
• Expanded Training and Technical Assistance
• Substance Abuse & Mental Health Data Archive (SAMHDA)
Among those with a substance use disorder about:
- 3 IN 8 (36.4%) struggled with illicit drugs
- 3 IN 4 (75.2%) struggled with alcohol use
- 1 IN 9 (11.5%) struggled with illicit drugs and alcohol

7.6% (18.7 MILLION) People aged 18 or older had a substance use disorder

3.4% (8.5 MILLION) 18+ had both substance use disorder and a mental illness

Among those with a mental illness about:
- 1 IN 4 (24.0%) had a serious mental illness

18.9% (46.6 MILLION) People aged 18 or older had a mental illness

56.8 million adults are affected either by a mental disorder or substance use disorder.

See figures 40, 41, and 54 in the 2017 NSDUH Report for additional information.
THE OPIOIDS CRISIS

Status and Strategy
The opioid epidemic has devastated the United States, claiming 47,600 lives in 2017. (CDC, 2018).
Opioids Crisis

- 11.4 million Americans misusing opioids in 2017

- 2.1 million Americans with Opioid Use Disorder (OUD) (no change from 2016)

- 55% got treatment for heroin use disorder, 21% got treatment for prescription pain reliever use disorder

- Over 70,000 drug overdose deaths in 2017, 47,600 opioids-related deaths and 28,466 involved fentanyl

- There is still much work to be done.....
**Opioids Grip: Millions Continue to Misuse Prescription Pain Relievers**

See figures 20 and 24 in the 2017 NSDUH Report for additional information.

**11.4 MILLION PEOPLE WITH OPIOID MISUSE (4.2% OF TOTAL POPULATION)**

- **11.1 MILLION** Rx Pain Reliever Misusers (97.2% of opioid misusers)
- **6.3 MILLION** + Rx Hydrocodone
- **3.7 MILLION** Rx Oxycodone
- **245,000** Rx Fentanyl
- **886,000** Heroin Users (7.8% of opioid misusers)
- **562,000** Rx Pain Reliever Misusers & Heroin Users (4.9% of opioid misusers)

Significant decrease from 12.7 M misusers in 2015

Hydrocodone misuse down from 6.9M in 2016

Note: Opioid misuse is defined as heroin use or prescription pain reliever misuse.
Note: The percentages do not add to 100 percent due to rounding.

+ Difference between this estimate and the 2016 estimate is statistically significant at the .05 level.
Difference between this estimate and the 2017 estimate is statistically significant at the 0.05 level.

See tables 7.2, 7.28, and 7.34 in the 2017 NSDUH detailed tables for additional information.
Heroin Use Climbed, Stabilized-Still with Disproportionate Deaths

Heroin Use - Past Year

See table 7.2 in the 2017 NSDUH detailed tables for additional information and the 2017 CDC Mortality Data.
Synthetic opioid deaths closely linked to illicit fentanyl supply

Known or suspected exposure to fentanyl in past year (n = 121)

<table>
<thead>
<tr>
<th>Behavior or experience</th>
<th>APR</th>
<th>95% CI</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular heroin use</td>
<td>4.07</td>
<td>1.24–13.3</td>
<td>0.020</td>
</tr>
</tbody>
</table>

Source: Carroll et al, Int. J. Drug Policy, 2017 and CDC Epi-Aid 2015-2016 OH and MA
Nonmedical use of Prescription Opioids Significant Risk Factor for Heroin Use

3 out of 4 people who used heroin in the past year misused prescription opioids first.

7 out of 10 people who used heroin in the past year also misused prescription opioids in the past year.

2017: 2.1 million with opioid use disorder

STR grants to states: 500 million/yr through Cures FY 17 and 18; **FY 19 SOR: 1.5B**
- Public outreach: prevention/education/treatment/recovery services
- STR/SOR TA/T Program
- PCSSMAT, PCSS Universities
- Block grants to states **FY 19: $1.86B (3.36B total for prevention/treatment/recovery services in American communities)**
- Naloxone access/First Responders/Peers: **FY 19: $49M**
- MAT-PDOA: **FY 19: $89M**
- Pregnant/post partum women/NAS: **FY 19: $29.9M**
- CJ programs with MAT; **FY 19: $89M Drug Courts: Adult, Juvenile, Family, Offender Re-entry**
- Recovery Coaches training and placement in communities/EDs
- Rural Efforts: Recovery Housing, Telehealth regulations (DEA)
- HIPAA/42 CFR: Family inclusion in medical emergencies: overdose
- National Privacy TTC
- Reinstatement of Drug Abuse Warning Network (DAWN) **$10M**
- Pain management: Support dissemination of CDC clinical practice guidelines, PCSS MAT training, co-occurring disorders: mental disorders, suicidality
- Practitioner training programs: ATTCs, MHTTCs, Prevention TTCs
- Outcomes: Engagement/Retention in treatment; reduced ED use, reduced hospitalizations, reduced CJ interactions

**Strategic Plan Priority: Combatting the Opioids Crisis**
SUPPORT Act expansion

Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act

• Affords practitioners greater flexibility in the provision of medication-assisted treatment (MAT)
• Extends the privilege of prescribing buprenorphine in office-based settings to Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives (CNSs, CRNSs, and CNMs)* until October 1, 2023.

Importance of providing administrative support and linkage with specialty providers – working with nursing associations.
Places local teams of experts in each state

Focus on prevention, treatment, and recovery

Designed to meet tailored need in communities

Accessible to all in community

www.getstrta.org
Signs of Progress: Receipt of MAT from treatment
Increasing number of patients receiving buprenorphine and prescriptions for injectable naltrexone from pharmacies

Source: IQVIA National Prescription Audit and Total Patient Tracker, Data Extracted May 2018
Signs of Progress: Dramatic increases in naloxone dispensing from U.S. pharmacies

Source: IQVIA National Prescription Audit, data extracted 2016-2018
2017:

• Prescription opioid misuse modestly declined extending trend over past decade
• Fewer new users of heroin
• Significant increases in numbers of individuals with OUD getting specialty treatment
• Plateauing of overdose deaths involving commonly prescribed opioids, but still with overall increases in opioid-associated overdose deaths mainly due to illicit synthetic opioids
Total: $205.5M (decrease of 42.8M*)

*Decrease is due to movement of naloxone programs to the Substance Abuse Treatment appropriation by Congress.

Highlights:

Strategic Prevention Framework: $119.5M
  • Includes $10M for SPF for Prescription Drugs

Minority AIDS: $41.2M

Tribal Behavioral Health Grants: $20M (increase of $5M)
Strategic Plan: Advancing Prevention, Treatment and Recovery Support Services

- Reducing tobacco use: Policy Academies, TTC TA/T efforts
- Public education:
  - Marijuana
  - Pregnant and Parenting Women
  - Kratom
  - Transitional age youth
  - Stimulants
  - Suicide
  - Co-occurring disorders
Substances of Increasing Importance: Marijuana, Kratom and E-cigarettes (Nicotine)

- **Marijuana/cannabis:**
  - Increasing prevalence of use
  - Increasing understanding of risks associated with use
  - Public lack of information on these risks

- **Opioids Issues:**
  - Fentanyl-Contaminated Cocaine

- **Kratom**
  - Botanical that at low doses produce stimulation and at higher doses produce opioid effects
  - Potential for physical dependence and opioid-type effects/toxicities
  - Marketed in Western countries and increasing use/toxicities being reported

- **E-cigarettes**
  - Vaping: heating and aerosolizing nicotine for inhalation
  - Nicotine is addictive and has adverse health effects
  - In 2017 e-cigs were the most commonly used nicotine product among high (11.7%; 1.73 million) and middle (3.3%; 0.39 million) school students.
Marijuana: The Issue

• Marijuana is rapidly becoming more widely available in the U.S.
  • 33 states: allow medical marijuana with reduced penalties for possession; 9 states plus DC have legalized recreational use
  • Huge and profitable industry that markets heavily with health claims that have little to no basis and which have had virtually no counter arguments put forward until the present time
  • Numerous forms: smoked, edibles, oil for vaping, lotions, transdermal patches
Marijuana: The Issue

• Increasing potency of marijuana:
  • THC content: 3.8% (1990s) increased to 12.2% (2014)
  • Average MJ extract has THC levels at > 50%
  • THC: component responsible for euphoria/intoxication
  • Can also produce anxiety, agitation, paranoia, and psychosis
  • Responsible for addiction liability with estimates that 10-20% of users will develop a use disorder (Volkow ND et al. 2016)

• Declining CBD content in currently available MJ
  • Not thought to be addictive
  • May reduce psychosis
  • Medical value: FDA approved for certain seizure disorders (Ehsoly MA et al. 2016)
Risks and Adverse Outcomes

- Downplayed by industry; ignored by states
  - Low birth weight
  - Pulmonary symptoms
  - MVAs
  - Cognitive impairment
  - Poor performance in school and at work
  - Addiction
Illicit Drug Use Impacts Millions: Marijuana Most Widely Used Drug

- **Marijuana**: 15.0% (40.9 MILLION)
- **Psychotherapeutic Drugs**: 6.6% (18.1 MILLION)
  - Prescription opioids, sedatives, tranquilizers, stimulants
- **Cocaine**: 2.2% (5.9 MILLION)
- **Hallucinogens**: 1.9% (5.1 MILLION)
- **Inhalants**: 0.6% (1.8 MILLION)
- **Methamphetamines**: 0.6% (1.6 MILLION)
- **Heroin**: 0.3% (886,000)
### Young Adult Perceptions of Great Risk of Harm From Substance Use

#### PAST YEAR, 2015 - 2017, 18-25

<table>
<thead>
<tr>
<th>Activity</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Marijuana Once or Twice a Week</td>
<td>19.1</td>
<td>17.2</td>
<td>15.4</td>
</tr>
<tr>
<td>Using Cocaine Once or Twice a Week</td>
<td>84.4</td>
<td>83.6</td>
<td>83.3</td>
</tr>
<tr>
<td>Using Heroine Once or Twice a Week</td>
<td>94.0</td>
<td>93.5</td>
<td>93.9</td>
</tr>
<tr>
<td>Having 5+ Drinks of Alcohol Once or Twice a Week</td>
<td>12.7</td>
<td>12.8</td>
<td>12.9</td>
</tr>
<tr>
<td>Smoking Packs of Cigarettes per Day</td>
<td>23.6</td>
<td>23.6</td>
<td>22.7</td>
</tr>
</tbody>
</table>

See table 3.1 in the 2016 and 2017 NSDUH detailed tables for additional information.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.
Marijuana Use Is Increasing in the U.S.

- Since 2007, past year marijuana use has increased 37%.
- Frequent marijuana use (using ≥ 200 days in the past year) increased 37% since 2002.
- Nearly 1 in 3 people using marijuana in 2016 reported using ≥ 200 days in the past year.
"Approximately 1 in 10 people who use marijuana will become addicted. When they start before age 18, the rate of addiction rises to 1 in 6."

(MTF)
Cocaine laced with fentanyl:
7% of cocaine seized in New England in 2017 was contaminated with fentanyl
Connecticut: deaths involving fentanyl-laced cocaine up 420% in last 3 years
Reported increases in deaths in NYC, PA, MA, NJ, OH, CA

Why?
Poor quality control in packaging?
High Risk Groups:
Primary cocaine users
Opioid users may use cocaine to counteract sedation/intensify effect of opioid
• Underscores the need to warn the public and provide treatment for cocaine use disorders
• Epidemic is not just about opioid addiction
Cocaine users lack opioid tolerance: fentanyl overdose/death more likely
• Naloxone
• Discourage use alone

Methamphetamine Use by State

Differences in colors across states does not indicate significant differences in estimates.
Stimulant Misuse and Addiction

• Over the past eight years, there has been a nearly tenfold increase in the amount of methamphetamine seized by US Customs and Border Protection, from 8,900 pounds in 2010 to nearly 82,000 pounds in 2018.
• Figures are for fiscal years. 2018 data is from October 1, 2017 through August 31, 2018.
• Source: US Customs and Border Protection
• Overdose deaths involving cocaine and psychostimulants continue to increase. During 2015–2016, age-adjusted cocaine-involved and psychostimulant-involved death rates increased by 52.4% and 33.3%, respectively
• Continued increases in stimulant-involved deaths require expanded surveillance and comprehensive, evidence-based public health and public safety interventions.

SAMHSA exploring the expansion of contingency management approaches.
Kratom

• Kratom is a tropical tree (*Mitragyna speciose*) native to Southeast Asia, used traditionally to combat fatigue and improve work productivity among farm populations in Southeast Asia

• Has recently become popular as a novel psychoactive substance in Western countries (*Cinosi et al, 2015*).

• FDA is concerned that kratom, which affects the same opioid brain receptors as morphine, appears to have properties that expose users to the risks of addiction, abuse, and dependence

• Currently, there are no FDA-approved uses for kratom, and the agency has received concerning reports about its safety
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The effects of kratom in humans are dose-dependent:

• Small doses produce stimulatory effects resembling the stimulant effect of drugs such as cocaine or amphetamines.

• Larger dosages associated with sedative-narcotic, pain reducing effects that resemble drugs such as opiates.

• Regular kratom use is associated with addictive disorders, as evidenced by craving and compulsive use. Opioid withdrawal symptoms upon cessation.

Kratom Concerns

- Kratom has gained popularity for its euphoric effects and is being popularized as a safe herbal product capable of giving a “legal” high (Swogger et al., 2015), and as an alternative to other sedative and stimulant type drugs (Warner et al., 2016).

- Reports of physical dependence on kratom in Western nations emerge from case reports from the UK (Boyer et al., 2008, McWhirter and Morris, 2010), Germany (Kapp et al., 2011) and the US (Dorman et al., 2014, Nelsen et al., 2010, Forrester, 2013, Sheleg and Collins, 2011).

- It can be surmised that given the large and growing number of internet purchase sites for kratom (cited in Cinosi et al., 2015), addiction to kratom is also likely to be growing in the Western countries.

- No treatment specific for kratom addiction available

- One case of NAS in an infant whose mother was a kratom user and who responded to opioid treatment.
International Status of Kratom

Kratom is restricted or illegal in:

- Australia
- Lithuania
- Romania
- Denmark
- Myanmar
- South Korea
- Finland
- Malaysia
- Sweden
- Israel
- Poland
- Thailand
- United Kingdom

Scheduling under consideration in U.S.
On November 14, 2017, the FDA issued a public health advisory related to mounting concerns regarding the risks associated with kratom and reported deaths with use.
Conclusions

• Kratom is a recognized emerging public health threat (MMWR. July 29, 2016;65(29):748Y749)
• People need to understand that “legal” and “available” are not the same as “safe.”
• In the West, kratom has been valued for its analgesic effects and to aid in managing opioid withdrawal. However, some of these individual attempts have resulted in cases of toxicity and fatalities.
• Physicians should be aware of these herbal supplements and potential toxicity or withdrawal effects in patients including in newborns which cannot be picked up by the standard toxicology screen (Davidson et al, 2018).
• Preventionists should be aware of this drug and work with their communities raising awareness, providing education about effects and risks.
SAMHSA Actions in coming year

- **Marijuana:**
  - Continue NSDUH and DAWN data collection related to marijuana
  - Provide education/training materials oriented to providers and to the public related to marijuana risks
  - Specific materials aimed at special populations e.g.: pregnant women, youth
  - Assist in identification of hazardous use and use disorders with SBIRT
  - Fund prevention, treatment and recovery services in states/communities

- **Kratom**
  - Education for healthcare providers and the public on kratom properties/adverse effects
  - PSAs

- **E-cigarettes/vaping**
  - Add NSDUH questions to better understand epidemiology
  - Education for healthcare professionals and public, PSAs
  - *Continue to speak out on known risks and accumulating evidence for adverse effects of marijuana, kratom, and e-cigarettes/nicotine*
Issues in Mental Health:
Mental Health and Wellness
Serious Mental Illness
Strategic Plan: Addressing SMI and SED

- CSS-SMI: training on EBP, psychotropic use, management of risk of metabolic syndrome, Assisted Outpatient Treatment
- Policy Lab EBP website established
- Mental Health TTCs established and supplemented to address TA/T assistance for children’s issues: school-based positive environment programs, identification of mental health issues in children/adolescents and assisting affected youth/families, integrated care in schools
- Total: 1.56 B $71M
- Mental Health Block grant: 722.5 M
- CCBHCs/integrated care: 150M $50M to organizations in the 24 states with planning grants
- Work with CJ system
- Transitional age youth: Family Tree (CSAT), Healthy Transitions, CMHI
- Suicide: Zero suicide/youth programs, AI/AN Programs, for Lifelines of 5M
- Increased funding for MHFA and Crisis Intervention Training (AWARE: 71M) $6M
- NCTSI: 63.9M $10M
ISMICC stands for the Interdepartmental Serious Mental Illness Coordinating Committee.

The ISMICC:

- Is mandated in the 21st Century Cures Act
- Is established by the Secretary of Health and Human Services
- Chaired by The Assistant Secretary for Mental Health and Substance Use and managed and supported by SAMHSA
- Is governed by the Federal Advisory Committee Act
- Has 10 Federal members and 14 non-federal members
14 non-federal members, including
- 2 consumers
- 1 family
- 1 Research or advocacy
- 2 providers
- 1 child provider
- 1 provider to minority
- 1 provider to underserved
- 1 Justice
- 1 Homeless provider
- 1 Peer

10 Federal members on the ISMICC:
- The Secretary of the Department of Health and Human Services;
- The Assistant Secretary for Mental Health and Substance Use;
- The Attorney General;
- The Secretary of the Department of Veterans Affairs;
- The Secretary of the Department of Defense;
- The Secretary of the Department of Housing and Urban Development;
- The Secretary of the Department of Education;
- The Secretary of the Department of Labor;
- The Administrator of the Centers for Medicare and Medicaid Services; and
- The Commissioner of the Social Security Administration
**Suicide in the United States**

47,173 U.S. deaths by suicide in 2017

- 10th leading cause of death in the U.S.
- 2nd leading cause of death for ages 15-24yrs
- Firearm (50.6%), hanging (27.7%)

19,362 U.S. deaths from homicide in 2016

- Homicide is the 16th leading cause of death

*(American Association of Suicidology, 2017)*
<table>
<thead>
<tr>
<th>Rank</th>
<th>State [Division / Region]</th>
<th>Deaths</th>
<th>Rate</th>
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<tbody>
<tr>
<td>1</td>
<td>Montana [M / West]</td>
<td>311</td>
<td>29.6</td>
</tr>
<tr>
<td>2</td>
<td>Wyoming [M / West]</td>
<td>157</td>
<td>27.1</td>
</tr>
<tr>
<td>3</td>
<td>Alaska [P / West]</td>
<td>200</td>
<td>27.0</td>
</tr>
<tr>
<td>5</td>
<td>Idaho [M / West]</td>
<td>392</td>
<td>22.8</td>
</tr>
<tr>
<td>14</td>
<td>Oregon [P / West]</td>
<td>825</td>
<td>19.9</td>
</tr>
<tr>
<td>21</td>
<td>Washington [P / West]</td>
<td>1,297</td>
<td>17.5</td>
</tr>
<tr>
<td></td>
<td>Nation</td>
<td>47,173</td>
<td>14.5</td>
</tr>
</tbody>
</table>

Source: Obtained 07 December 2017 from CDC/NCHS’s WONDER (to appear in Deaths: Final Data for 2017, forthcoming)

http://www.cdc.gov/nchs/products/nvsr.htm Note: All rates are per 100,000 population
Five Major Suicide Prevention Components

National Suicide Prevention Lifeline

Garrett Lee Smith State and Tribal Suicide Prevention Grant Program

Garrett Lee Smith Prevention Campus Grant Program

Suicide Prevention Resource Center

Native Aspirations
Suicide Prevention Resource Center

The Nation’s first & only federally funded suicide prevention resource center

- ADVANCES THE GOALS AND OBJECTIVES OF THE NATIONAL STRATEGY FOR SUICIDE PREVENTION
- ACTS AS EXECUTIVE SECRETARIAT FOR THE NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION
- TECHNICAL ASSISTANCE FOR STATES, TRIBES, COMMUNITIES, AND GARRETT LEE SMITH GRANTEES
- BEST PRACTICES REGISTRY FOR SUICIDE PREVENTION
- PRIMARY CARE TOOLKIT
- TRAINING INSTITUTE
- PARTNERS WITH AMERICAN ASSOCIATION OF SUICIDOLOGY, AMERICAN FOUNDATION FOR SUICIDE PREVENTION, SOCIAL SCIENCE RESEARCH AND EVALUATION, INC.

- www.sprc.org
Recent focus: Zero Suicide Initiative

“We want to make healthcare Suicide Safe”
SAMHSA-HRSA Center for Integrated Health Solutions

ABOUT CIHS

SAMHSA-HRSA Center for Integrated Health Solutions

CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings.

• LEARN MORE

TOP RESOURCES

Primary Care for Substance Use Professionals 5-hour Online Course

• Get more information and register!

CALENDAR OF EVENTS

JUN 15
Learn About Medication-Assisted Treatment for Substance Use Disorders
JUNE 15–16, 2013

JUN 25
A Review of SAMHSA Strategic Initiative #8, Public Awareness and Support, as it Applies to the Treatment of Alcohol Use Disorders
JUNE 25, 2013

INTEGRATION GRANTEES SHARE THEIR SUCCESSES

JUN 3, 2013
Integration Grantees Share their Successes

JUN 3, 2013
Presidential Proclamation -- National Mental Health Awareness Month, 2013

The President of the United States has
Since 2010 CIHS has served as a national training and technical assistance center on the bi-directional integration of primary and behavioral health care.

CIHS is jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and Health Resources and Services Administration (HRSA).

CIHS is run by the National Council for Behavioral Health.
Services Available from CIHS

Tools:
- Web-based Resources (http://www.integration.samhsa.gov)
- Issue Briefs and Factsheets
- Monthly eSolutions Newsletter

Group Learning Experiences:
- Regional and Online Learning Communities
- Trainings and Presentations
- National Webinars

Individual Technical Assistance:
- Phone and video consultations, e-mail, site visits
For More Information & Resources

• Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) or e-mail [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)
Establishment of Policy Lab: Major papers: buprenorphine survey, Links to other substance use by youth with a history of MJ use, FEP analysis, establishment of EBP registry
Updating of SPARS questions: diagnosis, 3 outcomes questions, questions on MAT
DAWN re-establishment
Prevalence pilot study
NSDUH: addition of kratom, MAT use
NSSATS: MAT addition
Strategic Plan: Strengthening Healthcare Practitioner Training and Education

- TTCs: MH with supplements for children’s issues, SU Prevention, ATTCs, CSS-SMI, Privacy TTC, Eating Disorders TTC
- PCSS Universities
- State Targeted Response to Opioids specifically for states to address their OUD issues
- Promote Project ECHO type training programs, Centers of Excellence offering practical experience,
- Greater use of peers in healthcare settings and in communities/use as bridges between medical facilities and community supports
- High quality Products (TIP 63, Pregnant/Post Partum Women with OUD Factsheets, Healthy Pregnancy/Healthy Baby for women and their families)
- Residency training slots
- Loan Repayment: NHSC
Evidence-Based Practice Repository in NMHSUPL

National Technical Assistance/Training Centers:
State Targeted Response to Opioids, Providers’ Clinical Support System for Medication Assisted Treatment, Clinical Support System for Serious Mental Illness, National Child Traumatic Stress Network, National Center on Substance Abuse and Child Welfare, Center for Integrated Health Services, Veterans, GAINS (Criminal Justice), Disaster, Social Inclusion/Public Education, SOAR

Combined Efforts at the State, Regional, and Local Levels Oriented to All Health Professionals

Regional Prevention, Addiction, Serious Mental Illness, Collaborating Technology Transfer Centers

Region 1
Region 2
Region 3
Region 4
Region 5
Region 6
Region 7
Region 8
Region 9
Region 10

- National Hispanic/Latino ATTC
- National American Indian/Alaska Native ATTC
- International HIV ATTC (PEPFAR) (SE Asia, Vietnam, Ukraine, South Africa)
Evidence-Based Practices Resource Center

www.samhsa.gov/ebp-resource-center

- Repository of EBPs for prevention, treatment and recovery
- Committee review to ensure effectiveness of practice
- Focus on practical implementation tools
- Updated routinely
Technology Transfer Centers - 3 Networks

Addiction Technology Transfer Centers - ATTC
https://attcnetwork.org/

Mental Health Technology Transfer Centers - MHTTC
https://mhttcnetwork.org/

Prevention Technology Transfer Centers - PTTC
https://pttcnetwork.org/
Accessing Training and TA

- Friendly website:
  - ATTC: https://attcnetwork.org/
  - MHTTC: https://mhtcnetwork.org/
  - PTTC: http://pttcnetwork.org/

- Online trainings
- In person trainings
- Access to protocols, training materials, infographics, curriculums, etc.
- Webinars
- Regional and national meetings
- Virtual technical assistance – ECHO Model
- Consultation
“Complimentary” programs

**CSS-SMI**
Clinical Support System for Serious Mental Illness

[https://smiadviser.org/](https://smiadviser.org/)

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**CoE-PHI**
Center of Excellence for Protected Health Information

[https://www.coephi.org/](https://www.coephi.org/)

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**CoE-ED**
Center of Excellence for Eating Disorders

[https://www.nceedus.org/](https://www.nceedus.org/)
Did You Know?

SAMHDA provides public use data to support a better understanding of substance abuse and mental health. See how.

Learn more about our data

Program Evaluations

NSDUH | National Survey on Drug Use and Health

TEDS | Treatment Episode Data Set

N-MHSS | National Mental Health Services Survey

N-SSATS | National Survey of Substance Abuse Treatment Services
• Data Visualization
  • Interactive NSDUH State & Sub-state Estimates
  • Create and download US Maps and trend graphs
• NSDUH data
  • Measures of substance use and mental illness based on combined 2 year files
• State estimates
  • Outcome, Age Group, Geography

Example below shows 2016-2017, Adults aged 18 or older, percentage of population by state that had serious thoughts of suicide in the past year
• Substate estimates
  • Outcome, Geography

Example below shows 2014-2016, Adults aged 18 or older, percentage of population by state that had serious thoughts of suicide in the past year
Thank You!

Contact Information:
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david.dickinson@samhsa.hhs.gov
206-615-3893