

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



PACERBOARD 2017 CONFERENCE

May 2, 2017 Lancaster, PA

Opportunities and Initiatives for Behavioral Health Professionals Working in the Substance Use Field

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Division of Regional and National Policy



This session is designed to help you to better understand:

- 1. SAMHSA as a division of HHS and the SAMHSA RA role**
- 2. Recent federal legislation and grants**
 - CARA: Comprehensive Addiction & Recovery Act**
 - CURES: 21st Century Cures Act**
 - Funding: 2017 Appropriations Update**
 - Opioid STR: State Targeted Response to Opioid Crisis**
- 3. SAMHSA's Behavioral Health Workforce Strategic Initiative**
- 4. Region 3 Initiatives on workforce and opioids**
- 5. Resources for behavioral health professionals**

How this 60 minutes is organized:



- 8:05 SAMHSA as a division of HHS and the SAMHSA RA role**
- 8:10 Recent federal legislation and grants**
 - CARA: Comprehensive Addiction & Recovery Act**
 - CURES: 21st Century Cures Act**
 - Funding: 2017 Appropriations Update**
 - Opioid STR: State Targeted Response to Opioids**
- 8:25 SAMHSA's Workforce Development Strategic Initiative**
- 8:30 Region 3 Initiatives on workforce and opioids**
- 8:45 Resources**
- 8:50 Audience questions, ideas, comments**

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5. Resources

Federal Region III:

PA, Delaware, Maryland, DC, Virginia, West Virginia



Philadelphia

City of Brotherly Love

HHS Region III on Independence Mall



Liberty Bell

Public Ledger Building
SAMHSA Office
11th Floor

5/4/2017

SAMHSA Regional Administrators (SAMHSA.GOV)

- 10 Regional Administrators
- Federal Regional Offices
 - *Boston, NYC, Philly, Atlanta, Chicago*
 - *Dallas, Kansas City, Denver, San Fran, Seattle*

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SAMHSA
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Roles of SAMHSA's Regional Administrators

Represent SAMHSA & Connect Public with Stakeholders

- Voice of SAMHSA Administrator in the regions and states.
- Educate and engage the public and key stakeholders in SAMHSA's vision, mission, Strategic Initiatives, vital few, theory of change and priorities.
- Connect the public and key stakeholders to people and resources.
- Coordinate with and support the functions of the SAMHSA POs related to grants, contracts and cooperative agreements.

Promote Initiatives & Engage Target Populations

- Contribute to the development and support of HHS/SAMHSA initiatives and activities that advance behavioral health.
- Lead strategic discussion within communities, states and regions promoting behavioral health and advancing prevention, diagnosis, treatment of and recovery from mental and substance use disorders.

Collaborate to Support HHS Region

- Lead cross-agency initiatives within the region and incorporate the support and collaboration of key HHS OPDIVs and other federal partners to advance behavioral health.
- Support HHS regional initiatives championed by Regional Directors, Regional Health Administrators, and/or regional OPDIV counterparts
- Identify opportunities to increase collaboration among HHS colleagues to assure behavioral health is a priority.

Support Stakeholders

- Provide regional behavioral health leadership that supports stakeholder action, program development, policy innovation, and system transformation.
- Leverage national and regional resources and technical assistance in collaboration with headquarters.
- Assist stakeholders in expanding relationships and obtaining the information and resources they need.

Conduct & Report Regional Environmental Scan

- Prepare periodic reports to communicate important regional/state trends, issues, and policy changes that affect SAMHSA's programs, grantees, and stakeholders.
- Communicate performance success, challenges, and opportunities for improvement.

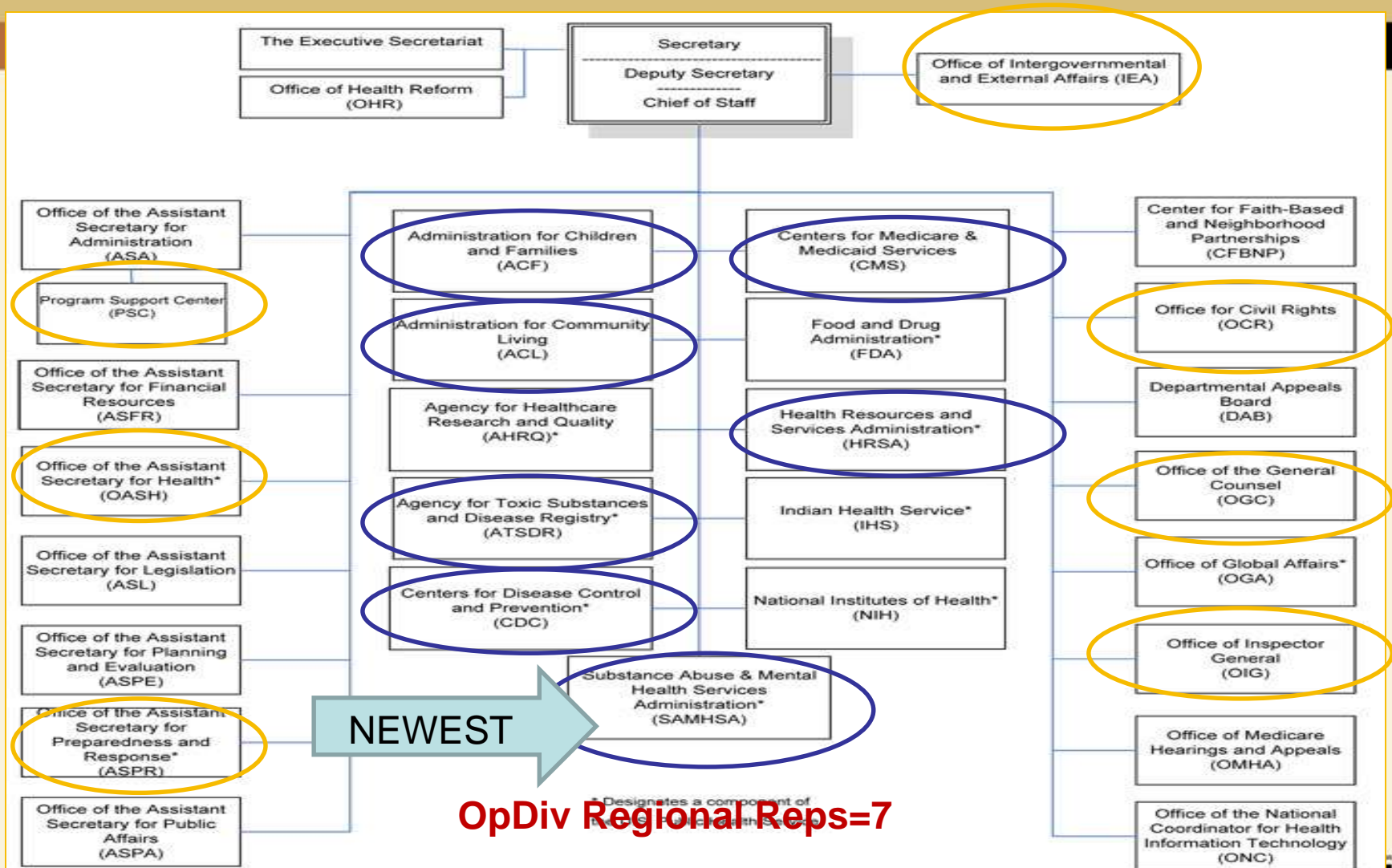
SAMHSA LEADERSHIP TEAM ROLE

- Participate in development + implementation of SAMHSA strategic vision, direction and policies nationally.

- Promote engagement across Centers and Offices as members of the leadership team.

HHS OrgChart and Regional Office Representatives

<https://www.hhs.gov/about/agencies/orgchart/index.html>



OpDiv Regional Reps=7

StaffDiv Regional Reps = 7

Intersecting Portfolios – 1 HHS



Each Divisional Strategic Plan links to the overarching HHS Strategic Plan

7 Siloes of Excellence





Office of the
Assistant Secretary for Health



HHS Region III Senior Staff + 1 Foundation

“THE HUDDLE”



HRSA



SAMHSA



CMS

Stakeholder



Scattergood Foundation



Vacant

ACF



ACL



OASH

Washington DC- Rockville-Baltimore



HHS DIVISIONS'
Headquarters

HHS Secretary Thomas E. Price, M.D. Visits the Atlanta Regional Office

Sam Nunn Atlanta Federal Center

April 17, 2017





HHS Secretary Thomas E. Price, M.D. & Region 4 Senior Leaders

Seated (Left): Dwayne Grant, OIG/OEI Regional Inspector General; Carlis Williams, ACF Regional Administrator; Tina McIntosh, Liaison to Veterans Affairs; HHS Secretary Thomas E. Price, M.D.; Natalie Brevard Perry, Acting Regional Director. Seated (Right): Stephanie McCladdie, SAMHSA Regional Administrator; Flora Dennis, PSC Regional Account Manager;. Rear: Dana Petti, OGC Chief Counsel; Constantinos Miskis, ACL Regional Administrator; Dr. Renard Murray, CMS Consortium Administrator; Lisa Mariani, HRSA Regional Administrator; Sharon Ricks, Regional Health Administrator; CAPT Thomas Bowman, ASPR Regional Administrator; Derrick Jackson, OIG/OI Special Agent in Charge.

Secretary Price Visits SAMHSA April 4, 2017



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Comprehensive Addiction & Recovery Act of 2016 (CARA)



Comprehensive Addiction & Recovery Act of 2016 (CARA)

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- ✓ **Signed by President Obama on 7/22/2016**
- ✓ **1st major fed addiction legislation in 40 years**
- ✓ **Addresses the opioid epidemic through prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal**

CARA Title I: Prevention & Education

- ✓ **Creates an inter-agency task force to develop best practices for pain management & prescribing pain medication**
- ✓ **Calls for awareness campaigns on opioid use disorders, emphasizing the similarities between prescription opioids and heroin**
- ✓ **Authorizes grants to implement community-wide strategies to address local drug crises**
- ✓ **Requires the HHS Secretary to issue a report on available resources regarding youth with sports injuries for which opioids may be prescribed**

CARA Title 1 (continued)

- ✓ **Calls for grants to assist veterans to become civilian health care professionals**
- ✓ **Requires that applications for new opioid drugs be referred to an FDA advisory committee for recommendations prior to FDA approval**
- ✓ **Awards grants to improve access to overdose treatment**
- ✓ **Calls for intensified research on pain, including the development of alternatives to opioids for treatment**
- ✓ **Establishes grants to monitor controlled substances**

CARA Title II: Law Enforcement & Treatment

- ✓ Establishes an opioid abuse grant program to develop treatment alternatives to incarceration
- ✓ Calls for grants to train first responders to administer opioid overdose reversal drugs
- ✓ Authorizes grants to expand or create disposal sites for unwanted prescription medications

CARA Title III: Treatment & Recovery

- ✓ Establishes grants to increase the availability of medication-assisted treatment (MAT) and other clinically appropriate services
- ✓ Authorizes grants to recovery community organizations to enhance recovery services
- ✓ *Outlines certification requirements for practitioners dispensing buprenorphine to add NPs and PAs (Section 303)*

CARA Title IV: Addressing Collateral Consequences

- ✓ Requires the comptroller general to submit a report to Congress describing the collateral consequences for individuals convicted of nonviolent drug-related offenses
- ✓ Defines a collateral consequence as a penalty, disability, or disadvantage imposed upon an individual as a result of a criminal conviction for a drug-related offense

CARA Title V: Addiction & Treatment Services for Women, Families, Veterans

- ✓ **Prioritizes awards for the residential services grant program to rural areas, areas with a health professional shortage, and areas with a shortage of family-based treatment options**
- ✓ **Makes grants available to enhance flexibility in the use of funds for family-based services for pregnant and post-partum women with substance use disorders (SUDs)**
- ✓ **Offers grants to establish or expand veterans treatment court programs, and offers training to help law enforcement respond to incidents involving veterans**

CARA Title V: Addiction & Treatment Services for Women, Families, Veterans (continued)

- ✓ **Requires dissemination of information on best practices relating to the development of plans of safe care for infants affected by substance use or withdrawal symptoms, or a *Fetal Alcohol Spectrum Disorder***
- ✓ **Requires reporting on *Neonatal Abstinence Syndrome***

CARA Title VI: Incentivizing State Initiatives To Address Opioid & Heroin Abuse

Awards grants to states to implement an integrated opioid abuse response initiative, such as:

- ✓ Educational efforts around heroin & opioid use, treatment, & recovery**
- ✓ Drug monitoring programs**
- ✓ Developing opioid treatment programs**

CARA Title VII: Miscellaneous

- ✓ **Includes accountability provisions for all grants awarded within this grant**
- ✓ **Allows partial fills of Schedule II controlled substances**
- ✓ **Includes Good Samaritan Assessment**
- ✓ **Calls for drug management programs for Medicare part D beneficiaries at risk of drug misuse**

CARA Title VII: Miscellaneous (continued)

- ✓ **Excludes abuse-deterrent formulations of prescription drugs from the Medicaid additional rebate requirement for new formulations of prescription drugs**
- ✓ **Limits disclosure of predictive modeling & other analytics technologies to identify waste, fraud, & abuse**
- ✓ **Adds \$5 million to the Medicaid Improvement Fund for fiscal year 2021 and thereafter**

CARA Title VIII: Kingpin Designation Improvement

- ✓ **Amends the foreign Narcotics Kingpin Designation Act by adding that in any judicial review, if the determination was based on classified information, that information may be submitted to the reviewing court ex parte and in camera (exparte is with only one party present and in camera is without the jury or audience present - <http://www.answers.com/Q/>)**

CARA Title IX: Department of Veterans Affairs

- ✓ **Requires expansion of the Opioid Safety Initiative of the Department of Veterans Affairs to include all the department's medical facilities**
- ✓ **Calls for the Department's Pain Working Group to focus on opioid prescribing practices, training health providers in pain management, and treating patients with SUDs**
- ✓ **Submit a report to Congress on the Department's Opioid Safety Initiative**

Department of Veterans Affairs

- ✓ **Eliminates co-payments for opioid antagonists for a veteran at high risk for overdose of a specific medication or substance**
- ✓ **Requires each VA medical facility to host meetings on improving health care**
- ✓ **Establish an office of patient advocacy within the department**



21st Century Cures Act of 2016



What is the 21st Century Cures Act?

- H.R. 34, the 21st Century Cures Act (Cures Act), was enacted on December 13, 2016.
- 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.

CURES ACT: Helping Families in Mental Health Crisis Act Provisions

Re-authorizing and elevating SAMHSA leadership

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➤ **Title 6: Strengthening Leadership and Accountability**

- *Elevates head of SAMHSA to Asst Secretary for MH 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 the new SAMHSA Office of the Chief Medical Officer*
- Lays out overall planning and reporting requirements (Strategic Plan next due 9/30/18 and Biennial Report next due 9/30/20)
- Updates Center/Office authorizations and National Advisory Council Review requirements
- Requires an evaluation plan for dept-wide behavioral health activities
- Requires a Government Accountability Office study on Protection and Advocacy for Individuals With Mental Illness program
- Creates Inter-Departmental SMI Coordinating Committee

CURES: Helping Families in Mental Health Crisis Act Provisions Promoting Evidence-based Practices and Block Grant

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➤ **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 Prgms 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.*
- *Requires HHS to study block grant distribution formula + report results.*

CURES: Helping Families in Mental Health Crisis Act Provisions

Re-authorizing SAMHSA Programs

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➤ 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), Assisted Outpatient Treatment, Sober Truth on Preventing Underage Drinking
 - Significantly changes some grant programs, ie GLS Campus, PBHCI
- Authorizes Lifeline program; Maintains the National Treatment Referral Routing Service (currently Helpline/Treatment Locator).
- Authorizes new adult suicide prevention, Assertive Community Treatment and Crisis Response programs
- Requires info dissemination and technical assistance on evidence-based practices for mental illness and SUD in older adults.

CURES: Helping Families in Mental Health Crisis Act Provisions

Re-authorizing SAMHSA Programs

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➤ **Title 9 - Strengthening the Health Care Workforce**

- Reauthorizes HRSA Mental + Behavioral Health Education Training Grants
- Authorizes a HRSA co-occurring training rural demonstration program
- Specifically authorizes Minority Fellowship Program
- Requires reports on workforce.

➤ **Title 9 - Mental Health on Campus Improvement**

- Reauthorizes GLS Campus, but with significant new uses of fund
- Establishes interagency working group on MH on college campuses
- Convene groups for public-education campaign to focus on Behavioral health on campuses

CURES: Helping Families in Mental Health Crisis Act Provisions

Strengthening Mental and Substance Use Disorder Care for Women, Children, and Adolescents

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- **Title 10: Strengthening Mental and Substance Use Disorder Care for Women, Children, and Adolescents**
- Reauthorizes and updates Child Mental Health Initiative
- Authorizes HRSA grants to promote primary and behavioral health care integration in pediatric primary care
- Reauthorizes and updates grants for SUD treatment and early identification, intervention and services for children and adolescents
- Reauthorizes Nat'l Child Traumatic Stress Initiative
- Establishes new grant program for maternal depression
- Establishes a grant program to develop, maintain, or enhance mental health prevention, intervention, and treatment programs for infants and children at risk for SED, or social or emotional disability

CURES: Helping Families in Mental Health Crisis Act Provisions

HIPAA

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➤ **Title 11: 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.***

CURES: Helping Families in Mental Health Crisis Act Provisions

Medicaid Mental Health Coverage

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➤ Title 12: Medicaid Mental Health Coverage

- **Clarifies that Medicaid does not prohibit separate payment for mental health and primary care services provided 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)**.
- Directs CMS to collect and report on data from states that participated in the Medicaid Emergency Psychiatric Demonstration Project establish 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.

CURES: Helping Families in Mental Health Crisis Act Provisions

Mental Health Parity

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- **Title 13: Mental Health Parity requires that HHS:**
 - HHS, Labor and Treasury create compliance program guidance, including examples of compliance and noncompliance with parity req'ts
 - Convene by July 2017 a public meeting to produce an action plan for improved federal-state coordination re: MHPEA enforcement.
 - Report (via CMS) annually, for five years, on closed federal parity requirements compliance violation investigations.
 - GAO study on the enforcement of existing parity requirements.
 - Eating disorders
 - Identify and increase awareness of model programs.
 - Clarify coverage benefits including residential treatment, under existing parity requirements.

CURES ACT Opioid Grant Provision: State Response to the Opioid Abuse Crisis

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➤ **The Opioid Grant provision:**

- Authorizes HHS Secretary to provide grants to states to supplement opioid abuse prevention and treatment activities.
- Establishes a mandatory Treasury account and deposits \$500 million in it for each of FY17 and FY18.
- Outlines a non-exhaustive list of allowable uses of the opioid grant funds to states.
- Requires states to report the uses for which funds were expended, the activities undertaken, and the ultimate recipients of funding.
- Sunsets the account at the conclusion of FY2026.

Pennsylvania Funding and Proposal (Summary) State Targeted Response to the Opioid Crisis

PA \$26.5 Million* – SAMHSA Manages

Pennsylvania Proposal for use of these funds:

- 1. Increase access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD).**
- 2. Support a comprehensive response to the opioid epidemic using a strategic planning process to conduct needs and capacity assessments.**
- 3. Build upon existing substance use prevention and treatment activities.**

*based on OD death rate and unmet treatment needs

Pennsylvania Funding and Proposal State Targeted Response to the Opioid Crisis

1. Provide clinically-appropriate treatment services to 6,000 individuals who are uninsured or underinsured.
2. Expand treatment capacity for MAT for OUD.
3. Expand treatment capacity for underserved populations by targeted workforce development and cultural competency training.
4. Improve quality of prescribing practices through prescriber education.
5. Increase community awareness of OUD issues and resources through public awareness activities.

Pennsylvania Funding and Proposal (continued)

State Targeted Response to the Opioid Crisis

6. Expand implementation of warm hand-off referral practices to increase the # patients transferred directly from the emergency department (ED) to substance use treatment.
7. Increase # of youth receiving evidence-based prevention and life skills education programs.
8. Improve identification and referral of students for assessment and treatment by providing training to school personnel.
9. Expand Pennsylvania's integration of its Prescription Drug Monitoring Program (PDMP) data at the point-of-care, promoting ease-of-use of this data in clinical decision making.

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Behavioral Health Workforce Projected Growth

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Good News: Projected Growth

- The behavioral health workforce is one of the **fastest-growing workforce** groups in the country.
- Employment projections for 2020, based on U.S. Bureau of Labor Statistics, show a **rise in employment for substance use and mental health counselors** with a 36.3 percent increase from 2010 to 2020, greater than the 11.0 percent projected average for all occupations.
- This projection is based on **increases in insurance coverage** for mental and substance use disorder services brought about by passage of health reform and parity legislation and the rising rate of service members seeking behavioral health services.

Behavioral Health Workforce Shortages

The Challenge: Workforce Shortages

- 62 million people (20 percent to 23 percent) of the U.S. population live in rural or frontier counties; 75 percent of these counties have no advanced behavioral health practitioners.
- More than half of U.S. counties have NO mental health professionals and so have no access whatsoever.
- In 2012, the turnover rates in the addiction services workforce ranged from 28.5 percent to more than 50 percent.
- States with highest rates of M/SUD and lowest rates of access are in South and West.

SAMHSA Strategic Initiative #6: Workforce Development

Goals:

1. Develop and disseminate workforce training and education tools and core competencies to address behavioral health issues.
2. Develop and support deployment of peer providers in all public health and health care delivery settings.
3. Develop consistent data collection methods to identify and track behavioral health workforce needs.
4. Influence and support funding for the behavioral health workforce.



First-Year Strategy

The Opportunities

Parallel Tracks

- *Establish/enhance federal and national partnerships and opportunities.*
- *Work closely with states to identify opportunities and assist development activities.*

Put infrastructure in place to support additional, ongoing work.

SAMHSA

Workforce Development Technical Assistance

SAMHSA's 23 TA centers provided behavioral health skills training to more than 600,000 individuals in 2014—in prevention, treatment, and recovery. These include

Addiction Technology Transfer Centers (ATTCs)

Center for Integrated Health Solutions (CIHS)

Center for the Application of Prevention Technology (CAPT)

Bringing Recovery Supports to Scale TA Center (BRSS–TACs)

GAINS Center

Service Members, Veterans and Families TA Center

Suicide Prevention Resource Center

States: Workforce Discussion

Regional Administrator–State Discussions

- Between March and May, 2015, SAMHSA Regional Administrators held structured discussions with states to gather information about their behavioral health workforce-planning efforts.
- State authorities identified participants in leadership roles such as state officials/staff, health department staff, Governor’s advisory councils, provider representatives, educators, and others.
- Data was collected from each state regarding workforce plans and future needs.

States: Workforce Discussion (*cont'd*)

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Regional Administrator –State Discussions

- The goal was to identify trends and similar issues, such as areas of **need**, effective **initiatives**, and **strategies** that can be shared state to state, and region to region.
- Each Regional Administrator convened a summit to discuss these issues and establish an ongoing agenda for a **learning community** in the region, with an agenda set by the states and informed by the discussion.

States: Workforce Discussion Findings

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Behavioral Health Workforce Issues—Leadership in the States

- State Departments of Health Care Services
- State Departments of Administrative Services
- State Departments of Health
- Governor's Office
- Departments of Economic Development
- Departments of Employment and Higher Education
- Multi-partnered Behavioral Health Workgroups

States:

Workforce Discussion Findings (*cont'd*)

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A Behavioral Health Workforce Plan

- All states indicated the need for a workforce plan, but only 20 percent had a workforce plan in place, while 80 percent do not.
- There was no consistent scope to this planning effort, from M/SUD, specific to broader behavioral health workforce.
- In several states, the plan has been crafted as a Behavioral Health Pipeline Plan to show path from trainee to provider.

States: Workforce Discussion Findings (*cont'd*)

- **The Need for Better Data and Improved Technology**

Participants noted the problem of limited or unavailable data, difficulty comparing existing data, and technology systems that don't "talk" to other systems (e.g., Medicaid).

- **Peer Recovery Specialists**

Meeting participants discussed the importance of peer recovery specialists and the lack of consistency in titles, licensing, pay, training, etc.

States: Workforce Discussion Findings (*cont'd*)

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Credentialing/Licensing and Reciprocity Issues

Participants were in agreement on the challenges that licensing and credentialing pose to workforce growth and retention. Many raised the need for reciprocity. It is particularly an issue as utilization of telemedicine expands because the services are provided across state lines.

States: Workforce Discussion Findings (*cont'd*)

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Concerns About Parity

- Parity was another common challenge. Some noted that lawsuits related to the lack of parity were pending in their states; it was also stressed that there was a strong ethical component to providers who refused care, based upon financial resources.
- The focus now is on parity in access, but not necessarily parity in reimbursement.

States:

Workforce Discussion Findings (*cont'd*)

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- **Integration of care and the continuum of care**
As states move toward fully integrating behavioral health and primary care, our understanding of “profession” is changing: Professional dominance and competition versus mentorship and cooperation.
- The lack of common understanding of what the full **continuum of care** should look like are challenges for many states.

States: Workforce Best Practices

Peers in the Workforce

- States recognize the value added when peers are integrated into the workforce and are using them in **as many domains as possible**: correctional, primary care, emergency medicine, prerelease, crisis, and housing.
- Peers are used as navigators and bridges to facilitate care transitions.
- Training and certification is increasing in most states for peer specialties.

States:

Workforce Best Practices (*cont'd*)

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Tele-Health Investments for Improved Provider and Quality Access

- Improved access to specialty services.
- Traditional face-to-face visits using video.
- Mobile applications using smartphones and providing education, interventions, GPS alerts, on-demand advice.
- States identified particular effectiveness with youth, including outreach, services on-demand, and texting supports.

States: Workforce Best Practices (*cont'd*)

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CEUs/Training Distance Learning

- Range from self-directed courses and curricula to interactive Webinars to mental/substance use disorder–specific **ECHO** sites.
- Offered by a range of TA providers, professional organizations, community colleges, and universities.
- Most providers are familiar with and accept use of technology for education/training.

States: Identified Opportunities

Working on Strategies to Address

- Reimbursement
- Cross-state licensure/certification
- Improved outcomes through mentoring and ECHO
- Partnerships with universities, private providers, professional organizations, and others
- Sharing training resources between states for improved outcomes.

This Year's Strategy

- National connections and state activities extend and magnify each other.
- Actionable data on workforce needs and gaps are provided to states/counties.
- Broadly share promising strategies and practices across states/counties.
- Keep each other informed of opportunities.

Engaging Key Influencers

Successful Collaborations in Operation With:

- Pre-service Organizations (i.e., HOSA, ARS)
- Higher Education
- Federal Agencies (HRSA, CMS, DOD, VA)
- Professional Organizations
- Inclusion of M/SUD in NHSC, Nurse Corps, Loan Repayment
- Philanthropic Organizations
- Private Sector Service Delivery, Insurers

Building Workforce Capacity in Behavioral Health: The Behavioral Health Workforce



**SCHOOL OF PUBLIC HEALTH
BEHAVIORAL HEALTH WORKFORCE
RESEARCH CENTER**
UNIVERSITY OF MICHIGAN

Partner Consortium

- **National Council for Behavioral Health**
- **NAADAC, the Association for Addiction Professionals**
- **Community Partners, Inc**
- **Southwest Michigan Behavioral Health**
- **National Association of State Alcohol and Drug Abuse Directors**
- **Association of State and Territorial Health Officials**
- **National Association of County and City Health Officials**

Consultants:

- **Ron Manderscheid, PhD**
- **Peter Buerhaus, PhD, RN**

Federal Partners:

- **HRSA**
- **SAMHSA**



Scopes of Practice

Key Research Questions:

- For which professions are state SOPs accessible?
- What elements do they contain?
- What is the variability of SOPs across states and occupations?

Project goals:

- Provide greater accessibility of SOPs to the behavioral health community
- Determine whether policy recommendations related to SOP changes are appropriate



Assessment of Social Worker Scopes of Practice

Purpose: compare Social Worker occupational SOPs across states for similarities and gaps and assess whether elements should be added to the state or occupation SOP.

Progress:

- SOP data is being coded for a macro analysis, licensure, and service variables.
- SOP Documents from all 50 states and the District of Columbia have been collected. The research team continues to code and analyze the SOP data.
- Coding and analysis of SOP data will be completed and a report produced.

NEW MEXICO BOARD
OF
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RULES AND REGULATIONS
& PRACTICE ACT
2550 Cerrillos Road, Santa Fe, NM 87505

DICTIONARY OF
SOCIAL WORK



SCHOOL OF SOCIAL WORK
BSW AND MSW PROGRAMS
Cindy Garthwait, MSW
October 2012



OHIO COUNSELOR, SOCIAL WORKER, & MARRIAGE AND
FAMILY THERAPIST BOARD

Laws and Rules

12/1/2014



Paraprofessional Scopes of Practice

Purpose: Assess whether states have developed SOPs for five types of behavioral health paraprofessionals and to compare these SOP laws to job responsibilities.

Progress:

The National Council for Behavioral Health designed a ~30-question survey that will help us compare SOP laws to actual job functions and responsibilities. The five professions are:

- Community health worker
 - Peer recovery specialist
 - Case manager
 - Health navigator
 - Addiction counselor
- Pilot testing will occur in July and survey will be disseminated for data collection in August across 10 states: MD, WA, TN, OK, IL, NJ, AZ, FL, and KS.

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
STATE ASSOCIATIONS OF ADDICTION SERVICES
Stronger Together.



SCHOOL OF PUBLIC HEALTH

BEHAVIORAL HEALTH WORKFORCE RESEARCH CENTER

UNIVERSITY OF MICHIGAN

Understanding Billing Practices that Limit Scopes of Practice

Purpose: Document, on a state-by-state level, which types of behavioral health practitioners can be reimbursed for what kinds of services within Medicaid; determine which services are allowable under the state scopes of practice but restricted by reimbursement policy.

Progress:

- **National Council for Behavioral Health has identified billing codes most commonly associated with behavioral health care**
- **Behavioral health care provider organizations will be asked to participate in a short interview to answer questions about Medicaid and commercial insurance billing practices**
- **Interviews will first take place, followed by a report.**

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Future Directions

- **Will continue to focus our work along several themes:**
 - **Vulnerable/underserved populations**
 - **Workforce factors that impact service delivery**
 - **Discipline-specific studies: initiate studies of other worker groups**



This session is designed to help you to better understand:

1. SAMHSA as a division of HHS and the SAMHSA RA role
2. Recent federal legislation and grants
 - CARA: Comprehensive Addiction & Recovery Act
 - CURES: 21st Century Cures Act
 - Opioid STR: State Targeted Response to Opioid Crisis
3. SAMHSA's Behavioral Health Workforce Strategic Initiative
4. **Region 3 Initiatives on workforce and opioids**
5. Resources



SAMHSA Regional Perspectives Policies and Innovations Impacting the Region





Understanding the Workforce Implications for Behavioral Health Providers





Workforce Implications

- Under the Affordable Care Act, by 2014 approximately 2 million more Americans have health insurance coverage, including treatment services for substance use and mental health disorders.
- Demand for qualified and well-trained addiction and mental health (behavioral health) professionals has increased nationally.



Workforce Implications

- Unfortunately, the addiction and mental health treatment workforce currently is not equipped to handle this influx and other professions are willing to fill the gap without specific education, training, skills and competencies specific to substance use and mental health disorders.
- Training specific to integration with primary care, addictions and mental health is essential to create health networks in communities across the nation.



Growing and Developing the Addiction & Mental Health Professional Workforce in the 21st Century

What Challenges Face the BH Workforce?

Growth rate is high.

There is predicted to be a 22% growth rate from 2014 -2024 for Addiction

&

for Mental Health Counselors

Salaries are low.

The median income of Addiction Counselors was \$39,980 in 2015

Mental Health and Marriage &

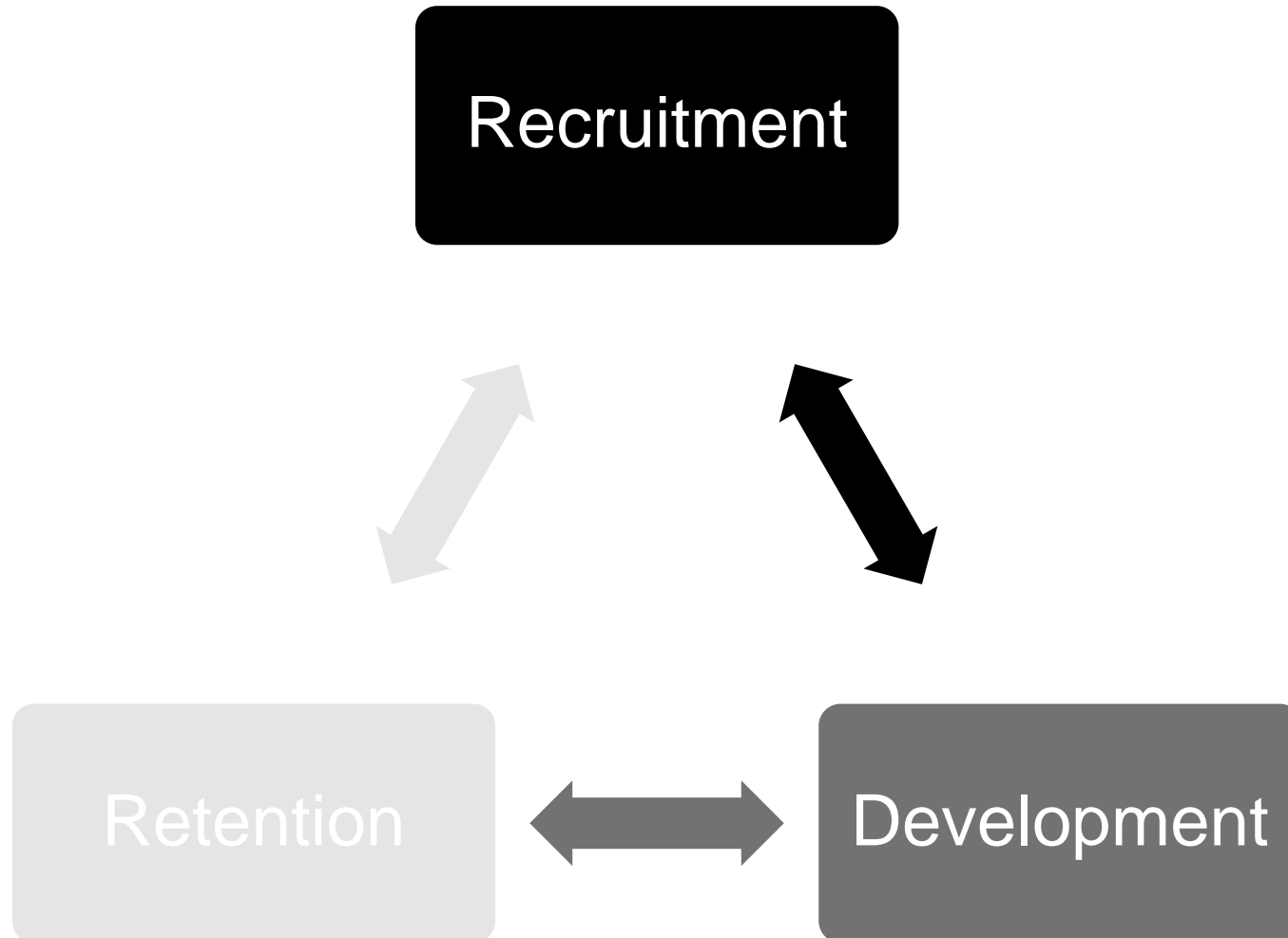
Family Counselors average is

\$43,190

Social Workers is \$45,900



Growing and Developing the Addiction Professional Workforce in the 21st Century





Growing and Developing the Addiction Professional Workforce in the 21st Century

- ❑ Federal loan forgiveness and scholarship programs are necessary to educate the workforce.
- ❑ In the 2016-2017 budget is \$3M budgeted specific for addiction workforce scholarships, plus Supplemental funds for 2016-2017 and 2017 – 2018 to add more students. These are new funds for the addiction discipline.
- ❑ Minority Fellowship funds are increasing to bring more diversity into the workforce.



Workforce Strategy

- ▶ Promote Addiction and Mental Health profession's as specialty health care requiring specific competencies, training skills, and abilities. Building a stronger career ladder with equal pay & benefits to develop the workforce needed to serve the patients of today and tomorrow.
- ▶ Collaborate with other disciplines to strengthen their substance use and mental health disorder skills, competencies and training.



NCC AP – National Certification

- ✓ Under the banner of NAADAC, the Association for Addiction Professionals, the National Certification Commission for Addiction Professionals (NCC AP) operates as an independent body for all matters involving the Association's substance use disorder counselor certification and endorsement opportunities at the national/international level.
- ✓ NCC AP MAC is the most recognized and reimbursed SUD credential in the USA.



Student Membership in NAADAC

Professional identity as a member of a National Organization and your State Affiliate.

- Advocacy
- Networking
- Mentorship
- Student Malpractice Insurance

- **Tuition Funding:** NMFP-AC & William White Scholarships

- **NAADAC Publications:** *Advances in Addiction & Recovery Magazine*

- **Over 90 Free Continuing Education Hours (CE's) : Webinar Trainings**



The Road to the Addictions Profession

So You Want to Be an Addictions Professional

School Do I need college?
It's a good start!
According to a recent study*, a total of 60% of direct care staff have an undergraduate or Master's degree.

Addiction Studies
Social Work
Psychology
Mental Health
and other related majors
What should I major in?
Your Major

What else can I do?
Join NAADAC - The Association for Addiction Professionals and get FREE access to webinars, a job board, and discounts at local and national conferences!
Get Involved

Starting a Student Chapter of NAADAC is a great way to get other students involved, develop leadership skills, and enhance your resume. Check out naadac.org and atcnetwork.org.

Get Started at..

and at naadac.org

© 2012 NAADAC, The Association for Addiction Professionals. All rights reserved. *Source: Journal of Addictive Diseases, 2011, 30(4), 20-24.



New Areas of Practice for Addiction Professionals

- New areas of “practice”
 - Recovery support/ROSC
 - Treatment readiness – pre-treatment
 - Emerging adult population – aging population
 - Collegiate recovery centers; Recovery high schools; Student counseling centers
 - Primary care/treatment provider liaison
 - Specialty courts
 - Drug courts
 - Family courts
 - Veterans
 - Medication assisted treatment
 - Technology based counseling/services
 - Alumni services/monitoring
 - Continuing care/post treatment support
 - Clinical supervision/leadership
 - Trainer/educator





Learn More, Share More, Do More!

- Meet with the Exhibitors
- NAADAC Workforce Webinars – Coming Soon!

Visit the NAADAC website @
www.naadac.org



Many Blessings...

Follow Your Dreams – Make a Difference!

Thank you!

Cynthia Moreno Tuohy

Cynthia@naadac.org

1.800.548.0497

Region III Workforce Development Partnership Summit, June 2-3, 2016 at NASW Headquarters, Washington, DC

93

NASW Executive Directors DC, DE, MD, PA, VA, WV and HQ Training Director and Co-Host of Meeting; Dean and Faculty University of Penn School of Medicine Peer Researcher; from the Schools of Social Work: WV: Concord Univ; VA: Norfolk State U; and Virginia Commonwealth U; MD: Morgan State University; University of Maryland; PA: Univ Of Pittsburgh; DE: University of Delaware; Peers and Peer Program Leaders: IC&RC and state representatives from all states (total of 12 peer advocates; State Leaders from Commissioners, State SA Authorities and Workforce State Leads; CSWE and ASWB Reps; Kate O'Day -Consultant



Two Day Meeting Agenda: Licensure or Certification Portability
and Practice Mobility for Social Workers and Certified Peers

5/4/16 Region 3 Medical Schools Convening



**SAMHSA Region III, The Addiction Medicine Foundation, ONDCP,
Virginia, Maryland, Delaware, and Pennsylvania State SA Leaders,
14 medical schools, and 7 Addiction Medicine Champions**



6/29/16 VA College of Osteopathic Medicine Visit Dean, Asst. Dean, Faculty, State, TAMF, SAMHSA, Rural Health Assn.

Dean Jam Willcox, Brian Wood (Champion+R3WG), Asst Dean Prater, Sue Meacham, Ed Mcgalhaes (Acad+Stud Counseling, Beth Oconnor (VA Rural Health Assoc;, VA Dr Carol Pratt; Gov Opioid Task Force Dr Mary McMasters; SAMHSA RA Dr Bennett, TAMF EVP Dr Kevin Kunz



6/30/16 Eastern VA Medical School Visit



Front Row: Lisa Fore-Arcand, EdD, Linda Archer, PhD, Ruth Walton, MD, Kathy Stack, MD, Radhika Manhapra, MD; **Middle:** Jean Bennett, PhD, RN, Carol Pratt DDS, Roopam Sood-Khandpur, MD, Kevin Kunz, MD, Stephen Deutsch, MD, Lon Hays, MD, MBA, David Spiegel, MD; **Back Row:** Senthil Rajasekaran, MD, Andy Danzo, Terry Babeneau, MD, Antonio Quidgley-Nevaras, MD, Legree Hallman, MD, Ajay Manhapra, MD

7/1 VIRGINIA COMMONWEALTH UNIVERSITY ADDICTION MEDICINE MEETING

Chair, Dental School
Prescribing Practice
Concerns

Deputy Health Commissioner
Addiction Medicine Physician



L>R: Lillian Tidler, MD; Jean Bennett, PhD; Omar Abubaker, DDS;
Carole Pratt, DDS; Hughes Melton, MD, Susan DiGiovanni, MD,
Gerry Moeller, MD

Region III Workforce – Where we've been

- **25 Medical Schools in Region III In Person**
 - *Regional Meetings 2014, 2015, 2016*
 - *PA 9 schools subgroup – PA Leadership key!*
 - *Bennett Model – include state leaders and funders*
- **Schools of Social Work**
 - *Started in PA at Kutztown, UMD, NASW VA (3/1000)*
 - *SBIRT Training delivered in collaboration with Training Cntrs*
- **Region III Workforce Initiative, state driven**
 - *Interviews, Summits, Calls, Webinars*

Region III Workforce – Where we are

- **25 Medical Schools in Region III In Person**
 - *Virginia statewide initiative*
 - *PA: Philly clinical placements and collaboration*
 - *WV Deans quarterly call and visits to schools '17*
 - *Keeping up Bennett Model w state and foundations*
- **Schools of Social Work**
 - *Deferred to ASWB on licensure portability for now*
 - *SBIRT high interest*
- **2017 Regional Meetings – Dental Schools and Harm Reduction collab. w CDC**

Region III Workforce

What we've learned and where we're going

- **What we've learned**
 - *Stigma has drastically decreased since 2011*
 - *Champions seem to be everywhere*
 - *Core competencies have surpassed curriculum*
 - *Interdisciplinary addiction approach is best*
 - *It's in vogue to be an advocate for recovery*
 - *Peers were always important and still are*
 - *Some issues, like low pay, are more challenging*
- **Where we're going – it's up to you**

Preventing Addiction Region III Project

- Preliminary data vetted with regional opioid overdose collaborative
- Pediatric Research subgroup formed
- Letter of Intent submitted to Patient Centered Outcomes Research Institute
- Award received “Engaging Community Partners to Decrease Addiction”
- Pipeline to Proposal Award Tiers and Goals
 - *Patient, Family, and Community Voices*
 - *Engage Clinicians, Researchers, Educators, Judges*

This session is designed to help you to better understand:

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2. Recent federal legislation and grants
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3. SAMHSA's Behavioral Health Workforce Strategic Initiative
4. Region 3 Initiatives on workforce and opioids
- 5. Resources**

Teaching Students about Alcohol's Effect on the Brain? There's an APP for That.

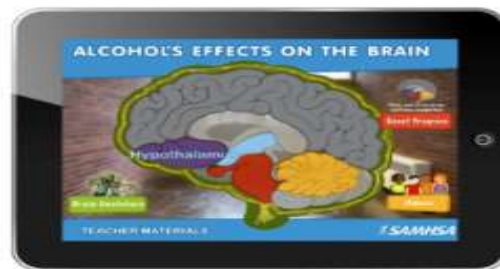
Teaching Students About Alcohol's Effects on the Brain? There's an App for That.

📅 August 23, 2016 / 👤 SAMHSA / ☰ Underage Drinking / 💬 No Comments

By: Frances M. Harding, Director, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration

Young people are naturally curious about everything around them—including alcohol. According to *A Day in the Life of American Adolescents: Substance Use Facts Update*, an average of 7,639 12- to 17-year-olds begin using alcohol *every day* of the year. Those who begin drinking before age 15 are five times as likely to have problems with alcohol dependence or abuse when they become adults as opposed to those who wait until age 21.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has launched a new, free mobile app for tablets to help fifth- and sixth-grade teachers educate their students about the consequences of alcohol use. *Alcohol's Effects on the Brain*, or *AlcoholFX*, is designed to teach students the knowledge and skills they need to avoid underage drinking.

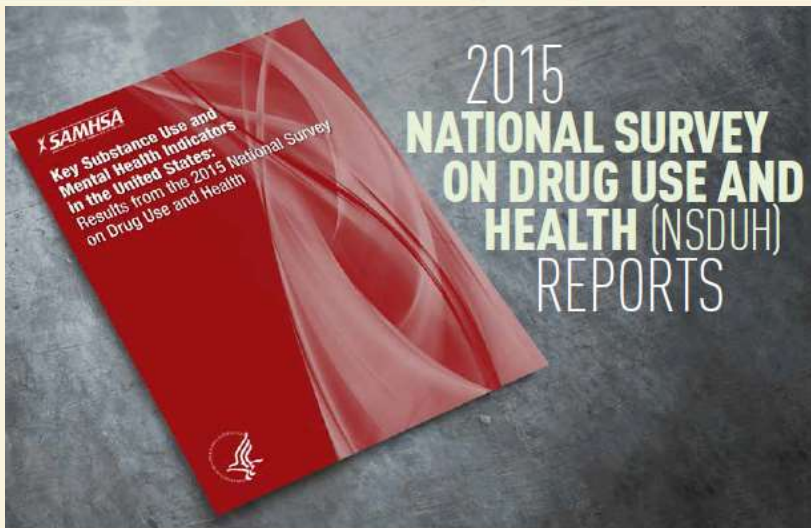


With *AlcoholFX*:

- **Students** can play research-based, interactive games that explore brain science while practicing their responses to difficult social situations involving alcohol.
- **Educators** can use science-based lesson plans, resources, and recorded scenarios to help students and parents learn about the dangers of underage alcohol use.
- **Parents** can learn how alcohol affects their child's brain and has the potential to put their child at risk for falling behind in school.
- **Prevention- and education-focused organizations** can use *AlcoholFX* and its related promotional materials, including a video, to promote teacher–student and student–parent conversations about the risks of underage alcohol use.

Teachers play an important role in helping their students make healthy choices- including how to avoid alcohol. SAMHSA's new *AlcoholFX* app makes it easier for teachers to integrate underage drinking prevention into their curriculum. SAMHSA also encourages parents, as their children's first and foremost teachers, to help their children understand the consequences of alcohol use.

NSDUH Report



A SAMPLE OF KEY FINDINGS

- One out of five adults met criteria for a mental illness or substance use disorder**
 Only 39 percent of them received services
- 2-million fewer youth, ages 12-17, used alcohol in the past month**
 2.4M in 2015 compared to 4.4M in 2002
- Fewer than 1 in 20 youth smoked cigarettes in 2015 compared to 1 in 8 in 2002**
 1.0M in 2015 compared to 3.2M in 2002, ages 12-17, past month
- Opioid misuse remains alarmingly high**
 Pain reliever misusers comprises 98 percent of those who misuse opioids
- Major depressive episodes are rising among youth (ages 12-17) and young adults (ages 18-25)**
 About 6 in 10 youth ages 12-17 with a major depressive episode did not receive treatment for their depression

For more information on the 2015 NSDUH reports visit www.samhsa.gov/data

Behavioral health is essential to health.
 Prevention works.
 Treatment is effective.
PEOPLE RECOVER.



SUBSTANCE USE AND MENTAL ILLNESS IN AMERICA: Real Progress, Great Challenges

SUBSTANCE USE, MENTAL ILLNESS IMPACTS MILLIONS



YOUTH TURNING AWAY FROM ALCOHOL, CIGARETTES



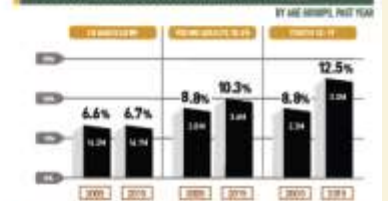
MARIJUANA USE AMONG ADULTS INCREASING



HEROIN USE STABLE, STILL SERIOUS PROBLEM



MAJOR DEPRESSIVE EPISODES RISING AMONG YOUTH



TOO MANY GOING UNTREATED



Behavioral health is essential to health. Prevention works. Treatment is effective. PEOPLE RECOVER.



SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

MAT Support Mobile App

105

Mobile App to Support MAT for Opioid Use Disorder

Opioid use disorder has become an increasing concern in the United States. As part of the HHS Opioid Initiative, SAMHSA developed [MATx](#)—a free mobile app that provides immediate access to information about medication-assisted treatment (MAT) for opioid use disorder.

MATx is a one-of-a-kind resource that will make it easier for practitioners to provide the effective, evidence-based care that their patients living with an opioid use disorder desperately need.

The app includes:

- Information on medications approved by the U.S. Food and Drug Administration for use in the treatment of opioid use disorder and treatment approaches for practitioners
- Clinical support tools, such as treatment guidelines, ICD-10 coding, and continuing education opportunities
- Access to critical helplines and SAMHSA's treatment locators.

MATx is available for free download on mobile devices.



Already have MATx? Help spread the word about the app with tools on our [Collaborator Tools page](#).



Resources: SBIRT for Addiction Counselors, BH for the Homeless and Improving Cultural Competence

106

[TAP 21: Addiction Counseling Competencies](#)

Provides guidelines to enhance the competencies of substance abuse treatment counselors. Discusses patient assessment and screening, treatment planning, referral, service coordination, counseling, family and community education, and cultural competency. Inventory#: SMA15-4171

[TIP 55: Behavioral Health Services for People Who Are Homeless](#)

Equips those who provide services to people who are homeless or at risk of homelessness and who need or are in substance abuse or mental illness treatment with guidelines to support their care. Discusses prevention and treatment as part of integrated care. Inventory#: SMA15-4734

[TIP 59: Improving Cultural Competence](#)

Assists professional care providers and administrators in understanding the role of culture in the delivery of substance abuse and mental health services. Discusses racial, ethnic, and cultural considerations and the core elements of cultural competence. Inventory#: SMA15-4849

[View All New Products](#)

NCTSN Learning Center's New Product

107



Trauma & Intellectual & Developmental Disabilities (IDD) Toolkit:

*“The Road to Recovery Supporting
Children with Intellectual
Developmental Disabilities Who Have
Experienced Trauma”*

Surgeon General's Report

2

FACING ADDICTION IN AMERICA

*The Surgeon General's Report on
Alcohol, Drugs, and Health*

U.S. Department of Health & Human Services

Fortunately, we have made considerable progress in recent years.

First, decades of scientific research and technological advances have given us a better understanding of the functioning and neurobiology of the brain and how substance use affects brain chemistry and our capacity for self-control. One of the important findings of this research is that addiction is a chronic neurological disorder and needs to be treated as other chronic conditions are treated.

Second, this Administration and others before it, as well as the private sector, have invested in research, development, and evaluation of programs to prevent and treat substance misuse, as well as support recovery.

Finally, the enactment of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and the Affordable Care Act in 2010 are helping increase access to prevention and treatment services.

Telehealth Technical Assistance Center

<http://www.nfarattc.org/summit/>

2017 Summit in Reno Nevada July 26-28th:

No more excuses:

Implementing Technology to Improve SUD Services

Telehealth Tuesdays: 2nd Tuesdays monthly

**March 17th Readiness to Adopt Telehealth Technologies:
Overview of the Telehealth Capacity Assessment Tool**

<https://casatunr.wufoo.com/forms/s1kfjf001mhjblm/>

Example of Progress

MDLIVE expands to offer behavioral telemedicine services in all 50 states

At link below, article explains expansion of telemedicine in all states – private insurers and co-pays...

- http://www.mobihealthnews.com/content/mdlive-expands-offer-behavioral-telemedicine-services-all-50-states?utm_content=e9844a0d6041c2665cf72a0e2fed883d&utm_campaign=clips%202%2F21%2F17&utm_source=Robly.com&utm_medium=email

Youth Engagement

3

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Youth Engagement Guidance:

Strategies, Tools, and Tips for Supportive and Meaningful Youth Engagement in Federal Government-Sponsored Meetings and Events



The purpose of this Guidance is to provide federal staff and contractors with strategies, tools, and tips for appropriately engaging youth in government-sponsored events and meetings in order to:

- ▶ Help ensure a positive, supportive, and meaningful experience for youth
- ▶ Support SAMHSA in gaining valuable input and perspectives from youth
- ▶ Demonstrate and role model best practices for engaging youth



Trauma-Informed Care for Children & Families Act of 2016

112

S.3519 - Trauma-Informed Care for Children and Families Act of 2016

114th Congress (2015-2016) | [Get alerts](#)

BILL

Hide Overview ✕

Sponsor: [Sen. Heitkamp, Heidi \[D-ND\]](#) (Introduced 12/07/2016)

Committees: Senate - Health, Education, Labor, and Pensions

Latest Action: 12/07/2016 Read twice and referred to the Committee on Health, Education, Labor, and Pensions. ([All Actions](#))

Tracker:

Introduced

Passed Senate

Passed House

To President

Became Law

Promoting Care for Women, Pregnancy/Parenting w/ SU Disorder (P. 1 of 2)

113

- Promoting Care for Pregnant/Parenting Women with Opioid Use Disorder and Their Infants
- SAMHSA is [issuing two reports](#) on the best approaches for optimizing outcomes for pregnant and parenting women with opioid use disorders and their infants. Both reports are aimed at helping these women gain greater access to this effective treatment and other important services.
- *Advancing the Care of Pregnant and Parenting Women with Opioid Use Disorder and Their Infants: A Foundation for Clinical Guidance*
- This report summarizes the evidence review and rating processes used to establish appropriate interventions for the treatment of pregnant and parenting women with opioid use disorder and their infants.
- The report establishes the foundation for the development of a clinical guide enabling more health care providers to offer specialized treatment to women with opioid use disorder and their opioid-exposed infants.
- SAMHSA is seeking public comment on the clinical translation of this report in order to assure that it is of maximum utility. The report will be published in the [Federal Register](#) on August 3, 2016. Comments will be accepted until September 3, 2016.

Cultural Competence: Challenging Our Own Perspectives To Meet Patient Needs

114

In a nation of constantly evolving cultural demographics, one treatment plan doesn't fit all.

Each patient entering treatment for behavioral health issues brings a unique background, and culture is a dynamic part of past experiences and current perspectives.

Structuring culturally responsive treatment strategies from an organizational standpoint requires time and commitment. In the process, counselors must expand beyond their own personal understanding of culture and the world around them.

Encourage cultural competence in behavioral health services around the country:

- SAMHSA's [Treatment Improvement Protocol \(TIP\) 59: Improving Cultural Competence](#) assesses the significance of culture in the delivery of behavioral health services and how organizations can benefit from a broader understanding of it.
- Administrators: Use SAMHSA's [Quick Guide for Administrators Based on TIP 59](#) for an easy-access breakdown of cultural competency & how you can incorporate it into your BH care strategies.

Let's continue the conversation

115

Jean Bennett

Regional Administrator-Region 3

Substance Abuse and Mental Health Services Administration

Jean.Bennett@samhsa.hhs.gov

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Office 215.861.4377

Partners in Building Solutions

National Partners

Preservice Partners
Higher Education
Professional Organizations

Federal Government

Assistant Secretary for Planning and Evaluation (ASPE)
Health Resources and Services Administration (HRSA)
Centers for Disease Control and Prevention (CDC)
Department of Defense and Veterans Administration (DOD, VA)

State and Local Government

State Agencies
Education Partners
Local Health Authorities
Health Care Providers

Partnerships With Preservice Organizations

Preservice Organizations

Health Occupations Students of America (HOSA)

- Working with HOSA to **educate the next generation of medical and public health professionals** about key public health issues surrounding substance use disorders and mental health service needs (2016 Behavioral Health Knowledge Test).

Association of Recovery Schools (ARS)

- Working with ARS to increase engagement of students in Recovery Schools in the **exploration of career paths** in the behavioral health field.

Partnerships With Higher Education

Addiction Curriculum for Physicians

- Working with the Scattergood Foundation, American Association of Medical Colleges (AAMC), American Medical Association (AMA), education, credentialing, and other partners to **increase addiction curricula nationally in medical schools and add to GME requirements.**

Schools of Nursing and Social Work

- Working with a collaborative of schools of nursing and social work to **increase behavioral health curricula** in their degree programs.

Partnerships With Professional Organizations

Credentialing and Licensing

- A key finding in a recent survey of all states found that one of the barriers to increasing the mobility of the behavioral health workforce was the **inconsistent credentialing and licensure requirements** between states.
- SAMHSA is working with professional organizations that set **standards for credentialing and licensing** to improve consistency across the country, and to explore strategies to support cross state movement.
- APA/NAADAC/NAMI/NBCC/IC&RC/MFT/NCPG/
- AMHCA/ASTHO/NGA

Partnerships With HHS Departments

Health Resources and Services Administration (HRSA)

- Working with HRSA to expand the National Health Service Corps to behavioral health provider sites. Exploring expansion of Nurse Service Corps to M/SUD sites as well.
- Collaborating with the Regional Public Health Training Centers (RPHTC) to establish strong linkage w/SAMHSA in the professional development and technical assistance outreach to the public health service delivery system (<1M).

Partnerships With HHS Departments (*cont'd*)

Health Resources and Services Administration (HRSA)

- **Coordinating with Tele-Health Education Centers and the Addiction Technology Transfer Centers (ATTC) to enhance the availability of resources to the behavioral health provider systems.**
- **2015 Behavioral Health Workforce Research Center (U of MI) to examine national and state data on need and demand.**

Behavioral Health Workforce Research Center

First-Year Projects

- *Develop a minimum data set.*
- *Examine workforce characteristics and practice settings.*
- *Explore scopes of practice for different professions.*

Partnerships with HHS Departments (*cont'd*)

Centers for Disease Control and Prevention (CDC)

- Collaborating to include behavioral health in crisis response planning.

Assistant Secretary for Planning and Evaluation (ASPE)

- Collaborating to look at the utilization of peers in behavioral and physical health care and modeling the demand and access to behavioral health services over the next 5 years.

Department of Defense (DOD) and Veterans Administration (VA)

- SAMHSA co-chairs a task force to address behavioral health needs of service members, veterans, and families. Implemented partnerships between VA facilities and community-based providers. Developed TRICARE credentialing TA packet.