Agency Priority Goal | Action Plan | FY 22 – Q1

Behavioral Health

Goal Leader(s):
Dr. Miriam Delphin-Rittmon, Assistant Secretary for Mental Health and Substance Use, SAMHSA

Dr. Debra Houry, Acting Principal Deputy Director, CDC
Goal Overview

Goal statement

Increase equitable access to and utilization of prevention, treatment, and recovery services to improve health outcomes for those affected by behavioral health conditions.

- By September 30, 2023, increase by 15% over a baseline of 1,015,386 the number of unique patients dispensed prescriptions for buprenorphine from retail pharmacies in the U.S. and 15% over a baseline of 324,126 the number of prescriptions dispensed for naloxone in U.S. outpatient retail and mail-order pharmacies.
- By September 30, 2023, increase by 20% the number of individuals referred for behavioral health services by SAMHSA grantees engaged in screening and assessment.

Problem to Be Solved

There is a significant treatment gap between need and receiving services. In the 2020 National Survey on Drug Use and Health, we see that:

1. out of every 40 people that we identified as needing substance use treatment, 39 of them did not feel as though they needed treatment
2. among those with co-occurring SUD and any mental illness, only about half received EITHER substance use treatment or mental health services. Even more discouragingly, only about 1 in 20 received BOTH.

What Success Looks Like

- Increased access to medications for opioid use disorder and naloxone nationwide for substance use disorder and increased referrals by SAMHSA grantees for behavioral health services beyond the targets set for September 30, 2023.
- This success would contribute to the goals of FY 22-26 HHS Strategic Plan Objective 1.4: Drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families.
## Tracking the goal

### Goal target(s)

<table>
<thead>
<tr>
<th>Achievement statement</th>
<th>Key indicator(s)</th>
<th>Quantify progress</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>As of 10/1/2021</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>By 09/30/23</td>
<td><strong>We will</strong></td>
<td></td>
<td></td>
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<tr>
<td>increase by 15% the number of unique patients dispensed prescriptions for buprenorphine from retail pharmacies in the U.S.</td>
<td>Unique buprenorphine patients</td>
<td>1,167,694</td>
<td>1,015,386</td>
</tr>
<tr>
<td>increase by 15% the number of prescriptions dispensed for naloxone in U.S. outpatient retail and mail-order pharmacies.</td>
<td>Naloxone prescriptions dispensed</td>
<td>372,745</td>
<td>324,126</td>
</tr>
<tr>
<td>increase by 20% the number of individuals referred for behavioral health services by SAMHSA grantees engaged in screening and assessment.</td>
<td>Individuals referred</td>
<td>868,206</td>
<td>554,764</td>
</tr>
</tbody>
</table>

**As of 10/1/2021**
Goal Team

Substance Abuse and Mental Health Services Administration

Goal Lead:
• Miriam Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use

Implementation Team:
• Thomas Clarke, Ph.D., MPH (Deputy Goal Lead)
• Meaghan McHugh, Ph.D., MPH

Centers for Disease Control and Prevention

Goal Lead:
• Debra Houry, M.D., MPH, Acting Principal Deputy Director, CDC

Implementation Team:
• Christopher M. Jones, Pharm.D., Dr.PH., MPH, Acting Director National Center for Injury Prevention and Control (Deputy Goal Lead)

Assistant Secretary for Planning & Evaluation

Implementation Team:
• Joel Dubenitz, Ph.D.
Goal Strategies

- Enhance the capacity of physical health providers to assess, screen, and treat behavioral health conditions by increasing access to treatments for substance use disorders and other disorders and assisting behavioral health providers to coordinate with individuals, families, and communities.

- To increase referrals, many SAMHSA grant programs work to increase access to the services provided or facilitated by grant recipient organizations. As a part of these efforts, many grant recipient organizations work to identify and refer individuals to needed behavioral health care and supports. SAMHSA supports technical assistance, and ongoing monitoring of grant progress to help increase and monitor referrals.

- Employ evidence-based strategies for preventing opioid overdoses:
  - Targeted Naloxone Distribution
  - Medication-Assisted Treatment (MAT) and Medication for Opioid Use Disorder (MOUD)
# Key milestones

<table>
<thead>
<tr>
<th>Key Milestone</th>
<th>Due Date</th>
<th>Status</th>
<th>Status from last quarter</th>
<th>Owner</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>Number of waivered providers</td>
<td>Dec. 31, 2021</td>
<td>115,866</td>
<td>107,816</td>
<td>SAMHSA</td>
<td>Captures the number of qualified providers who receive a practitioner waiver to administer, dispense, and prescribe buprenorphine. The notification of intent (NOI), or buprenorphine waiver application, must be submitted to SAMHSA before the initial dispensing or prescribing of OUD treatment medication.</td>
</tr>
<tr>
<td>Number of opioid reversals</td>
<td>Dec. 31, 2021</td>
<td>17,474</td>
<td>13,406</td>
<td>SAMHSA</td>
<td>Captures the number of opioid overdose reversals calculated in SAMHSA treatment grant programs – FR CARA and PDO. Data are calculated from the number of individual clients who experienced an overdose reversal.</td>
</tr>
<tr>
<td>Number of individuals trained in youth suicide prevention</td>
<td>Dec. 31, 2021</td>
<td>55,138</td>
<td>54,138</td>
<td>SAMHSA</td>
<td>Captures the number of individuals trained on how to develop and implement youth suicide prevention and early intervention strategies.</td>
</tr>
<tr>
<td>Dissemination of guidance implementing section 9813 of the American Rescue Plan: State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services</td>
<td>Jan. 1, 2022</td>
<td>Complete</td>
<td>Issued on December 28, 2021</td>
<td>CMS/CMCS</td>
<td>This Medicaid coverage option becomes effective on April 1, 2022, for a period of 5 years. Enhanced federal funding is available for qualifying expenditures for the first 12 quarters. Guidance available <a href="#">here</a>. Current action is to provide technical assistance to states and stakeholders on how to implement the benefit in accordance with that guidance. That will happen on an ongoing basis and is expected to extend beyond the effective date of the benefit, which is 4/1/22.</td>
</tr>
<tr>
<td>Development of tools to strengthen state adherence to Medicaid’s Early and Periodic Screening, Diagnostic and Testing (EPSDT) requirements to ensure access to behavioral health services</td>
<td>Late 2022/Early 2023</td>
<td>On Track</td>
<td>Not applicable</td>
<td>CMS/CMCS</td>
<td>This deliverable is part of the work of the Children and Youth Subcommittee of the Behavioral Health Coordinating Committee and will be based on collaboration across HHS entities including SAMHSA, ACF, HRSA, ASPE.</td>
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<td>Complete evaluation of the impact of the Buprenorphine Practice Guidelines on buprenorphine treatment patterns</td>
<td>Dec. 2022</td>
<td>See Comments</td>
<td>None</td>
<td>ASPE</td>
<td>The <a href="https://www.samhsa.gov">Buprenorphine Practice Guidelines</a> took effect on 04.28.2021 in an effort to increase provider capacity to prescribe buprenorphine for opioid use disorder. Through the Behavioral Health Coordinating Council, the Guidelines Evaluation Workgroup (made up of HHS agencies including SAMHSA, ASPE, CDC, NIDA, etc.) is evaluating the impact of the Guidelines on increasing the number of practitioners prescribing buprenorphine (and particularly those who began prescribing under the exemptions in the Practice Guidelines) and patients receiving buprenorphine treatment. The Workgroup is currently refining analyses examining some early impacts of the Guidelines and is planning to administer a practitioner survey in early 2022.</td>
</tr>
<tr>
<td>Issue CDC Clinical Practice Guideline for Prescribing Opioids – United States, 2022</td>
<td>Dec. 2022</td>
<td>See Comments</td>
<td>Not applicable</td>
<td>CDC</td>
<td>Anticipated Public Comment period in early 2022</td>
</tr>
<tr>
<td>Issue Overdose Data to Action (OD2A) Continued Notice of Funding Opportunity</td>
<td>Sept. 2022</td>
<td>See Comments</td>
<td>Not applicable</td>
<td>CDC</td>
<td>This mechanism will continue funding to jurisdictions to increase comprehensiveness and timeliness of surveillance data; build state and local capacity to implement public health programs determined to be promising based on research evidence; make Prescription Drug Monitoring Programs (PDMPs) easier to use and access; and work with health systems, insurers, and other stakeholders to improve opioid prescribing. It also continues work focused on linkages to care and other areas of innovation supported by evidence-based practice. Funds support Extended Year 3 of the Overdose Data to Action mechanism.</td>
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<td>Number of behavioral health clinic visits conducted by HRSA health centers</td>
<td>Dec. 2022</td>
<td>See Comments</td>
<td>No Change</td>
<td>HRSA</td>
<td>As of December 2020, more than 15.7 million behavioral health patient visits have been conducted by health centers. Updated data will be available in August 2022.</td>
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<tr>
<td>Number of behavioral health providers receiving loan repayment for OUD and other SUD services</td>
<td>Dec. 2022</td>
<td>See Comments</td>
<td>No Change</td>
<td>HRSA</td>
<td>As of September 30, 2021, 4,292 mental health providers and 759 substance use counselors received loan repayment for providing OUD and other SUD services.</td>
</tr>
<tr>
<td>Number of awards made to health and public safety workforce entities to reduce provider burnout and improve resiliency</td>
<td>Dec. 2022</td>
<td>See Comments</td>
<td>No Change</td>
<td>HRSA</td>
<td>As of December 31, 2021, no data are available on the final number of awards. Data will be available on the final number of awards. Data will be available in Q2.</td>
</tr>
<tr>
<td>Number of rural residents receiving behavioral health services, including medication-assisted treatment, through the Rural Communities Opioid Response Program.</td>
<td>Dec. 2022</td>
<td>See Comments</td>
<td>No Change</td>
<td>HRSA</td>
<td>Between September 1, 2020 and August 31, 2021, RCORP grantees provided 2,079,373 rural residents with prevention, treatment, and recovery services and 70,869 rural residents with Medication-Assisted Treatment. Updated data will be available in June 2022.</td>
</tr>
<tr>
<td>Number of state behavioral health teleconsultation lines supported through Pediatric Mental Health Care Access Programs</td>
<td>Dec. 2022</td>
<td>See Comments</td>
<td>+2</td>
<td>HRSA</td>
<td>As of December 31, 2021, 23 state behavioral health teleconsultation lines were supported through PMHCA programs.</td>
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</table>
First reporting quarter, no narrative to provide.
Data accuracy & reliability

Substance Use Disorder: Data are from the IQVIA (formerly IMS Health and Quintiles) suite of data derived from pharmacy, wholesaler, distributor, and other drug distribution data streams. These data are projected to the national and state level based on a proprietary algorithm. IQVIA utilizes a robust QA/QC process before releasing data, and HHS, along with many private companies, have used these data to track healthcare trends. IQVIA-derived data are in the peer-reviewed literature and have served as data inputs for HHS regulatory decisions.

One limitation of the data is that it is not possible to distinguish between when the medications are used to treat opioid use disorder and when they are used to treat other conditions. For instance, naltrexone may be used for alcohol use disorder as well as opioid use disorder, and buprenorphine may be used in the treatment of pain as well as for opioid use disorder. Local research and other sources will be sought to address this limitation but the proportion for these other uses is not expected to shift over time. Tracking the overall number of patients treated should provide stable estimates of changes in the number of patients treated for opioid use disorder.

While IQVIA data allow for tracking of naloxone dispensed by pharmacies, these numbers do not capture naloxone distribution through other avenues, such as overdose education and naloxone distribution programs administered by states, cities, and community organizations.

Mental Health Referral: SAMHSA’s Performance Accountability and Reporting System (SPARS) website supports data collected by SAMHSA discretionary grant recipients and allows for reporting timely and accurate data. SPARS supports SAMHSA in meeting requirements of the Government Performance and Results Act (GPRA) of 1993 and the GPRA Modernization Act of 2010.

- Mental Health Referral reports data collected from the following item: The number of individuals referred to mental health or related services. Data are collected via SAMHSA’s Performance Accountability and Reporting System (SPARS) website. SPARS supports data collected by SAMHSA discretionary grant recipients and supports SAMHSA in meeting requirements of the Government Performance and Results Act (GPRA) of 1993 and the GPRA Modernization Act of 2010.
**Contributing Programs**

Organizations:
- ASPE, CDC, CMS, HRSA, IHS, NIH

Program Activities:
- CDC Opioid Overdose Prevention and Surveillance
- CMS Medicaid
- HRSA Health Centers
- HRSA Behavioral Health Workforce Development
- HRSA National Health Service Corps
- HRSA Rural Communities Opioid Response
- IHS Mental Health
- IHS Alcohol and Substance Abuse
- NIH Behavioral and Social Sciences Research

President’s Management Agenda
- CAP Goal – TBD

Regulations:
- [Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder](https://www.govinfo.gov/app/details/PLAW-115publ271/EN)

Other Federal Activities:
- [Overdose Prevention Strategy](https://www.govinfo.gov/app/details/PLAW-115publ271/EN)