

buprenorphine to a record number of individuals, with nearly **54,000 clinicians** being waived to prescribe. This includes **44,968** physicians and **9,000** PAs and NPs.

SAMHSA fully launched the Opioid State Targeted Response Program which awarded \$500M to states to develop prevention, treatment, and recovery systems to address the opioids crisis. In this program, over **121,000** clients received services, **396,000** individuals were trained, and **1,300** funded organizations offer at least one form of MAT.

During the year, SAMHSA underwent an investigation of pre-award process for the award of this **\$500M** program. The Office of the Inspector General (OIG) found that the organization successfully followed all protocols.

SAMHSA also awarded **\$1B** in additional funding for the State Opioid Response (SOR) grant program to build upon the success of STR. Careful attention was taken to enhance the clinical focus of the grant program with additional language emphasizing the requirement to make FDA approved medication for opioid use disorders.

DATA AND SURVEILLANCE IMPROVEMENT

SAMHSA was able to re-institute the Drug Abuse Warning Network, a critical system to provide national surveillance hospital data on issues related to drug use and overdose. This system will play a critical role in addressing the opioids crisis. Despite much criticism of the decision, the system was shut down by SAMHSA several years ago. Under the direction of the Assistant Secretary, SAMHSA was able to reinstate the system after seven years of a lapse.

SAMHSA also focused specifically on addressing its data collection activities. It revised its data collection instruments to collect diagnosis and program-specific information which was not previously collected; additionally, national survey data were enhanced to collect enhanced information around recovery, medication-assisted treatment provision, and kratom.

SERIOUS MENTAL ILLNESS (SMI)

The 21st Century Cures Act required the establishment of the Interdepartmental Serious Mental Illness Coordinating Committee. SAMHSA was able to meet the Congressional requirement to develop a comprehensive report to Congress including recommendations to address SMI. SAMHSA plays a central leadership role in managing and coordinating activities of this Committee, which includes HHS, Justice, VA, Labor, HUD, Education, and the Social Security Administration.



SAMHSA successfully acted on these recommendations with the establishment of five specific workgroups around: strengthening federal coordination, establishing evidence-based treatments, addressing populations involved in the justice system, closing the gap between what works and what is offered, and developing financing strategies to increase affordability and accessibility.

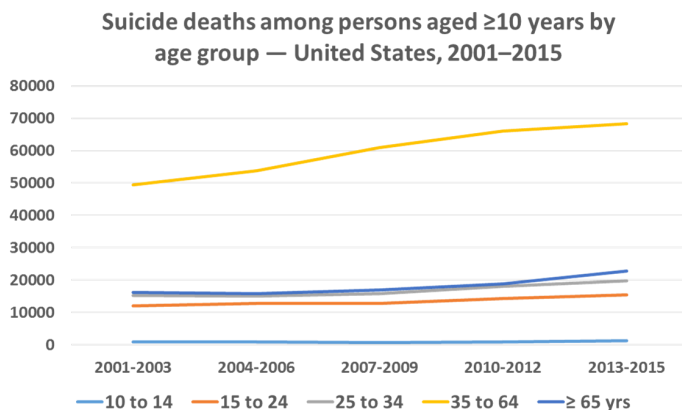
- ◇ The Community Mental Health Services Block Grant focuses specifically on the needs of those living with serious mental illness or serious emotional disturbance. SAMHSA has focused, via a ten-percent set-aside, to address the needs of those experiencing a first episode of psychosis. As a result of this Program, 270 FEP programs have been established in communities across the country.
- ◇ SAMHSA launched an effort in which 23 states will be creating real-time bed registries to identify available beds and post crisis follow-up services for those living with serious mental illness.

SCHOOL SAFETY

- ◇ SAMHSA was asked to take the lead for the Department of Health and Human Services in participating in the Federal Commission on School Safety established by the President. SAMHSA collaborated with the Department of Education, Homeland Security and the Department of Justice to hold four listening sessions, four commission meetings, and four site visits nation wide and develop a comprehensive report of recommendations. SAMHSA also established supplements to the Mental Health technology Transfer Centers (MHTTC) to address school-based mental health services.



SUICIDE



Source: *Suicide Trends Among and Within Urbanization Levels by Sex, Race/Ethnicity, Age Group, and Mechanism of Death — United States, 2001–2015* - Morbidity and Mortality Weekly Report (MMWR) — CDC Surveillance Summaries / October 6, 2017 / 66(18):1–16

- ◇ Suicide prevention is another focus of the agency. SAMHSA responded to data which shows that suicide in adults is most prevalent in the United States by implementing and expanding the Zero Suicide program, a newly authorized program to address adult suicide prevention.
- ◇ SAMHSA also managed an increase in its Suicide Lifeline calls from **156,000** per month to **184,000** calls per month with a self-reported rate of 82% of individuals in follow-up interviews stating that the calls to the Lifeline “helped a lot”.

TRIBES

The Assistant Secretary made an organization priority that of addressing the needs of tribes and tribal populations. She established set-asides for tribal applicants in nine funding opportunities and SAMHSA also had specific programs which addressed the needs of this population. As a result of these efforts, SAMHSA was able to distribute over **\$90M** in funding to tribal communities to address opioids, suicide prevention, trauma, children’s mental health, and other crucial areas.

