Call To Order

Valerie Kolick, Acting Designated Official on behalf of Carlos Castillo, DFO
Technical Assistance
jshapiro@capconcorp.com
Josh Shapiro

Audio is now broadcasting and recording.
Questions can be asked a couple different ways:

- Click “raise hand” button
  - You will then be called on to unmute your line and ask your question
- Chat box (will be monitored for questions)

Use chat box liberally

Audio:
Please Mute when not speaking and Unmute as needed

Connect audio only once via computer or by phone

If connected by phone press *6 to mute and unmute
Welcome and Introductions

Tom Coderre
Acting Deputy Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
SAMHSA Budget and Funding Opportunities

Kurt John, Ed.D., M.P.A, M.S.F.
Acting Director, Office of Financial Resources and Chief Financial Officer
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
Overview

- FY 2021 Funding and Awards Summary
  - ARP Highlight: Harm Reduction Funding Announcement
  - ARP + FY 2022 CR Highlight: 988 Funding Announcement

- FY 2022 Funding Update

- FY 2022 Funding Opportunity Announcements
FY 2021 Funding and Awards Summary

- **Substance Abuse Prevention, $198M, 3%, 749 Awards**
- **Mental Health, $1.67B, 29%, 1,099 Awards**
- **Health Surveillance and Program Support, $152M, 3%**

**Base Appropriation:**
- Spent $5.83B
- Awarded 2,842 grants

**ARP Funding:**
- Spent $3.324B
- Awarded 142 grants
ARP Highlight: $30M Harm Reduction Funding Announcement

441 Total Applications Received

- Region 1- CT, ME, MA, NH, RI, VT - 36 applications received
- Region 2- NJ, NY, PR, VI - 63 applications received
- Region 3- DE, DC, MD, PA, VA, WV - 46 applications received
- Region 4- AL, FL, GA, KY, MS, NC, SC, TN - 79 applications received
- Region 5- IL, IN, MI, MN, OH, WI - 70 applications received
- Region 6- AR, LA, NM, OK, TX - 44 applications received
- Region 7- IA, KS, MO, NE - 16 applications received
- Region 8- CO, MT, ND, SD, UT, WY - 9 applications received
- Region 9- AZ, CA, HI, NV, AS, MP, FM, GU, MH, PW - 63 applications received
- Region 10- AK, ID, OR, WA - 15 applications received
Announced targeted funding opportunities to build 988 capacity nationwide:

- **$152M** - to strengthen and expand infrastructure, backup capacity, and core services (awarded December 2021)
- **$105M** - to build the states and territories’ workforce

States and territories funding:

- **54** - applications received
- **April 15th** – Anticipated date to release awards
FY 2022 Funding Update

- **$9.7 billion** – President’s Budget Request

- **March 15th, 2022** – Full year omnibus bill signed into law

- **$6.5 billion** – FY 2022 enacted funding level

- **+$530 million** – Increase above FY 2021 funding level
  - $3.1 billion below the FY2022 President’s Budget Request
  - Increased all four appropriations
  - Includes support for new programs
<table>
<thead>
<tr>
<th>Appropriation</th>
<th>President Budget Request ($9.7 billion)</th>
<th>Program Highlights</th>
<th>FY 2022 Omnibus $6.5 billion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>($2,936,528,000)</td>
<td>• Community Mental Health Services Block Grant: ($1.6B) $856M</td>
<td>$2,081,129,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Certified Community Behavioral Health Clinics: ($375M) $315M</td>
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<td></td>
<td></td>
<td>• Suicide Prevention Programs: ($179.7M) $187M</td>
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<td></td>
<td></td>
<td>• Project AWARE: ($155.5M) $120M</td>
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<tr>
<td></td>
<td></td>
<td>• National Child Traumatic Stress Network: ($81.9M) $81.9M</td>
<td></td>
</tr>
<tr>
<td>Substance Use Prevention</td>
<td>($216,667,000)</td>
<td>• Strategic Prevention Framework: ($126.7M) $127.5M</td>
<td>$218,219,000</td>
</tr>
<tr>
<td>Substance Use Treatment</td>
<td>($6,408,943,000)</td>
<td>• Substance Abuse Prevention &amp;Treatment Block Grant: ($3.5B) $1.9B</td>
<td>$3,954,596,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• State Opioid Response Grants: ($2.3B) $1.5B</td>
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<td></td>
<td></td>
<td>• Targeted Capacity Expansion: ($147.9M) $112.2</td>
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<td></td>
<td></td>
<td>• Criminal Justice Activities: ($124.4M) $89M</td>
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<tr>
<td></td>
<td></td>
<td>• First Responders Training: ($63M) $46M</td>
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<tr>
<td>Health Surveillance and Program</td>
<td>($171,873,000)</td>
<td>• Program Support: ($83.3M) $81.5</td>
<td>$293,158,000</td>
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<tr>
<td>Support</td>
<td></td>
<td>• Drug Abuse Warning Network: ($15M) $10.0M</td>
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</table>
## FY 2022 Funding Update *(Dollars in Thousands)*

<table>
<thead>
<tr>
<th>Appropriation</th>
<th>FY 2021</th>
<th>FY 2022</th>
<th>Change FY2022 vs FY 2021</th>
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<tbody>
<tr>
<td>Mental Health</td>
<td>$1,780,275</td>
<td>$2,081,129</td>
<td>+$288,854</td>
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<tr>
<td>Substance Abuse Treatment</td>
<td>$3,854,756</td>
<td>$3,954,596</td>
<td>+$99,840</td>
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<tr>
<td>Substance Abuse Prevention</td>
<td>$208,219</td>
<td>$218,219</td>
<td>+$10,000</td>
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<tr>
<td>Health Surveillance and Program Support</td>
<td>$161,758</td>
<td>$293,158</td>
<td>+$131,400</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td><strong>$6,005,008</strong></td>
<td><strong>$6,547,102</strong></td>
<td><strong>+$530,094</strong></td>
</tr>
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</table>
FY 2022 Funding Update

Programs Increase Highlights:

- **$857M**, or an increase of **$100M**, for Mental Health Block Grants
- **$101.6M**, or an increase of **$77.6M**, for the Suicide Lifeline
- **$120M**, or an increase of **$13M**, for Project AWARE
- **$1.525B**, or an increase of **$25M**, for State Opioid Response Grants
- **$127.8M**, or an increase of **$8M**, for Strategic Prevention Framework

New Program Highlights:

- **$10M** – for a Mental Health Crisis Response grants programs
- **$5M** – for the Behavioral Health Crisis Coordinating Office
### FY 2022 Notice of Funding Opportunity (NOFOs)

35 NOFOs scheduled to be published and 22 NOFOs published to date

<table>
<thead>
<tr>
<th>Total Funding</th>
<th>Center for Mental Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5.4 M</td>
<td>Project AWARE (Advancing Wellness and Resiliency in Education)</td>
</tr>
<tr>
<td>$156 M</td>
<td>Certified Community Behavioral Health Clinic (CCBHC) – Planning, Development, and Implementation Grants</td>
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<tr>
<td>$156 M</td>
<td>Certified Community Behavioral Health Clinic (CCBHC) – Improvement and Advancement Grants</td>
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<tr>
<td>$7.2 M</td>
<td>Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis</td>
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<tr>
<td>$4.4 M</td>
<td>Cooperative Agreements for the Garrett Lee Smith (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program</td>
</tr>
<tr>
<td>$105 M</td>
<td>Cooperative Agreements for States and Territories to Build Local 988 Capacity</td>
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<tr>
<td>$2.24 M</td>
<td>GLS Campus Suicide Prevention Grant Program</td>
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<tr>
<td>$10.421 M</td>
<td>Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances</td>
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<tr>
<td>$2 M</td>
<td>Infant and Early Childhood Mental Health Program</td>
</tr>
<tr>
<td>$8.73 M</td>
<td>Minority AIDS Initiative – Service Integration</td>
</tr>
<tr>
<td>$720K</td>
<td>Statewide Consumer Network Grant Program</td>
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<tr>
<td>$1.56 M</td>
<td>Statewide Family Network Program</td>
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</table>
## FY 2022 NOFOs Continued

### Center for Substance Abuse Prevention

<table>
<thead>
<tr>
<th>Total Funding</th>
<th>Program Description</th>
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<tbody>
<tr>
<td>$9.75 M</td>
<td>Harm Reduction Grant Program</td>
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<td>$3 M</td>
<td>Strategic Prevention Framework for Prescription Drugs</td>
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<tr>
<td>$4.5 M</td>
<td>Substance Abuse and HIV Prevention Navigator Program for Racial/Ethnic Minorities Cooperative Agreement</td>
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### Center for Substance Abuse Treatment

<table>
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<tr>
<th>Total Funding</th>
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<tbody>
<tr>
<td>$12 M</td>
<td>First Responders-Comprehensive Addiction and Recovery Support Services Act Grant</td>
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<tr>
<td>$6 M</td>
<td>Grants to Expand Substance Abuse Treatment Capacity in Adult and Family - Treatment Drug Courts</td>
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<tr>
<td>$22.58 M</td>
<td>Medication-Assisted Treatment – Prescription Drug and Opioid Addiction</td>
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<tr>
<td>$30.5 M</td>
<td>Minority AIDS Initiative: Substance Use Disorder Treatment for Racial/Ethnic - Minority Populations at High Risk for HIV/AIDS</td>
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<tr>
<td>$5.4 M</td>
<td>Rural Emergency Medical Services Training Grant</td>
</tr>
<tr>
<td>$10 M</td>
<td>Services Grant Program for Residential Treatment for Pregnant and Postpartum Women</td>
</tr>
<tr>
<td>$8.3 M</td>
<td>Targeted Capacity Expansion: Special Projects</td>
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</table>
## FY 2022 Upcoming NOFOs

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<tr>
<th>Total Funding</th>
<th>Forecasted NOFOs</th>
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<tr>
<td>$700 K</td>
<td>Asian American, Native Hawaiian and Pacific Islander Center of Excellence</td>
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<td>$3.9 M</td>
<td>Building Communities of Recovery</td>
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<td>$4.96 M</td>
<td>Center of Excellence for Building Capacity in Nursing Facilities to Care for Residents with Behavioral Health Conditions</td>
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<tr>
<td>$2 M</td>
<td>Center of Excellence on Social Media and Mental Wellness</td>
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<tr>
<td>$3.9 M</td>
<td>Provider's Clinical Support System - Universities</td>
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<tr>
<td>$6.5 M</td>
<td>Rural Opioid Technical Assistance Grants</td>
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<tr>
<td>$2 M</td>
<td>Sober Truth on Preventing Underage Drinking Act Grants</td>
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<td>$1.43 B</td>
<td>State Opioid Response</td>
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<td>$16.6 M</td>
<td>State Opioid Response (SOR)/Tribal Opioid Response(TOR) Technical Assistance</td>
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<tr>
<td>$4 M</td>
<td>Strategic Prevention Framework-Partnerships for Success</td>
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<tr>
<td>$55 M</td>
<td>Tribal Opioid Response</td>
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</table>
Thank you and look ahead...
Interdepartmental Serious Mental Illness Coordinating Committee

Anita Everett MD DFAPA
Director, Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
• ISMICC – InterDepartmental Serious Mental Illness Coordinating Committee
## Programs That Can Support Individuals with Serious Mental Illness

Identified by Eight Federal Agencies in Fiscal 2013

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<thead>
<tr>
<th>Agency</th>
<th>Prevention</th>
<th>Research</th>
<th>Support Services</th>
<th>Surveillance</th>
<th>Technical assistance</th>
<th>Treatment</th>
<th>Other</th>
<th>Not Identified</th>
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<td>11</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
<td>34</td>
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<td>DOJ</td>
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<td>HHS</td>
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<td>HUD</td>
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<td>4</td>
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<tr>
<td>SSA</td>
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<td>2</td>
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<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
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<tr>
<td>VA</td>
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<td></td>
<td></td>
<td>9</td>
<td>1</td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13</strong></td>
<td><strong>3</strong></td>
<td><strong>35</strong></td>
<td><strong>1</strong></td>
<td><strong>5</strong></td>
<td><strong>16</strong></td>
<td><strong>27</strong></td>
<td><strong>12</strong></td>
<td><strong>112</strong></td>
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</tbody>
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### MENTAL HEALTH

**HHS Leadership Needed to Coordinate Federal Efforts Related to Serious Mental Illness**
The work of the ISMICC will include, as required,

1) **a summary of advances in SMI and SED research** related to the prevention of, diagnosis of, intervention in, and treatment and recovery of SMI, SED, and **advances in access to services and support** for adults with a SMI or children with a SED

1) **an evaluation of the effect Federal programs related to SMI have on public health**, including public health outcomes

1) and **specific recommendations for actions** that agencies can take to better coordinate the administration of mental health services for adults with a SMI or children with a SED.
Established March 15, 2017

Federal and Non-Federal Membership

Required two yearly meetings

Required reporting

Sunset: Six years after establishment, March 2023
The Way Forward

ISMICC Recommendations

Engaging Federal Departments

Common Missions

Expert Input

Opportunities Requiring Higher-level Actions

Implementation Workgroup Strategies

Shared Plans

Shared Knowledge

Federal Inventory

Shared Understanding

Federal, State, & Local Implementation

Interdepartmental Serious Mental Illness Coordinating Committee

The Way Forward: Federal Action for a System That Works for All People Living With SMI and SED and Their Families and Caregivers
45 Recommendations in 5 Focus Areas

1. Strengthening Federal Coordination – *Data & Evaluation*

2. Making it Easier to Get Good Care - *Access*

3. Close the Gap between what works and what is offered - *Treatment and Recovery*

4. Increase Opportunities for Diversion - *Justice*

5. Develop Finance Strategies - *Finance*
• New Assistant Secretary of Mental Health and Substance Use – revitalizes ISMICC at **August 2021 Meeting**
• ISMICC convenes in **October 2021 for a Listening Session** to gather feedback on the final Report to Congress
• ISMICC convenes again in December 2021 to discuss and develop a 2022 ISMICC plan for the last year of ISMICC – Sunsetting March 2023.
• The Final 2021 Report to Congress is through ISMICC, Federal Agency and HHS clearance and is expected to be submitted to Congress in March 2022
• The U.S. HHS Secretary recommends in his letter to Congress the continuation of the ISMICC beyond March 2023
ISMICCC 2022 working Plan

• December 16, 2021 ISMICCC meeting: feedback from ISMICCC members in order to develop the ISMICCC plan for 2022

• Decisions are to:
  1. Develop an ISMICCC Supplement to the 2021 Second and Final Report to Congress
  2. Continue addressing the **5 focus areas and 45 recommendations** and determine priorities and align with ISMICCC, BHCC, and SAMHSA priorities and principles
  3. **Re-establish the 5 Working Groups** to forward the work in each of the 5 focus areas
5 focus groups

1. Data
2. Access
3. Treatment and Recovery
4. Justice
5. Finance

Example of recommendations in focus area 4
Focus 4: Increase Opportunities for Diversion and Improve Care for People With SMI and SED Involved in the Criminal and Juvenile Justice Systems

- Train first responders on how to work with people with SMI/SED
- Sustain therapeutic dockets in federal, state, and local courts
- Universal screening for mental, substance use disorders, and behavioral health needs for each person incarcerated
- Reduce barriers that impede immediate access to treatment and recovery services on release
ISMICC down the road:
988 Crisis Services

James Wright, LPC
Chief, Crisis Center Operations
Office of the Assistant Secretary
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
America’s Suicide and Mental Health Crisis

- Too many Americans experience suicide and mental health crises without the support and care they need
  - In 2019, 61.2M Americans had a mental illness and/or substance use disorder
  - In 2019, there was approximately one death by suicide every 11 minutes in the US
  - From 1999 through 2018, the suicide rate increased 35%
  - For people aged 10 – 34 years, suicide is the second leading cause of death

- Since 2005, the National Suicide Prevention Lifeline (1-800-273-8255) has helped millions of individuals in emotional distress
  - 46K calls received (2005)
  - 3.6M calls, chats, texts received (2021)

Source: CDC and SAMHSA data
Components of a Behavioral Health Crisis Response System

Person in Crisis -> Crisis Line -> Mobile Crisis Teams -> Crisis Facilities -> Post-Crisis Wraparound

Easy access for law enforcement = connection to treatment instead of arrest

LEAST Restrictive = LEAST Costly

Decreased Use of jail, ED, inpatient
Transitioning to 988 is an important step in transforming crisis care in the country, creating a universal entry point to needed crisis services in line with access to other emergency medical services.

• We are strengthening and expanding the National, state and territory infrastructure to respond to all behavioral health crisis calls, texts, and chats anywhere in the country;

• We are transitioning the National Suicide Prevention Lifeline number (1-800-273-8255) to an easy-to-remember, 3-digit number (988);

• An unprecedented opportunity to improve behavioral health crisis response and care for the nation.

• SAMHSA can’t do this alone. We embrace the partnership from states and territories to meet the needs of anyone in crisis.
## 988 Vision & Near-Term Pillars

### SAMHSA goals

1. **Strengthen and enhance Lifeline**

2. **Transform and strengthen broader crisis care continuum**

### Pillars defined by SAMHSA

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td><strong>Federal planning and convening:</strong> putting robust federal funding, leadership, and policy direction in place to strengthen the Lifeline network and the broader crisis continuum</td>
</tr>
<tr>
<td>1B</td>
<td><strong>Operational readiness of the Lifeline network:</strong> ensuring the Lifeline network is equipped to respond to projected FY22 contacts</td>
</tr>
<tr>
<td>1C</td>
<td><strong>Messaging and public communication:</strong> educating key stakeholders about 988 messaging and the broader public about how and when to use 988</td>
</tr>
<tr>
<td>1D</td>
<td><strong>Foundation for comprehensive crisis services:</strong> putting the building blocks in place to ensure a robust and responsive crisis system that provides direct, life-saving services to all in need</td>
</tr>
</tbody>
</table>

*Activities underlying each of these pillars evolve across phases of implementation (e.g., pre- and post-July)*
SAMHSA 988 updates and resources

• **Submitted congressional reports on 988**
  – Report to Congress on 988 Resources
  – Report to Congress on Training and Access to 988 for High-Risk Populations
  – 988 Appropriations Report*

• **Announced $282M to help transition Lifeline to 988**
  – $177 million to strengthen and expand the existing Lifeline network operations, back-up center workforce, and telephone/chat/text infrastructure
  – $105 million to build up staffing across states’ local crisis call centers

• **Released $105M Notice of Funding Opportunity to states and territories**

* Released on SAMHSA website
Effectiveness of Lifeline

• Seriously suicidal persons call, chat, or text the Lifeline (23% callers, 60% chatters)
• Callers intent to die is significantly reduced during the call (Gould et al. 2007)
• Counselors able to obtain collaboration on over 75% of imminent risk calls (Gould et al., 2016)
• Counselors at Lifeline centers were more likely to inquire about current suicidal ideation, recent ideation, and past attempts, and callers were more likely to experience reduced distress. (Ramchand et al., 2017)
• Follow up calls by Lifeline centers to suicidal callers are experienced by 90% of callers as helping keep them safe and not kill themselves (Gould et al., 2018)
• Suicidality reduced among 50% of those accessing chat (Gould et al., 2021)
• “Third-party callers” calling the Lifeline when they are worried about someone deemed to be at imminent risk are provided a range of interventions which can supplement, and at times replace, calling 911. (Gould et al., 2021)
Established by SAMHSA in 2005, the Lifeline is a network of independently operated and funded local and state call centers.

- Around 200 centers
- 46,000 calls received in its first year
- 3.6m calls, texts, chats received in 2021
- Chats answered through https://suicidepreventionlifeline.org/
Funding for 988 State and Territory Grant

• $105,000,000 will be distributed to states and territories

• For accepted proposals, funding will be awarded based upon a formula using FY 2021 Lifeline calls received across states and territories

• Funding: American Rescue Plan Act funds, requires utilization for workforce support and development

• NOFO lists the FY 2021 call volume and maximum funding amount each state and territory can request for the grant period

• Grants will be programmatically overseen under the Office of the Assistant Secretary 988 Crisis Center Operations Team

• Anticipated Award Date: 04/15/2022, Anticipated Start Date: 04/30/22, Project Period: 2 years
Goals of 988 State and Territory Funding

- Build a true collaboration and partnership between SAMHSA, States/Territories, and Lifeline Crisis Centers to respond to all those in need of 988 support

- 100% nationwide 988 coverage and response through all states and territories

- Build and/or improve the workforce for 988 response and improve crisis care coordination across states and territories through local, regional, and/or statewide Lifeline and community mental health services

- Designate and monitor Key Performance Indicators for states/territories and align with Lifeline network response

- Cooperative agreements are formula based- Goal for all states and territories to engage in 988 response
• Increase response rates above 90% in-state
• Prepare for local chat/text response
• Collect and report data on emergency rescues, suicide attempts in progress, and/or mobile crisis outreach referrals
• Provide follow up services, including outreach for those identified at imminent risk of suicide and referred to emergency intervention
• Provide training on working with populations at higher risk of suicide, including awareness of referral options for high-risk population-specific services
• State oversight of 988 and 911 coordination in collaboration with the state’s 911 administrator

• 85% of funds through grant must go directly to Lifeline crisis centers to support workforce
1. **Assess the readiness** across relevant audiences to inform a roadmap and equip audiences with the information, data, and guidance to prepare for 988 in the near and long-term

2. Refine an **integrated roadmap for 988 implementation** and plan to incorporate stakeholders through the convening

3. Ensure **coordination among stakeholders** and secure commitment to 988 milestones across organizations

4. Align ways to **measure progress and success** across each horizon of 988 launch

5. **Harness the collective energy and engage diverse voices** at the national convening to inform effective 988 implementation

6. Ensure 988 is **designed from the perspective of end users** and reflects their needs and preferences.
HHS Resources that Support 988 and Crisis Services

**SAMHSA:**
- *988 State and Territory Cooperative Agreement (12/22)*
- *Community Mental Health Services Block Grant – 5% Crisis Services set-aside*
- Certified Community Behavioral Health Center (CCBHC) grant
- Zero Suicide Grant
- Garrett Lee Smith Youth Suicide Prevention (GLS) Grant
- Rural Emergency Medical Services Grant
- State Opioid Response (SOR) Grant & Tribal Opioid Response (TOR) Grant
- Tribal Behavioral Health Grant (Native Connections)
- State Transformational Technology Initiative Grants (TTI-NASMHPD)
- Governors Challenges to Prevent Suicide Among Service Members, Veterans, and their Families

**CMS:**
- Medicaid/CHIP Waivers – 1915 and 1115
- Medicaid/CHIP State Plan Amendments
- CMS State Planning Grants for Qualifying Community-Based Mobile Crisis Intervention Services ($15M for 20 states)

**SAMHSA Technical Assistance:**
- Suicide Prevention Resource Center
- Center of Excellence for Integrated Health Solutions
- National and Regional Mental Health Technology Transfer Centers
- GAINS Center for Behavioral Health and Justice Transformation
- National Child Traumatic Stress Network
In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the lead federal agency, in partnership with the Federal Communications Commission and the Department of Veterans Affairs, working to make the promise of 988 a reality for America. Moving to a 3-digit dialing code is a once-in-a-lifetime opportunity to strengthen and expand the existing National Suicide Prevention Lifeline (the Lifeline).

Of course, 988 is more than just an easy-to-remember number—it is a direct connection to compassionate, accessible care and support for all Americans who might be experiencing suicidal thoughts, who are at risk of suicide, or who are struggling with emotional distress. Preparing for full 988 implementation and operational readiness requires a bold vision for a crisis care system that provides direct, life-saving services to all in need.

SAMHSA sees 988 as a first step towards a transformed crisis care system in much the same way an emergency medical services have expanded to the US.

In pursuit of this bold yet achievable vision, SAMHSA is first focused on strengthening and expanding the existing Lifeline network, providing life-saving service to all who call, text or chat via 988. Longer term, SAMHSA recognizes that linking those in crisis to community-based providers—who can deliver a full range of crisis care services—is essential to meeting behavioral health crisis needs across the nation.

Frequently Asked Questions

What is the Lifeline and will 988 replace it?

The Lifeline is a national network of over 1600 local, independent, and state-funded crisis centers equipped to help people in emotional distress or experiencing mental health crises. Moving to 988 will not replace the Lifeline; rather, it will be an easier way for all Americans to access a strengthened and expanded network of crisis call centers.

When will 988 go live nationally?

The 988 dialing code will be available nationally for call, text, or chat on July 14, 2022. Until then, those experiencing a mental health or suicide-related crisis, or those helping a loved one through crisis, should continue to reach the Lifeline at its current number: 1-800-273-TALK. SAMHSA recommends not passing text messages until 988 is available nationwide.

How is this different than 988?

Like 988, there will need to be a system of entities working in lock step to support the establishment and growth of a network in a way that meets our country’s growing suicide prevention and mental health crisis care needs. SAMHSA is actively engaged with state counterparts at the federal and local levels to plan for smooth coordination.

How is 988 being funded?

Congress has provided the Department of Health and Human Services, workforce funding through the American Rescue Plan, some of which will support the 988 workforce. Also, the President’s Fiscal Year 2022 budget request provides additional funding for the Lifeline itself, in other existing federal crisis funding sources. At the state level, in addition to existing public/private sector funding streams, the National Suicide Hotline Designation Act of 2020 allows states to enact new state telecommunications fees to help support local operations.

Is 988 available for substance use crises?

SAMHSA views 988 as an opportunity to transform our country’s behavioral health crisis system to respond to anyone in need. The Lifeline accepts calls from anyone who is suicidal or in emotional distress, including substance use crisis. This transformation will take time and requires resources from federal, state, and local levels to prepare the crisis system to better meet these needs.

Urgent realities:

Many Americans are experiencing suicide and mental health crises without the support and care they need. In 2020 alone, the U.S. lost one life by suicide every 90 minutes—and for people aged 10–34 years, suicide is the second leading cause of death.

Easier access:

Moving to an easy-to-remember, 3-digit dialing code will provide greater access to the saving services.

There is hope:

Providing 24/7 free and confidential support to people in suicide crisis or emotional distress nationwide. The Lifeline helps thousands of people overcome crisis situations every day.

Email 988 questions to: 988team@samhsa.hhs.gov
Additional SAMHSA 988 Resources and Supports

- 988 webpage: [www.samhsa.gov/988](www.samhsa.gov/988)
- 988 Fact Sheet: [https://www.samhsa.gov/sites/default/files/988-factsheet.pdf](https://www.samhsa.gov/sites/default/files/988-factsheet.pdf)
- 988 NOFO: [https://www.samhsa.gov/grants/grant-announcements/sm-22-015](https://www.samhsa.gov/grants/grant-announcements/sm-22-015)

988 Resource Mailbox: [988Team@samhsa.hhs.gov](mailto:988Team@samhsa.hhs.gov)
James Wright, LPC
Chief, Crisis Center Operations, Office of the Assistant Secretary
Substance Abuse and Mental Health Services Administration
(240) 276-1615
james.wright@samhsa.hhs.gov
Moving to a 3-digit dialing code is a once-in-a-lifetime opportunity to strengthen and expand the existing National Suicide Prevention Lifeline. SAMHSA also sees the transition to 988 as an opportunity to a better transformed crisis care system. Effective communication between public and private partners, providers, stakeholders and all who may call, text or chat through 988 will be essential.

What are some of the needs and the resources the NAC sees as critical to engage to make rollout of 988 effective?
BREAK
2:50 – 3:00pm
What’s Equity Got to Do With It?-Language Matters: Cultural Humility and Unconscious Bias including material from the OMH and ONDCP

Dr. Mary Roary, Director
Office of Behavioral Health Equity (OBHE)
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
Why Equity? Why Now?

- Not just because of COVID-19, ongoing civil unrest, and roller coast of public health emergencies—“it’s just the right thing to do”
- Biden-Harris Administration said so in their Executive Orders (EOs):
  - Advancing Racial Equity and Support for Underserved Communities Through the Federal Government
  - Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce
- Equity is ensuring that everyone has what they need to be successfully well
- Equity is also acknowledging, understanding, and working to dismantle the systemic, intentional, and institutional discrimination, often based on race, gender, language, social-economic status, and disabilities have helped to create some of today’s inequities
SAMHSA HAS BEEN TAKING ACTION FOR A LONG TIME
SAMHSA TAKES ACTION
Behavioral Health Equity Report 2021

Substance Use and Mental Health Indicators Measured from the National Survey on Drug Use and Health (NSDUH), 2015–2019
MLK Day: A Reminder to Reflect, Understand, and Continually Pursue Equity

January 15, 2018

The following is a post written by and from the perspective of Tirzah Enumah, Vice President of Diversity, Equity and Inclusion for the New Teacher Center.

We are in the education sector because we want to serve kids. However, despite the efforts of millions of adults in schools, districts, and education support organizations, we still have a system that is not serving all students and children. If we really want to help our kids succeed,
In November of 2021 OMH and SAMHSA Re-launched the “BEHAVIORAL HEALTH IMPLEMENTATION GUIDE FOR THE NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH AND HEALTH CARE” to:

• Increase Awareness
• Reengage existing stakeholders
• Increase commitment & widespread implementation
OMH Take Actions on Cultural Bias

Think Cultural Health is an OMH initiative that provides health and health care professionals with information, continuing education opportunities, and resources to learn about and implement CLAS and the National CLAS Standards.

Think Cultural Health Resources

The resources below are provided in conjunction with the Office of Minority Health’s Think Cultural Health website to provide health care professionals with information, continuing education opportunities, and resources to learn about and implement CLAS and the National CLAS Standards.

- ADDRESSING Framework [154 KB]
- Arthur Kleinman’s Eight Questions [516 KB]
- CLAS, Cultural Competency, And Cultural Humility [143 KB]
- Combating Implicit Bias And Stereotypes [180 KB]
- Communication Styles [156 KB]
- Effective Cross-Cultural Communications Skills [188 KB]
- How To Better Understand Different Social Identities [89 KB]
- Providing CLAS [217 KB]
- RESPECT Model [89 KB]
- Working Effectively With An Interpreter [207 KB]
ONDCP Take Actions on Cultural Bias

• As it relates to supporting those in need of addiction and mental health prevention, intervention, treatment, and recovery support

• In 2021 ONDCP Released Year One Priorities of the Biden-Harris Administration and are working closely with other White House components, agencies, and Congress, State, local, and Tribal governments to meet the following priorities
  • Expanding access to evidence-based treatment;
  • Advancing racial equity issues in our approach to drug policy;
  • Enhancing evidence-based harm reduction efforts;
  • Supporting evidence-based prevention efforts to reduce youth substance use;
  • Reducing the supply of illicit substances;
  • Advancing recovery-ready workplaces and expanding the addiction workforce; and
  • Expanding access to recovery support services.
Agency Offices of Minority Health/Health Equity (OMHHEEs) TAKE ACTION

Collaboration highlights:

- Social Determinants of Health (SDoH)
- Disparity Impact Statement (DIS)
- Culturally and Linguistically Appropriate Services (CLAS)
- Behavioral Health Implementation Guide for CLAS
The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

**Strengths-based and hopeful**

**Inclusive and accepting of diverse cultures, genders, perspectives, and experiences**

**Healing-centered and trauma-responsive**

**Inviting to individuals participating in their own journeys**

**Person-first and free of labels**

**Non-judgmental and avoiding assumptions**

**Respectful, clear and understandable**

**Consistent with our actions, policies, and products**

Let’s See If You Got The Answers Correct

- Language matters in overcoming bias and overcoming can save lives
- CLAS is Culturally and Linguistically Appropriate Services and has 15 Standards that we all should use [https://thinkculturalhealth.hhs.gov/clas/standards](https://thinkculturalhealth.hhs.gov/clas/standards)
- Cultural humility is about respect and empathy, flip the script and ask yourself how would you like to be treated if the roles were reversed
- Implicit bias is unconscious biases are our attitudes/stereotypes that our decision making and can produce negative healthcare delivery & outcomes and for SAMHSA impact the continuum of care of prevention, treatment, & recovery—we are ALL guilty of this at some point in our lives, it’s important to acknowledge, address, and adjust
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities and OBHE’s mission is to do the same with a specific focus on under resourced populations.

Mary Roary
mary.roary@samhsa.hhs.gov

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)
Guiding Questions

• Why does language matter?
• What does the CLAS acronym stands for?
• What is one word to describe cultural humility?
• What is Unconscious Bias?
SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) is the lead Federal government agency for behavioral health data and dissemination in the United States.
What are the Equity Reports?

Historically, Equity Reports have provided an update on key behavioral health indicators within different racial/ethnic groups in the United States that are assessed in NSDUH.
Past Month Illicit Drug Use among Adolescents Aged 12-17, by Race/Ethnicity: 2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019
Past Year Major Depressive Episode (MDE) among Adolescents Aged 12-17, by Race/Ethnicity and Gender: 2019

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019
Substance Use Disorder in the Past Year among People Aged 12 or Older, by Race/Ethnicity: 2015-2019, Annual Averages

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019
Serious Mental Illness in the Past Year among Adults, by Race/Ethnicity: 2015-2019, Annual Averages

- White: 5.0%
- Black or African American: 3.4%
- American Indian or Alaska Native: 5.9%
- Native Hawaiian or Other Pacific Islander: 3.2%
- Asian: 2.2%
- Two or More Races: 8.3%
- Hispanic or Latino: 3.7%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019
Co-Occurring Substance Use Disorder and Any Mental Illness among Adults in the Past Year, by Race/Ethnicity: 2015-2019, Annual Averages

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019
Substance Abuse and Mental Health Data Archive (SAMHDA)

Substance Abuse and Mental Health Data Archive

Explore SAMHSA data and analysis tools.

Mental Illness and Substance Use Disorders in America

- **7.7% (19.3 M)** had a substance use disorder (SUD)
- **3.8% (9.5 M)** had both an SUD and a mental illness
- **20.6% (51.5 M)** had a mental illness

In 2019, **61.2M Americans** (18 years or older) had a mental illness and/or substance use disorder—an increase of 5.9% over 2018 composed entirely of increases in mental illness.

Source: Past Year 2019 NSDUH, 18+

* M - Indicates Million
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

www.samhsa.gov

www.samhsa.gov/data

1-877-SAMHSA-7 (1-877-726-4727)

1-800-487-4889 (TDD)
The National Survey on Drug Use and Health (NSDUH) provides data on mental health and substance use for all 50 states and the District of Columbia. NSDUH is a vital resource for many stakeholders. What NSDUH data topic(s) are most valuable? In what ways do you use the data?

As part of the Evidence Act, SAMHSA is developing an evaluation plan to better understand and build evidence on how SAMHSA’s programs’ work, for whom, and under which circumstances. On which priority evaluation questions should SAMHSA focus?
SAMHSA Harm Reduction Grant Program and Stakeholder Feedback

CAPT Jeffrey A. Coady, Psy.D., ABPP
Acting Director
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
Overdose death numbers in the U.S. have risen dramatically, reaching a predicted 106,000 overdose deaths in the 12 months leading up to October 2021.
Priority Areas: Primary Prevention, Harm Reduction, Evidence-Based Treatment, and Recovery Support

https://www.hhs.gov/overdose-prevention/
Priority Area: Harm Reduction

Research & demonstrations
- Fentanyl Testing Strips (NIH, FDA)

Integrated evidence-based harm reduction
- Harm Reduction Technical Assistance (CDC/SAMHSA)

Sustainable funding
- Harm reduction grants (SAMHSA)

Reduce stigma
- Stop Overdose Campaign (CDC)
Harm Reduction: A Public Health Strategy

- Harm reduction supports individuals, promotes health, and prevents overdose.
- Harm reduction meets individuals where they are and promotes any positive change.
- Harm reduction supports multiple pathways to recovery.
- Harm reduction addresses social determinants of health and focuses on increasing protective factors.
People who use heroin and others who inject drugs who regularly utilize a syringe service program (SSP) are five times more likely to initiate substance use disorder treatment, compared with those who have never used an SSP. (Heimer, 1998)

Syringe service programs can be effective platforms to motivate people with opioid use disorder to enroll in substance use treatment and, over time, to reduce drug use and number of drug injections. (Kidorf, et al., 2009)

Expanded buprenorphine treatment and linkage to social services have been identified as major contributors to the success of a Philadelphia SSP. (OSF, 2011)

SSPs have also been shown, in the United States and around the world, to reduce both HIV and hepatitis C infection among people who inject drugs. (Abdul-Quader, et al., 2013)

Harm reduction programs - including SSPs and MOUD - are highly cost-effective, both when provided separately and even more so when combined. (Ijioma et al., 2021)

Analysis also indicates that distribution of naloxone to counter the effects of an opioid overdose also produces a significant return on investment. (Acharya, et al., 2020)
SAMHSA’s Harm Reduction Efforts

• Harm Reduction Notice of Funding

• SAMHSA Harm Reduction National Summit

• CDC-SAMHSA Harm Reduction Technical Assistance Center
Program Title: Community-Based Funding for Local Substance Use Disorder Services (Harm Reduction)

Purpose: To expand harm reduction efforts for community-based overdose prevention programs, syringe services programs, and other harm reduction services.

Total amount of funds available for the program: Up to $9,750,000 per year or $29,250,000 over 3 years

Authorization: Section 516(a) of the PHS Act, as amended, and Section 2706 of the American Rescue Plan Act of 2021.

Type of Award: Competitive Grant

Eligibility: States, territorial, and local governments; federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, or consortia of tribes or tribal organizations; nonprofit community-based organizations; and primary and behavioral health organizations.

Awarding Process

• The NOFO was posted on December 8, 2021
• Applications will be due February 7, 2022
• Anticipated award date: May 15, 2022
• Anticipated number and amount of awards: 25 awards, up to $400,000 per award per year
• Anticipated Period of Performance: May 30, 2022 – May 29, 2025
Harm Reduction Grant Program - Overview

Funding will specifically be used to:

- Enhance overdose and other types of prevention activities to help control the spread of infectious diseases and the consequences of such diseases for individuals with or at risk of developing SUD.
- Support distribution of opioid overdose reversal medication.
- Connect individuals at risk for, or with, a SUD to overdose education
- Provide counseling and health education
- Referral for treatment of infectious diseases such as HIV, STIs, and viral hepatitis
- Encourage individuals to reduce the negative personal and public health impacts of substance use or misuse
- Develop the capacity of harm reduction programs as part of the continuum of care
- Establish processes for referral to treatment and recovery support services
- Engage targeted populations in overdose prevention regarding consumption of substances including, but not limited to, opioids and their synthetic analogs
Harm Reduction Grant Program - Reporting and Performance

Recipients will be required to report on the following indicators on a quarterly basis:

| • Number of referrals to support services. | List and quantity of harm reduction materials purchased with grant funds including, but not limited to:* |
| • Number of linkages to support. | • Harm reduction vending machine(s), including stock for machines |
| • Evidence-based interventions or promising practices implemented at the community level. | • Infectious diseases testing kits (HIV, HBV, HCV, etc.) |
| • Organizational policy changes developed and/or implemented because of this grant, including efforts made towards stigma reduction. | • Medication lock boxes |
| | • Naloxone kits (as well as higher dosages now approved by FDA) |
| | • Safe sex kits, including PrEP resources and condoms |
| | • Safe smoking kits/supplies |
| | • Screening for infectious diseases (HIV, STIs, viral hepatitis) |
| | • Sharps disposal and medication disposal kits |
| | • Substance test kits (i.e. test strips for fentanyl and other synthetic drugs) |
| | • Syringes to prevent and control the spread of infectious diseases |
| | • Vaccination services (hepatitis A, hepatitis B vaccination) |
| | • Wound care management supplies |

Award funds shall not be used, directly or indirectly, to purchase or promote the use of drug paraphernalia i.e. they are unallowable costs and shall not be charged to this award. U.S. Code Title 21 Section 863 prohibits the sale or distribution of drug paraphernalia. The term drug paraphernalia refers to any equipment that is used to produce, conceal, and consume illicit drugs. Please note, syringes to prevent and control the spread of infectious diseases are not included in the prohibition and may be allowable if the cost meets the requirements of 45 CFR 75 subpart E.
Focus:

1. Develop a definition of harm reduction for SAMHSA that includes harm reduction principles and pillars.
2. Operationalize that definition into specific strategies that weave a vision for harm reduction at SAMHSA.
1. Formed Steering Committee
2. Synthesizing Summit Findings
3. Drafting harm reduction definition, principles, and SAMHSA supported strategies
4. Pending public release (anticipate late 2022 release)
Goals:

- Expand capacity, increase effectiveness, and strengthen the performance and accountability of harm reduction approaches within a comprehensive prevention strategy at the state and community levels.

- Provide TA and consultation services to support implementation of effective, evidence-based harm reduction programs, practices, and policies in diverse settings.

- Decrease health disparities in substance use through application of culturally appropriate harm reduction strategies and approaches.

- Monitor the delivery and quality of the Center’s services so the impact of these services can be assessed in relation to states and communities achieving their goals.
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)
Individuals inherently deserve services that promote health, regardless of whether they use drugs. Evidence-based harm reduction strategies minimize negative consequences of drug use.

How can SAMHSA further expand access to harm reduction interventions and better integrate harm reduction into our existing continuum of care?
Office of Recovery

Dona M. Dmitrovic, MHS
Senior Advisor, Office of Assistant Secretary
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
• Ensure that recovery is a guiding principle in SAMHSA’s policies, programs, and services;
• Promote the involvement of people with lived experience throughout agency and stakeholder activities;
• Identify health disparities in high risk and under-served populations and ensure equity for recovery support services across the nation;
• Foster relationships with internal and external organizations in the mental health and substance use recovery field;
• Promote training and public education opportunities on recovery;
• Explore opportunities to partner with the philanthropic and private sectors to support innovative programming to address disparities and advance recovery transformation;
• Support implementation of any dedicated recovery resources to states for recovery support services, working with the Peer Center for Excellence.
Office of Recovery Proposed Staffing

Director
   Deputy Director
   Executive Assistant
   Special Assistant

Public Health Advisor (Technical Assistance)

Public Health Analyst, CSAT Liaison (Recovery Focused Grants)
Public Health Analyst, CSAP Liaison (Harm Reduction and Overdose Prevention)
Public Health Analyst, CMHS Liaison (Recovery Focused Grants)
Statistician (Data, Evaluation and Stats) (GS-1530-13)

*Initial hires are in bold*
SAMHSA Collaborative Efforts

- Agency Wide Recovery Workgroup
- Publications Promoting Recovery
- Grant Programs Dedicated to Developing and Expanding Peer Recovery Supports
- Data and Evaluation
Council Discussion

How can SAMHSA instill recovery principles in our work?

What do you see as the pressing needs for peer work and recovery supports across the nation?
Public Comment