

Testimony Before the
Senate Committee on Health, Education, Labor and Pensions
Hearing on “Strengthening Federal Mental Health and Substance Use Disorder Programs:
Opportunities, Challenges, and Emerging Issues”

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Good morning. Thank you, Chair Murray, Ranking Member Burr, and members of the committee for inviting me to testify during this hearing focusing on mental health and substance use.

My name is Miriam Delphin-Rittmon, and I am the Assistant Secretary for Mental Health and Substance Use at the U.S. Department of Health and Human Services (HHS). In this role, I lead the Substance Abuse and Mental Health Services Administration, also known as SAMHSA. SAMHSA is the agency within HHS that leads public health efforts to advance the behavioral health of the nation and improve the lives of individuals living with mental and substance use disorders, as well as their families.

It is an honor to lead this agency. In fact, I am a proud product of one of SAMHSA's programs – the Minority Fellowship Program (MFP). The MFP program provided me, and other mental health and substance use disorder clinicians, an educational scholarship and training to more effectively treat and serve people of different cultural and ethnic backgrounds.

I am pleased to be here, along with my HHS colleagues from the Health Resources and Services Administration and the National Institutes of Health to discuss the growing mental health and substance use crisis.

As President Biden has noted, our country faces an unprecedented mental health crisis among people of all ages and backgrounds. Two out of five adults report symptoms of anxiety or depression and minoritized communities are disproportionately undertreated. Even before the pandemic, rates of depression and anxiety were inching higher. But the grief, trauma, and physical isolation of the last two years have driven Americans to a breaking point. In addition, drug overdose deaths have reached a historic high, devastating families and communities. More than 104,000 Americans died due to a drug overdose in the 12-month period ending in September 2021. For these reasons, President Biden included addressing mental health and addiction as two of the four pillars of the unity agenda he outlined in the State of the Union Address.

SAMHSA is actively working to advance the unity agenda and the national mental health strategy, which includes strengthening system capacity, connecting more Americans to care, and creating a continuum of support that aims to transform our health and social services infrastructure to address mental health holistically and equitably.

Though this testimony, I will expand on how SAMHSA is working to achieve the goals of the President.

SAMHSA's Role, Priorities, and Principles

SAMHSA's mission of reducing the impact of substance use and mental illness on American communities is more relevant than ever. To help advance our mission, I have identified five core near-term priorities for the agency:

1. Preventing overdose;
2. Enhancing access to suicide prevention and crisis care;
3. Promoting child and youth behavioral health;

4. Integrating primary and behavioral healthcare; and
5. Using performance measures, data, and evaluation.

I have also outlined four critical cross-cutting principles to bolster SAMHSA’s work on our near-term priorities. These principles include:

1. Greater equity within the behavioral health system;
2. Enhancing the behavioral health workforce;
3. Promoting and supporting recovery practices; and
4. Working to ensure financing of a robust array of behavioral health services.

These priorities and principles are aligned with the focus of the HHS Behavioral Health Coordinating Council (BHCC), which I have the honor of co-chairing with Adm. Rachel Levine, the Assistant Secretary for Health. The purpose of the BHCC is to more efficiently identify and facilitate collaborative, innovative, transparent, equitable, and action-oriented approaches to addressing HHS’s behavioral health agenda, priorities, and strategic planning.

RECENT SAMHSA DATA

2020 National Survey on Drug Use and Health

In October 2021, SAMHSA released findings from the 2020 National Survey on Drug Use and Health (NSDUH).^{1,2} The data suggest that the COVID-19 pandemic had a negative impact on the nation’s well-being. Americans responding to the NSDUH survey reported that the coronavirus outbreak adversely impacted their mental health, including by exacerbating use of alcohol or drugs among people who had used drugs in the past year.

Based on data collected nationally from October to December 2020, it is estimated that 25.9 million past-year users of alcohol and 10.9 million past-year users of drugs other than alcohol reported they were using these substances “a little more or much more” than they did before the COVID-19 pandemic began. During that same time period, youth ages 12 to 17 who had a past-year major depressive episode (MDE) reported they were more likely than those without a past-year MDE to feel that the COVID-19 pandemic negatively affected their mental health “quite a bit or a lot.” Adults 18 or older who had any mental illness (AMI) or serious mental illness (SMI) in the past year were more likely than adults without mental illness to report that the pandemic negatively affected their mental health “quite a bit or a lot.”

SAMHSA PRIORITIES

Preventing Overdose:

¹ Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data>

² Several changes to the 2020 NSDUH prevent its findings from being directly comparable to recent past-year surveys.

Although overdose deaths involving heroin and prescription opioids have decreased, the overdose crisis continues to be a challenge for this country. Synthetic opioids like illicitly manufactured fentanyl and the use of other substances, like stimulants such as cocaine and methamphetamine, and polydrug use, have led to significant increases in overdose deaths.³

Given the escalating overdose crisis and the negative impact of the COVID-19 pandemic, HHS experts came together to create a new, comprehensive Overdose Prevention Strategy (Strategy) meant to strengthen our primary prevention efforts and increase access to the full continuum of care and services for individuals with substance use disorder (SUD) and their families.⁴ I will discuss several SAMHSA efforts that support this Strategy and the care continuum below.

Establishing an Office of Recovery and Advancing Peer Supports

Recovery is a key pillar in our Overdose Prevention Strategy. That is why during Recovery Month last fall, SAMHSA announced it would be establishing a new Office of Recovery. This office will promote the involvement of people with lived experience throughout agency and stakeholder activities, foster relationships with internal and external organizations in the mental health and addiction recovery fields, and identify health disparities in high-risk and vulnerable populations to ensure equity for support services across the Nation.

We know that recovery is enhanced by peer-delivered services. These services have proven to be effective as the support, outreach and engagement with new networks help sustain recovery over the long term. Investing in peer services is critical, given the significant workforce shortages in behavioral health. That is why, as part of the President’s Strategy to Address Our National Mental Health Crisis, SAMHSA will convene stakeholders to explore the benefits of national certified peer specialist certification and how it could accelerate universal adoption, recognition, and integration of the peer mental health workforce across all elements of the health care system.

Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment Block Grant (SABG) helps states in addressing substance use treatment and prevention needs through support of prevention, treatment, and other services not covered by commercial insurance and non-clinical activities and services that address the critical needs of state substance use service systems. The SABG supports state prevention, treatment, and recovery systems’ infrastructure and capacity, thereby increasing availability of services and development and implementation of evidence-based practices.

The Administration supports the addition of a 10 percent set-aside within the SABG for recovery support services aimed at significantly expanding the continuum of care both upstream and downstream. This proposed set-aside would support the development of local recovery community support institutions (i.e., recovery community centers, recovery homes, recovery schools); develop strategies and educational campaigns, trainings, and events to reduce addiction/recovery-related stigma and discrimination at the local level; provide addiction

³ O’Donnell J, Tanz LJ, Gladden RM, Davis NL, Bitting J. Trends in and Characteristics of Drug Overdose Deaths Involving Illicitly Manufactured Fentanyls — United States, 2019–2020. *MMWR Morb Mortal Wkly Rep* 2021;70:1740-1746. DOI: <http://dx.doi.org/10.15585/mmwr.mm7050e3external> icon.

⁴ Haffajee, RL, Sherry, TB, Dubenitz, JM, White, JO, Schwartz, D, Stoller, B, Swenson-O’Brien, AJ, Manocchio, TM, Creedon, TB, Bagalman, E. U.S. Department of Health and Human Services Overdose Prevention Strategy (Issue Brief). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. October 27, 2021.

recovery resources and support system navigation; make accessible peer recovery support services that support diverse populations and are inclusive of all pathways to recovery; and collaborate and coordinate with local private and non-profit clinical health care providers, the faith community, city, county, state, and federal public health agencies, and criminal justice response efforts.

State and Tribal Opioid Response Grants

The State Opioid Response (SOR) grant program aims to address the overdose crisis by increasing access to FDA-approved medications for the treatment of opioid use disorder (OUD), reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for OUD.

States and communities across the country are also dealing with rising rates of stimulant use and its negative health, social, and economic consequences. To address the growing rate of stimulant-involved overdose deaths, Congress has allowed the use of State Opioid Response grants to include methamphetamine and other stimulants to give states and tribes flexibility to address their unique community needs.

Harm reduction is also an important pillar of the Strategy. That is why HHS announced, in April 2021, that grantees in certain programs such as SOR may now purchase rapid fentanyl test strips to help curb the dramatic spike in drug overdose deaths largely driven using strong synthetic opioids, including illicitly manufactured fentanyl.⁵

Like the SOR program, the Tribal Opioid Response Grants program also aims to address the overdose crisis, but directs funding to tribal communities.

Pregnant and Postpartum Women Program

The Pregnant and Postpartum Women program (PPW) uses a family-centered approach to provide comprehensive residential substance use disorder treatment, prevention, and recovery support services for pregnant and postpartum individuals, their minor children, and for other family members. The family-centered approach includes partnering with others to leverage diverse funding streams, encouraging the use of evidence-based practices, supporting innovation, and developing workforce capacity to meet the needs of these families. The PPW program provides services not covered under most public and private insurance. SAMHSA continues to prioritize states that support best-practice collaborative models for treatment, as well as provide support to pregnant individuals with OUD. The Comprehensive Addiction and Recovery Act increased accessibility and availability of services for pregnant individuals by expanding the authorized purposes of the program to include the provision of outpatient and intensive outpatient services.

Harm Reduction Grants

This year, SAMHSA launched its first-ever Harm Reduction grant program and expects to issue \$30 million in grant awards. This opportunity, authorized by the American Rescue Plan Act, will help increase access to a range of community harm reduction services and support harm reduction service providers as they work to help prevent overdose deaths and reduce health risks

⁵ Centers for Disease Control and Prevention, “Federal Grantees May Now Use Funds to Purchase Fentanyl Test Strips”, (April 7, 2021).

often associated with drug use. Providing funding and support for innovative harm reduction services is a key pillar for the Strategy. This funding will allow organizations to expand their distribution of overdose-reversal medications and fentanyl test strips, provide overdose education and counseling, and manage or expand syringe services programs, which help control the spread of infectious diseases like HIV and hepatitis C.

DATA Waiver, Treatment Capacity, and Buprenorphine Guidelines

In an effort to get evidenced-based treatment to more Americans with OUD, last April SAMHSA and HHS announced buprenorphine practice guidelines that remove certain training and certification requirements which some practitioners have cited as a barrier to treating more people.⁶ The Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder (Practice Guidelines) provides an exemption from certain statutory certification requirements for eligible physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives, who are state licensed and registered by the Drug Enforcement Administration to prescribe controlled substances. Specifically, the exemption allows these practitioners to treat up to 30 patients with OUD using buprenorphine without having to make certain training-related certifications. This exemption also allows practitioners to treat patients with buprenorphine without certifying as to their capacity to provide counseling and ancillary services. As of March 11, 2022, 12,005 providers have obtained a waiver through the revised Practice Guidelines.

Enhancing Access to Suicide Prevention and Crisis Care:

Suicide rates increased 30 percent between 2000–2018 and declined in 2019 and 2020. Suicide is a leading cause of death in the United States,⁷ with 45,979 deaths in 2020. This is about one death every 11 minutes. The number of people who think about or attempt suicide is even higher. In 2020, an estimated 12.2 million American adults had serious thoughts of suicide in the past year, 3.2 million made a suicide plan, and 1.2 million attempted suicide.⁸ Among adolescents 12 to 17, 12 percent had serious thoughts of suicide, 5.3 percent made a suicide plan, and 2.5 percent attempted suicide in the past year. These findings vary by race and ethnicity, with people of mixed ethnicity reporting higher rates of serious thoughts of suicide. Among people of mixed ethnicity 18 or older, 11 percent had serious thoughts of suicide, 3.3 percent made a suicide plan and 1.2 percent attempted suicide in the past year. Among Hispanics or Latinos 18 or older, 4.2 percent had serious thoughts of suicide, 1.2 percent made a suicide plan and 0.6 percent attempted suicide in the past year.

⁶Substance Abuse and Mental Health Services Administration, “HHS Releases New Buprenorphine Practice Guidelines, Expanding Access to Treatment for Opioid Use Disorder” (April 27, 2021).

<https://www.samhsa.gov/newsroom/press-announcements/202104270930>

⁷ CDC. CDC WONDER: Underlying cause of death, 1999–2019. Atlanta, GA: US Department of Health and Human Services, CDC; 2020. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

⁸ Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Suicide is a complex public health problem. There is no single cause and no single solution. As we work with our federal agency partners to improve suicide prevention efforts across the nation, we are focused on addressing upstream risk factors, expanding access to mental health and substance use services, and improving the crisis services infrastructure.

SAMHSA has several programs aimed at supporting Americans in crisis.

The National Suicide Prevention Lifeline and Transition to 988

The National Suicide Prevention Lifeline (Lifeline), currently 1-800-273-TALK, is a network of more than 200 local, independent crisis centers equipped to help people in mental health related distress or experiencing a suicidal crisis via call, chat, or text. The Lifeline provides free and confidential support to people in suicidal crisis or mental health related distress 24 hours a day, 7 days a week, across the United States.

In 2020, the FCC and Congress designated the number 988 as the nation's new, three-digit, national suicide prevention and mental health crisis number. On July 16, 2022, the US will transition to using the 988-dialing code. The creation of 988 is a once-in-a-lifetime opportunity to strengthen and expand the Lifeline and transform America's behavioral health crisis care system to one that saves lives by serving anyone, at any time, from anywhere across the nation.

Preparing the Lifeline for full 988 operational readiness requires a bold vision for a system that provides direct, life-saving services to all in need and links them to community-based providers uniquely positioned to deliver a full range of crisis care services. SAMHSA sees 988 as the linchpin and catalyst for a transformed behavioral health crisis system in much the same way that, over time, 911 spurred the growth of emergency medical services in the United States.

Through the American Rescue Plan Act, the Administration has provided \$180 million to support local capacity to answer crisis calls and establish more community-based mobile crisis response and crisis stabilizing facilities to minimize unnecessary emergency department visits.

Community Mental Health Services Block Grant

The Community Mental Health Services Block Grant (MHBG) continues to serve as a safety net for mental health services for some of the nation's most vulnerable populations. By statute, MHBG funds must be used to address the needs of adults with SMI and children with serious emotional disturbances (SED). Ten percent of MHBG funds are set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The set-aside helps reduce costs to society, as intervening early helps prevent deterioration of functioning in individuals experiencing a first episode of serious mental illness. MHBG also includes a set-aside to support state efforts to build much needed crisis systems to address the needs of individuals in mental health crisis in a high quality, expeditious manner. The development of these services will promote 24/7 access to well-trained mental health professionals in the time of acute mental health crisis.

Garrett Lee Smith Grant Program

The Garrett Lee Smith (GLS) Memorial Act authorizes SAMHSA to manage two significant youth suicide prevention programs and one resource center. The GLS State/Tribal Youth Suicide

Prevention and Early Intervention Grant Program supports development and implementation of youth suicide prevention and early intervention strategies involving public-private collaboration among youth serving institutions. The GLS Campus Suicide Prevention program supports institutions of higher education, including tribal colleges and universities, working to prevent suicide and suicide attempts. A peer reviewed research paper found that a sustained reduction in youth suicide mortality rates was observed among youths in counties exposed to GLS Memorial Youth Suicide Prevention Program programming compared with matched control counties that were not exposed to GLS.⁹

Adult Suicide Prevention Grants

The 2012 National Strategy for Suicide Prevention (NSSP) seeks to reduce the overall suicide rate and number of suicides in the U.S. nationally. The NSSP grant program supports the efforts of states, tribes, primary and behavioral healthcare organizations, public health agencies, and emergency departments to implement the NSSP. While the NSSP addresses all age groups and populations with specific needs, the goals and objectives of the NSSP grants focus on preventing suicide and suicide attempts among adults over the age of 25.

The Zero Suicide model is a comprehensive, multi-setting approach to suicide prevention in health systems. The purpose of the Zero Suicide program is to implement suicide prevention and intervention programs for individuals who are 25 years of age or older by systematically applying evidence-based approaches to screening and risk assessment, developing care protocols, collaborating for safety planning, providing evidence-based treatments, maintaining continuity of care during high risk periods, and improving care and outcomes for such individuals who are at risk for suicide being seen in health care systems.

Promoting Child and Youth Behavioral Health:

Even before the pandemic, our nation’s children and youth were struggling with mental health and substance use challenges, and during the pandemic rates of anxiety and depression have skyrocketed, which is why it is critical that we promote the behavioral health of young people across the country. To focus our efforts on improving behavioral wellness for our nation’s youth, SAMHSA has developed the “Health, Opportunity, Potential and Equity (HOPE) Framework for Children, Youth and Families.”

SAMHSA wants to bring HOPE to children and families across the country by creating and expanding programs and initiatives that provide Health for every young person - and you can’t have health without mental, emotional, and behavioral health - improve Opportunity for youth who may be at-risk through early identification and intervention, and ensure that young people who experience serious emotional disturbances or substance use disorders can reach their full Potential. And we will emphasize the need for Equity to deliver all our services and supports in culturally and linguistically appropriate ways.

⁹ Garraza, Kuiper, Goldston, McKeon, Walrath. Long-term impact of the Garrett Lee Smith Youth Suicide Prevention Program on youth suicide mortality, 2006–2015, *Journal of Child Psychology and Psychiatry* (2019).

The HOPE Framework will guide efforts to expand access to proven treatments, interventions, and other recovery supports, while developing new and innovative solutions to strengthen behavioral health services for America's children and young adults.

Project AWARE

Project AWARE (Advancing Wellness and Resiliency in Education) is comprised of the Project AWARE grants, Resilience in Communities after Stress and Trauma (ReCAST) grants, and the Mental Health Awareness Training (MHAT) grants. Project AWARE grants promote comprehensive, coordinated, and integrated state efforts to make schools safer and increase access to mental health services. ReCAST assists high-risk youth and families to promote resilience and equity in communities struggling with civil unrest, trauma, and violence through implementation of evidence-based violence prevention and community youth engagement programs and linkages to trauma-informed mental health services. The MHAT grants train school personnel, emergency first responders, law enforcement, veterans, armed services members, and their families to recognize the signs and symptoms of mental disorders.

Project LAUNCH

Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) works to ensure that the systems that serve young children (including childcare and education, home visiting, and primary care) have the resources and knowledge to foster their social, emotional, cognitive, and behavioral development. The program also ensures that the systems intervene to prevent, recognize early signs of, and address mental, emotional, and behavioral disorders in early childhood and into the early elementary grades.

Children's Mental Health Initiative

The Children's Mental Health Initiative (CMHI) supports "systems of care" (SOC) for children and youth with SED and their families to increase their access to evidence-based treatment and supports. SOC is a strategic approach to the delivery of services and supports that incorporates family-driven, youth-guided, strength-based, and culturally and linguistically competent care to meet the physical, intellectual, emotional, cultural, and social needs of children and youth throughout the U.S. Services are delivered in the least restrictive environment with evidence-supported treatments and interventions. Individualized care management ensures that planned services and supports are delivered with an appropriate, effective, family-driven, and youth-guided approach. This approach has demonstrated improved outcomes for children at home, at school, and in their communities. For example, CMHI grantee data show that suicide attempt rates significantly decreased within 12 months after children and youth accessed CMHI-related services.

Infant and Early Childhood Mental Health

The purpose of the Infant and Early Childhood Mental Health program is to improve outcomes for children, from birth to 12 years of age, who are at risk for, show early signs of, or have been diagnosed with a mental illness, including an SED. Grantees improve outcomes for children through training early childhood providers and clinicians to identify and treat behavioral health disorders, including in children with a history of in utero exposure to substances such as opioids, stimulants, or other drugs that may impact development, and through the implementation of evidence-based multigenerational treatment approaches that strengthen caregiving relationships.

National Child Traumatic Stress Initiative and the National Child Traumatic Stress Network

The National Child Traumatic Stress Initiative (NCTSI) aims to improve behavioral health services and interventions for children and adolescents exposed to traumatic events. SAMHSA funds a national network of grantees known as the National Child Traumatic Stress Network (NCTSN) to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events. The NCTSN has grown to 116 funded and over 150 affiliate centers located nationwide in universities, hospitals, and a range of diverse community-based organizations with thousands of national and local partners. The NCTSN's mission is to raise the standard of care and improve access to evidence-based services for children experiencing trauma, their families, and communities. A component of this work has been the development of resources and delivery of training and consultation to support the development of trauma informed child-serving systems.

Center of Excellence on Social Media and Mental Wellness

While technology platforms have improved our lives in some ways, there is mounting evidence that social media is harmful to many kids' and teens' mental health, well-being, and development. Therefore, over the next year, SAMHSA will launch a National Center of Excellence on Social Media and Mental Wellness, which will develop and disseminate information, guidance, and training on the full impact of adolescent social media use, especially the risks these services pose to their mental health.

Integrating Primary and Behavioral Healthcare:

We know that an individual's first interaction with the health system is typically through a primary care provider or the emergency room. During the COVID-19 pandemic, while providers were initially focused on acute medical concerns, we heard that many were not adequately resourced to consider the behavioral health effects of the pandemic. The following programs support efforts to integrate primary and behavioral healthcare.

Certified Community Behavioral Health Clinics Expansion Grants

The Certified Community Behavioral Health Clinics (CCBHC) Expansion program is designed to increase access to and improve the quality of community mental and substance use disorder treatment services. CCBHCs funded under this program must provide access to services for individuals with SMI or SUD, including OUD; children and adolescents with SED; and individuals with co-occurring mental and substance use disorders. This program improves the mental health of individuals by providing comprehensive community-based mental and substance use disorder services; treatment of co-occurring disorders; advancing the integration of mental/substance use disorder treatment with physical health care; utilizing evidence-based practices on a more consistent basis and promoting improved access to high quality care.

Data from intake to most recent reassessment for individuals served in the CCBHC program demonstrate that as of March 2022, clients have a 72 percent reduction in hospitalization and a 69 percent reduction in Emergency Department visits, as well as a 25 percent increase in mental health functioning in everyday life. Additionally, the data demonstrates that 12 percent had an increase in employment or started going to school.

Primary and Behavioral Health Care Integration

The Primary and Behavioral Health Care Integration (PBHCI) program addresses the intersection between primary care and treatment for mental illness and co-occurring disorders. This program awards grants to community mental health centers and states to support coordination and integration of primary care services and publicly funded community behavioral health services for individuals with SMI and a co-occurring substance use disorder served by the public mental health system. The PBHCI program encourages grantees to engage in necessary collaboration, expand infrastructure, and increase the availability of primary healthcare and wellness services.

Screening, Brief Intervention and Referral to Treatment Program

The Screening, Brief Intervention and Referral to Treatment (SBIRT) program is intended to help primary care physicians identify individuals who misuse substances and help them intervene early with education, brief treatment, or referral to specialty treatment. The program’s goal is to increase the number of individuals who receive treatment and reduce the rate of substance misuse. Studies have shown that this approach is effective in helping reduce harmful alcohol consumption.^{10,11,12} A SAMHSA-funded cross-site evaluation found that allied health professionals, rather than the physicians themselves, were more likely to implement SBIRT with their patients. The SBIRT Student Training and Health Professionals Training grant programs support SBIRT training efforts for medical students, medical residents, nurses, social workers, psychologists, pharmacists, dentists, and physician assistants. These efforts aim to develop further the primary healthcare workforce in substance use disorder services.

Using Performance Measures, Data, and Evaluation:

Behavioral Health Equity Report

In October 2021, SAMHSA released its “Behavioral Health Equity Report 2021: Substance Use and Mental Health Indicators Measured from the National Survey on Drug Use and Health (NSDUH), 2015–2019.”¹³ This report disaggregates the behavioral health indicators by selected determinants of health: race and ethnicity (White, Black or African American, Native Hawaiian or Other Pacific Islander, American Indian/Alaska Native, Asian, Two or More Races, and Hispanic or Latino), income level, county type, and health insurance status. In this report, the array of indicators presented across racial/ethnic groups and other selected determinants of health provides a unique overview of population-based variations in behavioral health at a point in time.

¹⁰ Bertholet, N., Daepfen, J.-B., Wietlisbach, V., Fleming, M., & Burnand, B. (2005). Reduction of alcohol consumption by brief alcohol intervention in primary care: systematic review and meta-analysis. *Archives of Internal Medicine* 165, 986–995.

¹¹ Kahan, M., Wilson, L., & Becker, L. (1995). Effectiveness of physician-based interventions with problem drinkers: A review. *Canadian Medical Association Journal*, 152, 851–859.

¹² Wilk, A.I., Jensen, N.M., and Havighurst, T.C. (1997). Meta-analysis of randomized control trails addressing brief interventions in heavy alcohol drinkers. *Journal of General Medicine*, 12 (5), 274-283.

¹³ Center for Behavioral Health Statistics and Quality. (2021). Behavioral health equity report 2021: Substance use and mental health indicators measured from the National Survey on Drug Use and Health (NSDUH), 2015–2019 (Publication No. PEP21-07-01-004). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data>

This effort—although a beginning step in addressing the complexity of behavioral health issues and social determinants of health—provides a mechanism for systematically tracking changes, trends, and disparities over time.

Drug Abuse Warning Network

SAMHSA re-established the Drug Abuse Warning Network (DAWN) in 2018 as a nationwide public health surveillance system to monitor emergency department visits related to recent substance use, including those related to opioids. Authorized by the 21st Century Cures Act, DAWN provides necessary information such as patient demographic details and substances used in order to respond effectively to the overdose crisis in the United States and to better inform public health, clinicians, policymakers, and other stakeholders to respond to emerging substance use trends.

Updating SAMHSA's Government Performance and Results Act Tools

The Government Performance and Results Act (GPRA) requires agencies to engage in performance management tasks such as setting goals, measuring results, and reporting progress. SAMHSA's discretionary grants and block grants are required to collect and report GPRA data. Based on feedback from the field, SAMHSA is working to modify its existing client-level GPRA tools with the goal to improve the agency's ability to assess the impact of our programs on key outcomes of interest and to gather vital information about clients served.

CONCLUSION

On behalf of my colleagues at SAMHSA, thank you for your interest in, and support for, our programs, and for supporting the nation's behavioral health. I would be pleased to answer any questions you may have.