

Governor's Monthly Opioid Response Webinar

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FY23 Consolidated Appropriations Act

- What was in the FY23 CAA?
 - Appropriations
 - Authorizations
- Provision Spotlight:
 - MAT/MATE Implementation
- Investments in Maine



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SAMHSA FY23 Appropriations

Mental Health Funding

\$2.789 billion (+\$707.4m over FY22) **+25%**

Substance Use Prevention Funding

\$236.88 million (+\$18.66m over FY22) **+8%**

Substance Use Treatment

\$4.157 billion (+\$202.7m over FY22) **+5%**

Health Surveillance & Program Support

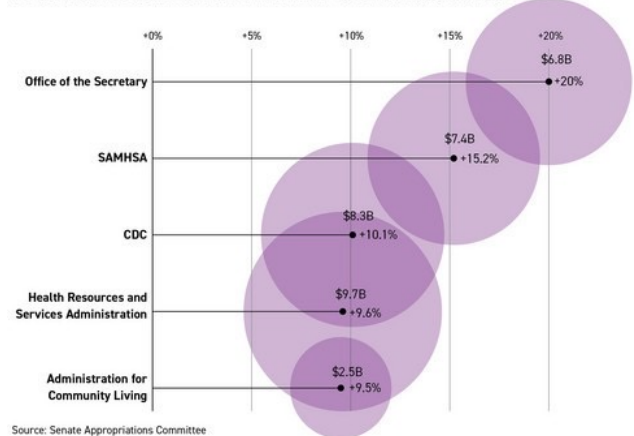
\$334.9 million (+\$41m over FY22) **+12%**

Total SAMHSA FY23 Funding =

\$7.4 billion - \$970,481 m over FY22 +13%

Secretary's office, SAMHSA receiving the largest percentage bumps to funding

TOP HHS PROGRAMS RECEIVING FUNDING IN LABOR-HHS- EDUCATION TITLE, FISCAL 2023



Source: Senate Appropriations Committee



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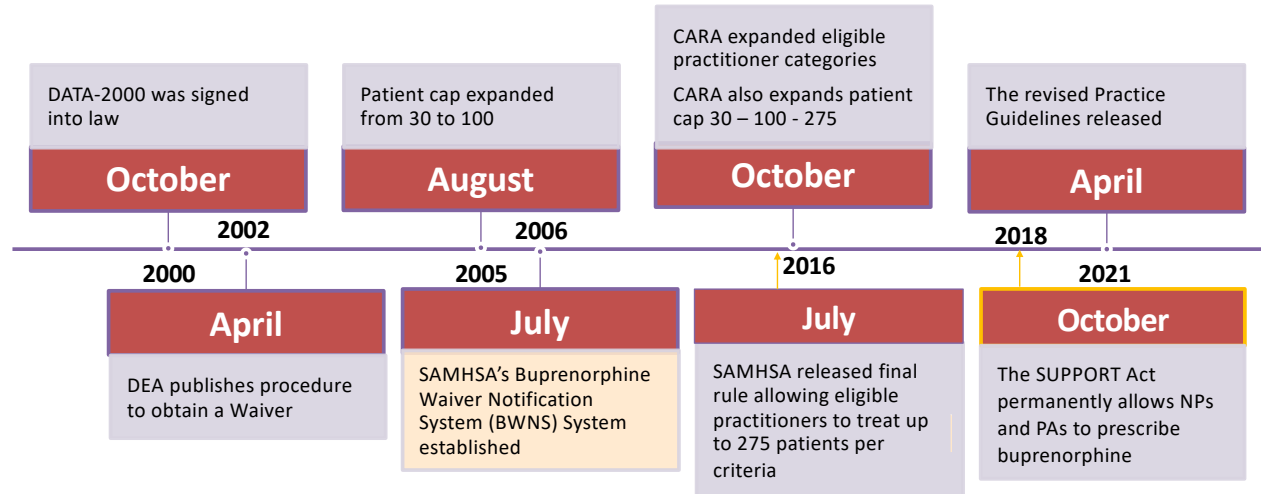
Authorizations – Restoring MH & Well-Being Act

- **Preventing Overdose** - State Opioid Response, Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths (PDO), Building Communities of Recovery & Recovery Community Services Program, OTPs/Regulatory Activities, Emergency Department Alternatives to Opioids, Addiction Technology Transfer Centers, Comprehensive Opioid Recovery Grants, MAT/MATE, Targeted Capacity Expansion, Family & Drug Treatment Court programs, etc.
- **Enhancing Access to Suicide Prevention & Crisis Care** - Increased 988 funding, codified BH Crisis Coordinating Office, crisis coordination w/ CMS, GLS reauthorization, awareness activities, etc.
- **Promoting Resilience and Emotional Health for Children, Youth & Families** - MHBG reauthorization, Infant and Early Childhood Mental Health, National Child Traumatic Stress Network, Children's Mental Health Initiative, ReCAST grants, Trauma-Informed Services in Schools, Project AWARE*, Pregnant and Postpartum Women Program, Mental Health Awareness Training, Project LAUNCH, Healthy Transitions, Tribal Behavioral Health Grants, etc.
- **Integrating Behavioral and Physical Health Care** – Primary and Behavioral Health Care Integration Grants, Certified Community Behavioral Health Clinics, PRNS & ISMICC reauthorization, CoCM grant program, etc.
- **Strengthening the Behavioral Health Workforce** – Minority Fellowship Program, Mental Health Practice Improvement and Training, Historically Black Colleges and Universities Center of Excellence, Center for Application of Prevention Technologies, Medicare Coverage of Marriage & Family Therapists/LPCs, peer-support & recovery support services, etc.
- **Other Provisions** –MH parity, maternal MH hotline, state flexibility to provide MH/SUD services to incarcerated youth.



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History of the X-Waiver



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December 2022 – Removal Of The X-Waiver

On December 29, 2022, the President signed into law H.R. 2617, the “Consolidated Appropriations Act, 2023.”

Mainstreaming Addiction Treatment (MAT) Act	Medication Access and Training Expansion Act (MATE)
Removes the DATA-2000 Waiver to prescribe buprenorphine	Requirement for a one-time, 8-hour training on substance use for practitioners renewing or applying for registration from the DEA
Deliver a report to Congress assessing the impact of the elimination of the waiver program	

Implementation of MAT and MATE requires close collaboration and coordination between the DOJ/DEA and HHS/SAMHSA

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2023 – Current Status

- “With this provision, and effective immediately, SAMHSA will no longer be accepting Notice of Intents (waiver applications).”
- “All practitioners who have a current DEA registration that includes Schedule III authority, may now prescribe buprenorphine for Opioid Use Disorder in their practice if permitted by applicable state law and SAMHSA encourages them to do so.”

<https://www.samhsa.gov/medications-substance-use-disorders/removal-data-waiver-requirement>



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MAT/MATE Implementation Updates

- SAMHSA and DEA are in the process of developing FAQs.
- SAMHSA and DEA meeting weekly to coordinate workplans, communications, and resolve outstanding issues.
- DEA must determine the type of training that will satisfy the MATE requirement set to go into effect 180 days from bill enactment (June 21, 2023):
 - DEA has asked for guidance from SAMHSA/HHS
 - BHCC Opioid Prescriber Education Workgroup and DEA are collaborating on Stakeholder listening sessions underway (APhA, ACCME, AMA, others).
- SAMHSA released a supplemental NPRM for Part 8, public comment period is open through March 14th



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SUPTRS Block Grant

Substance Use Prevention Treatment and Recovery Services Block Grant - Provides resources to states, territories, and tribes to help plan, implement, and evaluate activities that support prevention, treatment and recovery from substance use.



Maine

- **FY22: \$7,155,296 | FY23: \$7,530,296**
- Total persons served reported in 2022: 7,437
- Performance Indicator: Persons served annually by diversion and/or re-entry programs in 2021: 589
 - 1st Year Target/outcome measurement: 601
 - Persons served in 2022: 978 (66% increase)
 - This increase was due to Maine’s MOUD service expansion and adult drug treatment courts returning to pre-pandemic levels



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State Opioid Response Grants

State Opioid Response (SOR) Program

Provides resources to states and territories to help with the following:

- Prevent overdose deaths from opioids and stimulants.
- Reduce unmet treatment need.
- Support recovery for people with, or at risk for, OUD and/or stimulant use disorders or related conditions.
- Increase access to MOUD.

Maine

- **FY22: \$6,325,323 | FY23: \$6,548,012**
- As of February 22, 2023, Maine has serviced 2,037 people through their SOR-funded programs.
- Data show that there was a 26.3% increase in SOR clients who reported no alcohol or illegal drug related health, behavioral, or social consequences in the last 30 days.
- Maine has distributed tens of thousands naloxone kits.

Source:
 • Data reported is based on GPRA data generated in SPARS on February 22, 2023
 • Data is from the FY 2018 SOR cohort, including no-cost extensions, Performance Progress Reports (September 30, 2018- September 29, 2021); and the FY 2020 SOR cohort Performance Progress Reports (September 30, 2020, to September 29, 2022); this is the most current data available.
 • Data reported is based on GPRA data generated in SPARS on February 22, 2023



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Thank You!

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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