

The image features a landscape background of mountains at sunset or sunrise, with a large, semi-transparent geometric logo overlaid. The logo consists of a central vertical bar and two diagonal bars that meet at the top, forming a stylized 'N' or a similar abstract shape. The text 'NAATP' is positioned on the left side of the logo, 'NATIONAL' is centered below it, and '2024' is on the right side, all in a bold, sans-serif font. The colors of the text are white and yellow, contrasting with the dark blue and orange background.

NAATP  
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Uniting Lived and Professional Expertise to Strengthen the Continuum of Care  
Federal Efforts to Expand Recovery and Prevent Overdose



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Center for Substance Abuse Treatm  
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# Uniting Lived and Professional Expertise to Strengthen the Continuum

## Federal Efforts to Expand Recovery and Prevent Overdose

**Dr. Yngvild Olsen, MD, MPH**

Center for Substance Abuse Treatment (CSAT)

**Chase Holleman, LCSW**

Center for Substance Abuse Prevention

**David Awadalla, MSW, BSHP**

Office of Recovery

Substance Abuse and Mental Health Services Administration (SAMHSA)

U.S Department of Health and Human Services (HHS)

**National Association of Addiction Treatment Providers (NAATP)**

**Annual Conference**

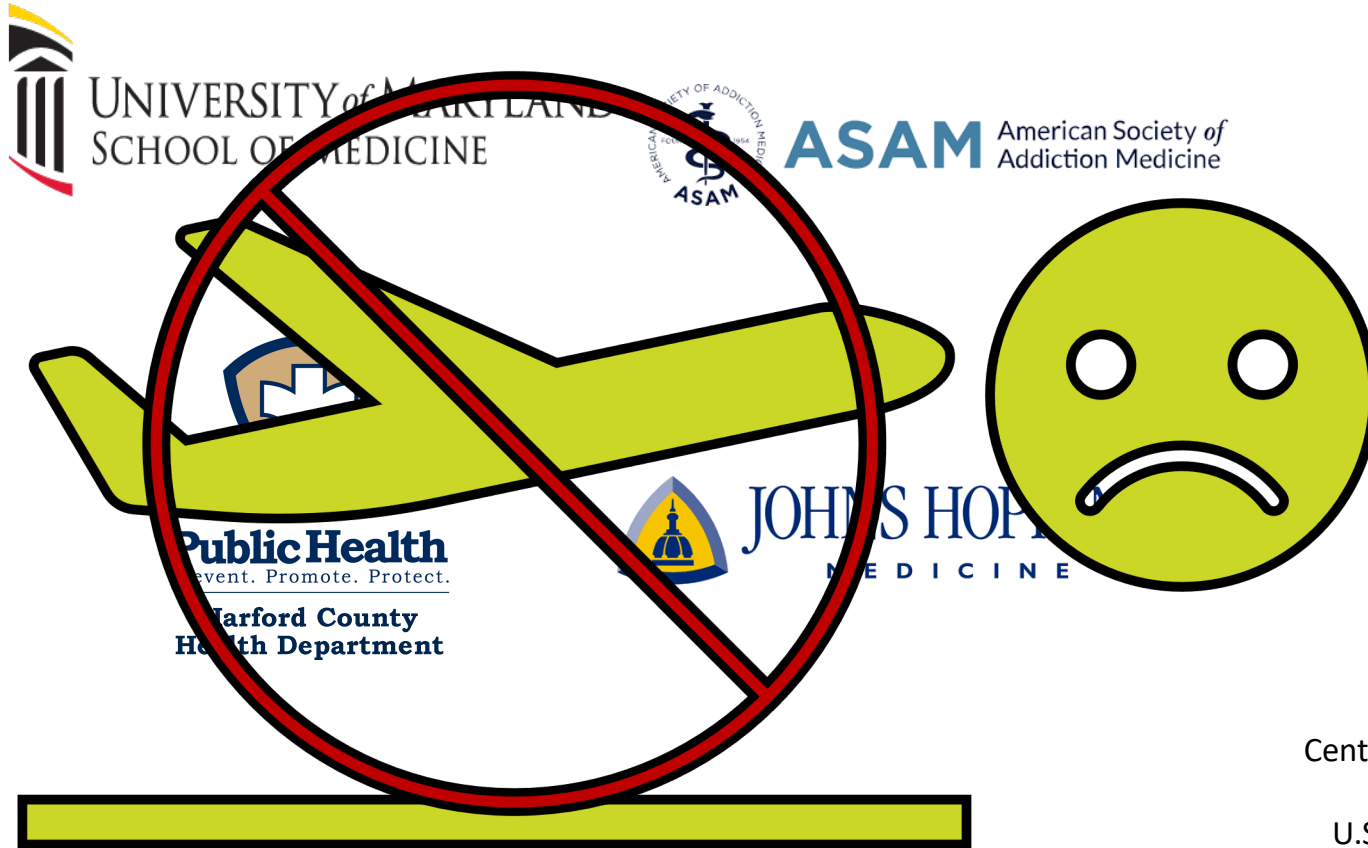
**May 21, 2024**



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- The views, thoughts, and opinions reflected in this presentation and those of this session, including any handouts or related materials, belong solely to the presenters and do not necessarily reflect the official views, policies, or position of the U.S. Federal Government, the Department of Health and Human Services or SAMHSA.
- Presenters in this session have no financial or other potential conflict of interest to disclose.

# Quick Introduction—Dr. Yngvild Olsen



**Yngvild Olsen, MD, MPH**  
Director  
Center for Substance Abuse Treatment (CSAT)  
SAMHSA  
U.S. Department of Health and Human Services



# A Little About Chase...



# Quick Introduction—David



~~David Awadalla,~~  
**Offender #1000066908**  
State Prison Inmate  
Georgia Department of Corrections



**David Awadalla, MSW, BSHP**  
SAMHSA  
United States Department of Health and Human Services

# Learning Objectives

- Describe how SAMHSA is collaborating with federal, state, and local partners to advance recovery and incorporate the voices of people with lived experience into policy and programming.
- Identify federal efforts to promote collaboration between recovery, prevention, harm reduction, treatment.
- Utilize federal programs, policies, and resources that can be used to advance recovery, prevent overdose, and promote wellbeing.
- Discuss strategies for incorporating lived experience into their own programs or organizations.



# HHS Overdose Prevention Strategy

## HHS Overdose Prevention Strategy



## President Biden's Unity Agenda

- National certification standards for the peer workforce
- Expanded recovery support and overdose prevention efforts—including harm reduction
- Efforts to promote the mental well-being of our frontline health workforce



## FACT SHEET: Addressing Addiction and the Overdose Epidemic

MARCH 01, 2022 • STATEMENTS AND RELEASES

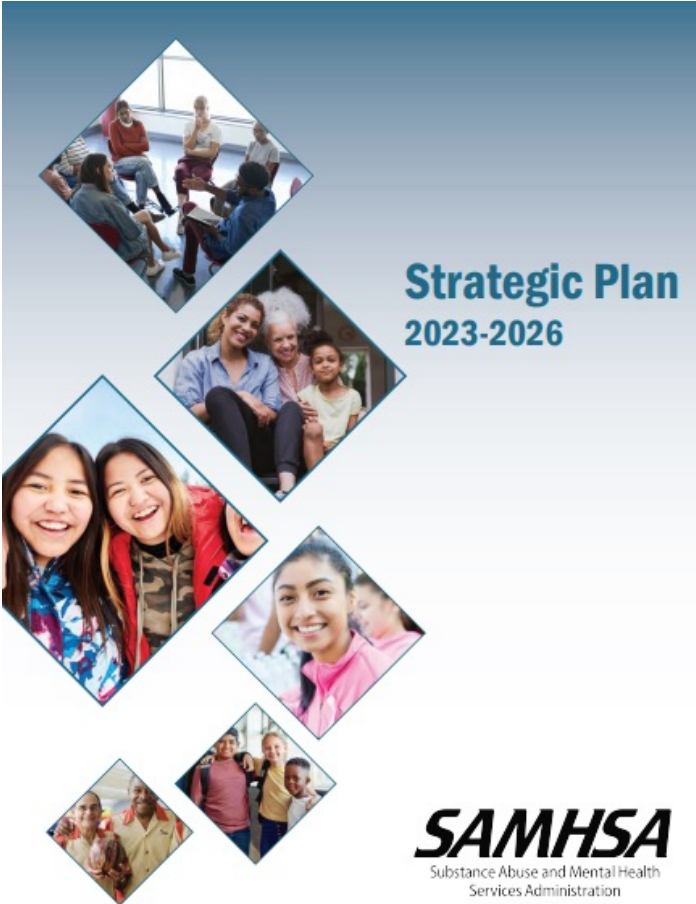
**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Did You Say Samsung?

- The Substance Abuse and Mental Health Services Administration (aka SAMHSA) is part of the U.S Department of Health and Human Services (HHS).
- Leads 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.
- SAMHSA envisions that people with, affected by, or at risk for mental health and substance use conditions receive care, thrive, and achieve well-being
- Provides billions of dollars in funding for mental health and substance use prevention, treatment, recovery, and harm reduction in the form of discretionary, block grants, and other formula such as the State Opioid Response (SOR) grant.
- SAMHSA also oversees coordination the 988 Crisis Line and leads development of policy, guidance, and best practices for prevention, treatment, harm reduction, and recovery across the nation.

**SAMHSA's public health workforce is comprised professionals such as physicians, social workers, Ph.Ds., pharmacists, nurses, and statisticians—many of whom have lived experience with, or a deep personal connection to, mental health and/or substance use conditions.**

# SAMHSA Priorities and Guiding Principles



**Strategic Plan  
2023-2026**

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



# Federal Partners

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

**FDA** U.S. FOOD & DRUG  
ADMINISTRATION

ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES



**NIH**  
National Institute  
on Drug Abuse



**VA** |  U.S. Department  
of Veterans Affairs

**CDC**  
CENTERS FOR DISEASE  
CONTROL AND PREVENTION

**HRSA**  
Health Resources & Services Administration

A few non-HHS Federal partners include....

- Office of National Drug Control Policy (ONDCP)/Executive Office of the President
- Department of Justice agencies such as..
  - Bureau of Prisons
  - Drug Enforcement Administration (DEA)

# Drug Overdose Deaths – More than 105,000 Lives Lost



Source: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

# Multifront Advancements to Address Overdose Crisis

Adopting, funding Harm Reduction

Revising federal guidelines for OTPs

Increasing grant funding

Updating regulations for information privacy

Updating regulations for OTP care

Equipping and expanding the Workforce

Elimination of the DATA 2000/X-Waiver

Low Barrier Advisory

Overdose Prevention and Response Toolkit

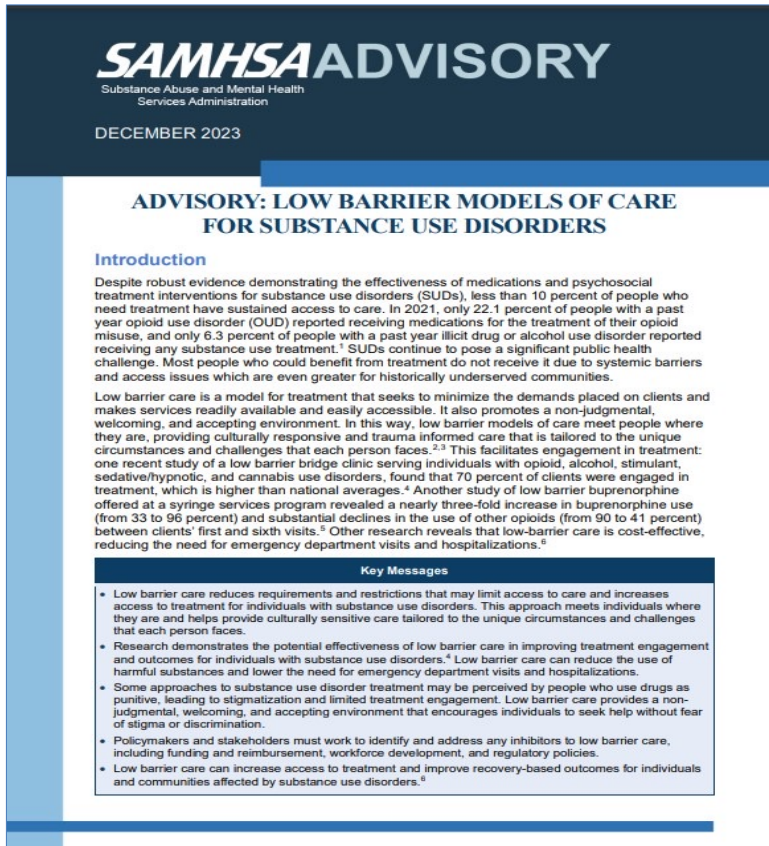
Collaborating with states to facilitate Naloxone Saturation

# MOUD & Peer Expansion in Jails and Prisons

- In 2022, SAMHSA began work to increase the provision of MOUD in carceral facilities.
  - Listening sessions with the field and conversations with federal partners,
  - SAMHSA launched a national policy academy initiative on “Advancing Medication for Opioid Use Disorders in State Prisons” in 2023.
- Additional efforts surrounding the expansion of peer support services for justice-involved folks



# Guidance to Ease Connection of PWUD to Care



## Low barrier care

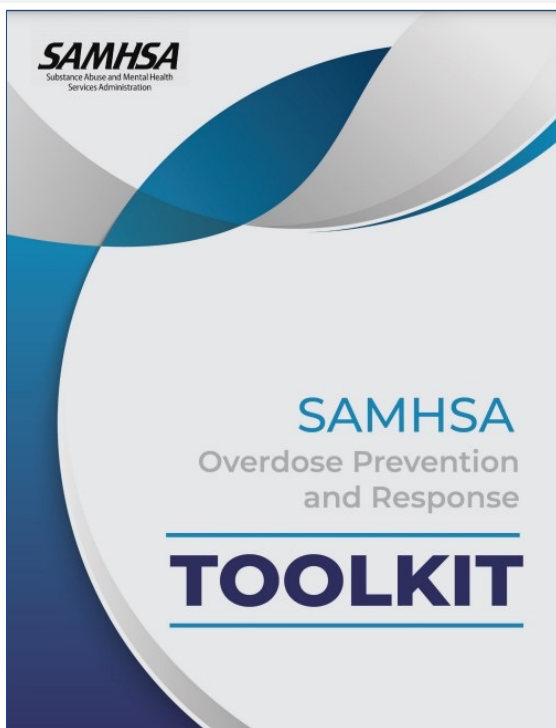
- reduces requirements and restrictions that may limit access to care and increases access to treatment for people with SUD.
- meets individuals where they are and helps provide culturally sensitive care tailored to the challenges they face.



# SAMHSA's Overdose Prevention Efforts

## Overdose Prevention & Response Toolkit

In January 2024, SAMHSA publishes the Overdose Prevention and Response Toolkit



## Naloxone Saturation

In 2022, SAMHSA began working with state partners to implement a naloxone saturation plan and get opioid overdose reversal medications into the hands of the people who need them the most.



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# ISUDCC

**Interdepartmental Substance Use Disorders Coordinating Committee (ISUDCC) is a collaborative effort between federal, state, and local partners to strengthen the continuum of care. Some goals include:**

- Identify areas for improved coordination across all relevant federal agencies;
- Identify and provide to the Secretary recommendations for improving federal programs;
- Analyze SUD prevention and treatment strategies across the United States and evaluate the extent to which federal prevention and treatment strategies are aligned with State and local ones;
- Make recommendations to the Secretary regarding public participation in decisions relating to SUDs and the process by which public feedback can be better integrated into such decisions
- Make recommendations to ensure that SUD research, services, supports, and prevention activities of HHS and other federal agencies are not unnecessarily duplicative.

# 42 CFR Part 8 Revised

## Expanding Access to MOUD

- SAMHSA finalized updates to 42 CFR Part 8, the federal rule that governs Opioid Treatment Programs (OTPs), in February 2024.
- The revised rule will enhance OTPs, improve collaboration with partner services and facilitate access to medications for opioid use disorder (MOUD).

## Other Revisions

- Remove from admissions regulations the one-year OUD requirement for adults and two “failed” attempts at withdrawal for patients younger than 18.
- Add new definitions, such as for “split dosing,” to support evidence-based practice and expand access through incorporation of telehealth and integration of care among OTPs:
- The proposed rule is neither applicable to, nor authorizes, the prescription of methadone pursuant to a telehealth visit (and thus limits telehealth provisions to OTP patients).



## Other Highlights – Expanding Access

### Access expanded by:

- Including NPs and PAs as qualified practitioners
- Expanding the range of services allowed in medication and mobile units
- Extending and expanding use of interim treatment
- Recognizing long-term care facilities and jails with DEA hospital/clinic registrations as locations that can dispense methadone when OUD is adjunct to a primary health condition



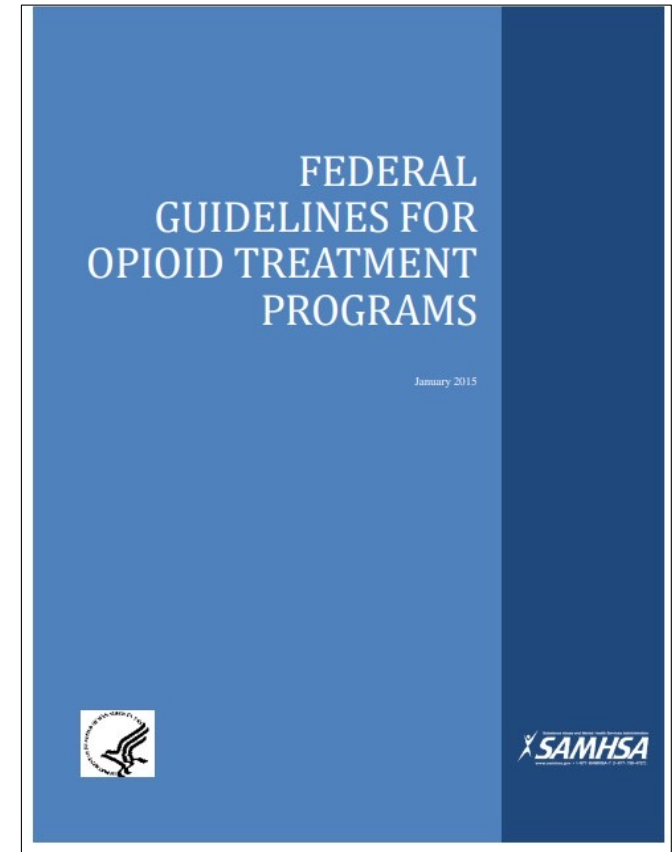
# Values and Principles of the Revised Rule

- Patient-centered care
- Shared practitioner-patient decision-making
- Practitioners' clinical judgment
- Responsive, flexible OTP services
- Evidenced-based practice
- Non-stigmatizing language

“Tell me,” said Dr. Nyswander. “Is a molecule of methadone more immoral than a molecule of insulin? Look—if you can make it off anything, more power to you. But if you can’t, don’t confuse medication with immorality.”

# Implementation Activities

- SAMHSA webpages and documentation have been updated.
- Revisions to the *Federal Guidelines for Opioid Treatment Programs* are in progress.
- SAMHSA will provide webinars for stakeholder groups, and meetings with implementation partners including:
  - OTP Sponsors, Medical Directors and other representatives
  - State Opioid Treatment Authorities
  - Accreditation Bodies
- SAMHSA will continue to work with its federal partners to facilitate implementation.



# Addressing Overdose Through Improved Policy

Mainstreaming Addiction Treatment (MAT) Act	Medication Access and Training Expansion Act (MATE)
Removes the DATA-2000 Waiver to prescribe buprenorphine	Requirement for a non-recurring, 8-hour training on SUD for practitioners applying for registration from the DEA
Lifts caps on number of patients who can be treated; removes counseling and reporting requirements	Met through addiction board certification, as part of or post-healthcare professional degree training

Implementation of MAT and MATE requires close collaboration and coordination between the Department of Justice/Drug Enforcement Administration, and Health and Human Services/SAMHSA

- Policy changes are **presenting new opportunities**
- DEA temporarily extended the COVID-19 telemedicine flexibilities to prescribe controlled medications
- FDA approved **over-the-counter** naloxone nasal spray
- President Biden signed into law **H.R. 2617**, the “Consolidated Appropriations Act, 2023”

# Why I Do What I Do...





# Lived experience refers to....

.... Individuals affected by social, health, public health, or other issues associated with substance use and/or mental health disorders (including family members and youth), and whom have experience with the strategies that aim to address those issues. This gives them insights that can inform and improve systems, research, policies, practices, and programs.

- *Lived experience* commonly refers to those who may be in recovery from a substance use disorder or mental health issue; *living experience* commonly refers to people actively experiencing substance use or mental health challenges.
- People with *living experience* could include people who use drugs (PWUD)-- including those receiving harm reduction services.

**The policy, guidance, and grant programs that SAMHSA develops is dependent on lived experience—both externally across our state and local partners and even internally within the federal agency.**

# Recovery is Everywhere

- **Approximately 7 in 10** who have a mental health and/or substance use condition self-identify as being in recovery.
- **This equates to ~59.7 million Americans!**



**Recovery from Substance Use and Mental Health Problems Among Adults in the United States**

**SAMHSA**  
Substance Abuse and Mental Health Services Administration

**SAMHSA**  
Substance Abuse and Mental Health Services Administration

# Recovery-Oriented Systems of Care

- Four Major Dimensions of Recovery:
  - Health
  - Home
  - Purpose
  - Community
- A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

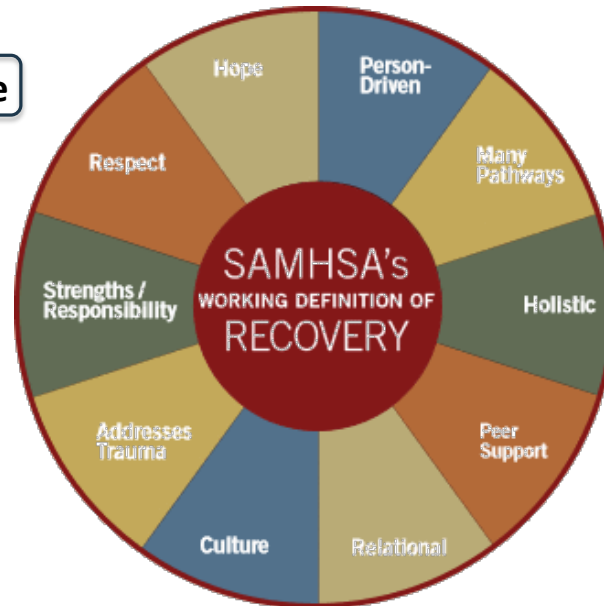
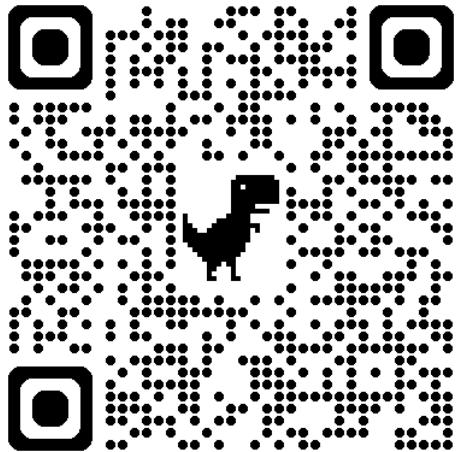


# SAMHSA's Working Definition of Recovery

A process of change through which individuals .....

- Improve their health and wellness,
- Live self-directed lives, and
- Strive to reach their full potential

Working Definition of Recovery Brochure



10 Guiding Principles of Recovery

Four Pillars (or dimensions) of Recovery



# SAMHSA National Recovery Agenda– *Aim & Purpose*

## Advancing Recovery Across the Nation

- To forge partnerships to support all people, families, and communities impacted by mental health and/or substance use conditions to:
  - pursue recovery,
  - be resilient, and
  - achieve wellness.



# The Office of Recovery

- In the fall of 2022, SAMHSA convened a group of ~150 recovery, substance use, and mental health subject matter experts for the Office of Recovery's inaugural Recovery Summit called **Recovery Now!**
- This summit was our launching point and informed the strategic action plan and objectives of the Office of Recovery.
- Established to evaluate and initiate policy, programs, and services with a recovery focus and ensure the voices of individuals in recovery and people with lived experience—including family members—are represented.

Inclusion

Equity

Peer Services

Social Determinants

Wellness

# 2023 Recovery Achievements

Over the past year, the Office of Recovery has....

- **Published recovery guidance, standards, and best practices such as:**
  - SAMHSA's National Model Standards for Peer Support Certification
  - Best Practices for Recovery Housing
  - NSDUH Recovery Report.
- **Convened topic and service-focused meetings and dialogues with our state and local partners to identify next steps in the federal recovery action plan:**
  - Students with lived experience and university staff and administration (Collegiate Recovery Dialogue)
  - Justice-Involved People and Court/Corrections Professionals (Criminal Justice Dialogue)
  - Housing first and recovery housing operators (Housing Dialogue)
  - Digital Recovery Technical Expert Panel
- **Held regional and population-focused summits such as**
  - HHS/SAMHSA Regional Summits
  - Peer Workforce Summit
  - Tribal Recovery Summit



# The OR in 2024

## 2024 has already seen some great accomplishments. A few of these include:

- The release of SAMHSA's Programs to Advance Recovery Knowledge ([SPARK](#)) TA Center.
- Development of the new National Peer-Run TA Center for Addiction Recovery Support (Peer CoE) grant
- Publishing reports from 2023's [Realizing Recovery](#) meeting series such as:
  - Lifting Lived Experience Across Criminal Justice Settings
  - National Peer Workforce Summit
  - Recovery Research Technical Expert Panel





# The OR in 2024

## Some of our other plans include:

- Posting, award, and release of the new National Peer-Run TA Center for Addiction Recovery Support—a ~ \$2 million/year program that offers free training and technical assistance related to recovery and peer support services
- [Recovery Month](#) fact sheet series development and release
- Additional meetings to inform OR's action plan and product development, including:
  - Intersection of Recovery and Harm Reduction meeting and toolkit
  - Recovery-Ready Workplace Employment Summit
  - Recovery and Peer Workforce Summit

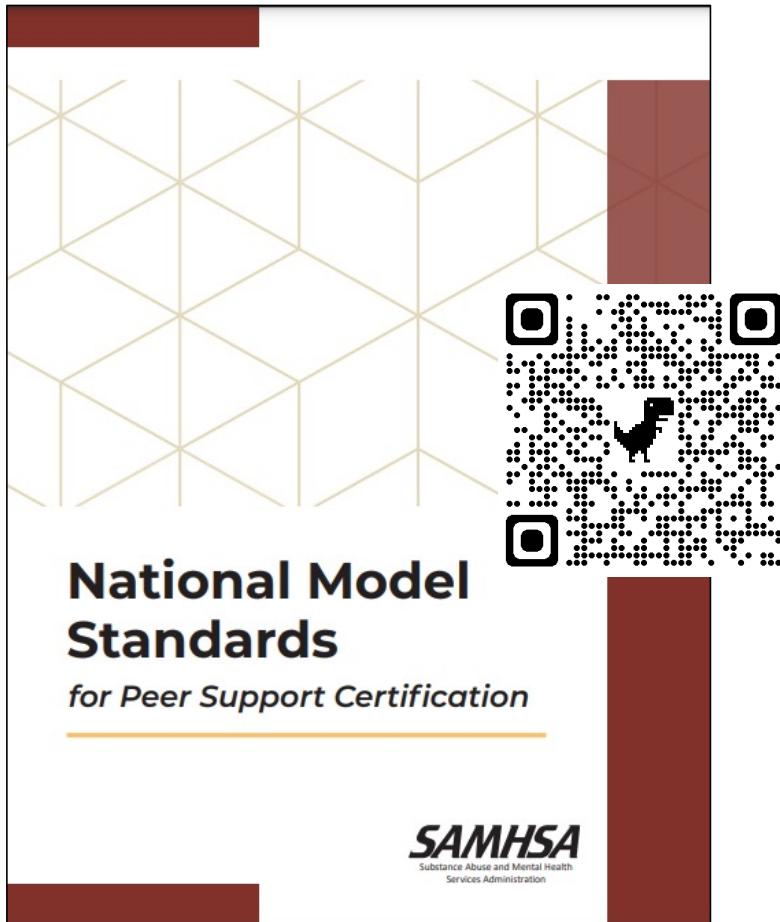


# Best Practices for Recovery Housing

- Updates SAMHSA's 2018 document and outlines best practices for the implementation and operation of recovery housing.
- Intended to serve as a tool for states, governing bodies, providers, recovery house operators, and other interested stakeholders to...
  - ✓ Improve the health of their citizens
  - ✓ Reduce incidence of overdose, and,
  - ✓ Promote recovery housing as a key support strategy in achieving and sustaining recovery.



# SAMHSA's National Model Standards on Peer Support Certification



- In the fall of 2022, SAMHSA's Office of Recovery (OR) was tasked by President Biden with the development of the National Model Standards.
- Developed to accelerate universal adoption, recognition, and integration of the peer workforce.
- SAMHSA partnered with federal, state, tribal, and local expert partners across the peer workforce to lead the development of the standards.
- Currently exploring strategies and programs to support certification/training for peers embedded within the court, corrections, and re-entry settings.

# Model Standard #1– Authenticity & Lived Experience

**SAMHSA’s National Model Standard on Authenticity and Lived Experience Recommends that:**

- **State certification entities include a self-attestation requirement of authenticity through lived experience.**
- **Mental Health/Substance Use Peer Certifications should ensure that...**
  - Certified peers can describe their lived experience related to a mental health and/or substance use condition, either standalone or co-occurring, and describe strategies utilized to address associated challenges.

## **V. NATIONAL MODEL STANDARDS**

### *Model Standard #1: Authenticity and Lived Experience*

**“People with lived experience must be front and center in the creation, development, and adoption of (peer certification) standards—at federal, state, and local levels.”**

**“Nothing about us without us—  
centering the lived experience of peers.”**

*—TEP Members on maintaining authenticity in peer support*

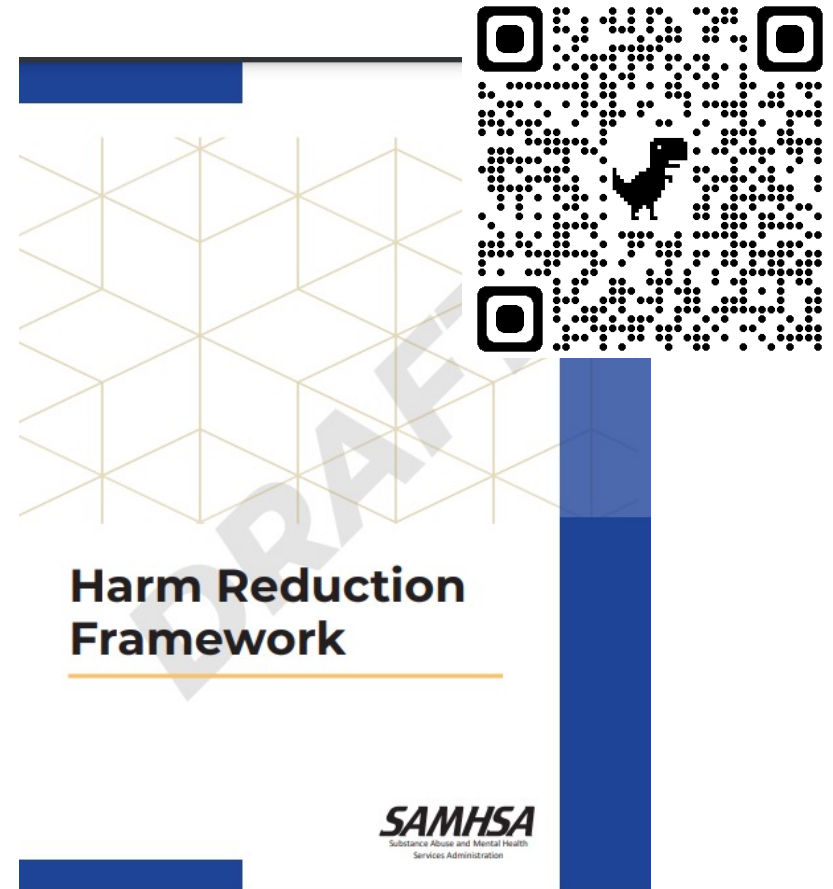
# SAMHSA's Harm Reduction Framework

- In addition to defining harm reduction, the framework....
  - Outlines key milestones of harm reduction
  - Cites data on the role that harm reduction plays in reducing overdose and promoting wellness.
  - Describes the Six (6) Pillars of Harm Reduction
  - Defines twelve (12) supporting principles that guide harm reduction work.

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***SAMHSA defines harm reduction as a practical and transformative approach that incorporates community-driven public health strategies — including prevention, risk reduction, and health promotion — to empower PWUD and their families with the choice to live healthy, self-directed, and purpose-filled lives. Harm reduction centers the lived and living experience of PWUD, especially those in underserved communities, in these strategies and the practices that flow from them.***

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# Community-Based Harm Reduction Programs

## *Community-Based Harm Reduction Programs (CHRP)*

While integrating harm reduction (as an approach and as services) into a wide variety of settings is beneficial to the people who are served and impacted by them, SAMHSA is committed to supporting harm reduction organizations that are by and for their community — as they are mission critical for connecting to our communities' most marginalized individuals.

CHRP describe harm reduction organizations where people with lived and living experience lead the planning and oversight, program development and evaluation, and resource/funding allocation for an organization's harm reduction initiatives, programs, and services. CHRP also offer the core practice areas, as permitted by law. Harm reduction activities may be integrated into a comprehensive, person-centered program of care that includes treatment services that meet the specific needs of the community in which the program is housed.

In addition to programs being consistent with all aforementioned principles and pillars, CHRP should include people with lived experience as co-investigators in any research project. Boards, staff, and team members should be at least 51 percent those with lived experience. CHRP demonstrate meaningful connection to PWUD in their community, especially to communities most marginalized, and provide lowest-barrier, core harm reduction practices.

# Acknowledgements

## Harm Reduction Steering Committee Members

**Mark Jenkins**

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Hartford, CT

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Senior Advisor  
National Council for Mental Wellbeing  
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Founder  
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**Hiawatha Collins**

Community and Capacity Building Manager  
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# Framing Harm Reduction

## Approaches

- Person-Driven*
- Just Say Know*
- Low barrier/accessible*
- Any positive change*
- Person in environment*
- Centered in lived and living experience*
- Empowerment*
- Non-Punitive*

## Services

- Fentanyl test strips/drug checking*
- Psychoeducation*
- Overdose Education & Naloxone Distribution (OEND)*
- Health hub/case management*
- Syringe services/testing*
- Participant advocacy*
- Justice Involved Programs*
- Low barrier treatment*

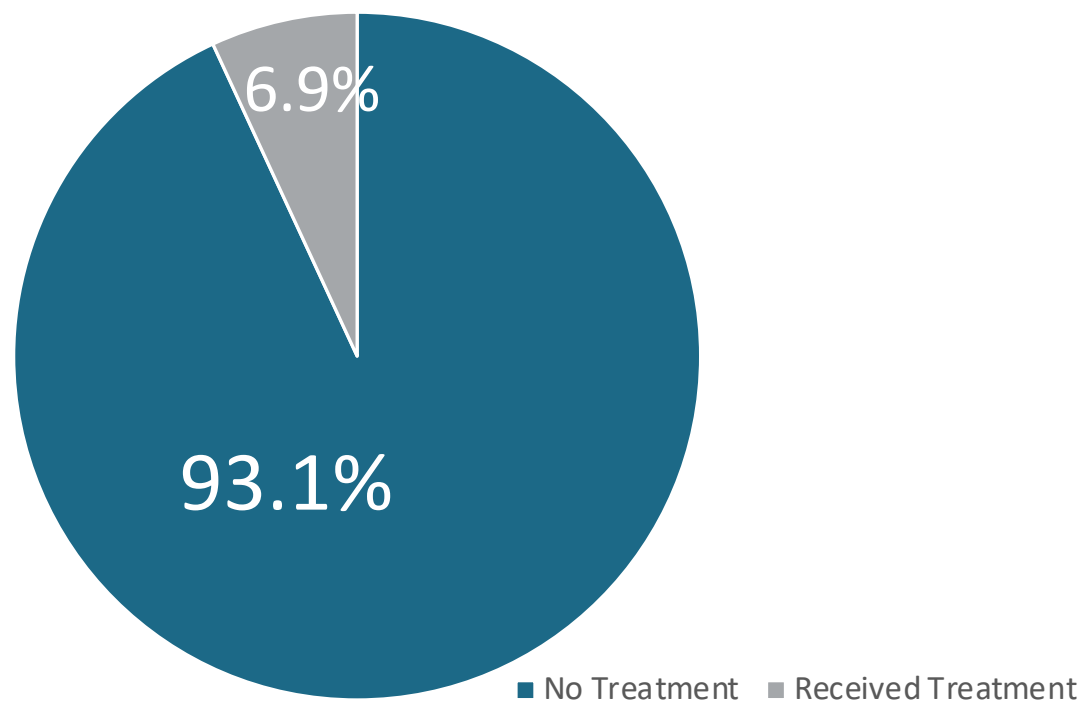
## Entities

- Lived experience led*
- Community based*
- Peer support/mutual aid*
- Grassroots origins*
- Need a seat at the table*
- Has access to most vulnerable*



Classified as Needing Illicit Drug Use Treatment: Among People Aged 12 or Older; Receipt of Illicit Drug Use Treatment at a Specialty Facility in Past Year: Among People Aged 12 or Older

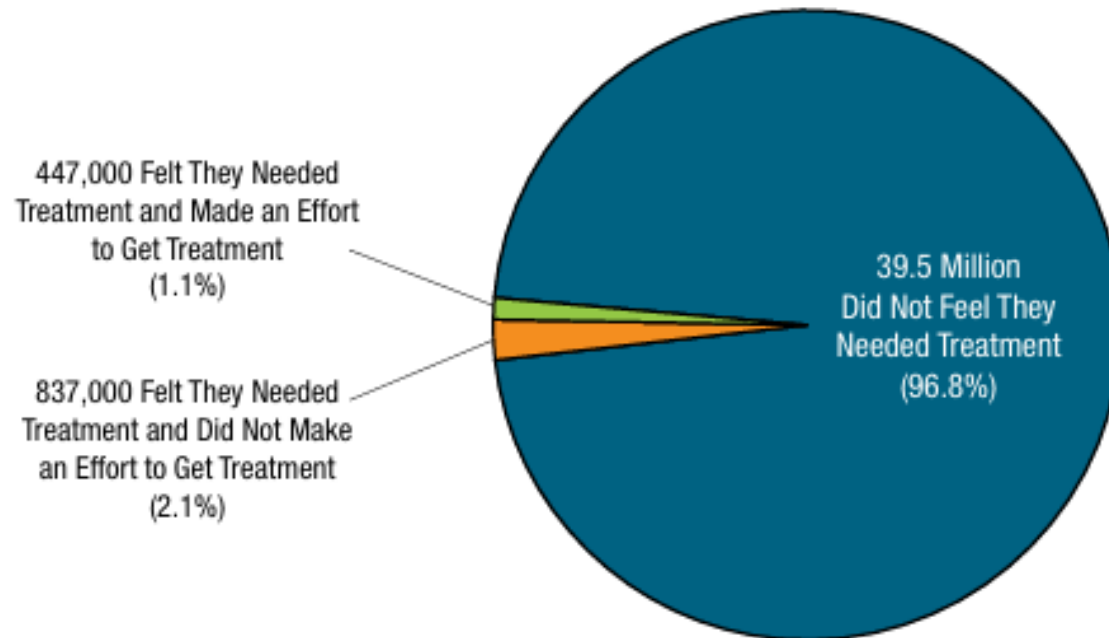
People with SUD who Received Treatment



NSDUH 2021

# The Other Part of the Story

Perceived Need for Substance Use Treatment: Among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD) Who Did Not Receive Substance Use Treatment at a Specialty Facility in the Past Year; 2021

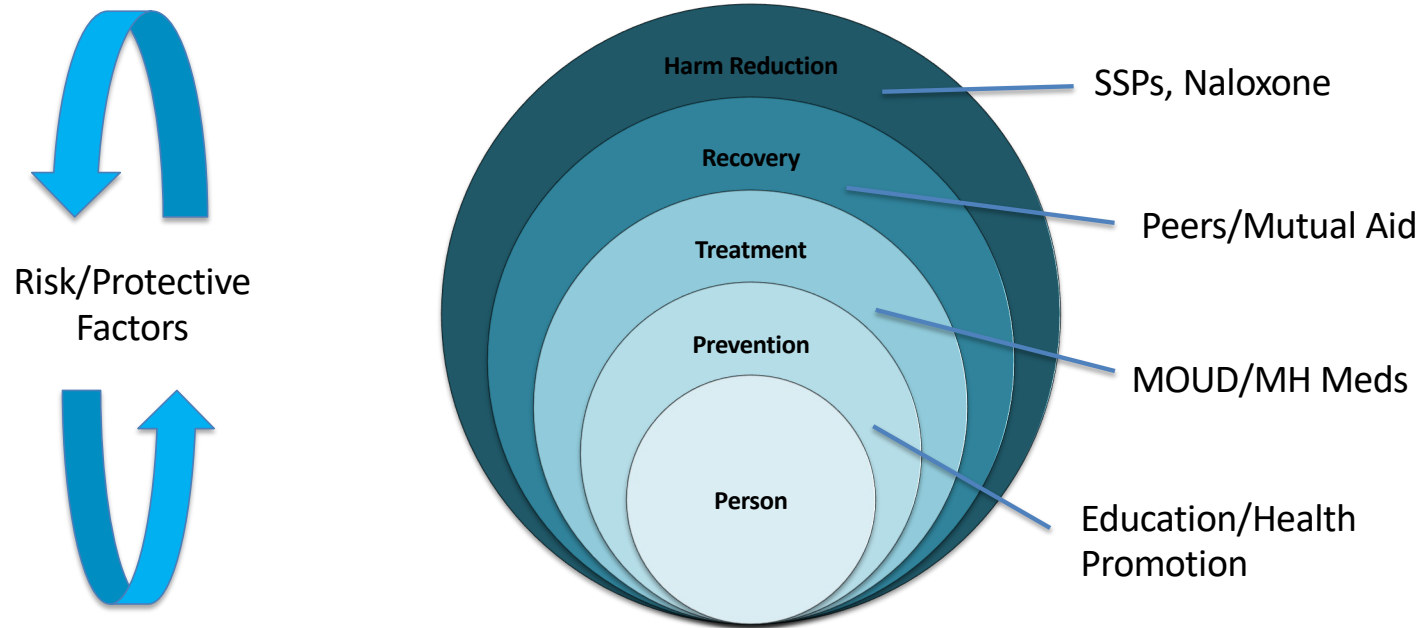


**40.7 Million People with an Illicit Drug or Alcohol Use Disorder Who Did Not Receive Substance Use Treatment at a Specialty Facility**

Note: People who had an SUD were classified as needing substance use treatment.

Note: The percentages do not add to 100 percent due to rounding.

# Always in a System of Care



# SAMHSA Summit on Harm Reduction & Recovery

- On June 6-7 (Denver, CO), SAMHSA's Office of Recovery will be convening an in-person dialogue with ~ 65 representatives across the harm reduction & recovery communities.
- This meeting will inform the development of a guidance document on collaboration and integration across the harm reduction and recovery communities.
  - ✓ **Definitions, Similarities, & Differences Across Harm Reduction & Recovery**
  - ✓ **Best Practices— Integration and Collaboration Across Harm Reduction & Recovery**
  - ✓ **Fact Sheet on Issues, Complexities, and Misunderstandings**

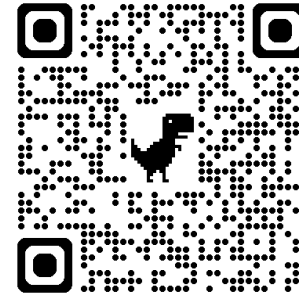


# SAMHSA Treatment and Recovery Resources

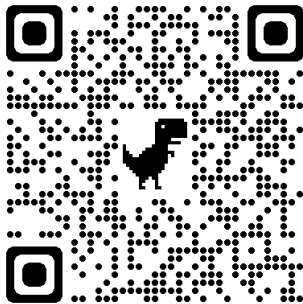
**SAMHSA oversees and leads the development of numerous resources that can support your organization.**

A few of these include...

# Recovery Resources

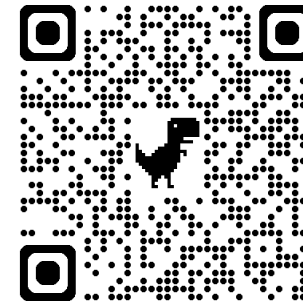


**PEER RECOVERY**  
CENTER OF EXCELLENCE



**SAMHSA Program to Advance Recovery Knowledge**

*Equity. Recovery. Lived Experience.*



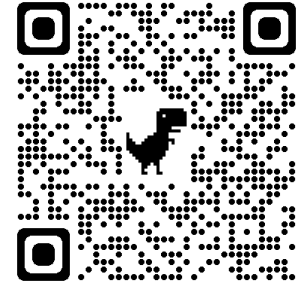
# Treatment & Prevention Resources



Providers  
Clinical  
Support  
System

Provides free training, guidance, and mentoring to multidisciplinary healthcare practitioners on prevention, diagnoses, and treatment..

- [Providers Clinical Support System - Medications for Alcohol Use Disorders \(PCSS-MAUD\)](#)
- [Providers Clinical Support System - Medications for Opioid Use Disorders \(PCSS-MOUD\)](#)
- [Providers Clinical Support System – Universities \(PCSS-Universities\)](#) (integrates SUD curriculum into medical, physician assistant, and nurse practitioner fields)



**LOCALLY MEANINGFUL  
EDUCATION AND TRAINING**  
that is evidence-based, designed  
to meet your needs and all at  
no cost.



Opioid  
Response  
Network

Submit a Request →

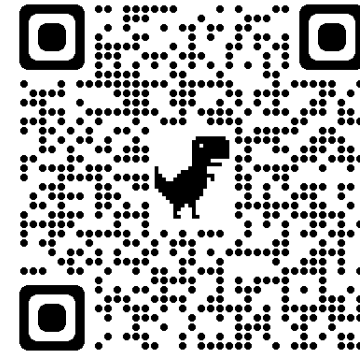
<https://opioidresponsenetwork.org/>

TTC

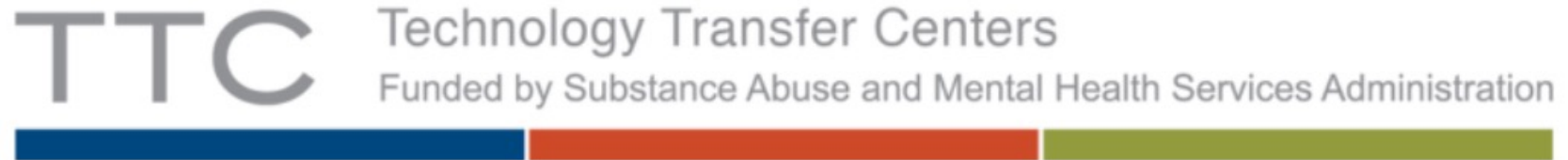
Technology Transfer Centers  
Funded by Substance Abuse and Mental Health Services Administration



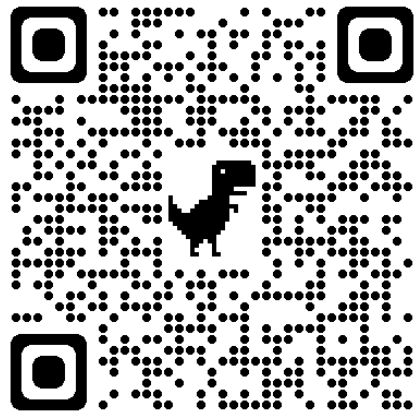
- <https://attcnetwork.org/>
- <https://pttcnetwork.org/>
- <https://mhttcnetwork.org/>



# Technology Transfer Centers (TTCs)



Each TTC Network is an international, multidisciplinary resource for professionals in the addiction treatment/recovery (ATTC), prevention (PTTC), and mental health (MHTTC) services field.



- <https://attcnetwork.org/>
- <https://pttcnetwork.org/>
- <https://mhttcnetwork.org/>



# FindTreatment.gov

## Millions of Americans have mental and substance use disorders. Find treatment here.

Welcome to FindTreatment.gov, the confidential and anonymous resource for persons seeking treatment for mental and substance use disorders in the United States and its territories.



### Find a Treatment Facility i

Enter your address, city, zip code, or facility name

Search

<https://findtreatment.gov/>

# Questions?



# 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.

[www.samhsa.gov](http://www.samhsa.gov)

## Questions?

David Awadalla: [david.awadalla@samhsa.hhs.gov](mailto:david.awadalla@samhsa.hhs.gov)

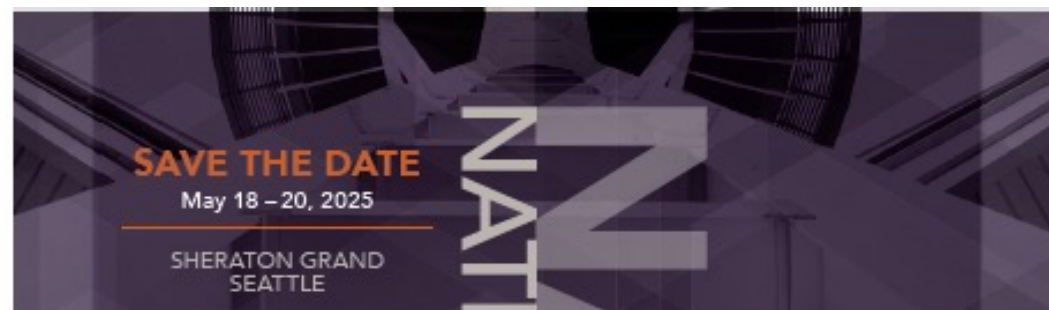
Chase Holleman: [chase.Holleman@samhsa.hhs.gov](mailto:chase.Holleman@samhsa.hhs.gov)

Dr. Yngvild Olsen: [Yngvild.Olsen@samhsa.hhs.gov](mailto:Yngvild.Olsen@samhsa.hhs.gov)

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

# Final Session

3:00-3:45 Closing Session: Launching NAATP  
National 2025  
Ice Cream Social & Prize Raffle  
Plaza Ballroom A



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Seattle, Washington



NATIONAL ASSOCIATION  
OF  
ADDICTION TREATMENT PROVIDERS

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# NAATP National Closing Session



**Marvin Ventrell**  
Chief Executive Officer  
NAATP

Save the Date for Seattle in 2025

**May 18-20**

Sheraton Grand Seattle



**Carl Kester**

NAATP Conference Committee Chair  
Chief Executive Officer  
Lakeside-Milam Recovery Centers



NAATP  
NATIONAL 2025  
Seattle, Washington



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ADDICTION TREATMENT PROVIDERS

# Complete the Post-Conference Survey

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Thank you in advance for taking the time to complete this survey regarding your experience at NAATP National 2024. Your feedback will help us improve the conference experience.



Please take a moment to answer these questions to help us improve future events.

NAATP  
NATIONAL 2024





The background features a sunset over a mountain range. The sky is a mix of orange, yellow, and blue. A large, semi-transparent geometric logo, consisting of several overlapping triangles and lines, is centered over the image. The text 'NAATP NATIONAL 2024' is overlaid on the lower half of the image. 'NAATP' is in a light blue, bold, sans-serif font. 'NATIONAL' is in a white, bold, sans-serif font. '2024' is in a yellow, bold, sans-serif font.

# NAATP NATIONAL 2024

Thank You for Attending!!