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SAMHSA grantees may use SAMHSA grant resources, including funds or staff, for monkeypox-related activities conducted in conjunction with SAMHSA supported activities.

Dear Colleague:

At present, there are more than 24,000 confirmed monkeypox cases in the US, and the outbreak continues to spread. Currently, monkeypox is disproportionately affecting gay, bisexual and other men who have sex with men (MSM). However, anyone can get monkeypox. Although limited transmission has been seen in groups who live in close quarters, like people experiencing homelessness, awareness of monkeypox is needed to quickly identify and prevent the spread of infection in such settings. Like other infectious diseases, the monkeypox virus can affect people of any sexuality or gender identity.

SAMHSA embraces a whole-person approach to the prevention, treatment, and recovery of mental health and substance use conditions. Although SAMHSA grant recipients are not permitted to use SAMHSA funds for monkeypox treatment, testing, or vaccine administration; SAMHSA grantees may use grant resources, including funds or staff, for monkeypox activities conducted in conjunction with SAMHSA supported work. Such monkeypox activities include, but are not limited to, navigating people served by SAMHSA funds to testing, treatment, and prevention resources identified through collaboration with local health departments and mental health support of individuals with monkeypox served by SAMHSA grantees or referral/navigation to these services.

Monkeypox is not an infection that lives in isolation. According to a CDC surveillance match, 41% of people with monkeypox are also living with HIV. To address this substantial overlap in the affected populations, SAMHSA's Minority AIDS Initiative (MAI) grantees may wish to work with Ryan White HIV/AIDS providers and Federally Qualified Health Centers to support those who have been infected or exposed to monkeypox. SAMHSA's MAI and Targeted Capacity Expansion: HIV (TCE-HIV) grant programs are likely to have positive effects on the prevention and treatment of monkeypox due to the overlap in target populations.

As behavioral health providers treating populations at-risk for monkeypox, we have a pivotal role to play in reducing stigma and misconceptions about this virus. Mental health and substance use conditions can cause significant barriers for people who test positive for monkeypox and need to isolate. Overdose and withdrawal can be life-threatening events and cause significant suffering. Furthermore, isolation can be extremely stressful and trigger other mental health symptoms. It is our responsibility to ensure that individuals have access to behavioral health

services including necessary medication for the duration of the isolation. For instance, we have learned from our experiences during COVID-19 how virtual care and telehealth services can be leveraged in challenging circumstances to connect people to their behavioral health and primary care teams.

Thank you for your partnership as we work towards stopping the spread of monkeypox and supporting care for persons with behavioral health conditions.

Sincerely,

/Miriam Delphin-Rittmon/

Miriam Delphin-Rittmon, Ph.D. Assistant Secretary for Mental Health and Substance Use