

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

# DIAL-IN NUMBER

**888-968-4305**

**Public Passcode:**

**1155718**



# Meeting of the Center for Substance Abuse Prevention (CSAP) National Advisory Council (NAC)

SAMHSA Headquarters  
Conference Room 5A02

February 1, 2017  
9:30a.m.- 4:30p.m.



# MORNING AGENDA

- 9:30 a.m.**            **Call Meeting to Order**  
*Matthew J. Aumen, Designated Federal officer, CSAP NAC*
- 9:30 a.m.**            **Welcome, Introductions, and Opening Remarks**  
*Frances M. Harding, Director, CSAP, and Chair, CSAP NAC*
- 9:45 a.m.**            **Approval of August 2016 Meeting Minutes**  
*CSAP NAC Members*
- 10:00 a.m.**           **CSAP Update**  
*Division Directors, CSAP*
- 11:00 a.m.**           **Break**
- 11:10 a.m.**           **Discussion-Changing Landscape of Prevention**  
*Facilitated discussion with the NAC and CSAP Leadership*
- 12:00 p.m.**           **Lunch on Own**



# Call Meeting to Order

*Matthew J. Aumen, Designated Federal Officer, CSAP NAC*

**CSAP National Advisory Council  
February 1, 2017  
Rockville, Maryland**





# Welcome, Introductions, and Opening Remarks

*Frances M. Harding, Director, CSAP  
and Chair, CSAP NAC*

**CSAP National Advisory Council  
February 1, 2017  
Rockville, Maryland**





# Approval of August 2016 Meeting Minutes

*CSAP NAC Members*

**CSAP National Advisory Council  
February 1, 2017  
Rockville, Maryland**





# CSAP Update

*Division Directors, CSAP*

**CSAP National Advisory Council  
February 1, 2017  
Rockville, Maryland**





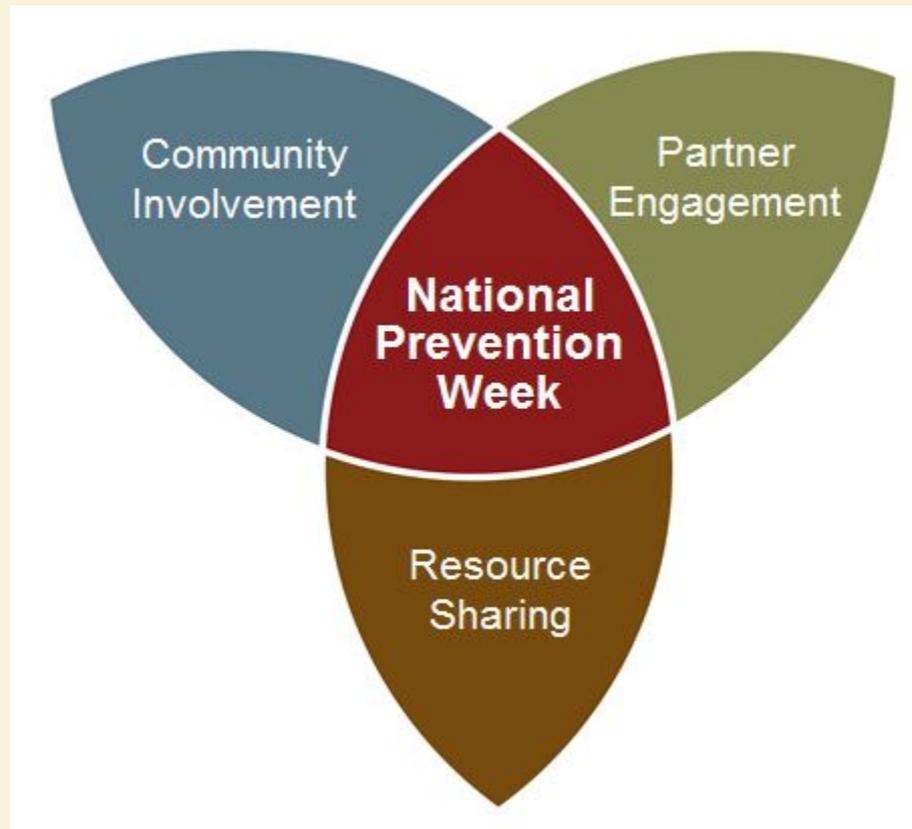
# ***National Prevention Week 2017***

**Jorielle Brown Houston, CSAP**  
**David Lamont Wilson, CSAP**

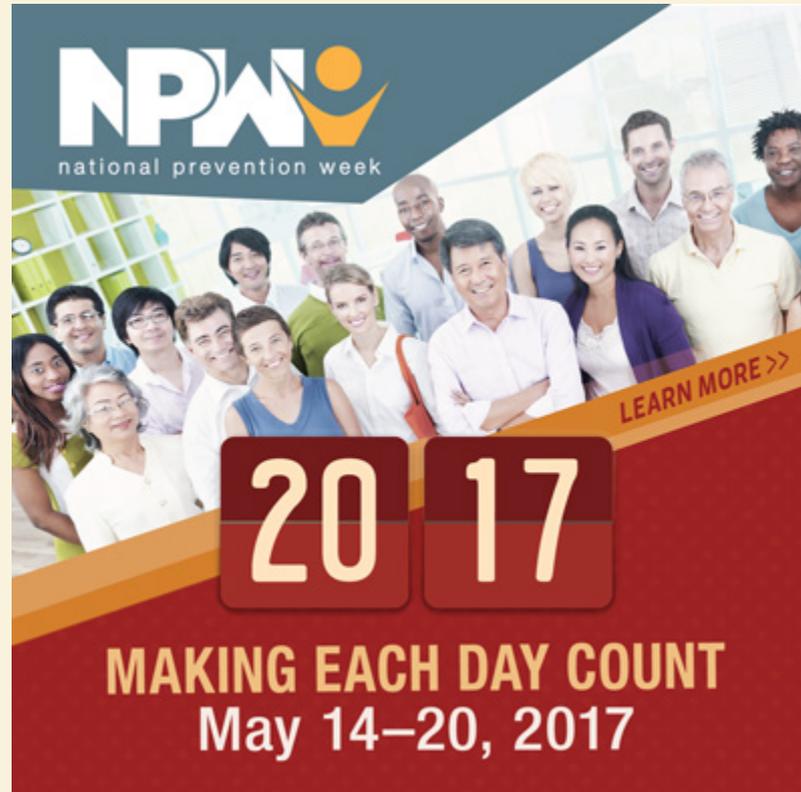
**CSAP's National Advisory  
Council  
February 1, 2017**



# National Prevention Week Goals



# 2017 NPW Theme



# NPW Theme Days



DATE	THEME
Monday, May 15	Prevention of Youth Tobacco Use
Tuesday, May 16	Prevention of Underage Drinking & Alcohol Misuse
Wednesday, May 17	Prevention of Prescription & Opioid Drug Misuse
Thursday, May 18	Prevention of Illicit Drug Use & Youth Marijuana Use
Friday, May 19	Prevention of Suicide
Saturday, May 20	Promotion of Mental Health & Wellness

# Launching NPW at SAMHSA's Prevention Day

SAMHSA'S PREVENTION DAY

## THE POWER OF PREVENTION:

STRENGTHENING COMMUNITY VOICES

works prevention works prevention works prevention

SAVE THE DATE! FEBRUARY 6, 2017

Substance Abuse and Mental Health Services Administration  
**SAMHSA**  
www.samhsa.gov

**NPW**  
national prevention week  
MAY 14-20, 2017

Substance Abuse and Mental Health Services Administration  
**SAMHSA**  
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

# NPW 2017 Prevention Challenge

- Weekly interactive social media challenges
- #PreventionPower
- Prevention Challenge Video
- Prevention challenge kick-off: *February 6, 2017*

# NPW 2017 Promotional Videos

- *NPW 2017 Promotional Video* – Will encourage communities to get involve in NPW 2017 and highlight the power of prevention.
- *Prevention Challenge Video* – Will announce weekly challenges and feature examples of how people can participate.

# NPW 2017 Promotional Materials

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

Home Newsroom Site Map Contact Us

Search SAMHSA.gov

Connect with SAMHSA: [Facebook](#) [Twitter](#) [YouTube](#) [BLOG](#)

Find Help & Treatment Topics Programs & Campaigns Grants Data About Us Publications

Programs & Campaigns » National Prevention Week

**SAVE THE DATE**

**NPW**  
national prevention week  
MAY 14-20, 2017

**National Prevention Week**

National Prevention Week is an annual health observance dedicated to increasing public awareness of, and action around, mental and/or substance use disorders.

Mark your calendars! SAMHSA's next National Prevention Week will be from **May 14 to 20, 2017**. Each year around this observance, communities and organizations across the country come together to raise awareness about the importance of substance use prevention and positive mental health. Organizations and coalitions also use this time to tell their success stories about the impact that prevention efforts have had in their communities.

[Learn more about National Prevention Week.](#)

**2016 NPW Ambassador, Torrey DeVitto**

**Strong as One, Stronger Together®**

NBC star of Chicago Med and NPW 2016 Ambassador, Torrey DeVitto helps in supporting this year's theme—Strong as One, Stronger Together—recognizing that one person can make a positive difference in their community, but when we all unite together we can achieve even more. [Watch "Strong as One, Stronger Together" \(video: one minute\).](#)

**Prevention Pledge®**

Show your commitment to prevention: take the [Prevention Pledge](#) and share your story! The words and actions of one person can make a positive difference in the lives of others.

**Webinars**

Keep up-to-date with current topics in prevention by registering for National Prevention Week 2016 webinars.

**Communities in Action**

Access resources for underage drinking prevention  
[stopalcoholabuse.gov/tweethaltcestrg](#)

**communities talk**  
 Share the message to prevent underage drinking

**NPW**  
national prevention week

**MAKING EACH DAY COUNT**

**20 17**

May 14-20, 2017

**HAPPY NEW YEAR 2017**

**NIDA'S NATIONAL DRUG AND ALCOHOL FACTS WEEK**

Join National Drugs and Alcohol Chat Day, an annual live-online chat held among high school students and National Institute on Drug Abuse (NIDA) scientists during National Drug Facts Week.

**SHARE YOUR COMMUNITY'S PREVENTION EVENT**

National Prevention Week is just 10 weeks away! Do you plan events in your community, use the NPW media kit, and share your plans with others.

**10 WEEKS TO GO**

**NATIONAL PREVENTION WEEK WHISTLEBAND TOOLKIT!**

**NPW**  
national prevention week

**20 17**

**HACIENDO QUE CADA DÍA CUENTE**  
del 14 al 20 de mayo de 2017

# NPW 2017 Webinars

Speaker 



Gisela Rots

Q & A

Presentation 



Substance Abuse and Mental Health Services Administration  
**SAMHSA**  
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



**Behavioral Health is Essential To Health**

**Prevention Works**

**Treatment is Effective**

**People Recover**

# NPW 2017 Partner Spotlight



# What You Can Do to Support NPW

- Consider personal contacts and/or organizations that may want to collaborate with NPW, and reach out to them
- Share NPW 2017 resources among personal contacts (fact sheets, web badges, toolkit, promotional videos, etc.)
- Take part in the 2017 Prevention Challenge
- Promote and share NPW activities and resources on your organization's:
  - Website and affiliate sites
  - Social media channels using #NPW2017 #PreventionPower
  - Print and digital newsletters
  - Blog



# Questions and Discussion





# *CSAP Opioid Update*

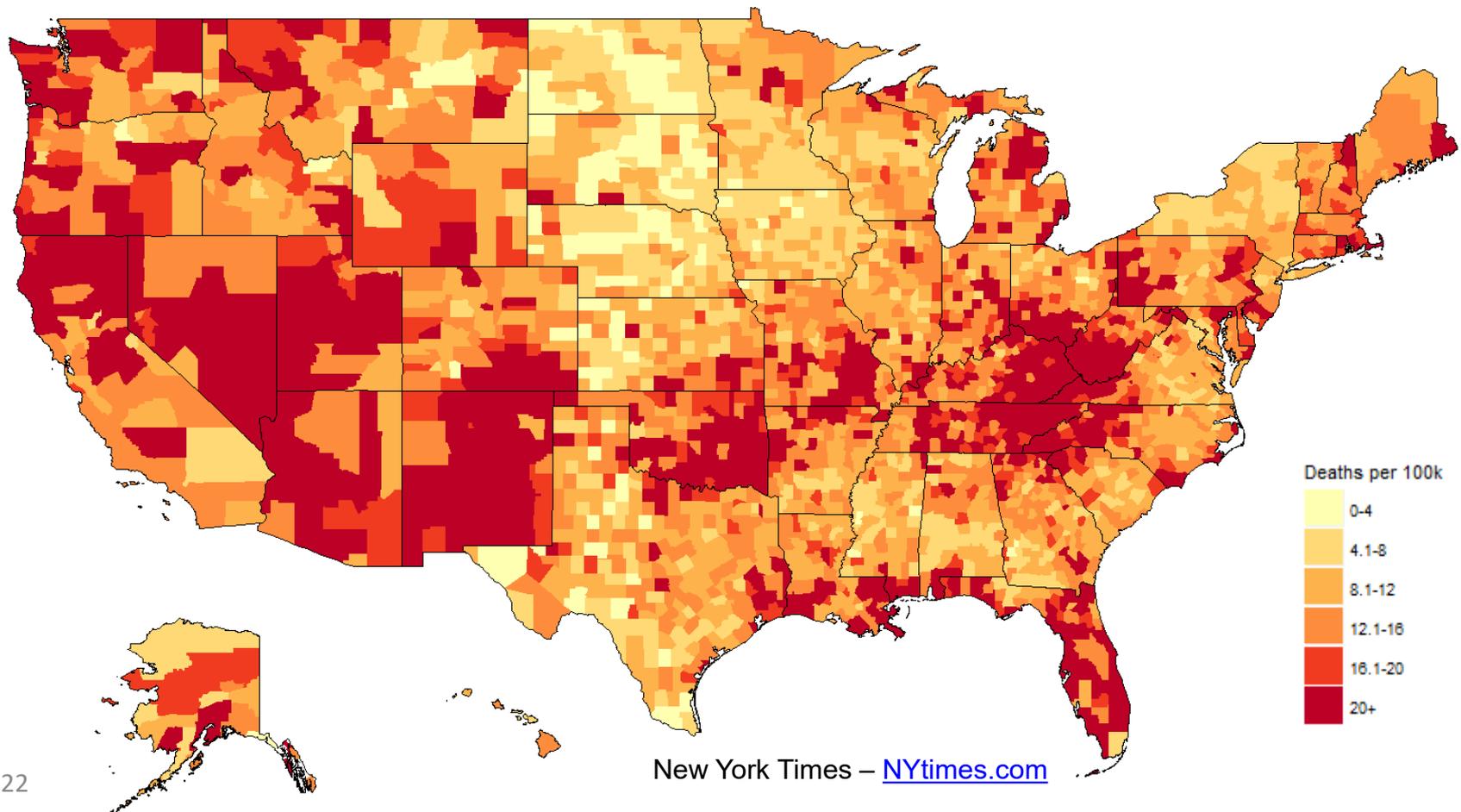
Jennifer Fan, Pharmacist  
SAMHSA's Center for Substance Abuse  
Prevention

CSAP's National Advisory Council  
February 1, 2017



# The Growing Drug Overdose Epidemic

2014

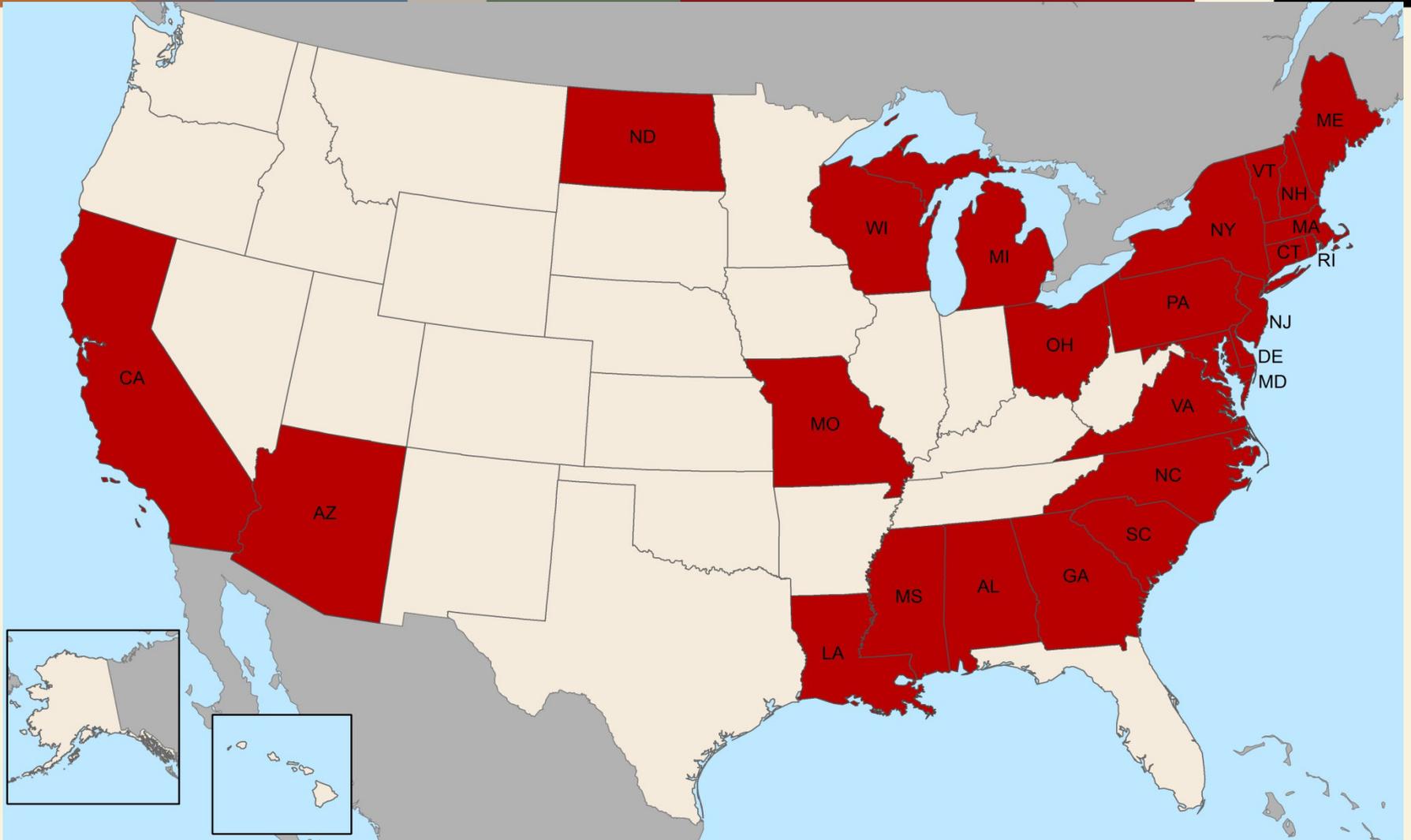


# Prescription Opioids and Heroin: Public Health Challenge

In 2015, 2 million people had a pain reliever use disorder and nearly 600,000 had a heroin use disorder. The national data on overdose deaths are startling: in 2015, there were 33,091 (2014 - 28,647) overdose deaths involving prescription opioid medications and/or heroin.

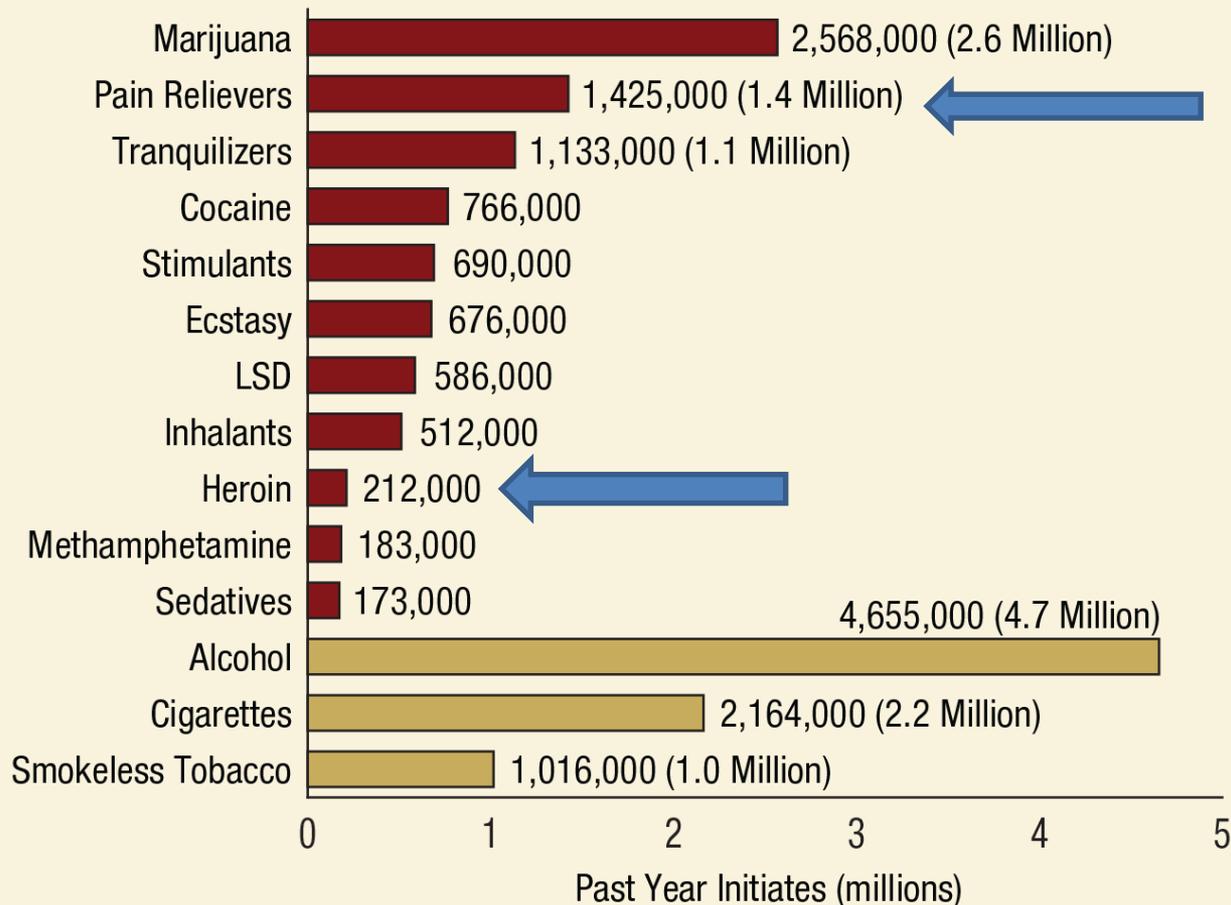
**That is equivalent to an average of one death every 16 minutes.**

# Fentanyl Deaths

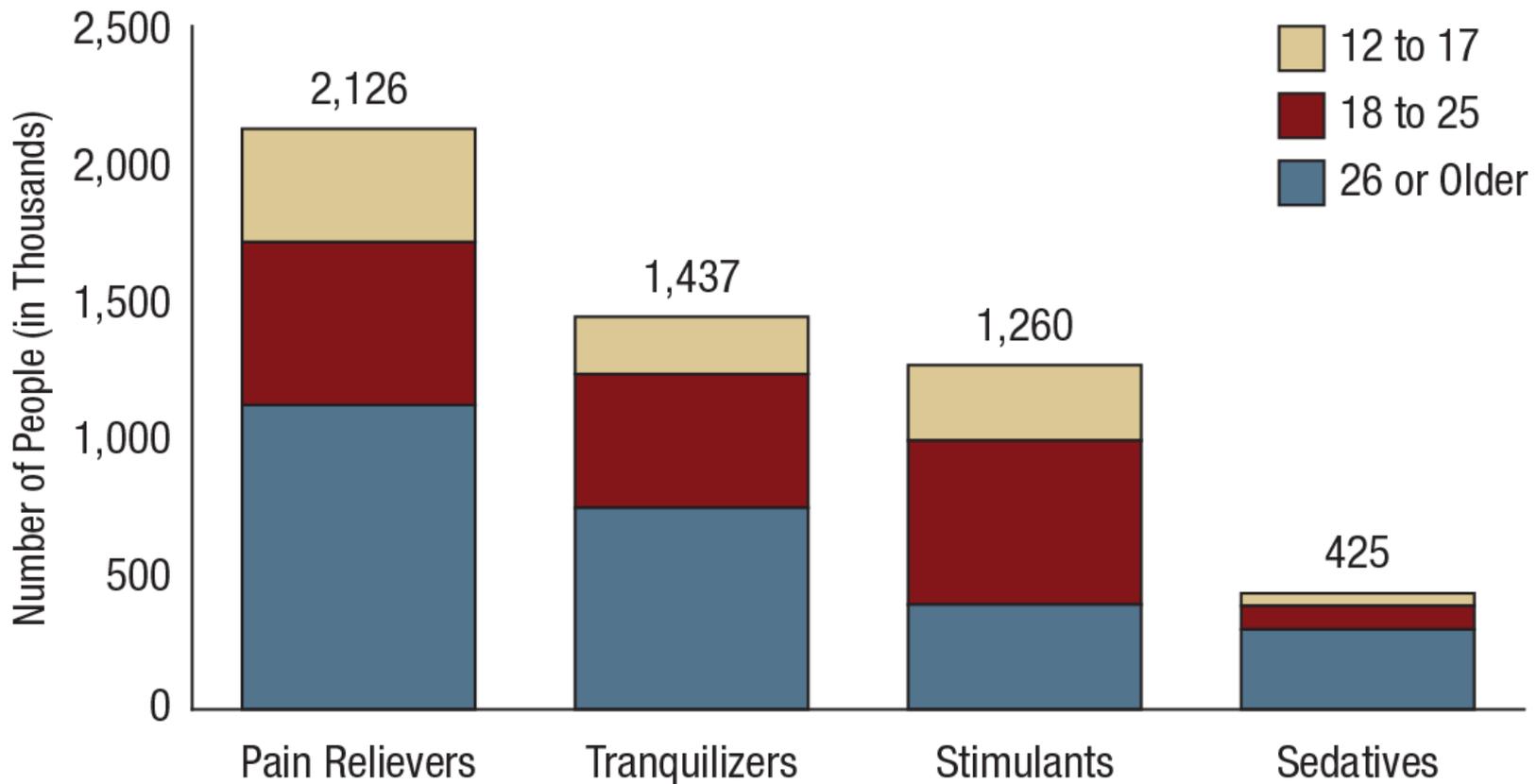




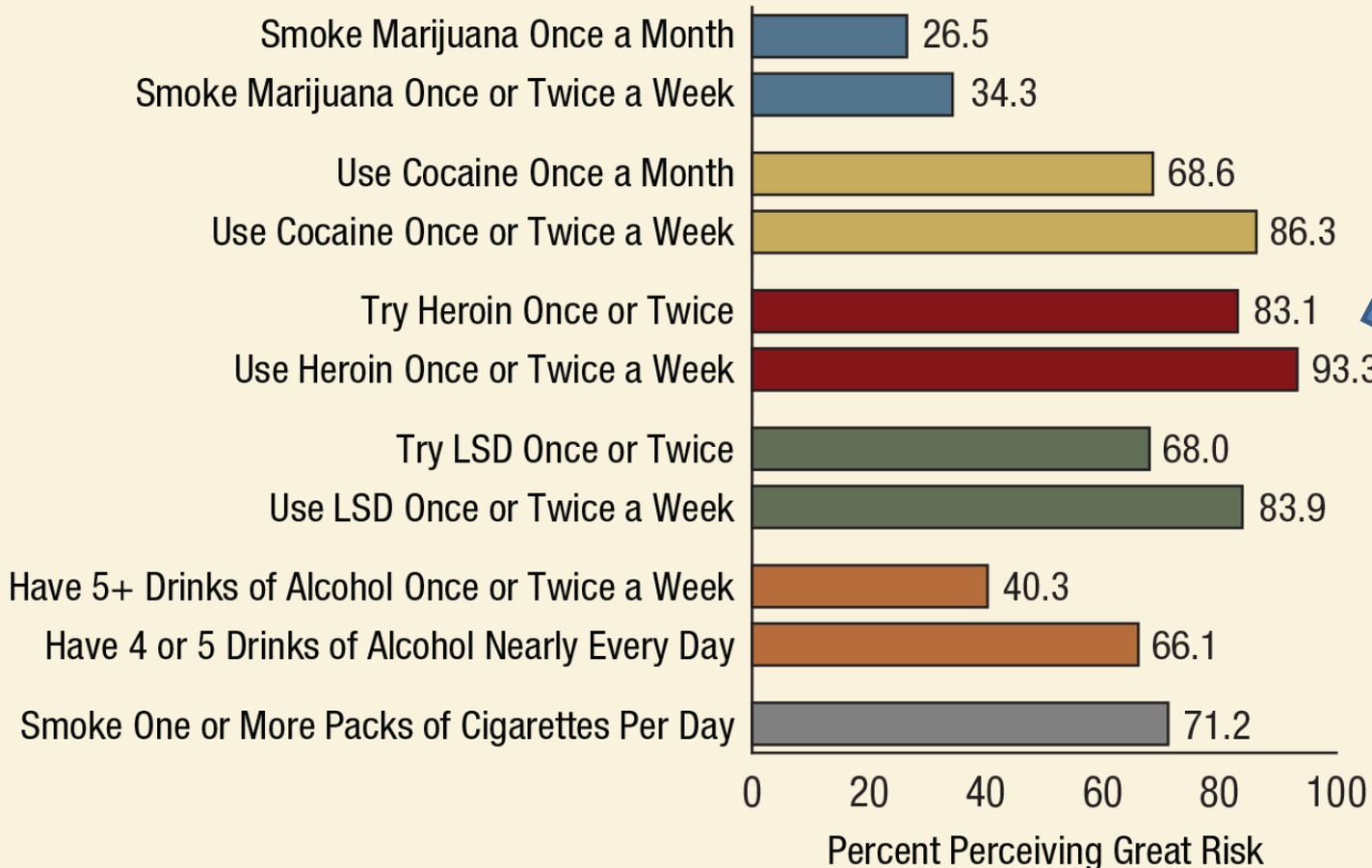
# Numbers of Past Year Initiates of Selected Substances among People Aged 12 or Older: 2014



# Numbers of People Aged 12 or Older (in Thousands) Who Initiated Prescription Drug Misuse in the Past Year, by Age Group: 2015

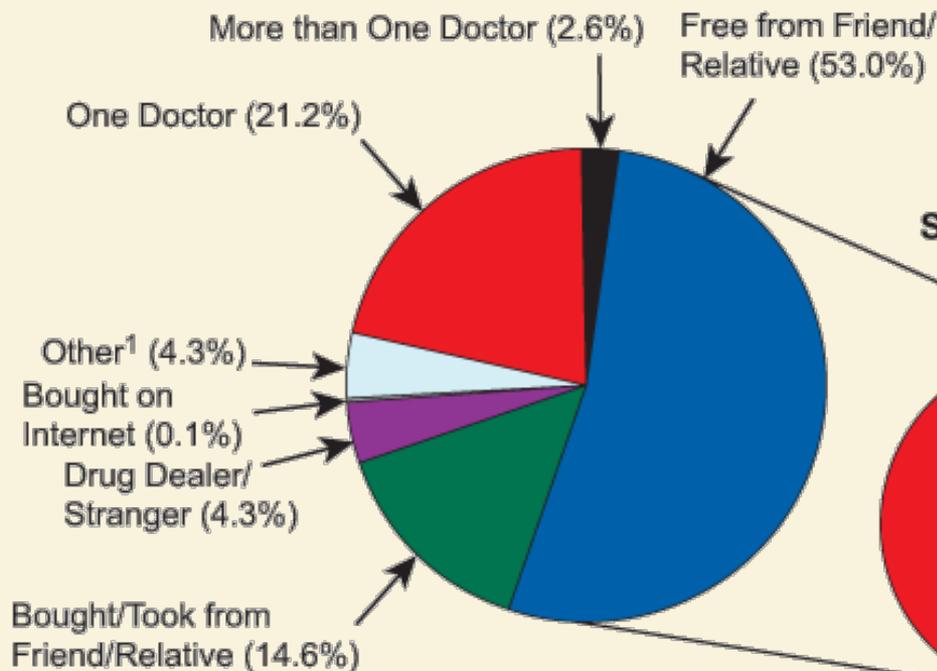


# Perceived Great Risk from Substance Use among People Aged 12 or Older: 2014

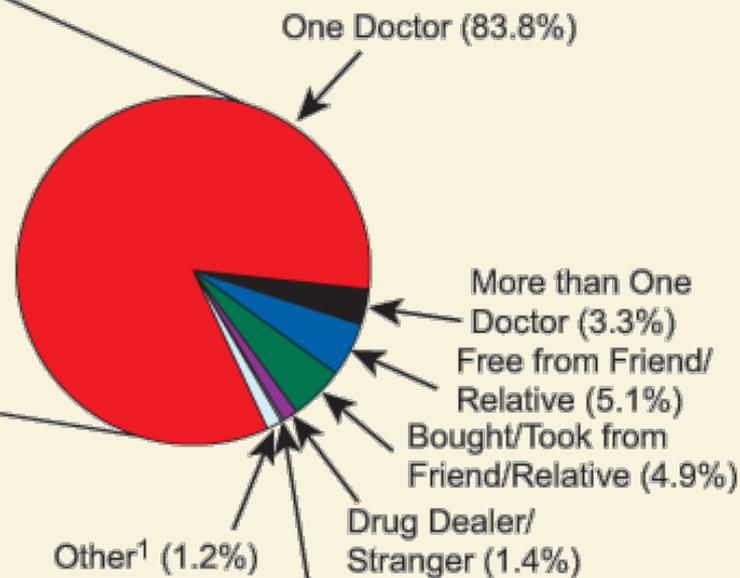


# Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2012-2013

Source Where User Obtained



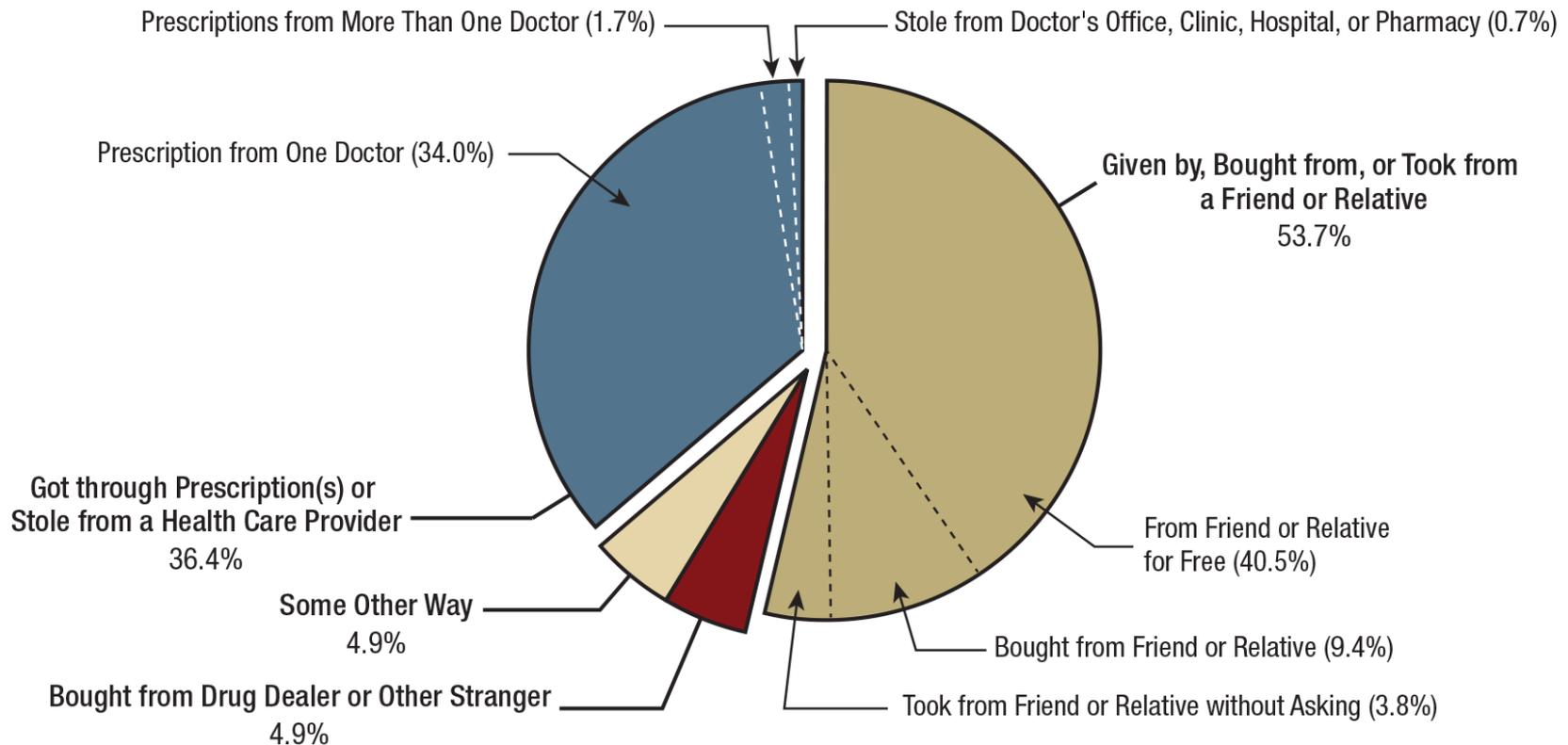
Source Where Friend/Relative Obtained



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

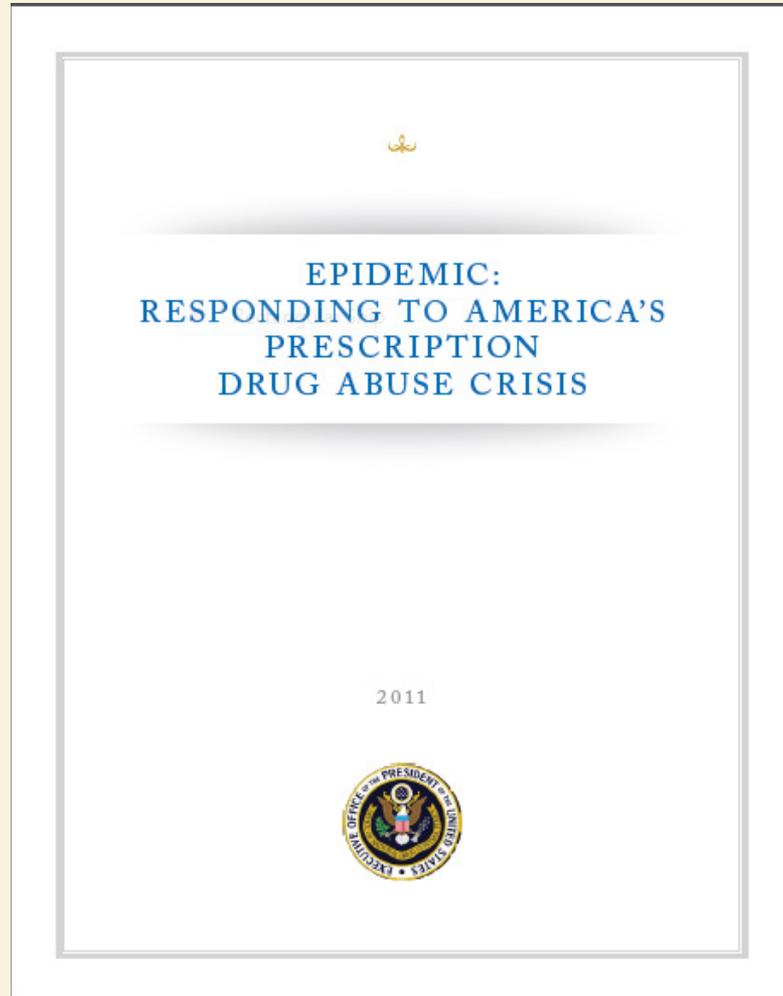
<sup>1</sup>The Other category includes the sources "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

# Source Where Pain Relievers Were Obtained for Most Recent Misuse among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year: Percentages, 2015



12.5 Million People Aged 12 or Older Who Misused Pain Relievers in the Past Year

# White House 2011 Prescription Drug Abuse Prevention Plan



## Four Pillars:

1. Education
2. Tracking and Monitoring
3. Proper Medication Disposal
4. Enforcement

# HHS Strategy to Address Opioid Epidemic

1. Improve prescriber practices.
2. Increase naloxone use.
3. Expand MAT access.



# 2016 Surgeon General's Report

## FACING ADDICTION IN AMERICA

*The Surgeon General's Report on  
Alcohol, Drugs, and Health*

U.S. Department of Health & Human Services

# Turn the Tide – Rx

[www.TurnTheTideRx.org/join](http://www.TurnTheTideRx.org/join)

## THE OPIOID EPIDEMIC IN NUMBERS

Since 1999, there has been a

**300%**

increase in the sales of opioid  
prescriptions – without an  
overall change in reported pain

SOURCE: CDC

TURN  
THE  
TIDE



# SAMHSA's Rx Drug/Opioid Abuse Prevention Efforts

- Prescriber Education
- PCSS-Opioids and PCSS-MAT
- Screening, Brief Intervention, and Referral to Treatment – SBIRT
- SAMHSA/CDC Prescription Drug Abuse Prevention Campaign
- Not Worth the Risk, Even If It's Legal (pamphlet series)
- Federal Drug-Free Workplace Program
- Prescription Drug Monitoring Program (grants and pilots)
- Opioid Overdose Prevention Toolkit
- Drug Free Communities
- Substance Abuse Block Grant
- Partnerships for Success grants
- SPF Prescription Drug grants (new)
- Prescription Drug/Opioid Overdose grants (new)
- State Targeted Response to the Opioid Crisis Grants (new)

# Education: Prescriber



## OpioidPrescribing.com

Safe & Effective Opioid Prescribing for Chronic Pain



Overview

Accreditation

Needs Assessment

Faculty

Resources

Contact Us

My Account

BOSTON  
UNIVERSITY

Register for New  
Account

REGISTER

### Safe and Effective Opioid Prescribing for Chronic Pain

Excessive or inappropriate use of opiates in the treatment of pain is a major national problem in the delivery of healthcare. Opioids are both underprescribed and overprescribed. Prescribing clinicians need training in effective communication skills as well as an understanding of when and how to prescribe opioids.

In addition to the specialists who frequently prescribe opioids (pain specialists, orthopedists, rheumatologists), primary care clinicians have increasingly taken on the burden of managing pain effectively. Safe and Effective Opioid Prescribing for Chronic Pain offers clinicians necessary education in how to work with their patients who are living with chronic pain – how to define chronic pain, how to manage its treatment, the tools available to assess pain and the risk involved in prescribing opioids, and how to discontinue treatment if necessary.

## SAMHSA Funded Free Courses

# Providers Clinical Support System for Opioid Therapies (PCSS – O)

The screenshot shows a web browser window displaying the PCSS-O website. The browser's address bar shows the URL <http://pcss-o.org/>. The website has a blue header with navigation links: [About](#), [Education & Training](#), [Colleague Support](#), [Resources](#), and [Contact](#). A secondary navigation link [Get the Latest News](#) is also present. The main content area features a large image of a diverse group of healthcare professionals. The primary heading is **Providers' Clinical Support System**, with the subtitle **For Opioid Therapies**. A blue button labeled **ABOUT THE PROGRAM** is positioned over the image. To the right, the **What We Do** section includes a **LEARN MORE** button and a paragraph: "PCSS-O is a national training and mentoring project developed in response to the prescription opioid overdose epidemic. The consortium of major stakeholders and constituency groups with interests in safe and effective use of opioid medications offers extensive experience in the treatment of substance use disorders and specifically, opioid use disorder treatment, as well as the interface of pain and opioid use disorder. PCSS-O makes available at no cost CME programs on the safe and effective use of opioids for treatment of chronic pain and safe and effective treatment of opioid use disorder." Below this, three columns provide further details: **View Modules** (foundation for provider education on pain management and opioid use disorder), **Find a Mentor** (individualized support and mentoring for providers), and **Watch Webinars** (expanded CME programs for clinicians). The browser's taskbar at the bottom shows various application icons and the system clock indicating 11:28 PM on 7/13/2016.

# Prescription Drug Monitoring Programs (PDMPs)

- Many states established PDMPs to reduce prescription drug abuse and diversion.
  - Statewide electronic databases:
    - Collect prescription records for all outpatient controlled substance prescriptions dispensed in the state
    - Distribute patient health information from the database to individuals authorized under state law.

# Opioid Overdose Prevention Toolkit

## SAMHSA Opioid Overdose Prevention TOOLKIT:

Facts for Community Members  
Five Essential Steps for First Responders  
Information for Prescribers  
Safety Advice for Patients & Family Members  
Recovering From Opioid Overdose



# Strategic Prevention Framework for Prescription Drugs (SPF-Rx)

- Raise public awareness about dangers of sharing medications
- Work with pharmaceutical and medical communities to raise awareness on risks of overprescribing
- Develop capacity and expertise in use of data from state prescription drug monitoring programs (PDMPs) to identify communities by geography and high-risk populations
- Eligibility is limited to states and tribal entities that have completed a Strategic Prevention Framework State Incentive Grant (SPF SIG), and have a state-run PDMP

# Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)

- Help states purchase naloxone not otherwise covered
- Equip first responders in high-risk communities
- Support education on use of naloxone and other overdose death prevention strategies
- Cover expenses incurred from dissemination efforts
- Recipients of the Substance Abuse Prevention and Treatment Block Grant (SABG) are eligible to apply.

# State Targeted Response to the Opioid Crisis Grants Short Title: Opioid STR

- CSAT/CSAP Grant
- The program aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids as well as illicit drugs such as heroin).
- Awarded to states and territories via formula based on unmet need for opioid use disorder treatment and drug poisoning deaths.
- Up to 59 awards
- Deadline: February 17, 2017

# FACING ADDICTION IN AMERICA

*The Surgeon General's Report on  
Alcohol, Drugs, and Health*

# Surgeon General's Report on Alcohol, Drugs, and Health

**Jinhee Lee, PharmD**  
Managing Editor

**February 1, 2017**

**Center for Substance Abuse Prevention  
National Advisory Council Meeting  
Rockville, MD**



# Contents of the Report

**Chapter 1:** Introduction and Overview of the Report

**Chapter 2:** The Neurobiology of Substance Use, Misuse, and Addiction

**Chapter 3:** Prevention Programs and Policies

**Chapter 4:** Early Intervention, Treatment, and Management of Substance Use Disorders

**Chapter 5:** Recovery: The Many Paths to Wellness

**Chapter 6:** Health Care Systems and Substance Use Disorders

**Chapter 7:** Vision for the Future: A Public Health Approach

# Rationale for the Report

- Drug and alcohol misuse and disorders are public health challenges that affect millions and place enormous burdens on society
- The U.S. has a serious substance misuse problem and is facing an unprecedented opioid epidemic
- Most Americans know someone with a substance use disorder, and many know someone who has lost or nearly lost a family member or friend to addiction
- The health care system has historically treated substance misuse and disorders as moral failings rather than chronic diseases

# Substance Use, Misuse, and Addiction – Consistent Terminology

Use of consistent language and avoidance of certain terms will help change society's attitudes and biases about substance misuse and substance use disorders, reduce discriminatory practices, and improve the way we address substance use in the U.S.

- **Use** – Any use of any substance
- **Misuse** – Use that can harm self or others
- **Substance Use Disorder** – Medical illness, or chronic brain disease, caused by repeated misuse

# Scope of the Issue

Among U.S. population aged 12 or older:

- **Over 66 million** reported binge drinking\*
- **Over 47 million** used an illicit or non-prescribed drug
- **Almost 21 million** met criteria for a substance use disorder

\* Binge drinking = drinking 5 or more drinks on one occasion for men and 4 or more drinks for women

# Cost of Substance Misuse and Substance Use Disorders



## Cost comparison to U.S. each year:

DIABETES

**\$245**  
BILLION

**\$442**  
BILLION

**\$193**  
BILLION



**\$249**  
BILLION



**SUBSTANCE MISUSE & SUBSTANCE USE DISORDERS**

#FacingAddiction

# There are Reasons for Hope and Optimism

- The public is demanding prevention and treatment for substance misuse and related harms, not incarceration
- Research provides understanding and evidence on effectiveness of:
  - Prevention policies and community-based programs
  - New medications and behavioral therapies
  - A chronic care model of treatment and recovery
- Recent policies offer new opportunities:
  - Expanded access to prevention, treatment, and recovery
  - Integration with mainstream health care

# Premise of the Report

- We can reduce substance misuse and addiction: Prevention works, treatment is effective, recovery is possible for everyone
- There is a clear precedent—America has already adopted a science-based, public health approach to reduce another serious substance use problem:
  - The 1964 Surgeon General’s Report on Smoking and Health

# The Neurobiology of Substance Use, Misuse, and Addiction

- Addiction is a chronic brain disease with potential for recurrence and recovery
- Describes the three main circuits in the brain involved in addiction, and how substance use can “hijack” the normal function of these circuits
- Understanding this transformation in the brain is critical to understanding why addiction is a health condition, not a moral failing or character flaw

# Prevention Programs and Policies

- Describes a range of programs focused on preventing substance misuse including universal prevention programs that target the whole community as well as programs that are tailored to high-risk populations
- Also describes population-level evidence-based policies that are effective for reducing underage drinking, drinking and driving, spread of infectious disease, and other consequences of alcohol and drug misuse

# Early Intervention, Treatment, and Management of Substance Use Disorders

- Describes the scientifically-proven clinical activities that are used to identify people who have a substance use disorder and engage them in treatment
- Also describes the range of medications and behavioral treatments that can help people successfully address their substance use disorder

# Recovery: The Many Paths to Wellness

- Describes the construct of recovery as well as the number of people in recovery
- Describes the growing array of effective services and systems that provide recovery support and the many pathways that make recovery possible, including treatment, recovery support services, and/or mutual aid

# Health Care Systems and Substance Use Disorders

- Explains why integrating general health care and substance use services can result in better outcomes
- Describes policies and activities underway to achieve that goal
- Discusses recent legislation that requires healthcare plans to offer substance use disorder services equitably with other health conditions
- Innovative delivery system reforms and models of care coordination are also discussed, as well as the different financing systems that cover substance use disorder services

# Vision for the Future: A Public Health Approach

## Five general findings and topline messages

- 1) Both substance misuse and substance use disorders harm the health and well-being of individuals and communities. Addressing them requires implementation of effective strategies.
- 2) Highly effective community-based prevention programs and policies exist and should be widely implemented.
- 3) Full integration of the continuum of services for substance use disorders with the rest of health care could significantly improve the quality, effectiveness, and safety of *all* health care.

# Vision for the Future: A Public Health Approach

## Five general findings and topline messages

- 4) Coordination and implementation of recent health reform and parity laws will help ensure increased access to services for people with substance use disorders.
- 5) A large body of research has clarified the biological, psychological, and social underpinnings of substance misuse and related disorders and described effective prevention, treatment, and recovery support services. Future research is needed to guide the new public health approach to substance misuse and substance use disorders.

# Recommendations for Stakeholders

Report calls on various stakeholder groups to help change the culture, attitudes, and practices around substance use:

- Individuals and families
- Educators and academic institutions
- Health care professionals and professional associations
- Health care systems
- Communities
- Private sector: Industry and commerce
- Federal, state, local, and tribal governments
- Researchers

# Final Chapter: In Summary

*Everyone has a role to play in addressing substance misuse and substance use disorders and in changing the conversation around substance use, to improve the health, safety, and well-being of individuals and communities across our nation.*



# Next Steps: What You Can Do

- **Translate the Science into Public Understanding** – Traditional and social media to inform the public, particularly parents and community leaders
- **Incorporate the Science into Health Care** – Expand training of health care professionals, improve availability, access, and quality of services in all health settings
- **Modernize Policies** – Assure broad access to prevention, treatment, and recovery services

# SGR Website

- SGR website and collateral materials are available to support grantee activities
- [www.Addiction.SurgeonGeneral.gov](http://www.Addiction.SurgeonGeneral.gov)

The screenshot displays the official website for the Surgeon General's Report on Alcohol, Drugs, and Health. The top navigation bar includes links for Home, Newsroom, Contact Us, and Video Gallery, along with a search bar. The main header features the Surgeon General logo and the title 'FACING ADDICTION IN AMERICA'. Below this, the subtitle reads 'The Surgeon General's Report on Alcohol, Drugs, and Health' and 'U.S. Department of Health & Human Services'. The content is organized into several columns: 'EXECUTIVE SUMMARY' (describing the report's purpose), 'VISION FOR THE FUTURE' (highlighting the final chapter's content), 'KEY FINDINGS' (providing detailed information on substance use), and 'SUPPLEMENTARY MATERIALS' (offering resources for prevention and treatment). A right-hand sidebar titled 'DOWNLOAD THE REPORT' lists links for the full report and executive summary in PDF format. Below this, 'Chapters and Appendix' are listed with individual download links. Further down, 'FIND HELP AND TREATMENT' provides links to behavioral health treatment locators, national helplines, and national suicide prevention helplines. The footer contains a grid of links for Home, About Us, Accessibility, and Privacy Policy, as well as FOIA, Disclaimers, Plain Writing, and No FEAR. It also includes a 'Language Assistance Available' section with links for Spanish, Tagalog, Pycocai, العربية, Kreyòl Ayisyen, Français, Polski, Português, Italiano, Deutsch, 日本語, فارسی, and English. Logos for USA.gov, The White House, SAMHSA, and the Department of Health and Human Services are displayed at the bottom, along with the address: 200 Independence Avenue S.W., Washington DC 20201.

# Materials & Collateral Products

- Press Release
- Teaser Video and Flyer
- Partner Toolkit
  - Web banners, images for social media
  - Blogs, short messages articles
  - PowerPoint slides
  - Report highlights

# Materials & Collateral Products (cont'd)

- Fact sheets on Report's key findings and recommendations
  - Overall Highlights
  - Individuals and Families
  - Communities
  - Health Professionals and Health Care Systems
  - State, Local, and Tribal Governments

# Questions?

# CSAP National Advisory Council

**Break**



# Discussion-Changing Landscape of Prevention

*Facilitated discussion with the NAC and  
CSAP Leadership*

**CSAP National Advisory Council  
February 1, 2017  
Rockville, Maryland**





# Lunch on Own

*12:00 p.m. – 1:00 p.m. (scheduled)*



# AFTERNOON AGENDA

- 1:00 p.m.**      **Information Update-CURES Act**  
*Brian Altman, Director, Division of Policy Innovation, SAMHSA*
- 1:30 p.m.**      **Discussion-Changing Landscape of Prevention(continued)**  
*Facilitated discussion with the NAC and CSAP Leadership*
- 2:45 p.m.**      **Break**
- 3:00 p.m.**      **Discussion-Substance Use Prevention Workforce: Credentialing & Outreach**  
*Facilitated discussion with the NAC and CSAP Leadership*
- 4:10 p.m.**      **Public Comment**
- 4:15 p.m.**      **Wrap-up**  
*Greg Goldstein, Deputy Director, CSAP*
- 4:30 p.m.**      **Adjournment**



# Information Update CURES Act

*Brian Altman, JD, Acting Director  
Division of Policy Innovation, SAMHSA*

**CSAP National Advisory Council  
February 1, 2017  
Rockville, Maryland**



# Road to the 21<sup>st</sup> Century Cures Act: Background

- The Mental Health Reform sections of the Cures Act resulted from two separate bills:
  - H.R 2646 – Rep. Tim Murphy (R-PA), a child psychologist and chair of the House Energy and Commerce Subcommittee on Oversight and Investigations, originally introduced a version of the bill in the 113<sup>th</sup> Congress, and made it his primary legislative priority in the 113<sup>th</sup> and 114<sup>th</sup> Congresses. H.R. 2646 passed the House in July 2016 after substantial changes were made from the originally introduced bill which was highly controversial.
  - S. 2680 – Sen. Lamar Alexander (R-TN), Chairman of the Senate Health, Education, Labor, and Pensions (HELP) Committee, introduced this bill as the Committee’s compromise version of legislation of the same title originally introduced by Sen. Bill Cassidy, M.D. (R-LA) and Sen. Chris Murphy (D-CT). S. 2680 advanced out of the Senate HELP Committee in March 2016.
- The Opioid Funding sections of the Cures Act derive from President Obama’s FY17 Budget Proposal for \$1.1 billion over two years in mandatory funding to address the nation’s opioid epidemic.

# What is the 21<sup>st</sup> Century Cures Act?

- H.R. 34, the 21<sup>st</sup> Century Cures Act (Cures Act), was enacted on December 13, 2016.
- The Cures Act includes provisions that impact SAMHSA and relate to the agency's work across the continuum of prevention, treatment and recovery support for individuals with, and at risk for, mental illness and substance use disorders.
- Through Section 1003, SAMHSA's efforts to address the opioid epidemic will be greatly enhanced through the Account for the State Response to the Opioid Abuse Crisis.
- Through provisions in the Helping Families in Crisis Act portion of the statute, SAMHSA is reauthorized as an agency.

# Key Issues for CSAP in the 21<sup>st</sup> Century Cures Act

- The Opioid STR Grant provision authorizes \$500 million for each of FY17 and FY18 for HHS Secretary to provide grants to states to supplement opioid abuse prevention and treatment activities.
- Add the Director of the National Institute on Alcohol Abuse and Alcoholism to the CSAP NAC as an ex officio member.
- Ensure that at least half of the appointment advisory council members for CSAP and have a medical degree, doctoral degree, an advanced degree in nursing, public health, behavioral or social sciences, social work, or are a certified physician assistant, or/and have relevant experience in prevention.
- Requires study and report on formula for SAPT Block Grant.
- Reauthorizes and expands Sober Truth On Preventing Underage Drinking (STOP) Act.

# Account for the State Response to the Opioid Abuse Crisis

- **The Opioid Grant provision:**
  - authorizes HHS Secretary to provide grants to states to supplement opioid abuse prevention and treatment activities.
  - establishes a mandatory Treasury account and deposits \$500 million in it for each of FY17 and FY18.
    - The Secretary may only withdraw funds that have been appropriated by Congress.
    - For FY17, the entire \$500M was included in the CR that runs through April 28.
  - outlines a non-exhaustive list of allowable uses of the opioid grant funds to states.
  - requires states to report the uses for which funds were expended, the activities undertaken, and the ultimate recipients of funding.
  - sunsets the account at the conclusion of FY2026.

# Helping Families in Mental Health Crisis Act Provisions in Cures Act: Re-authorizing and elevating SAMHSA leadership

- **Title 6: Strengthening Leadership and Accountability**
- Elevates head of SAMHSA to Assistant Secretary for Mental Health and Substance Use
- Re-authorizes SAMHSA to collaborate with other agencies and stakeholders, with an emphasis on serious mental illness (SMI), homelessness, and veterans
- Codifies Center for Behavioral Health Statistics and Quality and CMO
- Lays out overall planning and reporting requirements (Strategic Plan next due 9/30/18 and Biennial Report next due 9/30/20)
- Updates Center/Office authorizations, National Advisory Council, and Peer Review requirements
- Tasks Assistant Secretary of Planning and Evaluation with creating evaluation plan for department-wide behavioral health activities
- Requires GAO study on PAIMI program
- Creates Inter-Departmental SMI Coordinating Committee (to be established within 90 days of enactment)

# Helping Families in Mental Health Crisis Act Provisions in Cures Act: Promoting Evidence-based Practices and Block Grant provisions

- **Title 7: Ensuring Mental and Substance Use Disorder Prevention, Treatment, and Recovery Programs Keep Pace with Science and Technology**

- Renames Office of Policy, Planning and Innovation, the National Mental Health and Substance Use Policy Laboratory (Policy Lab) and authorizes new innovation grants program at SAMHSA to promote expanding or replicating evidence-based programs.
- Reauthorizes National Registry of Evidence-based Programs and Practices.
- Reauthorizes each Programs of Regional and National Significance line at FY16 funding levels.

- **Title 8: Supporting State Behavioral Health Needs**

- Re-authorizes SAMHSA block grant programs (both SABG and MHBG) at FY16 funding levels and revises some reporting requirements. Allows for negotiated settlements on maintenance of effort penalties.
- For MHBG, requires the identification of a single state agency to administer the grant and establish goals and objectives.
- Requires HHS to study block grant distribution formula and report on results.

# Helping Families in Mental Health Crisis Act

## Provisions in Cures Act: Re-authorizing SAMHSA Programs

- **Title 9: Promoting Access to Mental Health and Substance Use Disorder Care – Individuals and Families**
  - Re-authorizes numerous SAMHSA programs at FY16 funding levels:
    - CABHI, Jail Diversion, PBHCI, PATH, Garrett Lee Smith (GLS) State/Tribal and Suicide Prevention TA Center, Mental Health Training and Awareness Grants (aka MHFA), AOT and STOP
    - Certain programs have significant changes to the program such as GLS Campus (reauthorized in later Title) and PBHCI
  - Specifically authorizes Lifeline program (previously funded/conducted using PRNS) and requires the Secretary to maintain the National Treatment Referral Routing Service (currently Helpline/Treatment Locator).
  - Authorizes new programs for: adult suicide prevention, ACT and Crisis Response.
  - Requires the Secretary to disseminate information and provide technical assistance on evidence-based practices for mental illness and substance use disorder in older adults.

# Helping Families in Mental Health Crisis Act

## Provisions in Cures Act:

### Re-authorizing SAMHSA Programs

- **Title 9 - Strengthening the Health Care Workforce**
- Reauthorizes HRSA Mental and Behavioral Health Education Training Grants.
- Authorizes a HRSA training demonstration program to award grants for:
  - Medical residents and fellows to practice psychiatry and addiction medicine as well as for NPs, PAs, health service psychologists, and social workers to provide mental health and substance use disorder services in underserved community-based settings; and
  - Establishing, maintaining, or improving academic programs that provide training to improve the ability to recognize, diagnose, and treat mental and substance use disorders.
- Specifically authorizes MFP.
- Requires reports on workforce.
  
- **Title 9 - Mental Health on Campus Improvement**
- Reauthorizes GLS Campus, but with significant new uses of funds.
- Establishes an interagency working group on mental health on college campuses
- Convene groups for public-education campaign to focus on
- Behavioral health on campuses.

# Helping Families in Mental Health Crisis Act Provisions in Cures Act: Strengthening Mental and Substance Use Disorder Care for Women, Children, and Adolescents

- **Title 10: Strengthening Mental and Substance Use Disorder Care for Women, Children, and Adolescents**

- Reauthorizes and updates CMHI.
- Authorizes HRSA to provide grants to promote primary and behavioral health care integration in pediatric primary care.
- Reauthorizes and updates grants for substance use disorder treatment and early intervention for children and adolescents to provide early identification and services.
- Reauthorizes NCTSI.
- Establishes new grant program for maternal depression (likely at CDC)
- Establishes a grant program to develop, maintain, or enhance mental health prevention, intervention, and treatment programs for infants and children at significant risk of developing or showing early signs of mental disorders, including SED, or social or emotional disability.

# Other Key Highlights

- **Title 11: Compassionate Communication on HIPAA**
  - Within one year of finalizing rule on 42 CFR Part 2, requires the Secretary to convene relevant stakeholders to determine the effect of the regulation on patient care, health outcomes, and patient privacy.
- **Title 12: Medicaid Mental Health Coverage**
  - Clarifies that Medicaid does not prohibit separate payment for mental health and primary care services provided to an individual on the same day.
- **Title 13: Mental Health Parity**
  - Convene – within six months of enactment – a public meeting to produce an action plan for improved federal and state coordination related to the enforcement of mental health parity and addiction equity requirements.

# Challenges/Opportunities presented by the 21<sup>st</sup> Century Cures Act

## Opportunities

- Helping states maximize the effectiveness of new investment in funds to address the opioid epidemic.
- Use re-authorization as opportunity to enhance coordination and collaboration across HHS and the Administration.
- Pending appropriations, improve re-authorized programs and successfully launch newly authorized programs such as adult suicide prevention, innovation grants under the Policy Laboratory, and crisis response.
- Enhance evaluation of program effectiveness and sustain focus on promoting evidence-based and evidence-informed practices.

## Challenges

- Securing resources for newly authorized programs in FY18.
- Meeting additional reporting and collaboration requirements without accompanying resources.
- Cures Act did not include certain needed changes to truly reform the mental health system and close the treatment gap for individuals with behavioral health conditions.

# Questions on the 21<sup>st</sup> Century Cures Act?

Q&A



# Discussion-Changing Landscape of Prevention (Continued)

*Facilitated discussion with the NAC and CSAP  
Leadership*

CSAP National Advisory Council  
February 1, 2017  
Rockville, Maryland



# CSAP National Advisory Council

**Break**



# Discussion-Substance Use Prevention Workforce: Credentialing & Outreach

*Facilitated discussion with the NAC and CSAP  
Leadership*

**CSAP National Advisory Council  
February 24, 2016  
Rockville, Maryland**





# Public Comment

**CSAP National Advisory Council  
February 24, 2016  
Rockville, Maryland**





# Wrap-up

*Greg Goldstein, Deputy Director, CSAP*

**CSAP National Advisory Council  
February 24, 2016  
Rockville, Maryland**



# CSAP National Advisory Council

# Adjournment