

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

DIAL-IN NUMBER

888-831-8978



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

SAMHSA Headquarters
Conference Room 5N76

February 24, 2016
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 2015 Meeting Minutes**
Matthew J. Aumen, Designated Federal officer, CSAP NAC
- 10:00 a.m.** **Aligning mental and substance use & misuse disorder
prevention with health**
Council Members
- 12:00 p.m.** **Lunch on Own**



Welcome, Introductions, and Opening Remarks

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

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





Approval of August 2015 Meeting Minutes

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

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Aligning Mental and Substance Use & Misuse Disorder Prevention with Health

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

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Evolution of the Alignment Discussion

- **Mental Health and Substance Misuse**



- **Behavioral Health and Primary Care**



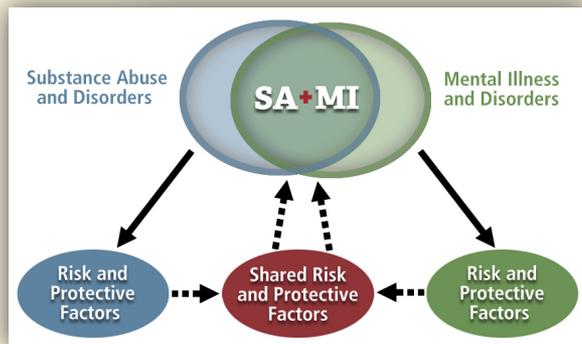
- **Behavioral Health and Overall Health**

Substance Abuse and Mental Illness Are Linked



Substance abuse and mental illness *share risk and protective factors.*

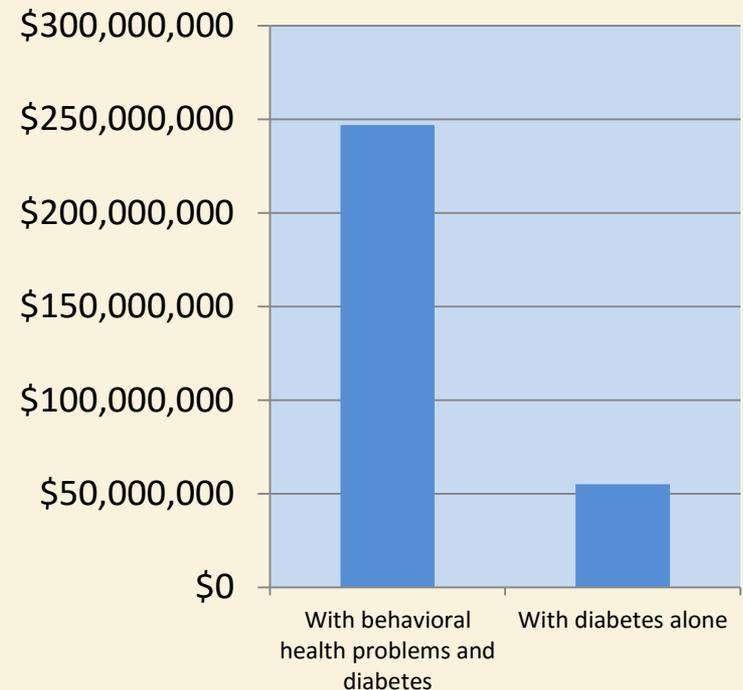
- Up to *half of people* with a serious mental illness will develop a substance use disorder at some time in their lives.
- Alcohol dependence is *four times more likely* to occur among adults with mental illness than among adults with no mental illness.
- Many health care systems to treat substance abuse and mental illness are disconnected: *a missed opportunity.*



Impact of Behavioral Health on Physical Health

- Mental health problems increase risk for *physical health problems*.
- Substance use disorders increase risks for *chronic diseases, HIV/AIDS, STDs*.
- *Cost of treating common diseases higher* with untreated behavioral health problems
 - Hypertension – 2X the cost
 - Coronary heart disease – 3X the cost
 - *Diabetes – 4X the cost*

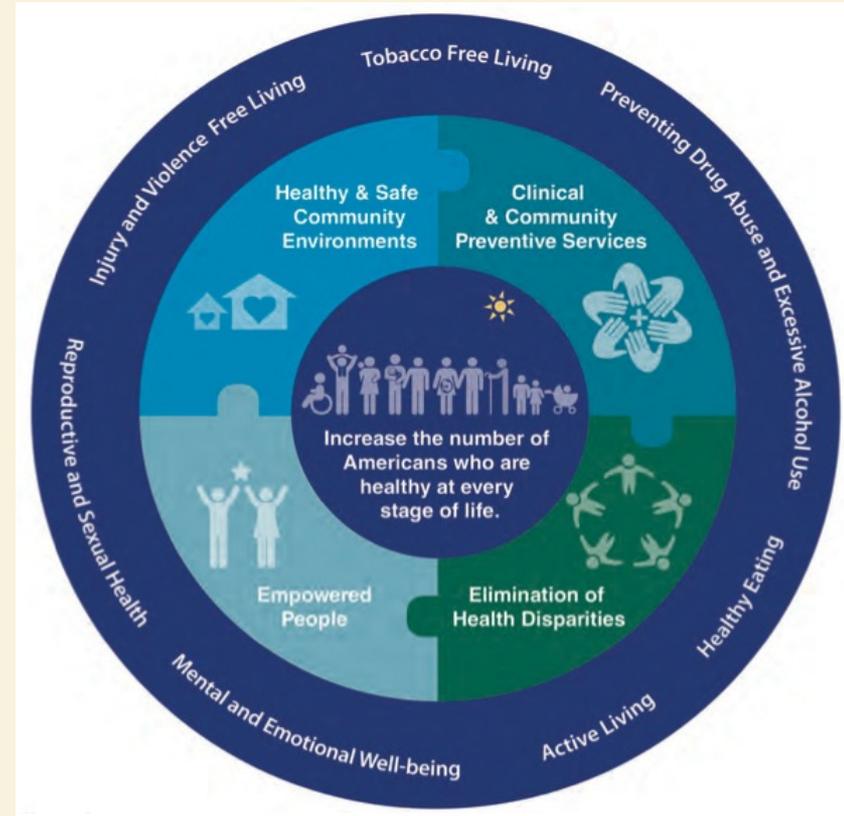
Individual Costs of Diabetes Treatment for Patients Per Year



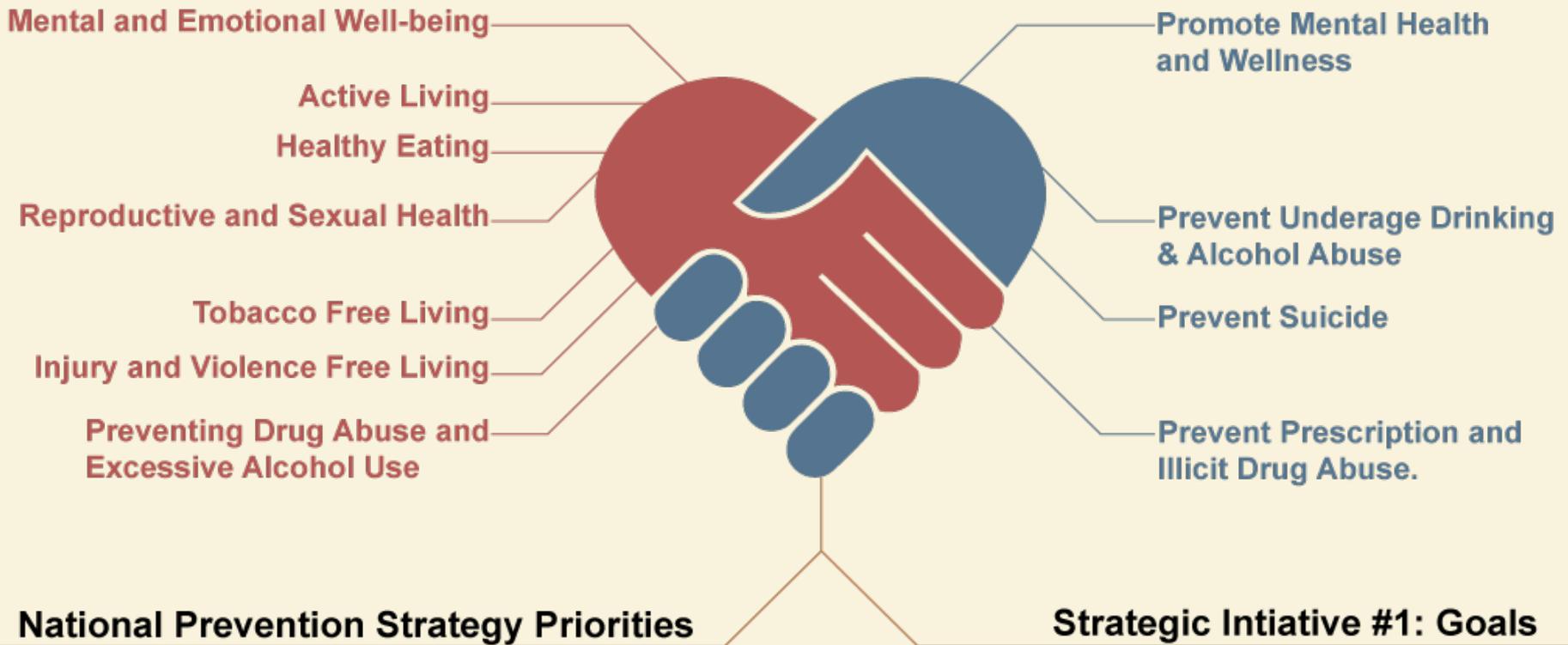
National Prevention Strategy

SAMHSA's prevention focus

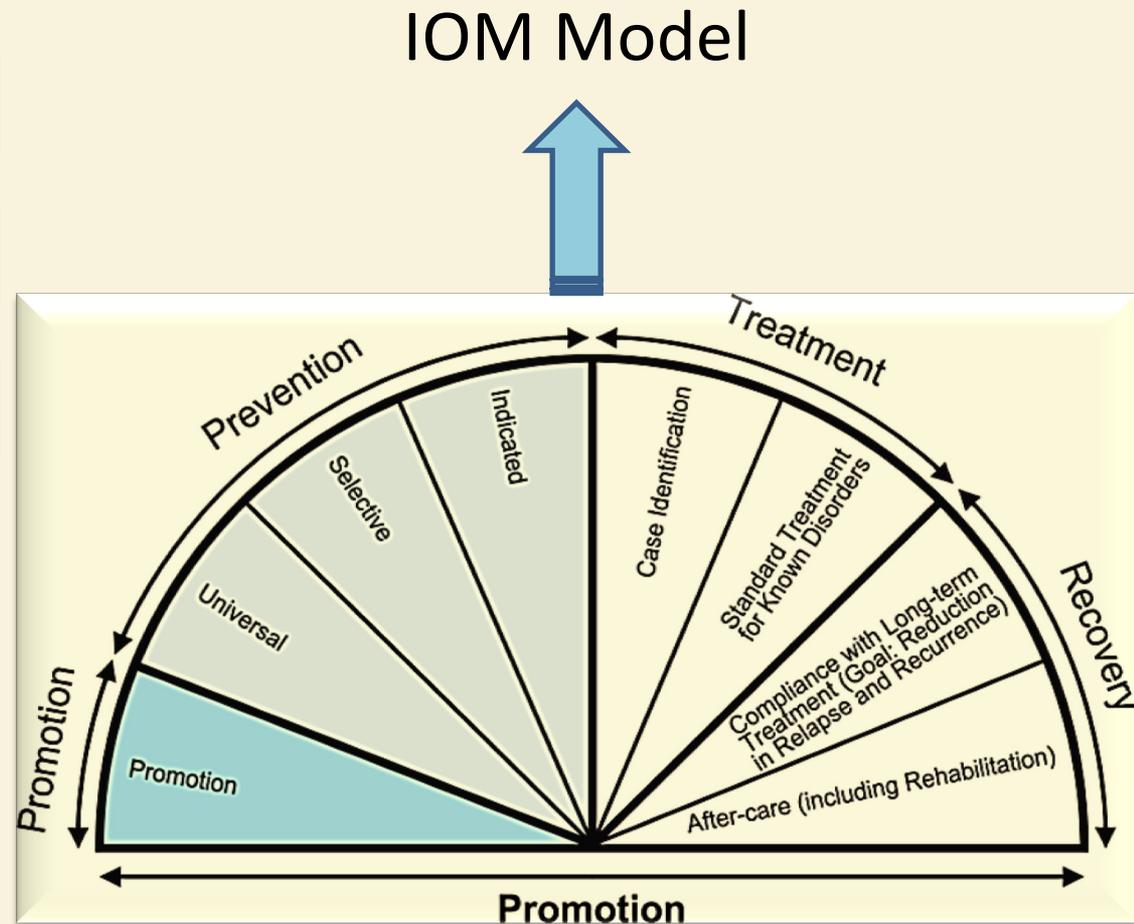
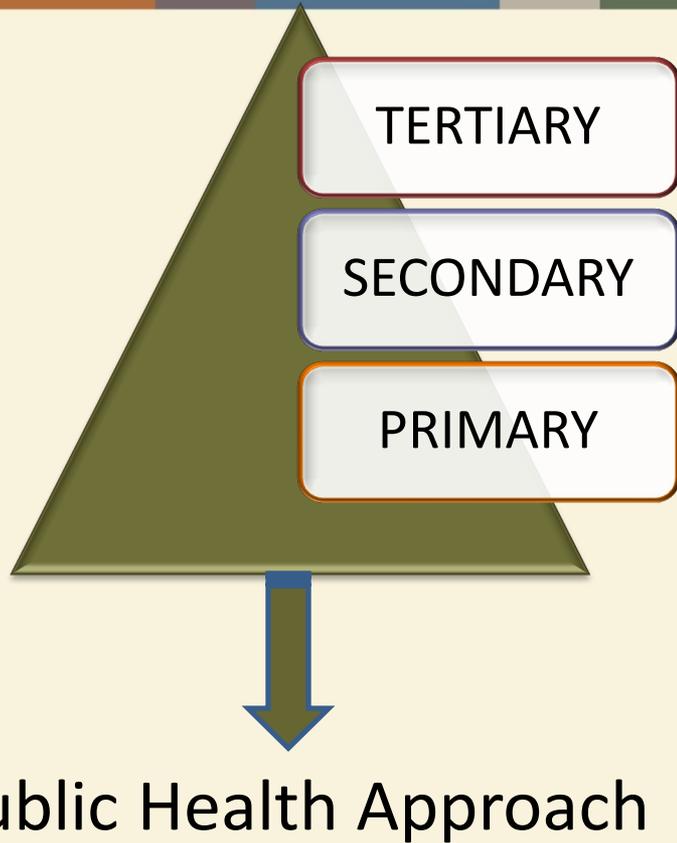
Maximizing opportunities to create environments where individuals, families, communities, and systems are motivated and empowered to manage their overall emotional, behavioral, and physical health.



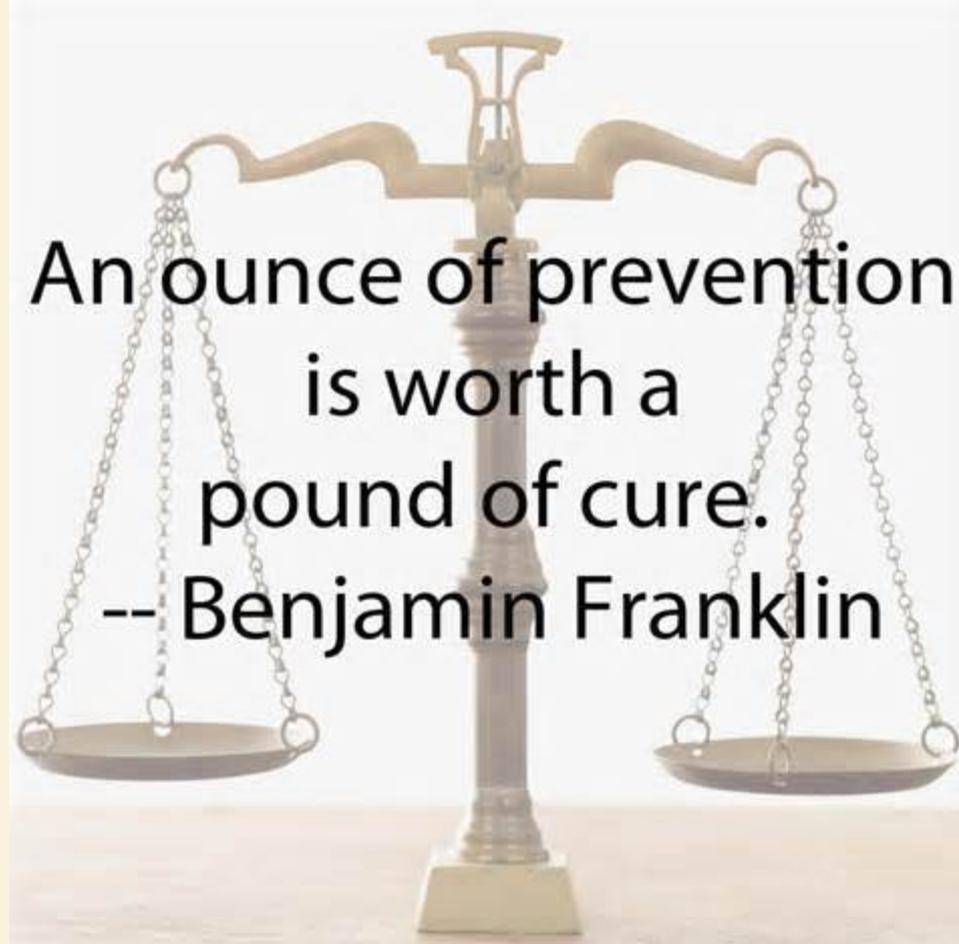
Collaboration for Overall Health



Comprehensive Programs Stretching Across Entire Prevention Continuum Work Best



Prevention Business Case



Questions and Discussion



Discussion Questions



Lunch Break

12:00 p.m. – 1:00 p.m. (scheduled)



AFTERNOON AGENDA

- 1:00 p.m.** **Aligning substance misuse and mental illness prevention with health (Continued)**
Council Members
- 2:00 p.m.** **Overview of the new NREPP**
Carter Roeber, Social Science Analyst, Center for Behavioral Health Statistics and Quality, SAMHSA
- 2:45 p.m.** **Break**
- 3:00 p.m.** **CSAP Budget Update**
Jewel Marsh, Director, Office of Program Analysis and Coordination, CSAP
- 3:15 p.m.** **Discussion with SAMHSA's Acting Administrator**
Kana Enomoto, Acting Administrator, SAMHSA
- 4:15 p.m.** **Public Comment**
- 4:20 p.m.** **Closing Remarks**
Frances M. Harding
- 4:30 p.m.** **Adjournment**



Aligning Mental and Substance Use & Misuse Disorder Prevention with Health - Continued

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and Chair, CSAP NAC*

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Key Collaborations: NREPP and Evaluation Review

Carter Roeber, Ph.D.

Social Science Analyst, Quality Evaluation
Performance Branch

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National Registry for Evidence Based Programs and Practices (NREPP): Background

- Transition year: 2014-2015
- Consistent throughout its history:
 - Intent has been for NREPP to help the public learn more about available evidence-based behavioral health programs and practices
 - Assist with the identification of programs/practices that may best meet behavioral health needs

Historic NREPP

- Relied on voluntary submissions
 - No opportunity to include well-studied programs with strong evidence bases if they weren't submitted
- NREPP was developer-centric to encourage participation and growth
 - Effective strategy for start-up of registry
 - Developers selected which studies and outcomes to include
 - Developers could refuse posting

NREPP Transition

- With maturation of the registry, different approaches are warranted
 - Opportunity to submit is still available and developers who voluntarily submit programs will receive priority in the review cycle. Open submission just closed (125 submissions.)
 - Developers will no longer choose studies or outcomes for review; independent reviews of the literature will be conducted and all outcomes associated examined
 - All reviews will be posted regardless of the ratings

NREPP Transition

- In addition to submitted programs, we will seek out programs to review through the conduct of independent literature reviews.
 - We had a comment period to ask public to prioritize a set of topics- received over 724 comments. We are analyzing them. This is an additional guide.
- Include ineffective programs/negative outcomes
- Include programs deemed to have insufficient evidence at this time.

NREPP Transition

- An effectiveness rating will be added to enhance the usability of the site and improve user comprehension of what the ratings mean
- Programs/practices will be rated as:
 - having strong evidence
 - some evidence
 - Ineffective
 - not enough evidence

NREPP Transition

- This new rating will address concerns that developers/site users may conflate a program's presence on NREPP as an endorsement of the program regardless of scores
- Provides more information to end users.

NREPP Transition

- With maturity, success, and the increasing visibility of registries has come competing pressures: a need for increased rigor while acknowledging the importance of promising, but perhaps untested, programs and practices – often critical to addressing the needs of vulnerable populations

Balancing Rigor and Promise

- Changes previously described get at rigor concerns – how do we better address disparities and issues of key importance to behavioral health populations utilizing and advancing promising practices?

Balancing Rigor and Promise

- With the “new” NREPP:
 - Opportunity to revamp the previously undeveloped Learning Center as a parallel enterprise
 - Learning center will have “definition clusters,” lit reviews, a glossary of terms
 - Tutorials on how to use EBPs– Community Assessment, Selection of EBP, Implementation, Fidelity Adaption
 - Videos – Developers sharing experiences developing programs.

Balancing Rigor and Promise

- The Practice-based Evidence corner will
 - house promising programs and practices and serve as a resource for highlighting these activities of interest
 - Identify programs and practices focused on vulnerable populations that haven't necessarily been evaluated

Thank you!

Questions may be directed to:

Carter.Roeber@samhsa.hhs.gov or

Tarah.Griep@samhsa.hhs.gov

CSAP National Advisory Council Meeting

Break



CSAP Budget Update

*Jewel Marsh,
Director, Office of Program Analysis & Coordination,
CSAP*

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SAMHSA Substance Abuse Prevention Funding

(Dollars in thousands)

Center for Substance Abuse & Prevention Programs	FY 2016 Enacted	FY 2017 PB
Programs of Regional & National Significance		
Strategic Prevention Framework	119,484	118,254
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	12,000	12,000
Mandatory Drug Testing	4,894	4,894
Minority AIDS Initiative	41,205	41,205
Tribal Behavioral Health Grants	15,000	15,000
STOP Act	7,000	7,000
Fetal Alcohol Spectrum Disorders	----	----
Science & Service Program Coordination	4,072	4,072
Center for Application of Prevention Technologies	7,493	7,493
Minority Fellowship Programs	71	71
Programs of Regional & National Significance	211,148	211,248
Substance Abuse Prevention and Treatment Block Grant	363,971	363,971
Office of National Coordinator Drug Control Policy (ONDCP) Drug Free Communities*	92,650	92,650
Total	667,769	667,769

*Funds are appropriated to ONDCP and managed by SAMHSA/CSAP

Addressing Rx and Opioid Abuse (1)

Preventing Opioid Overdose-Related Deaths: \$12 M (New in substance abuse prevention)

- Grants to 10 states to reduce # of opioid overdose-related deaths
- 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

Addressing Rx and Opioid Abuse (2)

Strategic Prevention Framework for Prescription Drugs (SPF-Rx): \$10 M (New in substance abuse prevention)

- 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

Tribal Behavioral Health Grants

- Cooperative agreements for tribal behavioral health (Native Connections)
- Braided program, using the Strategic Prevention Framework, to address the high rates of youth suicide and/or substance misuse.
- Funding level - \$18.8M (CSAP-\$11.3M and CMHS-\$7.5M)
- Five year grants, \$200,000/year
- Number of awards – 94



Discussion with SAMHSA Acting Administrator

*Kana Enomoto,
Acting Administrator, SAMHSA*

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Public Comment

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Closing Remarks

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Adjournment