

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



CENTER FOR SUBSTANCE ABUSE PREVENTION National Advisory Council Meeting

6 August 2014

1:00 p.m. – 3:00 p.m. EDT

Toll- Free number (audio): 877-668-5013

Passcode: CSAP



National Advisory Council Meeting

Agenda:

1:00p- Call Meeting to Order/ Opening Remarks/ Introductions

1:15p- Approve Minutes from April 2, 2014 Meeting

1:20p- Prevention's Role in an Integrated Healthcare Environment

2:20p- CSAP Program Update- Strategic Initiative #1

2:50p- Public Comment

3:00p- Adjourn

(All Times Eastern)

Goals For Today

Discuss the Integration of Substance Abuse Prevention and Mental Health Into Primary Care (July 9, 2014 Expert Panel Meeting)

- Present agenda topics, discussion highlights, and participant-generated priorities
- Engage NAC in discussion of identified priorities
- Engage NAC in discussion of recommended next steps

Goals For Today (continued)

Discuss Strategic Initiative #1

- Present revised goals and objectives
- Present metrics
- Engage NAC in discussion of metrics

National Advisory Council Meeting

Prevention's Role in an Integrated Healthcare Environment

ABOUT CIHS

**SAMHSA-HRSA Center for
Integrated Health
Solutions**



Core Competencies for Integrated Behavioral Health and Primary Care

A foundation for preparing and developing the integrated workforce. > [Check it out](#)

1 2 3



Integration Meeting

CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP)

INTEGRATION OF SUBSTANCE ABUSE PREVENTION AND
MENTAL HEALTH INTO PRIMARY CARE MEETING

WEDNESDAY, JULY 9, 2014

Identifying Priorities for SAMHSA/CSAP

1. SAMHSA's leadership on prevention strategies that are not included in ACA
2. Expand training and health practitioner education
3. Identify what sites are doing to integrate prevention into primary care (including barriers and best practices)

Identifying Priorities for SAMHSA/CSAP

4. Develop funding strings and teach how to braid so can have robust system within state
5. Engage stakeholders and improve outreach to keep SAMHSA's mission out there
6. Look closer at successes in Indian Country, develop an appropriate model, and develop capacity
7. Provide support to statewide coordinating coalitions to accomplish prevention in primary care coordination

Identifying Priorities for SAMHSA/CSAP

8. Engage the do-ers with the policy makers to identify early wins and create demand
9. Get the information to the do-ers that is currently developed
10. Build, strengthen, and maintain relationships and collaborations
11. SAMHSA to provide leadership around advancing a public health approach to plan and implement multi-level comprehensive strategies

Identifying Priorities for SAMHSA/CSAP

12. Build capacity in communities by working with SA and HIV grantees (e.g., training module and technical assistance)
13. SAMHSA can develop guidance or toolkits that could be provided to PC settings on screening and how and where to refer people when needed
14. SAMHSA can provide leadership of aligning, leveraging, coordinating resources in a way that creates point of interface with PC or other disciplines

Identifying Priorities for SAMHSA/CSAP

15. Identify state and local models to showcase
16. Make sure this effort is in coordination with what's going on within organization to integrate BH and PC
17. More effort at recruiting and engaging champions, youth, physicians, and community leaders in advocacy planning and strategy implementation promoting integration in PC

Identifying Priorities for SAMHSA/CSAP

18. Delineating distinction between SA prevention integration in overall health vs. SA prevention in PC and what is manageable and measureable within each bucket in 1, 3, and 10 years

19. Build coalition of organizations to work for policies, programs and practices to increase prevalence of nurturing families

20. Move conversation forward to be part of solution and create actionable steps at CSAP/SAMHSA

Identifying Priorities for SAMHSA/CSAP

21. Increase SAMHSA staff capacity to assist coalitions by sharing knowledge of effective programs and tools and resources
22. Prioritize that we find the money—build business case and demonstrate how having money along continuum in a community leads to improvements in all systems
23. Go back and educate community and other coalitions and reaffirm belief that contributions are valued

Identifying Priorities for SAMHSA/CSAP

24. Increase SAMHSA's visibility—leadership and project officers

25. Integrate discussion and facilitate process at SAMHSA

26. Re-engage membership in discussion about integration through a more targeted and specific lens and terminology

27. Develop a business plan that builds upon current workforce strengths, agrees upon common language, and sends on direction to become viable for the next 3 decades

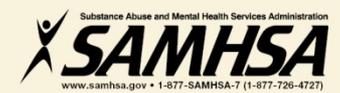
Integration Meeting: NAC Discussion of Priorities

- What should the top five priorities be for CSAP?
- Next Steps



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National Advisory Council Meeting

CSAP Program Update-

Strategic Initiative #1



Strategic Initiative #1

Goal 1.1

Promote emotional health and wellness, prevent or delay the onset of and complications from substance abuse and mental illness and identify and **respond to** emerging behavioral health issues.

NAC members added text in red at last meeting.

Strategic Initiative #1

Goal 1.2

Prevent and reduce underage drinking and young adult problem drinking.



Strategic Initiative #1

Goal 1.3

Prevent and reduce attempted suicides and deaths by suicide among populations at high risk.*

- * Populations at high risk include working-aged adults (ages 25–64); men in mid-life (ages 35–64); suicide attempt survivors; military service members, Reserve and National Guard components, veterans, and their families; American Indian/Alaska Natives; and lesbian, gay, bisexual, transgender, and questioning youth.

Strategic Initiative #1

Goal 1.4

Prevent and reduce prescription drug and illicit opioid misuse and abuse.



Strategic Initiative #1

Goal 1.1: Promote emotional health and wellness, prevent or delay the onset of and complications from substance abuse and mental illness and identify and respond to emerging behavioral health issues.

Metrics: Reduce the percentage of youth and young adult ages 12–17 reporting past 30-day substance use, and reporting major depression episodes in the past year.

Strategic Initiative #1

Goal 1.2: Prevent and reduce underage drinking and young adult problem drinking.

Metrics: Decrease the percentage of youth and young adults ages 12–20 engaged in underage drinking and reporting past 30-day alcohol use or binge drinking.



Strategic Initiative #1

Goal 1.3: Prevent and reduce attempted suicides and deaths by suicide among populations at high risk.*

Metrics: Reduce the number of suicide attempts and deaths by suicide.



* Populations at high risk include working-aged adults (ages 25–64); men in mid-life (ages 35–64); suicide attempt survivors; military service members, Reserve and National Guard components, veterans, and their families; American Indian/Alaska Natives; and lesbian, gay, bisexual, transgender, and questioning youth.

Strategic Initiative #1

Goal 1.4: Prevent and reduce prescription drug and illicit opioid misuse and abuse.

Metrics: Reduce the number of opioid overdoses.

NAC Discussion of Metrics

- Should SAMHSA quantify these metrics?
- If so, how?

Leading Change: A plan for SAMHSA's Roles and Actions
2011-2014

<http://store.samhsa.gov/product/SMA11-4629>



National Advisory Council Meeting

Public Comment

Closing Remarks

Adjourn

Next Meeting (tentative): 8-9 April 2015