

*Department of Health and Human Services
Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Substance Abuse Treatment (CSAT)
National Advisory Council*

February 14, 2018

Open Session Minutes

*5600 Fishers Lane
Room Pavilion C
Rockville, Maryland 20857*

Open Session Minutes

Opening Remarks and Introduction

The Center for Substance Abuse Treatment (CSAT) National Advisory Council (NAC) Designated Federal Officer (DFO), Tracy Goss, called the CSAT NAC meeting to order at 9:00 a.m. E.S.T., on February 14, 2018. Ms. Goss conducted a roll call to establish the quorum, and A. Kathryn Power, who presided over the meeting, welcomed attendees and thanked staff, and guests who agreed to participate.

Ms. Power announced that Dr. Kimberly Johnson has resigned to pursue other opportunities, and that Dr. Elinore McCance-Katz asked Ms. Power to serve as acting CSAT Director for 6 months. Ms. Power is Regional Administrator for Region 1 in Boston, and noted that it is important for SAMHSA to maintain a presence in the regions. Before she was a Regional Administrator, Ms. Power was the Director of the Center for Mental Health Services at SAMHSA.

While at CSAT, Ms. Power plans to focus on making it known as a "center of excellence," working on improving its impact and program outcomes. She also plans to look closely at customer service internally within SAMHSA and across other agencies. Using the Administration for Children and Families as an example, Ms. Power questioned how CSAT was interacting with them to ensure that the two were aligned in terms of effect and impact, particularly at the state and regional levels.

Member Introductions and Updates

Council Members in attendance were: Bertrand Brown (by telephone); Kristen Harper, M.Ed., LCDC; Jason Howell, M.B.A, P.R.S; Sharon LeGore; Judith A. Martin, M.D.; Eva Petoskey, M.S.; Terrance Range, M.Ed. (by telephone); Arthur Schut, M.A.; and Ex Officio Member Elinore F. McCance-Katz, M.D., Ph.D.

Also in attendance were: Allison F. Bauer, J.D.; Christopher D. Carroll, M.Sc.; Steve Davis; Marla Hendriksson, M.P.M.; Danielle Johnson Byrd; Art Kleinschmidt, M.B.A., Ph.D.; Elizabeth Lopez, Ph.D.; Onaje Salim, Ph.D.; Pat Santora; Audra Stock, L.P.C., M.A.C.; and Mark Stringer, M.A.

Ms. Power asked the Council Members to introduce themselves and provide some background information.

Mr. Bertrand Brown is a new member of the council. He introduced himself as a person in long-term recovery who works with the Georgia Council on Substance Abuse. This is his first involvement with a national advisory committee.

Mr. Jason Howell, a new member, reported that he is also in long-term recovery for both mental health and substance use issues. He is the Director of RecoveryPeople, a Texas-based, peer- and family-run organization focusing on training and technical assistance and advocacy along with

infrastructure development. Mr. Howell is also on the board of the National Alliance for Recovery Residences (NARR), which sets standards for recovery housing and provides certification programs.

Ms. Sharon LeGore, a new member, introduced herself as a parent and advocate who lost a daughter to heroin overdose, has a son with a co-occurring disorder, and has a son who became addicted to opiates after a severe car accident. Ms. LeGore founded MOMSTELL, an advocacy organization that helps families find treatment resources, and is also co-director of the National Family Dialogue for families of youth with substance use disorders. She created the first parent advisory council for substance abuse in Pennsylvania and consults on family engagement issues.

Ms. Eva Petoskey, a new member, introduced herself in her Native language. Continuing in English, Ms. Petoskey noted that she is celebrating 40 years of sobriety in February. Her experience is in culturally based primary prevention, workforce development, evaluation, administration, and overall systems change supporting recovery, wellness, and healing from trauma. She has worked for the Intertribal Council of Michigan for 23 years, and is currently the Director of its Access to Recovery (ATR) initiative.

Mr. Arthur Schut has worked in the community-based treatment and prevention field since 1969, when he was a street outreach worker for the YMCA. He served as Clinical Director for 3 organizations, and CEO of 2 comprehensive prevention and treatment service providers. Currently, Mr. Schut has been consulting, and serves on the boards of several organizations, including the National Council for Behavioral Health and NIATx. He is based in Denver, Colorado.

Dr. Judith Martin introduced herself as an addiction medicine physician specialist, stating that most of her work has been in the area of medication treatment for addiction, particularly opioid use disorder. Currently the Medical Director for Substance Use Services in the City and County of San Francisco, Dr. Martin is involved with the effort to turn all of the substance use treatment in all California counties into a managed care plan, implementing a Medicaid 1115 demonstration waiver. Dr. Martin noted that Medicaid expansion has saved many lives among substance use patients in California. She also mentioned that there is a statewide coalition to help reduce overdose; San Francisco can provide leadership with regard to community naloxone access and syringe access.

Ms. Kristen Harper is an independent contractor providing youth recovery technical assistance. She is currently working with Transforming Youth Recovery, a national nonprofit organization that awards seed grants to collegiate recovery communities. She provides technical assistance to 160 colleges and universities. Formerly, she was Executive Director for the Association of Recovery Schools. Ms. Harper noted that she is also in long-term recovery.

Consideration of the August 10, 2017, Minutes

Ms. Power called for a motion for approval of the August 10, 2017, minutes for the 77th meeting of the CSAT NAC. Dr. Martin moved to approve the minutes and Mr. Schut seconded the motion. The motion passed without objection or abstentions and the August 10, 2017, minutes were then approved by the Council.

Director's Report

Ms. Power turned to the Director's Report, emphasizing that because she is so new to the job, it is a report of what has been happening at CSAT as she arrived and what has been reported to her. She focused on activities since the last report.

Ms. Power began with CSAT's response to the opioid crisis. SAMHSA is providing critical support to HHS and its programs on prevention, treatment, and recovery. Current activities include State Targeted Response to Opioids (STR) grants, the Assisted Prescription Drug and Opioid Addiction Program, and the recent award of a grant to provide technical assistance to STR grantees. CSAT is also increasing access to opioid use disorder treatment, providing waivers to nurse practitioners, physician assistants, and physicians to be able to prescribe buprenorphine for treatment. As of February 3, a total of 4,432 nurse practitioners and 1,184 physician assistants are each now able to treat up to 30 patients. SAMHSA expects to receive requests for waivers to treat up to 100 patients beginning in March 2018. In addition, SAMHSA is working with stakeholders to refine the DATA waiver 2000 training to better train practitioners to provide care.

Ms. Power also discussed the revisions to 42 CFR Part 2 to modernize electronic communication between treatment providers and other health care services. SAMHSA has issued a Supplemental Notice of Proposed Rulemaking to address issues raised by commenters but not addressed in the original Notice of Proposed Rulemaking regarding the use of contractors for payment of health care operations. The final rule was published on January 2, 2018, and SAMHSA held a listening session to learn about concerns regarding the effects of the new rules on January 31.

Council Discussion: Director's Report

- Dr. Martin commented that the STR grant has been effective in training new clinicians in California. The state has implemented a hub-and-spoke model and engaged the California Society of Addiction Medicine to provide mentorship. She suggested that local organizations of physicians who treat addiction could also provide mentorship.
- Mr. Schut conveyed his concern about enforcement around misuse of confidential medical information. Misuse of information can impede access to treatment. Mr. Schut also expressed concern about access to medication-assisted treatment (MAT) and who pays for the medications. Some smaller organizations might not be able to bear the

upfront costs. Ms. Power responded that SAMHSA and the Centers for Medicare and Medicaid Services (CMS) have ongoing conversations about this issue.

- Mr. Howell expressed appreciation that HHS is addressing the shortage of physicians able to prescribe MAT. He also commented that MAT might be reframed as "medication-assisted recovery" to reduce the emphasis on the medication itself. Counseling or recovery coaching are also crucial to recovery.
- Ms. LeGore said that some parents feel abstinence is the only way to ensure recovery. It is important to get information to parents and families about MAT and its effectiveness. Ms. Power asked CSAT senior staff if there are ways to get information about MAT into the hands of parents and others who need it. She noted that most Americans do not know much about opioids.
- Ms. Petoskey stressed that attention must be paid to rural areas where there may be no methadone treatment available. Physicians, other health care professionals, and the community need to be educated about MAT in general. She agreed that MAT should be considered part of recovery, and not merely the substitution of one drug for another. Ms. Petoskey also discussed some of the challenges of using MAT, including some patients engaging in Suboxone®-seeking behaviors and drug diversion.
- Ms. Harper commented on the need for MAT education for physicians, including pediatricians, OB-GYNs, college health centers, and counseling centers.
- Mr. Schut stated his belief that providers have an obligation to provide patients the option of every available evidence-based practice, including MAT, and that refusing to make MAT available to patients is malpractice.

CSAT Division/Office Director's Update

Ms. Power introduced a discussion of CSAT and SAMHSA organizational structures and current activities of note.

Ms. Audra Stock, Director of the Division of Services Improvement (DSI), presented information on three DSI program areas. She first discussed pilot grants awarded to Massachusetts, Virginia, and New York to expand the continuum of treatment for pregnant and postpartum women. These grants have been in operation for about six months and the programs are about to launch their services. The programs are targeting opioid use disorder among pregnant and postpartum women and making MAT more widely available. They are partnering with OB-GYNs, pediatricians, and other systems that see pregnant and postpartum women but that may not have integrated behavioral health components. CBHSQ will be conducting an evaluation on the programs.

Ms. Stock also discussed Screening, Brief Intervention, and Referral to Treatment (SBIRT), which she described as a go-to, adaptable model to use in response to many public health issues, particularly the opioid crisis. CSAT grantees are incorporating SBIRT in innovative ways and in a variety of settings.

Lastly, Ms. Stock announced that SAMHSA would be releasing Treatment Improvement Protocol (TIP) 63 on medications for opioid use disorder on February 15, 2018. TIP 63 contains five modules—some are for physicians so they can understand the three FDA-approved medications for treatment of opioid use disorder, one is for family members, and the last is for professionals in the field who are not medical experts but want to work around recovery supports or other elements to help treat opioid use disorder.

Dr. Onaje Salim presented an update on the Division of State and Community Assistance (DSCA) of which he is the Director. After providing information on how the division is structured, Dr. Salim discussed the STR grant program which is housed in DSCA but which is a SAMHSA-wide program led by the Assistant Secretary. Midyear results indicate that these grants have expanded treatment with thousands of people having been served.

Dr. Salim also updated the Council on recovery housing activities. DSCA is working on improving guidance, funding streams, and collaboration with the Department of Housing and Urban Development to promote higher quality recovery housing throughout the U.S.

Ms. Danielle Johnson Byrd, Director of the Division of Pharmacologic Therapies, described the functions of the division and provided an update of activities. The division recently released the Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants, and is working on several companion fact sheets. In addition, the division is working on an opioid overdose prevention and response curriculum, which is expected to be released in March 2018.

Ms. Marla Hendriksson, who is Acting Director for the Office of Consumer Affairs following the retirement of Ivette Torres, briefed the Council on three program areas. The Understanding Treatment and Recovery Services project is being undertaken to understand and evaluate current consumer materials pertaining to substance use disorders and treatment and recovery to ascertain how well they work and which messages resonate with consumers.

The second program area is workforce development. Ms. Hendriksson described a pilot program to work with college freshmen and sophomores to help them choose a career in behavioral health. Universities in four states, Indiana, Minnesota, Mississippi, and New Mexico will be hosting full-day forums.

The Office of Consumer Affairs is also working on capacity building with peer mentors in the Criminal Justice Involved Youth project, developing a curriculum for a two-day training on basic and intermediate peer mentoring skills. Training is scheduled in Pennsylvania in mid to late March.

Council Discussion: CSAT Division/Office Directors' Update

The following points were raised and discussed during the Council's discussion:

- Mr. Schut commented that there are many unscrupulous companies that purport to provide substance use disorder treatment and that advertise on the internet. It would be good to figure out a way to redirect people to the SAMHSA website.
- Ms. Harper noted that her organization recently launched the Recovery Resource app through Facing Addiction and Transforming Youth Recovery. The resources listed on the app have all been vetted.

SAMHSA/CSAT Budget Update

Dr. Elizabeth Lopez, CSAT Deputy Director, provided the SAMHSA/CSAT budget update. SAMHSA's FY 2018 budget has not been finalized and SAMHSA is operating under an annualized continuing resolution (CR) for FY 2017. Earlier in February, another CR was issued that continues funding to March 23. HHS does not know its final budget for FY 2018.

Council Discussion: SAMHSA/CSAT Budget Update

The following points were raised and discussed during the Council's discussion:

- Dr. Martin remarked on the uncertainty over which programs will receive funding. She asked specifically about the visiting nurse effort in maternal and child health. Dr. Lopez replied that this program was operating under a CR and she would try to find out more information.

Presentation on Behavioral Health Spending and Use Accounts

Ms. Power introduced Mr. Christopher Carroll, who gave a presentation on Behavioral Health Spending and Use Accounts (BHSUA) estimates of national spending on mental health and substance use disorder. Mr. Carroll is Director of Healthcare Financing and Systems Integration in the Office of Policy, Planning and Innovation (OPPI). Ms. Power explained that the BHSUA initiative was created to provide policy makers with information on expenditures for and utilization of mental health and substance use disorder treatment services, along with trends over time.

Mr. Carroll began his presentation with information on the longevity of the report, which has been produced for more than 20 years. While Medicaid has traditionally been the largest payer of behavioral health services in the U.S., this is no longer the case since implementation of the Affordable Care Act (ACA). For example, with the advent of the ACA, the private sector now pays for 28 percent of all mental health services while Medicaid pays for 25 percent.

Currently, OPPI is updating the spending estimates through 2015; updating to a consistent and more efficient methodology to improve the accuracy of the provider and setting splits within the payer estimates; and examining trends in behavioral health access, utilization patterns, and prices.

Mr. Carroll pointed out that the research focuses on spending estimates for treatment as opposed to disease burden, thus excluding comorbid conditions that may result from mental and/or

substance use disorders. This strategy helps with consistency. Numerous data sources (more than 20) are used to generate the report.

Results show that mental health and substance abuse spending totaled \$220 billion in 2014, up from \$42 billion in 1986. Though this is a huge increase, it is not enough. Of the \$220 billion, \$186 billion was spent on mental health and \$34 billion spent on substance use disorders. Compared with all health, substance abuse disorder treatment depended more on public spending. OPPI is looking to subsequent reports to help with understanding these issues.

When broken out by provider type, the largest portion (37 percent) of substance use disorder spending in 2014 went to specialty mental health and substance use disorder treatment centers. The period 2002 – 2014 saw substantial increases in treatment spending on prescription medications, particularly prescriptions to treat opioid use disorder. Specialty providers received the majority of treatment spending paid to providers, although there has been an increase over time of spending paid to nonspecialty providers.

From 2009 to 2014, private insurance spending for behavioral health treatment increased more than Medicare because of greater increases in the number of enrollees and higher service costs. The number of enrollees increased significantly.

Council Discussion: Behavioral Health Spending and Use Accounts

The following points were raised and discussed during the Council’s discussion:

- Dr. Martin asked if the HIV treatment cascade model could successfully be applied to monitoring substance use disorder treatment. Mr. Carroll replied that the set of data sources allows researchers to analyze the data in many different ways to begin to answer some of these questions.
- Mr. Howell commented that, although the reports show treatment costs, they do not provide information on outcomes. One issue is the need to develop consistent definitions of recovery outcomes. It is also important to try to minimize corruption in the substance use disorder treatment arena.
- Mr. Schut mentioned his interest in the cost offset in physical medicine that might be associated with substance abuse disorder treatment. Mr. Carroll replied that OPPI was beginning to analyze this issue.
- Ms. LeGore pointed out that costs for medications such as buprenorphine and naloxone have risen so that increased spending does not indicate an increase in utilization.
- Dr. Martin asked if it could be determined which types of substance use treatment included medication. Mr. Carroll said that they were looking at Treatment Episode Data Set (TEDS) data to get facilities and prescription information upon discharge of the MAT in general.

Following discussion of the presentation, Ms. Power introduced Dr. Art Kleinschmidt, who recently began working at SAMHSA as a senior advisor on substance use. Dr. Kleinschmidt has

been working in the substance abuse field since 2002. He is working on convening an expert panel to look at the sober house model to see if it can be combined with MAT and make that more readily available.

Dr. Martin encouraged Dr. Kleinschmidt to consider whole families when looking at residential treatment and recovery housing facilities.

SAMHSA Leadership Discussion With CSAT Council Members

Following the lunch break, Ms. Power opened the SAMHSA Leadership Discussion by introducing Dr. Elinore McCance-Katz, who was recently appointed as the Assistant Secretary for Mental Health and Substance Use in HHS. In this role, she advises the HHS Secretary on improving behavioral healthcare in America and leads SAMHSA.

Dr. McCance-Katz thanked Ms. Power and asked the council members to introduce themselves. Following introductions, she then discussed the direction SAMHSA will take with regard to substance use treatment and the opioid crisis, noting that Congress created the Assistant Secretary position to indicate the level of concern regarding mental and substance use disorders. Dr. McCance-Katz's position differs from that of the previous SAMHSA Administrator role in that she spends a considerable amount of time at HHS headquarters working with other agencies and HHS divisions on behavioral health issues. She plans to begin regular calls with stakeholders to ensure that she hears perspectives from the field.

Dr. McCance-Katz discussed current and future plans for SAMHSA, including the following:

- The National Registry of Evidence-Based Programs and Practices (NREPP) will be replaced with the National Mental Health and Substance Use Policy Laboratory (created by the 21st Century Cures Act) that will focus not on single types of programs or practices but rather on spectrums of care that are needed to ensure people get the evidence-based programs and practices necessary to their recovery.
- In coordination with the policy laboratory, SAMHSA will restructure its technical assistance and training programs. Dr. McCance-Katz wants as much of the evidence-based information to be available at no cost as possible. SAMHSA recently awarded the Opioid State Targeted Response technical assistance and training program, which will be a national program that provides on-the-ground, localized training depending on community needs.
- There is a current funding announcement for a technical assistance and training provider for a clinical support system for serious mental illness. Part of the project will be to develop a Center of Excellence for Psychopharmacology and to develop a course to help states and communities establish assisted outpatient treatment programs.
- Other activities currently underway include continuing research on the effectiveness of opioid use disorders treatment and MAT; planning another survey of practitioners who have the waiver to prescribe buprenorphine products; researching topics in serious

mental illness, including research on the effectiveness of peer recovery groups; and launching the Interdepartmental Serious Mental Coordinating Committee, a public-federal partnership around serious mental illness.

Council Discussion: SAMHSA Leadership Discussion

The following points were raised and discussed during the Council's discussion:

- Dr. Martin commented that providers need training on monitoring compliance and fidelity to evidence-based practices. Technical assistance in performance improvement technology is also needed. Dr. McCance-Katz agreed that more technical assistance is needed and SAMHSA is working with states on improvements.
- Mr. Howell was pleased to hear about SAMHSA's interest in recovery support services and remarked that it was important that Addiction Technology Transfer Centers look at recovery support services in addition to prevention and treatment.
- Ms. Harper noted that one of the struggles of recovery research was in identifying people in recovery. Recently, though, researchers have identified groups of people in recovery associated with community organizations, colleges, and recovery high schools. These groups allow for longer-term follow-up of people in recovery.
- Ms. LeGore stated that it was helpful to work with local systems of care to find resources for people seeking treatment as well as their families and to examine barriers to accessing services. Dr. McCance-Katz said that it was difficult at the federal level to be able to touch individuals; however, the administration is very interested in communication with families about medical issues. HHS has issued guidance related to the Health Insurance Portability and Accountability Act (HIPAA) and communication with families during medical emergencies. SAMHSA has also developed an information sheet for families on how to select a substance use disorder treatment program. This factsheet is available on the SAMHSA website.
- Ms. Petoskey discussed the treatment and recovery support infrastructure created by the Intertribal Council of Michigan through its Access to Care grant that provides innovative, culturally based services as part of its system of care. The organization has been able to conduct follow-up on at least 80 percent of the population. It has a large amount of data—including data on dosage and duration of service—and outcomes information that could be used in research. She also encouraged SAMHSA to continue to partner with tribes. Many tribes strongly prefer having a direct relationship to SAMHSA rather than having the relationship defined through the state.
- Dr. Martin asked about using the HIV treatment cascade model to address the opioid crisis. Dr. McCance-Katz said that she does not wish to develop models that she does not think fit simply because there had some success with one disorder. One argument against it is that there is no single test to determine what type of treatment someone should receive for a substance use disorder in contrast to HIV infection. There is currently no great way to match treatments to patients.

- Mr. Schut advocated in favor of SAMHSA encouraging a continuum of care and a move away from standalone treatment and recovery entities.

Presentation on Massachusetts' Response to the Opioid Crisis

Ms. Power next introduced Ms. Allison Bauer, J.D., who delivered a presentation on Massachusetts' response to the opioid crisis. Dr. Bauer is Director of the Bureau of Substance Addiction Services (BSAS) within the Massachusetts Department of Public Health. She is also an adjunct faculty member at Boston College Graduate School of Social Work and formerly taught at Simmons College School of Social Work and Virginia Commonwealth University School of Social Work.

Dr. Bauer began by praising Massachusetts' strong leadership and support for addiction services and noted that the state has been highly affected by the opioid epidemic. She expressed her opinion that Massachusetts' extensive and robust healthcare system with excellent access to care might have contributed to the opioid epidemic. When pain was considered a vital sign and prescriptions for opioid pain relievers increased, the opioid epidemic took root. The state now has a high-functioning prescription drug monitoring program which has determined that there has been a precipitous drop in prescription drugs as the drug of choice for individuals. However, many people transitioned to heroin and fentanyl.

Massachusetts' STR grant funding is around \$11.7 million per year, which has allowed the state to bring in new staff dedicated to activities conducted through the grant. New staff persons include a project manager, prevention coordinator, treatment and recovery coordinator, and a data analyst.

Dr. Bauer provided data on the scope of the opioid epidemic in the state. Opioid addiction is widespread throughout Massachusetts and particularly intense in areas such as Boston, northeast Massachusetts, and the Cape. However, the Department of Public Health recently announced that opioid-related overdose deaths fell by more than 8 percent in 2017 compared to 2016. Despite this positive news, there is still much work to be done. BSAS will focus specifically on Latino communities where overdose deaths increased.

Massachusetts' STR grant is funding several initiatives intended to serve more than 10,000 over the two-year period, increase access to treatment, reduce opioid misuse and abuse, and prevent overdose deaths. The initiatives include the following:

- Expansion of the Overdose Education and Narcan® Distribution program—BSAS is partnering with the Bureau of Infectious Disease and other agencies to bring Narcan to more communities, along with safe syringe access sites to establish and leverage relationships within these communities.
- Post Overdose Intervention—BSAS is piloting a program to expand and enhance three existing community-based first responder follow-up programs and partnering the outreach worker, recovery worker, and treatment provider with the first responders.

- Needs Assessment and Training—The agency is expanding overdose prevention training and technical assistance, including working with human service providers to identify the types of training they need.
- Naloxone Access Workgroup—This project, not funded through the STR grant, is intended to help drive official practice toward increasing the use of naloxone and to define and address the systemic barriers to accessing naloxone.
- Office-based Opioid Treatment (OBOT) Program—BSAS is expanding this program and providing training and technical assistance to new OBOT sites to serve at least 700 individuals. Boston Medical Center has delivered 36 trainings to OBOT centers since the grant began.
- Medication-Assisted Treatment Reentry Initiative (MAT-RI)—This initiative was launched to help prevent overdose among a population at particularly high risk of fatal overdose—people being released from houses of correction. BSAS is working with six county houses of correction.
- Access to Recovery (ATR) Program Expansion—STR funds will allow for expansion of this program that increases access to recovery support services for individuals with opioid use disorders from two cities to four cities.
- Families Recover Project—To respond to the fact that women’s overdose risk increases immediately after childbirth, BSAS is expanding support services for pregnant and parenting women in Massachusetts’ six current recovery support centers.

Dr. Bauer also discussed the evaluation framework for the STR grant. Massachusetts will be examining questions regarding number of people served, number of new clients to the system of care, success of each project in recruiting and retaining the target population, and whether participation in one or more STR activities impacted key outcomes. She remarked again that Massachusetts had 178 fewer deaths due to overdose in 2017 than in 2016. Thus far, 177 clients have enrolled in the OBOTs, 35 have enrolled in the MAT-RI program, and more than 1,300 clients have enrolled in the ATR program.

Presentation on Missouri’s Response to the Opioid Crisis

Ms. Power then introduced Mr. Mark Stringer, who gave a presentation on Missouri’s State Targeted Response to the opioid crisis. Currently Director of the Missouri Department of Mental Health, Mr. Stringer is a licensed professional counselor with more than 30 years of experience in the substance use disorder and mental health fields. He is also the immediate past president of the Board of Directors of the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

Mr. Stringer launched his presentation with a discussion of how valuable the STR grant and other grants have been for Missouri—the funds have helped Missouri transform its systems in a way that would not have been possible otherwise. He also commented that Missouri remains the only state without a prescription drug monitoring program.

In addition to the STR grant, Missouri is also one of eight demonstration states for the Certified Community Behavioral Health Project, another two-year grant. The state has a large, five-year grant from SAMHSA called the Missouri Heroin Overdose Prevention (MO-HOPE) project, which is focusing on overdose education and naloxone distribution. Missouri also has the MAT-Prescription Drug and Opioid Addiction grant, which is funding two providers to develop a different and creative treatment model.

Other activities include Project ECHO for chronic pain management and treatment of opioid use disorder. Project ECHO is a coaching model that providers can use to coach people in remote areas about dealing with chronic conditions. Finally, Missouri is implementing the Providers' Clinical Support System (PCSS) for MAT, a national model that the state is doing in collaboration with the American Academy for Addiction Psychiatry.

In implementing the STR and other grants, Missouri is changing its approach to treatment. The relatively short time period of the grants means that the state has to look hard at its treatment model, which had previously tended toward approaching opioid use disorders as an acute care problem or as an academic deficit with treatment including detox, residential and group therapy, and education.

Missouri has developed a Medication First model in which clients quickly see a physician and begin medication within 24 hours. This model stabilizes clients and decreases cravings so they can focus on learning about their addiction, counseling, and other treatment aspects. The state has trained providers to prescribe medications such as Suboxone and Naltrexone and 501 physicians are waived to prescribe Suboxone and Buprenorphine.

There are some challenges, including identifying physicians and other prescribers who are willing to prescribe MAT and the Missouri Medicaid requirement that clients begin tapering down from Suboxone after six months. That rule no longer exists. To increase the number of prescribers, Missouri is working to get waivers for assistant physicians (doctors who have graduated from medical school but have not completed a residency) to prescribe Suboxone. The state is also advocating removing the provision of the Ryan Haight Act that requires physicians to see patients in person before prescribing controlled substances. This provision can be challenging in rural areas with too few physicians.

Missouri has four recovery community centers and is requiring NARR certification of all recovery housing. In addition, Mr. Stringer remarked that there has been a lot of peer training, which is one of the solutions to the workforce shortage in the state. There are also resources for providers, patients, and the public, including a listserv for physicians to discuss practice issues, implementation guides for providers, two ECHO telehealth sites, and materials for patients and families.

Mr. Stringer concluded his presentation by commenting that these programs have allowed for partnership development with organizations with whom the state has not traditionally worked.

Council Discussion: State Responses to the Opioid Crisis

Ms. Power invited questions and comments from the Council, noting that Dr. Bauer and Mr. Stringer represented their respective single state agencies and thus could discuss a wide range of issues related to substance use disorder, opioids, mental illness, and other topics.

The following points were raised and discussed during the Council's discussion:

- Ms. Harper thanked Dr. Bauer for Massachusetts' support of adolescent treatment programs and recovery high schools. Dr. Bauer stated that funding for recovery high schools is moving from the Department of Health to the Department of Elementary and Secondary Education, which should mean that the schools will get more support for their students by being seen as actual schools. Ms. Harper asked how collegiate recovery communities could engage with the single state agencies. Dr. Bauer and Mr. Stringer both expressed strong interest in meeting with these communities. Ms. Power also suggested connecting with the regional administrators.
- Mr. Howell expressed concern that the Missouri Medication First initiative seemed to be framed as a mandated treatment. This is a patient's rights issue and ultimately is the individual's choice. Mr. Stringer responded that he had not expressed himself clearly and that MAT is not mandatory, but that he as a clinician feels strongly that he has a responsibility to attempt to convince clients to enter into MAT through motivational interviewing or other technique. Mr. Howell said that motivational interviewing should be used to empower clients' decisions and not to manipulate them. Ms. Power said she thought there was no way SAMHSA would move away from its consumer choice philosophy. But SAMHSA is trying to influence the clinician community to participate more fully in understanding how to offer MAT as part of the available continuum of care. Dr. Bauer added that in Massachusetts it is mandated that clinicians offer the opportunity and cannot keep someone from admission to a program for any medication whatsoever.
- Ms. Petoskey asked how the STR has worked with the ATR in the two states. Dr. Bauer replied that every Massachusetts STR project, with the exception of the houses of correction work, was expanding on existing, small or nascent efforts. She thinks of the ATR as removing barriers to opportunity. Mr. Stringer stated that STR has helped bring recovery support providers and treatment providers together. Ms. Petoskey expressed concern about states and jurisdictions that do not have an ATR program or similar. Ms. Harper said there were stark differences in North Carolina which had an ATR grant and Georgia which did not.
- Mr. Howell asked for tips on launching new programs quickly, noting that Texas received the largest STR grant but was uncertain about having the capacity to issue contracts and stand up several new programs. Mr. Stringer said that Missouri had been able to identify an existing core group around which others could coalesce. Dr. Bauer said Massachusetts quickly hired outside, dedicated staff and also focused on small,

existing projects that could be scaled up. Ms. Power added in Region 1, every governor has an opioid working task force that was in place before the STR grants began.

- Dr. Martin asked about Massachusetts' houses of corrections program and how it was staffed—whether by agency personnel or by correctional staff. Dr. Bauer said that Massachusetts contracted its substance use disorder services. In this case, the state worked with community providers who then partnered with the houses to provide the service. It allows the local providers to connect with people who are about leave the houses of correction and continue treatment after they leave. Dr. Martin also asked about people on MAT who are arrested and MAT might be discontinued because of the concern over diversion of MAT medications within the corrections facility. Massachusetts is aware of and trying to address these concerns.

Public Comment

Ms. Power opened the floor for public comments. There were no public comments.

Recap: Putting It All Together

Ms. Power asked the Council members about their impressions of the meeting and what they would like to see in future meetings. Their responses are as follows:

- Mr. Schut said that he appreciated the emphasis on getting input from council members as opposed to the meeting being just a series of briefings.
- Dr. Martin stated that the support for medical treatment of opioid use disorder comes through, which will save many lives. She liked the discussion about what SAMHSA sees in terms of finance and the numbers. She also said that the day's discussion showed a need for more integration and more choice for patients to enter or continue treatment with their own providers and have the option for MAT.
- Ms. LeGore said her first meeting had been a great experience and she was engaged in the conversation. Because there had been consternation over cancelling the NREPP program, she suggested that SAMHSA send out more information on the new policy laboratory. She is interested in hearing more about how families could work with researchers and help prove what works. Ms. Power said this issue would be placed on the agenda.
- Mr. Howell remarked that the content and speakers were great and he appreciated that the Council's input is valued.
- Ms. Petoskey said that her top priority is how to take MAT into communities effectively and how it can be integrated into the continuum of care. She is also interested in hearing about the challenges and solutions other states and jurisdictions have faced.
- Mr. Brown said that the meeting had been informative and eye opening and that he appreciated the experience.

Adjournment

At the conclusion of the presentations and the recap, Ms. Power requested a motion to adjourn. At 3:56 p.m., the motion was moved by Mr. Arthur Schut, and seconded by Ms. Kristen Harper. The motion was passed, and the meeting was adjourned.

I certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

4/10/2018

Date

A Kathryn Power

A. Kathryn Power, M.Ed.

Acting Director, Center for Substance Abuse Treatment