

***DEPARTMENT OF HEALTH AND HUMAN SERVICES  
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION  
Center for Substance Abuse Prevention***

***Minutes of the  
Center for Substance Abuse Prevention National Advisory Council Meeting  
(Public Session)***

***August 10, 2017***

***Rockville, Maryland***

**Meeting Minutes**  
**Substance Abuse and Mental Health Services Administration (SAMHSA)**  
**Center for Substance Abuse Prevention (CSAP)**  
**National Advisory Council (NAC)**  
**5600 Fishers Lane**  
**August 10, 2017**  
**9:30 a.m. - 4:30 p.m.**

**Attendees**

**Chair:** Frances M. Harding

**Designated Federal Officer Present:** Matthew J. Aumen

**Council Members Present:** Anton Bizzell, M. Dolores Cimini, Pamela Drake, Scott Gagnon, Steve Keel, Valerie Mariano, Craig PoVey, Kathleen Reynolds

**Ex Officio Members Present:** Kana Enomoto

**In-Person SAMHSA Staff:** Brian Altman, Stephanie Blake, Josephine Haynes-Battle, Richard Carmi, Thomas Clarke, Ron Flegel, Gregory Goldstein, Clarese Holden, Arthur Kleinschmidt, Jewel Marsh, John Park, Charles Reynolds

**Call to Order**

Matthew Aumen noted that a quorum was present and called the meeting to order at 9:30 a.m.

**Welcome, Introductions, and Opening Remarks**

Fran Harding welcomed participants and stated that this is an exciting time for prevention. CSAP will be tapping into the NAC's knowledge and experience during the year, as the opioid crisis has become more intense and is a prevention problem. Opioids are not "this year's drug." People are losing family members and friends; this crisis touches everyone. Ms. Harding has been attending various cross-agency meetings on the issue. Interested parties were coming together with funding that must go toward prevention efforts on the street, and the field must be prepared with evidence-based programs and a trained workforce. CSAP's interactions with other agencies, including the Centers for Disease Control and Prevention (CDC), the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the Office of National Drug Control Policy (ONDCP), have increased exponentially to address the crisis.

SAMHSA spoke with the CDC about making the Prescription Drug Monitoring Program (PDMP) more effective. It's important to support PDMPs and encourage the states to use the program. Many people are uninformed about the importance of correct prescription drug disposal. More disposals would reduce the number of accessible drugs. In addition, the prevention field needs to train families, health care providers, and parents to recognize the signs of drug misuse. Prevention programs need data about hot spots so they can target funding.

## **Approval of February 1, 2017 Meeting Minutes**

Mr. Aumen requested approval of the February 1, 2017 NAC Meeting Minutes. Kathy Reynolds moved to approve the minutes; the motion was seconded by Dr. Anton Bizzell. The minutes were approved without dissension.

### *Discussion Items*

Greg Goldstein, Deputy Director, CSAP, noted that there's a stronger emphasis coming in prevention; the emphasis was previously on treatment. The President recently said the emphasis should be on stopping drug use before it starts. The group would hear about new grants soon and CSAP needed to know if they were missing areas of focus or could do things better (e.g., helping states and communities, developing better Funding Opportunity Announcements [FOAs]).

Scott Gagnon observed that although there was a general forward movement in the field, he saw a disconnect in Maine concerning the public conversation. It was still focused on treatment and law enforcement; the community was not talking about prevention.

## **Discussion with Kana Enomoto, Acting Deputy Assistant Secretary**

Kana Enomoto introduced Dr. Arthur Kleinschmidt, a new Senior Advisor at SAMHSA. She announced that the commission would be signed on August 11 for the appointment of Dr. Elinore McCance-Katz, the first Department of Health and Human Services (HHS) Assistant Secretary for Mental Health and Substance Use. She was to be sworn in the following week. Dr. McCance-Katz has extraordinary expertise in addiction medicine and HIV and will be the first Assistant Secretary of Substance Abuse, a new role that will cut across agencies.

### *Discussion Items*

Dr. Kleinschmidt asked about the non-medical use of stimulants. Dr. Dolores Cimini had developed an online brief intervention for college students that was administered to those who scored above cut-off for stimulant abuse. They will soon be conducting a randomized clinical trial that does not just provide information, but will talk about academics and show students some pathways to the support systems on campus. Dr. Cimini will send her two published papers to Dr. Kleinschmidt.

Craig PoVey noted that some key leaders are not aware of the need for a full continuum of services and asked that SAMHSA work on moving them upstream, toward "stop before they start." Ms. Enomoto noted that prevention was addressed at the 50-state opioid meeting that was held earlier in the week, although it was mostly focused on treatment and recovery. However, many states are using funding for prevention and they are encouraged to do so. Naloxone is now considered part of the prevention spectrum.

At a conference earlier in the week, Dr. Kleinshmidt heard that individuals had used Medicaid to obtain prescription drugs for illicit use; this is a prevention opportunity. He added that many clients are treated with drugs such as Adderall at a young age, which trains them to think medications are the answer. Education may be needed in this area.

Ms. Harding asked Ms. Enomoto how the expanded need will work with the proposed budgets. Ms. Enomoto responded that the problem can't be solved by treatment alone. Therefore, it has to be cut off at its head, which means prevention. Many government agencies are trying to address the opioid crisis, but their efforts are scattershot and they need education. SAMHSA has been talking to those "one circle out" (e.g., funders) but needs to go out two or three rings because so many people are interested. SAMHSA needs to be louder when saying that prevention is the solution. Although there is less prevention money (\$150 million), there is an opportunity to leverage the larger funding amounts going to other agencies interested in this issue. Since the President is saying "stop it before it starts," there is a significant opportunity. Other agencies are laser-focused on prevention and SAMHSA is being included in the conversations and can infuse their expertise into agencies such as Agriculture and Homeland Security, as well as assisting the Attorney General.

Ms. Enomoto noted that law enforcement is the most frequent sector represented on the commission. Ms. Harding is working with the High Intensity Drug Trafficking Areas (HIDTA) program, which is now responsive to her message. The Drug Enforcement Agency (DEA) spoke to the Council the previous day. It's important to work together and various approaches were being debated. SAMHSA believes more community prevention is needed, supported by good data; other sectors have different ideas. Federal agencies are all over the board in terms of prevention. The job of SAMHSA and its advisors is to educate them. A "just say no" national campaign is not the answer. SAMHSA also was working on bringing these conversations to the states, because they have more freedom when the national level is communicating on friendly terms.

Ms. Enomoto said they don't want to focus on one drug at a time. However, the opportunity often occurs around the "drug of the day." Building new programs helps strengthen the underlying prevention infrastructure. The influx of attention and funding is good news; the infrastructure will be stronger for the next crisis.

Mr. Gagnon uses various arguments to obtain buy-in, including prevention as a form of economic development for the workforce. At a panel in Maine, the drafter of the marijuana initiative was pushing people into the industry. Mr. Gagnon was concerned about the normalization of drug use affecting young people; he wanted to counter the messages about the new drug industry. Ms. Enomoto said the economic sector is increasingly becoming aware of prevention issues. In meetings on the global economy, she has seen awareness at the micro level that prevention jobs can be good. It can be satisfying to work for self-actualization rather than money. From a macro perspective, other countries, (e.g., Japan), are looking at this. The Department of Defense (DoD) is concerned because when young people are obese or using drugs, they don't have a population to recruit from.

#### *Action Items*

Dr. Cimini will forward two published papers on brief interventions for college students to Dr. Kleinschmidt.

## **Information Update - Cures Act**

Mr. Brian Altman provided a refresher on H.R. 34, the 21<sup>st</sup> Century Cures Act (i.e., the Cures Act). It 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. His remarks are included in their entirety in the PowerPoint (PPT) presentation distributed to participants.

### *Discussion Items*

Ms. Reynolds asked if the Medicaid Institutions for Mental Diseases (IMD) exclusion was going away. Mr. Altman stated that a Presidential report recommended that the IMD exclusion be discontinued. The Department was reviewing the recommendation.

Mr. Altman noted that the Administration is very focused on deregulation. They are always looking for opportunities and information on deregulating. This is broader than just the Code of Federal Regulations. At one time, they were looking at modifying the FDA deeming rule on e-cigarettes. Since the FDA announced that they are in the late implementation of that deeming rule as it relates to e-cigarettes, SAMHSA is not proceeding with that particular regulation. Mr. Altman said they recently put out their deregulation agenda, even though they hadn't yet started the process. They're also looking at guidance, data collection, and other ways to reduce burden on states, communities, tribes, providers, and so on. Many work groups are looking at ways to reduce burden on the states. There is a separate workgroup just on reducing burden on the doctor-patient situation. There is a workgroup on FDA services and one on overall regulatory reform. In terms of mandatory guidelines, Mr. Altman was interested in the ideas of the Council on what SAMHSA grantees, contractors, or people in the field who pull down money might be able to do to reduce the burden. He asked if there were suggestions in this area. Ms. Harding stated that Mr. Aumen would collect ideas on deregulation from Council members and send them to him.

### *Action Item*

Mr. Aumen will collect feedback from Council members on deregulation and send it to Mr. Altman. They are looking at ways to reduce burden on the states.

## **CSAP Update – Office of Program Analysis and Coordination (OPAC)**

Ms. Jewel Marsh presented a breakdown of proposed CSAP funding by program. She noted that funding is still at the President's budget submission stage. (See her PPT slides for details of proposed funding by program.) Mr. Goldstein said that if the budget passes as suggested, it will change processes at CSAP. Requests for carryovers by state programs will not be granted, so there will be more burden on the states to use their funding quickly.

### *Discussion Items*

SAMHSA had discussions about changing the structure for awarding grants so they don't front load them. Not as much money is needed during the first year of assessment; more funding is needed in subsequent years.

Mr. Gagnon was interested in the rationale for the proposed State Targeted Response to the Opioid Crisis (STR) grants, and minority funding. Ms. Harding explained that the STR grant had a mandate added by the President; SAMHSA's Center for Substance Abuse Treatment was to be held harmless regarding reductions to the FY18 budget. This affected funding for the other SAMHSA Centers. It is not known why this decision was made, but the Administration was not targeting prevention. Budget negotiations were ongoing in the House and Senate; they needed to reach agreement and then the President would need to sign off. If these bodies do not reach agreement, the agency will be on a Continuing Resolution (CR).

### **CSAP Update – Division of Workplace Programs (DWP)**

Ron Flegel presented the mandatory guidelines for testing urine, oral fluid, and hair, and described programs and products developed within DWP. (See Mr. Flegel's PPT slides for details.)

#### *Discussion Items*

Steve Keel wanted to receive the DWP publication "News You Can Use." Mr. Aumen will add all Council members to the distribution list.

CSAP was collecting data and trying to move it into a real-time database. They were currently pulling the information from the Department of the Interior. CSAP has results internally, but doesn't always release them.

Mr. Goldstein commented that prescription drug testing could affect some sensitive federal positions if employees test positive. There will be many questions about this change, so an education effort will be needed. Mr. Flegel added that they don't want to take necessary prescriptions away, but there may be positions where employees should step down while taking certain medications or possibly change prescriptions.

#### *Action Item*

Mr. Aumen will ensure that all Council members are added to the distribution list for DWP's publication, "News You Can Use."

### **Progress Report: CSAP Opioid Response**

#### CSAP Opioid Response - Division of State Programs (DSP)

Dr. Clarese Holden presented the DSP grant programs targeted toward alleviating the opioid crisis. They include the Strategic Prevention Framework Partnerships for Success (SPF-PFS) program, the Strategic Prevention Framework for Prescription Drugs (SPF Rx) program, the Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO), the State Targeted Response to the Opioid Crisis Grants (Opioid STR) program, the First Responders Comprehensive Addiction and Recovery Act (FR-CARA), and the Improving Access to Overdose Treatment (OD Treatment Access) program. (See Dr. Holden's PPT slides for additional detail.)

#### *Discussion Items*

CSAP doesn't want grant money to be returned; the agency was discussing ways to help grantees use their funding in accordance with the FOA. The funds can be used for any FDA-approved drug or device to prevent overdoses.

#### CSAP Opioid Response – Division of Community Programs (DCP)

Charles Reynolds presented on DCP programs and initiatives that support the opioid response. One third of his six programs are targeting heroin and prescription drugs. ONDCP and SAMHSA hope to award a new opportunity as part of the CARA Act to reduce overdoses and abuse of prescription drugs in youth ages 12-18. It is a supplemental 4-year grant program that will function similarly to the STOP Act.

#### *Action Item*

Mr. Reynolds will reach out to ONDCP and send the latest Drug Free Communities study to Council members.

#### CSAP Opioid Response – Division of Workplace Programs (DWP)

Mr. Flegel described the research conducted by DWP on establishing standards for the drug testing process and he reviewed the studies' outcomes. (See Mr. Flegel's PPT slides for additional detail.)

#### *Discussion Items*

The Drug-Free Workplace Program does not screen for fentanyl because it is too difficult to detect.

#### CSAP Opioid Response – Division of Systems Development (DSD)

Josefine Haynes-Battle described DSD efforts to address the opioid crisis. This includes a new section in the Center for the Application of Prevention Technologies (CAPT) Collaboration Toolkit called "Focus on Opioids." (See Ms. Haynes-Battle's PPT slides for additional details.)

#### **CSAP Update – Division of State Programs (DSP)**

Dr. Holden noted that the DSP grant programs related to the opioid response were described earlier. She provided an update on Tribal Behavioral Health Grants: Native Connections, which are jointly funded through CSAP and the Center for Mental Health Services (CMHS). (See Dr. Holden's PPT slides for details.)

#### *Discussion Items*

There are three Native Connections grants and each is different. Funding comes to CSAP and CMHS according to the percentage of the grant each agency is responsible for. Congress decides which agency has control; CMHS is the lead agency for the Native Connections grants.

#### **CSAP Update – Division of Community Programs (DCP)**

Charles Reynolds provided an update on DCP programs and initiatives, including the Drug-Free Communities (DFC) Support Program, the Sober Truth on Preventing (STOP) Underage Drinking Act, the Minority AIDS Initiative (MAI) programs, and the new MAI Prevention Navigator peer mentor program. (See Mr. Reynolds' PPT slides for additional details.)

*Discussion Items*

Institutions of higher education can apply for DFC grants.

*Action Item*

Mr. Reynolds will talk with ONDCP and send the latest study on DFC to all Council members.

**Discussion: Changing Landscape of Prevention**

Kathy Reynolds stated that different government agencies use the term “prevention” to mean different things; e.g., law enforcement uses it differently than mental health or prevention. Can these groups come together across sectors and agree on a common definition? Ms. Reynolds and Mr. PoVey attended a conference in Fort Worth in June on this topic. The group started with one model, but ended with four. They want to continue those conversations and involve others. Mr. PoVey stated that common terminology would make it easier to communicate and would benefit linkages with primary care.

Allen Ward reported on a prevention workshop at which integration, skill building, and measuring success were discussed. They were in the process of compiling the resulting data and planned to develop a report. To understand where communities are in terms of integration, attendees were given a word test and asked to think of a one-word synonym for integration. The overwhelming response for a word associated with integration was “collaboration.” A rich discussion followed that could lead to improved work with coalitions.

*Discussion Items*

Ms. Harding noted that one of the most challenging struggles they've faced over the last 2 years was defining prevention. She suggested developing a prevention dictionary that would explain how the word is used in different fields. As an example, CDC uses the term “preventative.” Council members were in favor of developing a prevention dictionary. Ms. Harding asked Ms. Reynolds and Mr. PoVey to receive and review the definitions collected. The information could be put into a matrix or chart. In the meetings she recently attended, she was frustrated because, in the various discussions of prevention, not one person understood primary prevention. She added that the Council did not have to take on this activity as a group; perhaps only one or two members wanted to be involved. Mr. PoVey encouraged the NAC to keep this effort on the radar. Prevention staff are struggling with this issue at the community and state levels. Mr. Goldstein offered CSAP resources to start work on the dictionary, which could be brought back to the group in February. Mr. Aumen will send a message out to Council members asking who would like to be involved. Some Council members volunteered to provide words and statements to help the effort get started. Ms. Harding stated that she will ask Council members to test the first cut of the product with people they had not previously talked to about prevention to see what resonates.

Dr. Cimini said the standard prevention triangle developed by the Institute of Medicine was helpful in explaining prevention to those who have not been exposed to it. Other comments: The traditional public health model shows that the more areas you impact, the more effective you are. A video could be developed that uses metaphors for talking about prevention.

#### *Action Items*

CSAP will begin work on a dictionary defining prevention; it will be brought back to the NAC in the February meeting for discussion. Mr. Aumen will send a message out to Council members asking who would like to participate by sending in words and statements.

Mr. Aumen will capture the statements contributed by NAC members and send them back once they are added, so members can verify that their ideas were accurately communicated.

Ms. Harding will ask Council members to test a first draft of the dictionary with people they have not talked to about prevention to see what resonates and they will provide CSAP with feedback.

#### **Prevention Outreach Work Group Update**

Dr. Cimini, Chair of the work group, led this session. Since the February NAC meeting, a literature review was conducted on prevention activities, who conducts them, the views of different professions and accreditation bodies, and outreach needs. Data collection took place with college students, alumni, and staff members of college career centers. There was review and integration of this information and a conference call was held with the full NAC for feedback. The work group developed a draft recommendation that was revised the previous day to read: “Engage communities and other stakeholders in efforts to promote prevention careers and expand the prevention workforce across the spectrum of behavioral health, which includes prevention, treatment, and recovery, by supporting activities such as education and marketing campaigns, training within minority fellowship programs and prevention fellows programs, and pre-service recruitment.” They also recommended strategies in the individual, relational, institutional, and policy domains. Three “Findings and Considerations” were put forth that are detailed in the work group’s PPT that was distributed to attendees.

#### **Prevention Credentialing Work Group Update**

Mr. Gagnon, Chair of the work group, led this session. Since the last NAC meeting, a query of National Prevention Network (NPN) members was conducted to obtain feedback about prevention credentials and challenges for states and individuals. Conference calls were held with work group members to refine the recommendation and process data received. There was further review and integration of information from the literature and a conference call with the full NAC. The work group developed a draft recommendation that was revised the previous day to read: “Collaborate with Single State Authorities (SSA) to develop and utilize prevention workforces that are credentialed and diverse, and within their states, have access to sufficient inventories of training and continuing education opportunities in line with current and emerging skill needs in the changing landscape of prevention.” Three strategies were recommended relating to new requirements of and assistance for the SSAs, including technical assistance to

implement promotion, outreach, and recruitment. Three “Findings and Considerations” were put forth. They are detailed in the work group PPT distributed to attendees.

The next steps for both work groups were to define the roles for SAMHSA and other stakeholders in moving forward, define areas for future research, and refine the recommendations and strategies.

#### *Discussion Items*

A recommendation could be made to add a line item in the budget for workforce, as none exists. Currently, unfunded workforce initiatives are part of the Strategic Plan, which will soon change.

Dr. Anton Bizzell suggested considering Job Corps through the Department of Labor because that agency is looking at these issues and they have a large budget.

Mr. PoVey noted that receiving money without the capacity to use it would not be useful. The funding could be turned back and used for other types of projects. Workforce efforts therefore need to grow. When Congress funds prevention, the field must have trained people ready to hit the ground running.

Ms. Harding noted that their partners at the Health Resources and Services Administration (HRSA) are involved in workforce issues with SAMHSA, but not in the area of prevention. The test case might be there in the same building. In addition, there could be a recommendation related to growing the two workforce development programs. She asked: Should we add money, or take a certain percentage from other grant opportunities? She agreed that prevention should be tied to economics and suggested not worrying about credentialing until the workforce itself is figured out.

Mr. Gagnon works on workforce issues in Maine and noted that the state recently legalized marijuana and training will be needed. Because of funding limitations, of the 80 trainings they will provide, only about 6 will be on prevention. The states need a handle on what’s available in their states, as well as nationally. Their training capacity must be considered.

Mr. Goldstein offered to put the new recommendations together and send them back to Council members.

Mr. Keel looked up prevention in the dictionary. It basically said “stopping something bad from happening.” That simple definition captures its meaning. The prevention field has the programs and practices to move forward, but investments will be needed, because these efforts will be costly.

Dr. Cimini recommended that CSAP take an inventory of what existing materials on prevention training that could be sent out. It will be important to get them out to higher education institutions.

Ms. Harding added that they have to help other fields understand what is needed. They have to give value to their practices so other systems will want to replicate them.

#### *Action Items*

The NAC will consider drafting recommendations to add a line item to the budget for funding workforce development, as well as a recommendation related to growing the two existing workforce development programs. These draft recommendations will be sent back to the NAC for review.

Dr. Cimini felt a recommendation should be made that CSAP take an inventory of existing materials on prevention training and disseminate these materials to higher education institutions.

### **Public Comment**

Comments were submitted from Kathleen Carroll, Vice President of Government Affairs at HID Global. She thanked CSAP and the NAC for their work on the opioid crisis. She said bad actors can alter PDMPs and gave an example of a doctor who had an accomplice who used various birth dates to obtain prescriptions. She described a technology solution that creates an audit trail of opioid prescriptions. An attached document described the technology, called Electronic Prescribing of Controlled Substances (EPCS). Several states have mandated its use. She stated that a study should look at the effectiveness of EPCS in the states using it and in surrounding states to see whether there is a decrease in fraudulent prescriptions.

### **Wrap-up**

Mr. Goldstein thanked the NAC members, contractors, and staff that supported the meeting. He asked that meeting feedback forms be completed by NAC members. He read a Certificate of Appreciation for Service from 2014 to 2017 for Steve Keel, Kathy Reynolds, and Ruth Satterfield. These members' terms are set to expire at the end of 2017.

### **Adjournment**

With no further business, the NAC meeting was adjourned at 4:30.

### **CERTIFICATION OF MINUTES**

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

10-30-17  
Date

/s/  
\_\_\_\_\_  
Frances M. Harding  
Chair, CSAP NAC