U.S. 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 Public Meeting

Webcast

March 15, 2022

Meeting Minutes

Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Substance Abuse Prevention (CSAP)
National Advisory Council (NAC)

Webcast, March 15, 2022
1:00–5:00 p.m.

Chair: CAPT Jeffrey Coady.

Designated Federal Officer Present: Aida Balsano.

Council Members Present: David S. Anderson, Cady Berkel, Richard F. Catalano, Judith Cushing, Amy Goldstein (delegate for Wilson Compton), Ralph W. Hingson, James M. Kooler, Sally Manninen, Sarah Mariani, Craig PoVey, Monica S. Ruiz.

SAMHSA Staff Present: Aida Balsano, Jacqueline Beale, Breanna Broughton, Matthew Clune, CAPT Jeffrey Coady, Linda Crawford, Lisa Davis, Miriam Delphin-Rittmon, Sarah Demeke, Ingrid Donato, Judith Ellis, Courtney Esparza, Ron Flegel, Gennesy Garcia, Jorge Garcia, Gilbert Ghand, Courtney Glover, Joseph Gray, Brendan Gudenburr, Chantel Hartman, CAPT Arlin Hatch, Chase Holleman, Joshua Hunt, Vertinia Johnson, Eliza Jones, Laurie Jones, Andrea Kamargo, Christie Lamb, Amara Matlock, Meaghan McHugh, Susan Miller, Kevin Mulvey, Nelia Nadal, Christopher O'Connell, Marion Pierce, Marsha Pharr, Otiz Porter, Damaris Richardson, Onaje Salim, Hyden Shen, Eric Shropshire, Lauren Thompson, Robert Vincent, Fred Volpe, Thia Walker, Alexandria Washington, Jim Wasilko, May Yamate.

Call to Order
Aida Balsano, PhD, Designated Federal Officer, CSAP NAC

The meeting was called to order at 1:01 p.m. (ET) by Aida Balsano, Designated Federal Officer, Center for Substance Abuse Prevention (CSAP) National Advisory Council (NAC). The meeting was webcast, recorded, and transcribed.

Approval of August 2021 Meeting Minutes
CSAP NAC Members

Ms. Balsano requested a motion to approve the August 11, 2021, CSAP NAC meeting minutes. The motion was moved, seconded, and subsequently approved. The minutes were approved unanimously.

Welcome and Introductions
CAPT Jeffrey A. Coady, PsyD, ABPP, Acting Director, CSAP, and Regional Administrator Office, Region V, SAMHSA

CAPT Coady welcomed all participants and Council members to the meeting. He thanked the CSAP team for their leadership and work. CAPT Coady reviewed the agenda and informed participants about a change of policy regarding the Substance Abuse Prevention and Treatment Block Grant. For the 20 percent prevention set-aside, SAMHSA has revised its guidelines and now the six primary prevention strategies are supported but not all required to be implemented. He turned the meeting over to Mr. O'Connell.

CSAP Updates
Christopher O'Connell, MBA, Deputy Director, CSAP

Mr. O'Connell discussed budgetary changes as well as CSAP's restructuring. Since 2017, CSAP's budget has increased from about $600 million to approximately $1 billion. This marks an increase of 75 percent in funding over five years, with most of the increases taking place over the last two years. This is a reflection of the growing awareness and support for substance use prevention services.

Nearly 85 percent of CSAP's budget supports primary prevention programs that mostly target youth. This includes, among others, block grants, strategic prevention framework Partnership for Success grants, and the STOP Act Coalition Enhancement grants which support underage drinking prevention programs. Funding for these programs has increased by $363 million over the past five years. Targeted prevention programs—including HIV programs, opioid programs, and the new Harm Reduction Initiative—have increased by $88 million over the past five years.

As the magnitude of the impact of the pandemic on substance use became clearer, CSAP received approval to expand its staff. This presented an opportunity to reorganize the Center to better serve grantees and other stakeholders. Grant programs were reorganized into the Division of Primary Prevention (DPP) and the Division of Targeted Prevention (DTP). DPP oversees youth-focused primary prevention programs, while DTP oversees programs targeting high-risk, high-needs communities. This approach has created a better balance and more synergy in the management and oversight of CSAP's programs.

In addition, Grant Program Officers' (GPO) portfolios have been regionalized. GPOs in both DPP and DTP have been assigned portfolios of approximately two to three states, on average. Each state, with the exception of California, has one primary prevention GPO and one targeted prevention GPO. As a result, these two individuals cover all of CSAP's prevention grants within the state. This change shifts the GPOs' focus from being program-specific experts to being state-specific experts, with deep knowledge of the communities served in those states. The goal is to create a better partnership between CSAP and states, tribes, and communities.

Below are some of the key questions and comments made following the presentation:

- Dr. Kooler applauded the effort of hiring staff outside of Washington, DC in various states to make sure that the diversity of the nation is reflected in the staff hired.

- Dr. Berkel commended CSAP for all the progress achieved thus far. She suggested developing partnerships between CSAP, NIDA, and NIAAA to share data, provide opportunities for researchers to partner with communities, adapt programs, and establish evidence for home-grown approaches, especially for tribal communities.

- Mr. O'Connell said the doors to CSAP are wide open and they are working to build and strengthen relationships with NIDA and other federal partners.

- Dr. Goldstein added that there is an ongoing dialogue between NIDA and SAMHSA about partnership opportunities, data opportunities, and lessons learned.

- Dr. Catalano suggested that CSAP consider how to address common risk factors for multiple use problems. How does one broaden measurement?

- Mr. O'Connell replied that there are strength-based resilience types of monitoring and evaluation measurements that could be integrated. There are also ways to track the mental health promotion side of the work coalitions and states are doing. CAPT Coady added that broadening measurement could help elevate the value of prevention efforts.

- Ms. Manninen asked if they could expand on the Division of Prevention Communications and Public Engagement..

- Ms. Balsano said the Division focuses on how CSAP communicates about prevention internally to SAMHSA/HHS and externally to stakeholders. One of the Division's activities is National Prevention Week, although there will be more communications through Instagram and Twitter.

- Ms. Manninen said she works in a community health coalition in Maine, and they struggle on many different levels with the general public still not understanding the connection between mental health and substance use. It would help if there was some kind of common language, common PSA, common graphics, or common YouTube video for states to communicate "We are part of SAMHSA's mental health and substance abuse prevention and treatment system, and we're part of public health, and it's all connected." Something that states could use for the general public to understand the connection.

- Dr. Kooler suggested moving away from the "drug-of-the-month" campaign (of having one campaign focused on a specific drug) and instead focus on the underlying issues because the underlying issues that lead to use can be the same.

- Dr. Anderson said that evaluation of what works can be helpful, but often what does not get shared is what did not work and why. Understanding how individuals addressed challenges and reporting the results can be helpful.

- Dr. Anderson added that there are various audiences for communication, including grantees and states, but there is also the average person. How could one get the average person involved in prevention? How could they be involved in their community or as a solo advocate? Because prevention can be everyone's business and everyone can get involved.

- Dr. Hingson applauded SAMHSA for all their recent achievements. He said that unfortunately alcohol-related deaths have shot up since the COVID pandemic, about a 25 percent increase, compared to about a 2 percent increase in alcohol-related deaths prior to the pandemic. This seems to be particularly affecting minority groups and women. The stresses that women are facing with home schooling and having children at home all the time, and some of them losing job opportunities, are factors that may be contributing to the increase. The other story that needs to be brought forward is that the National Highway Traffic Safety Administration announced this week that, after three decades of reductions in alcohol-related traffic deaths, the numbers have started to go back up again.

- Ms. Mariani said it is important to think about dual-outcome, evidence-based programs. What are some of the dual-outcome promising programs one can think of in mental health promotion and SUD prevention? Also, what are the overlapping risk factors?

Discussion with SAMHSA Assistant Secretary
Miriam Delphin-Rittmon, PhD, Assistant Secretary, SAMHSA

Dr. Delphin-Rittmon updated the Council on current priority areas. The overdose crisis continues to be a priority area across the Department of Health and Human Services. The Department has recently released its Overdose Prevention Strategy. Primary prevention is one of the pillars of the strategy and includes the implementation of evidence-based primary prevention.

There are also efforts underway to address the mental health challenges resulting from the pandemic, such as increased rates of anxiety and depression. President Biden mentioned this topic in the State of the Union, so it will certainly be an ongoing area of work moving forward.

For the 20 percent prevention set-aside, which funds significant prevention work across the country, states will no longer have to implement all of SAMHSA's six prevention areas. This allows states to identify needs and have flexible resources to address those identified prevention needs.

Prevention fits with many of SAMHSA's cross-cutting areas. The agency is currently starting on the next level of the strategic planning process, and there have been discussions on where prevention should sit. If one can imagine systems of care comprising all the agency does—from mental health promotion to prevention to intervention, treatment, and recovery—prevention technically could touch every point along the continuum.

Below are some of the key questions and comments made following the presentation:

- Dr. Anderson said he supported exploring practices to gather additional evidence. Many communities are trying to implement evidence-based practices, but bringing them to scale or implementing them with fidelity can sometimes be problematic. In addition, some communities may know that an approach works but not have the necessary evidence through scientific or research-based assessments.

- Dr. Anderson said the Council could be considered as a resource to answer questions or provide feedback as the strategic plan is developed.

- Dr. Delphin-Rittmon said she will keep those comments in mind and looks forward to finding opportunities to incorporate feedback and connect in the future. She added that SAMHSA is excited also about the work around evidence and building the practice-to-science pipeline. Equity is also a priority for the administration and the agency is working to release a guidebook on adapting evidence-based practices to be more culturally responsive.

Office of Prevention Innovation
Ingrid Donato, Director, CSAP Office of Prevention Innovation

Ms. Donato explained that the Office of Prevention Innovation (OPI) was created during CSAP's restructuring. The goal of OPI is to drive innovation in substance use prevention programs through program analysis and technical assistance. While some of the work has begun, the office is still under development. The Office's efforts can be broken down into two broad categories: 1) Data and evaluation, and 2) Technical assistance.

The OPI team provides leadership and guidance in prevention performance measurement, training, and technical assistance. The Office's future responsibilities will likely include oversight of technical assistance through internal and external mechanisms, and collaboration/coordination with internal and external stakeholders that support all CSAP's prevention programs. OPI is also working on analysis of data related to program operations and assistance to other CSAP components, and in employing data to improve program performance.

The Office will also support other data improvements in the future, including establishing a CSAP data strategy and considering how to rebuild epidemiological dashboards. OPI will also focus on connecting GPOs and grantees with the important data that impacts their work, so developing data dashboards that they can use to help inform their work is important.

Various technical assistance centers fall under the purview of OPI. These include the Prevention Technology Transfer Center (PTTC), the National American Indian and Alaskan Native PTTC, the National Hispanic and Latino PTCC, the Peer Recovery Center of Excellence, the Tribal Technical Assistance Center, the Native Connections Technical Assistance Center, and the Harm Reduction Technical Assistance Center. PTTCs currently have over 1,200 resources available on their websites. The Office is taking inventory of what is available and determining any gaps.

OPI is also involved in other initiatives including prevention workforce activities, building back the Prevention Fellowship Program, developing the Voices of Youth Initiative, and strengthening federal partnerships.

Below are some of the key questions and comments made following the presentation:

- Dr. Catalano said that over the last ten years implementation science has grown significantly. He would like to see that OPI also include what has been learned from implementation science. He added that one of the Council members, Dr. Berkel, is an implementation science expert.

- Ms. Donato replied that implementation science is an area where CSAP has the opportunity to do some great work. By creating pilot programs, CSAP can find ways of taking promising practices and creating an environment to study them.

- Dr. Anderson said that data dashboards at the community level could provide rich information and opportunities to move prevention forward.

- Ms. Donato replied that there are some exciting plans under discussion to pull dashboards together in ways that are useful and meaningful to CSAP. These efforts are currently in the planning stages, but she looks forward to sharing more information with the Council as they are developed.

- Dr. Ruiz said that some veterans cannot get help until they are in an emergency-room type of setting. So, increasing access to prevention and treatment services for veterans is very important. In the area of evaluation, Dr. Ruiz said she would like to see more support and incentives for academic-

community partnerships to build capacity for evaluation or implementation science and to develop community-driven innovations. Some communities need some more technical assistance and incentives to develop such partnerships.

Student Assistance Services
Robert Vincent, MSEd, Senior Advisor, CSAP

Student Assistance Programs (SAPs) have their beginnings rooted in the Employee Assistance Programs that started in the middle of the 1970s. Most programs deployed a counselor to provide assessment, give classroom presentations, or run support groups.

Today, SAPs provide a prominent and effective means to address substance use and mental health concerns through various approaches. These approaches include prevention, early intervention treatment, and ongoing recovery support in K-12 school settings. SAPs also integrate trained personnel into schools to support and enhance the work of school faculty, as well as provide a range of services to students. Broadly speaking, Student Assistance Programs offer prevention services, therapeutic services, and support services.

For SAPs to be as effective as possible, researchers have identified several program components that are critical to providing necessary services and reducing barriers to learning. These components include: school board policy; staff development; program awareness; internal referral process; problem-solving team and case management; direct services to students; cooperation and collaboration; integration with other school-based programs; and program evaluation/improvement.

SAMHSA offers a guide for school administrators as well as a series of student assistance webinars. Both are free of cost and available online. In addition, SAMHSA also offers the Student Assistance Resources Guide. The guide describes student assistance resources and provides tangible ways that school administrators and student assistance teams can implement SAP strategies. The guide can also assist school leaders and student assistance teams to increase awareness of student assistance services by providing guidance on resources available for this critically important work.

Below are some of the key questions and comments made following the presentation:

- A Council member from Maine, who is part of a community health coalition within the state, said that one of their schools asked them to carry out an assessment to improve services for youth and they used SAMHSA's guide and assessment, which was very helpful.

- Dr. Kooler congratulated Mr. Vincent for bringing student assistance programs to the forefront during a critical time for young people.

Four Es and Touchpoints
Nel Nadal, MPH, Lead Public Health Analyst, CSAP

Ms. Nadal provided a brief introduction for the "Touchpoints" presentations that followed. Prevention can be the "front door" to access various community support services. The presentations that follow touch on bridges, connections, and touchpoints that connect prevention to other service areas across the continuum.

Conversations with prevention partners helps the agency to better understand what is happening in the field. The Assistant Secretary mentioned some efforts from the policy lab on cultural adaptation and different prevention programs and strategies. There are also efforts underway in developing a community engagement guide for effective community engagement.

Touchpoints
Monica Ruiz, MPH, PhD, CSAP NAC Member
Judy Cushing, CSAP NAC Member
Jim Kooler, MPH, DrPH, CSAP NAC Member

Dr. Ruiz
Dr. Ruiz presented on the touchpoint between the primary prevention system and the behavioral health system in the context of harm reduction. Harm reduction is a structural intervention focusing on shaping the environments in which health risks occur, rather than changing individuals and their behaviors. This includes addressing issues within the social determinants of health (the circumstances into which people are born, grow up, live, work, and age).

Harm reduction strategies can be applied to people who use drugs. People who use drugs are a highly vulnerable population who may not always have agency for self-efficacy. Some of them may also have health-related comorbidities that exacerbate vulnerability to incapacity for effectively addressing drug-related harm. These comorbidities can include mental illness and distress, substance use disorder, HIV/HCV, and a variety of other infectious and chronic diseases. This population can also be impacted by housing and food insecurity, hazardous working conditions (e.g., sex work), unemployment, stress, trauma, and issues of social exclusion and marginalization.

There is substantial evidence that harm reduction strategies are effective in preventing HIV in injection drug-using populations. For instance, there is evidence that HIV prevention education can be effective when provided by trusted resources for people who use drugs and their communities. Providers can also facilitate linkage and retention to HIV care. Harm reduction "meets people where they're at" in terms of meeting *their* needs and priorities so the prevention information is conveyed in a way that is listened to, takes hold, and is implemented.

In the District of Columbia, one of the major successes in the use of harm reduction strategies can be seen in the most recent 2020 epidemiological survey released by the DC Department of Health. The survey found only one case of injection drug use associated with HIV. This was a 50 percent decrease from the previous year, when there were two cases.

Harm reduction providers very frequently use trauma-informed care as a critical foundation for service delivery. Harm reduction providers work closely with behavioral health providers in the community and facilitate linkage to a variety of services, including substance use disorder treatment, mental health counseling and treatment, and recovery support services, both clinic-based and community-based.

The High-Rise Study (Holistic Impact of Gentrification and Housing: Reasons to Influence Structural Equity) is a community-driven research project between The George Washington University and a community-based organization called HIPS in the District of Columbia. Prior to the pandemic, when data collection was halted, the project had 139 participants surveyed. Seventy-eight percent indicated that they had used substances in the prior three months. The substances most used were alcohol, marijuana, and cocaine. Thirty-three percent said that they were stably housed, 23 percent said they were unstably housed, and 44 percent said they were homeless.

Even though some participants said they were unstably housed, most of them added that their current living situation did not affect access to medical and primary care. Even among those who said they were homeless, the majority said that it did not negatively affect their access to a variety of health services. The lesson learned is that for people who use drugs, especially those who are deep into their addiction trajectory, prevention may look different than for other populations. Prevention should therefore be defined based on what a person needs at a particular time.

Ms. Cushing

Ms. Cushing presented on the touchpoint between behavioral health, mental health, and prevention in the field of construction. In construction, safety planning and precautions are paramount at job site and in worker training. The field of construction is all about preventing accidents on the job site and keeping workers safe. Unfortunately, construction workers are increasingly being faced with an invisible threat— substance abuse and suicide. Today, the construction industry loses more workers to suicide than workplace accidents. It also has one of the highest rates of suicide of any industry in the nation.

The pandemic has created higher levels of stress, uncertainty, and anxiety on the work site, and magnified substance misuse, addiction, and relapse among workers and their families. The Construction Suicide Prevention Partnership was formed in Oregon three years ago in response to the large number of suicide deaths among construction workers.

The idea behind the Construction Suicide Prevention Partnership was to create a place for leaders in construction, risk and safety management, CEOs, researchers, state health organizations, county prevention service providers, the insurance industry, trades, unions, the State Accident Insurance Fund, and OSHA, to come together to examine the issue and develop strategies to lower suicide rates in Oregon and beyond. This group of nearly 100 people met and developed strategies to address three major areas: education and training; innovations and solutions at the construction site; and branding and marketing to develop messaging.

As a result, various companies jumped on board to create an environment of wellness to reduce the stigma of suicide and substance use. This is significant, as people tend not to talk about suicide at construction sites. The partnership approached an ad agency that created an ad campaign called "Not Today" on a *pro bono* basis. The campaign developed a series of suicide prevention materials including stickers and a "Suicide Warning Signs" posters in both English and Spanish.

Dr. Kooler
Dr. Kooler spoke about the CalHOPE campaign, which began in June 2020. CalHOPE addresses the stress and anxiety that people may feel due to the isolation, health challenges, economic uncertainty, food insecurity, and other negative consequences of the COVID-19 pandemic. To date, more than $111 million in federal funding has been allocated to California to support the implementation of the campaign.

CalHOPE offers various layers of intervention and support including crisis counseling via chat, phone, virtual, and in-person services and is focused on communities with the highest risk. Data shows that participants were 10 times more likely to connect through chat than via phone. This shows that different levels of personalization are needed, as different people need different things at different times. The campaign is currently managing some 8,000 to 12,000 calls a week. The campaign employs 500 peer-level crisis counselors around the state through 30 community-based organizations to do outreach and provide social emotional learning. CalHOPE also has a tribal counseling line to provide support and help. In addition, CalHOPE also offers a peer "warm line" and various resources including web resources, videos, and apps. Furthermore, CalHOPE provides student support by identifying and sharing best practices to support youth transitioning between distance learning and school site classes.

Below are some of the key questions and comments made following the presentations:

- CAPT Coady said Dr. Ruiz mentioned Social Determinants of Health, which is an area of shared interest with the agency. He added that prevention can be a "coalition builder" and having a broad set of partners strengthens the collective work.

- Ms. Cushing asked Dr. Kooler if the funding for the social media and ad campaigns came from a variety of sources, or if it was mainly through COVID funding.

- Dr. Kooler replied that funding was derived from the crisis counseling program. He said he hoped that this would open possibilities for what a crisis counseling program could look like and show that these type of prevention campaigns can be as valuable as face-to-face efforts.

- CAPT Coady asked Dr. Kooler about the multi-tiered approach.

- Dr. Kooler said there are various tiers, with the first tier being stigma reduction. For some individuals knowing that "it's okay not to be okay" may be enough for them to take a breath and be okay. But others may need to visit the website to use the self-help tools or may want to chat with someone through the chat service. If this is not enough, individuals can call and talk to a peer using language they can connect with. Finally, there is a handoff to a clinical intervention.

- Dr. Catalano encouraged individuals to conduct research on the innovative approaches for them to establish replication, effectiveness, and impact.

Public Comment

No public comments were offered.

Closing Remarks
CAPT Jeffrey A. Coady, PsyD, ABPP, Acting Director, CSAP, and Regional Administrator Office, Region V, SAMHSA

CAPT Coady said he appreciated the perspectives and advise provided throughout the meeting. He asked participants to think about topics they would like to discuss in future NAC meetings. He thanked all members for their input as well as participants for their attendance. CAPT Coady expressed CSAP's gratitude for 3 NAC members whose extended terms will expire in May, 2022. They are: Judith Cushing, Howard Hakes, and Craig PoVey.

Adjournment
Aida Balsano, PhD, Designated Federal Officer, CSAP NAC

Aida Balsano adjourned the meeting at 4:54 pm

CERTIFICATION OF MINUTES

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

7/2/22
Date

Jeffrey Coady
CAPT Jeffrey Coady
Chair, CSAP NAC