U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Minutes of the 69th Meeting of the Center for Substance Abuse Treatment National Advisory Council

April 10, 2013
1 Choke Cherry Road
Rockville, MD

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The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) National Advisory Council (NAC) met in open session on April 10, 2013, at 1 Choke Cherry Road (the SAMHSA Building) in Rockville, Maryland.

Call to Order
Dr. H. Westley Clark, J.D., M.P.H., CAS, FASAM, Chair, called the Council meeting to order at 9:00 a.m. Cynthia Graham, M.S., Public Health Analyst, Designated Federal Officer, was present and did not have any further instructions for the Council members.

Members in Attendance
OmiSadé Ali, M.A., CADC, CCS; Victor A. Capoccia, Ph.D.; Emmitt W. Hayes, Jr.; Leighton Y. Huey, M.D.; Marco E. Jacome, M.A., LPC, CSADC, CEAP; Jeanne Miranda, Ph.D.; John Paul Molloy, J.D.; Indira Paharia, Psy.D., M.B.A., M.S., LCP; Lori Simon, M.D.; Christine Wendel, M.B.A.; and Mohammad Yunus, M.A., M.S.

Welcome and Opening Remarks
Dr. Clark welcomed members to the 69th meeting of the CSAT NAC. He acknowledged that there were 5 new members to the NAC. For the benefit of the new members and the new staff joining by phone, he explained that he was not at the last meeting due to the Executive Exchange program in which Dr. Pete Delany served as the CSAT Director.

Consideration of Minutes, August 30, 2012
A motion to accept the minutes of the August 30, 2012, meeting was put forth by Dr. Clark and seconded by Mr. Molloy. Council members voted to adopt the minutes. All agreed in the affirmative to accept the minutes.

Director's Report
Dr. Clark decided that he would do the Director's Report before the introduction of members since there were new members present. Dr. Clark summarized the discussion from the August meeting of the liberal views in medical school about using opioids among persons with particular need for medication. He noted that SAMHSA has been addressing this issue for over 10 years and that data from household surveys continue to point to the issue. He discussed the strategy on preventing prescription abuse with a focus on improving prescribing practices.

Dr. Clark then went into the discussion concerning the drug Kratom. He noted an increase in reports in emergency room admissions for this drug and it was suggested that efforts be made to obtain more information about Kratom and its effects.

Mention was made about the question of what's going to happen to people who qualify for enrollment in Medicaid and Medicare and what role the Block Grant will play for consumers who do not have medical health insurance. Dr. Clark advised that this complex issue would be discussed over the next couple of days.

Dr. Clark mentioned that there were a lot of jurisdictions struggling to decide what their position on the Affordable Care Act (ACA) is; and they are working with the Centers for Medicare & Medicaid Services (CMS) to see what their policies are. He mentioned that Suzanne Fields was the strategic initiative lead on health performance and she was keeping track of that with a number of staff. He explained that it was a jurisdiction by jurisdiction issue and it is hoped that a clearer view will be gained by maintaining communications with single-state authorities to see where the jurisdictions are in terms of Health Reform.

Introduction of Members

Ms. OmiSadé Ali, Deputy Commissioner, Philadelphia Department of Behavioral Health and Intellectual disability Services. Ms. Ali is one of the co-authors of *Philadelphia Practice Guidelines for Recovery and Resilience-Oriented Treatment*; and the author of *Faith and Spirituality and Community Integration in Behavioral Health.* She has worked with Brown University's Addiction Technology Transfer Center, instructing courses on working with indigenous healers in their recovery and resilience process and developing culturally appropriate recovery plans and recovery-oriented systems of care.

Mr. Paul Molloy, Founder of Oxford House in Silver Spring. Mr. Molloy shared the story of how he founded Oxford House 38 years ago. The house has now grown into 1,653 houses across the country. last year 26,000 people lived in Oxford Houses; 4,332 relapsed, which is about 16 percent. Oxford House currently has international presence, have having 3 houses in Ghana, 8 in Australia, 26 in Canada, and 2 in England.

Dr. Indira Pahari, Vice President, Clinical Programs, Policy, Research and Development, Molina Healthcare, Bothwell, Washington. She is Vice President and supervises health policy for all of the clinical programs, including the research and development program, with an emphasis on behavioral health and the most vulnerable populations, such as the dually eligible, i.e., those on Medicare and Medicaid. In addition, Dr. Pahari is a Clinical Assistant Professor at the University of Washington, Department of Psychiatry, and has published several articles and texts on the biopsychosocial integration of behavioral health and medical services.

Dr. Lori Simon, a psychiatrist from New York operating her private practice, in addition to her work with Care for the Homeless In addition to her private practice, she has worked part-time for an organization in New York called Care for the Homeless. The organization provides medical and social services to the homeless and near homeless community. Dr. Simon has also worked on the ACT [Assertive Community Treatment] team, which is a model for the chronically mental ill. She has also worked with the American Psychiatric Association (APA), and through her involvement with the APA she was the primary developer of = functional requirements for behavioral healthcare EHR [electronic health record] should be.

Mr. Mohammad Yunus is a faculty member at the University of Phoenix in Yuma, Arizona. He has been in the mental health and substance abuse field for almost 30 years. He is a retired Chief Executive Officer of a mental hospital in Rockford. He is the cofounder and primary Executive Director of a center for health and human services. The organization was designed to help people in the Middle Eastern countries with their substance abuse and mental health problems. He is also the cofounder and former director of an Association of Mental Health Professional. He is currently teaching at the College of Business History in Phoenix. Mr. Yunus raised the

issue of the problem of hospitals closing due to not receiving payments from the States and how it has affected the mental health population and providers.

Mr. Emmitt Hayes, Jr., Director, Probation Services Division, Travis County Juvenile Probation Department, Austin, Texas. Mr. Hayes was involved in the Juvenile Justice Reform efforts and working with the community to include the entire family and family structure in the process. He mentioned the continued work to help communities build programs to reclaim the juveniles and strengthen the community.

Dr. Leighton Huey, Associate Dean for Community and Continuing Medical Education, University of Connecticut School of Medicine. Dr. Huey is working with the CMS Challenge Grant on telemedicine and its application to general healthcare. They formed a consortium involving the Law School, the Department of Computer Science, and the Medical School and a project involving academic health centers and telemedicine hubs to try to bring specialty care to Federally Qualified Health Clinics in the state of Connecticut. Dr. Huey talked about the second piece being his interest in the pre-professional education as a prelude to Health Reform and development of Patient-Centered Medical Homes (PCMHs).

Mr. Marco Jacome, Chief Executive Officer, Healthcare Alternative Systems, Inc., Chicago, Illinois. Mr. Jacome's works focuses on behavioral health services, primarily substance abuse. He stated that as a practitioner, he brings in a different perspective. His organization is a mid-sized organization and has 10 sites in the most needed neighborhoods in the African-American and Hispanic populations. He mentioned the lack of financial support from state government and not being able to support innovations due to a lack of resources. ***Dr. Jeanne Miranda,*** Professor, UCLA, Department of Psychiatry and Health Services. She stated that with long-term health services research, they are really working on getting healthcare in the communities. She is currently in the process of developing interventions for families adopting older children in foster care.

Ms. Christine Wendel, Chair, New Mexico Behavioral Health Planning Council. Her organization provides family advocacy at the cabinet level secretaries on "all things behavioral health." She stated that the Governor just recently decided to do Medicaid expansion, taking about 170,000 new people into the system, so the issues of providers are daunting. She is currently involved in three major projects: 1) developing a statewide recovery-oriented system of care; 2) a task force to develop a statewide crisis response system; and 3) a mapping project in small communities with people helping people.

Dr. Victor Capoccia, University of Wisconsin, CHESS, NIATx. His current projects examine quality measures and the framework of quality measures for addiction. His work supports prevention, treatment, recovery, as well as for mental health. Another project he is pursuing involves assisting states with the implementation of the ACA, in particular, issues of enrollment and disenrollment.

Dr. Clark concluded the members' introductions by reminding everyone that they are the eyes and the ears of SAMHSA and help SAMHSA to fulfill its mission and improve the health of the nation through their knowledge and firsthand experiences, and by monitoring and reporting what works and what does not work.

Update on the SAMHSA/CSAT Budget

Mr. Richard A. Kopanda, Deputy Director, CSAT, reported that we are past the middle of the fiscal year, which begins in October and ends at the end of September, and we still do not have final budget numbers. He explained that the budget has become somewhat complicated, unlike the old structure when there was an appropriation and one committee.

He announced that in general, SAMHSA's annual budget is about $3.3 billion. The Substance Abuse Treatment part of that is $2.2 billion. That is divided between about $400 million in Discretionary Grants and there is $1.8 million in Block Grants to the 50 states, so that is about $1.8 billion a year.

Mr. Kopanda explained that the new complexity of the budget is that one appropriation was done and there are now eight different sources of funding that come into the Center on an annual basis. It includes direct appropriations and different accounts like the ACA, Public Health and Prevention Fund, etc. He explained there are State Department funds for international activities and reimbursements from other agencies. This makes it much more difficult in terms of managing, because many of them have different requirements and different recording responsibilities.

Mr. Kopanda also explained how due to the fluctuation of what might be available in the budget from year-to-year, multi-year grant awards have been made and funds for awards for all the years under that grant are given all at once. This, however, limits the number of grants that can be given.

He continued on to explain that the 2013 budget was under a continuing resolution. He explained that the budget remains the same as it was last year and no new activities can be initiated; and the same authorities used in the previous year are to be used again. Funds have to be awarded in the same programs. He explained that with the 5 percent sequester and .02 percent rescission, it is 5.2 percent less than last year. He stated that the overall cut, in 2013, is about $119 million below last year, which is actually a little bit above 5.2 percent; the reason is 5.2 percent is not a flat percentage.

Mr. Kopanda also talked about the requirements of the budget called PPA, Programs, Projects, and Activities. He explained that when there is a request for a reduction, it has to be implemented by the program, project, and activity; so every activity has to go down by that amount. He explained that SAMHSA also has four appropriations instead of one, so it is a little bit more difficult to manage the budget; but the staff has done an exceptional job in trying to minimize the impact on programs and activities.

Mr. Kopanda talked about the Block Grant loss of about $97 million in the budget. He stated that that is being executed for the Block Grants by making quarterly awards in Block Grants and those adjustments will be made in the last two quarters' awards for the states to come to the correct annual targets. He explained that in terms of operations, SAMHSA was still staffed and still hiring. He noted that SAMHSA may have to slow down a little bit through the fiscal year, but the frustrations that other agencies face are not the same for SAMHSA because of its relatively small personnel and operational budget.

Mr. Kopanda closed, advising that the 2014 budget will be announced later today and will be discussed tomorrow. Questions were asked and answered regarding the report on the budget with some additional comments and concerns addressed.

Prescription Drug Abuse

Mr. Robert Lubran, Director, CSAT Division of Pharmacologic Therapies, presented on Prescription Drug Abuse. He discussed how they have been working since 2008, on a continuing medical education course, designed for physicians, nurses, pharmacists, mid-level practitioners, and others who are working the Opioid Treatment Program—a SAMHSA-certified program within a treatment standard within a hospital that is registered with DEA, certified by SAMHSA, and credited as a provider of addiction treatment services using methadone and Buprenorphine.

Ms. Wendel commented on the diversion opportunities of pain medications being prescribed for animals by veterinarians and how that is an opportunity for prescription drug abuse. She asked if the rise in heroine use is being monitored. She also asked if there is training for the community individuals in rural areas that may come in contact with someone who has overdosed.

Mr. Lubran advised that the rise in heroine use has been monitored and that a toolkit is being developed geared towards substance use treatment providers and health professional on the safe use of Narcan.

Dr. Huey asked whether SAMHSA is involved with the MedBiquitous, a national consortium group working with the FDA [U.S. Food and Drug Administration] to establish standards on the use of opiates.

Mr. Lubran answered that they were not directly involved, but have been working with the FDA and the NIH [National Institutes of Health]. He talked about the activities going on in NIH, such as a pain consortium that is looking at questions about the effectiveness, long-term effectiveness, of opiates for chronic, non-cancer pain. He mentioned that they have created a workgroup and they have invited SAMHSA to be part of that. He explained that they are working with the FDA, particularly around approvals of specific drug products and the REMS [Risk Evaluation and Mitigation Strategies], as well as their Sentinel effort (which is more of a post-marketing tracking model).

Dr. Clark mentioned that this issue sounded like it was something that could be shared with colleagues elsewhere in the Federal service because there are multiple agencies that are interested in this particular issue.

Community Partners in Care

Dr. Miranda presented on Community Partners in Care. She talked about a study that Community Partners in Care did. She noted that if you engage the community, you get more bang for your buck than if you just train providers and try to get treatment to happen.

She explained that she did the study with Ken Kwells many years ago, called Partners in Care, where they looked at improving care in primary care settings. They went in and trained therapists to do CBT [Cognitive-Behavioral Treatment]; they trained on medication

management; and they looked at if you gave resources from probing depression care what would happen, saying there were nice findings.

Dr. Jacome asked how long the study took, how much it cost, and if it can be replicated in other communities.

Dr. Miranda said the study took 10 years and it was a $2.5 million study. She explained that it could be replicated in other communities, but you would need to tailor the study to the specific community and build your own model.

Ms. Wendel asked if jail detention was considered.

Dr. Miranda said that the populations they were working with have high rates of incarceration and it would have seemed like it would have been covered, but it was not.

Mr. Molloy asked if the impact of trauma was looked at.

Dr. Miranda stated that depression is a very common sequelae trauma, and that was considered.

Overview of CSAT's posted RFA's -- Panel Discussion

Dr. Andrea Kopstein, Director, CSAT Division of Services Improvement, stated that currently in the Division of Services Improvement six RFAs [Request for Applications] are posted and only one of the six closed already. She gave a summary of each posted grant and questions were asked and answered to the Council's satisfaction.

Council Discussion

Dr. Capoccia made mention that the Hepatitis C grant prompted an interesting question that could be related to the grant. He stated that for a number of years people who were referred were not welcomed, particularly by the specialties that dealt with hepatitis, and that they were often denied the costly and long-term intervention until they were viewed as compliant.

Dr. Simon raised the issue of how much oversight there is along the way in terms of making sure that the intent of these programs actually occurs. She made mention that she has seen many times where in very well intentioned programs, for whatever reason, the care doesn't get to the patients the way it's intended.

Mr. Ken Robertson, CSAT Division of Services Improvement, mentioned that they have a partnership that consists of the assigned Government Project Officer whose role is to oversee projects and particularly to make sure that the grantee hopefully meets their goals in terms of the GPRA [Government Performance and Results Act], the congressionally required reporting system. He stated that it happens at three different milestones.

Mr. Hayes, Jr. asked about states requiring certification of individuals.

Dr. Kopstein explained that it was more of just training so that they can be a counselor, but not a rigorous certification. She noted that certification is a state function and there are not certification requirements at this time.

Overview of Health Information Technology

Dr. Maureen Boyle, Team Leader, DSCA/HIT Team, presented on Health Information Technology (HIT) and talked about the eight strategic initiatives, all of them producing the impact of substance abuse and mental health and one of them HIT. She explained that the main goal of this initiative is to support widespread implementation of HIT systems that will support quality integrated behavioral healthcare for all Americans. She explained the HIT challenges and goals and talked about the three stages of the Meaningful Use requirements for EHRs.

There was also discussion on patient consent with the sharing of data and how work is being done to facilitate this. It was suggested that what was really needed was to facilitate patient education and understanding, and making it clear that there are ramifications. It was stated that in the healthcare world, we want to make sure that it is not a coerced situation and that we educate consumers so that they are informed and making decisions in their best interest.

Dr. Jacome asked when the beta testing application will be simulated for the integration of the electronic records.

Dr. Boyle explained that the beta testing is currently in progress and that they do not necessarily have a sense of what the scale of the issues will be coming back from that beta testing. She said that the current version is available right now, but she expects it to be in the next 12 months.

Council Roundtable

Ms. Wendel brought up the issue that recently SAMHSA informed New Mexico Behavioral Health Services Division that traditional healing services cannot be reimbursed from the CSAP Block Grant. She stated that the Tribes who receive SAPT [Substance Abuse Prevention and Treatment] funding from the state of New Mexico are requesting traditional healing services be reimbursed using SAPT funds for programs who identify traditional healing practices within their array of behavioral health services.

Dr. Clark suggested that the issue be recorded so it can be looked at in deliberation. He stated that work on the issue would be coordinated with Rod Robinson, who is at CSAP; one of the Tribal Liaisons; and Sheila Cooper. He mentioned that under some portfolios, those activities can be reimbursed as long as the services offered meet certain criteria.

Ms. Graham closed the meeting echoing what Dr. Clark said in welcoming everyone to the Council meeting, particularly the new members. Ms. Graham discussed some logistics and Dr. Clark called for a motion to adjourn the meeting.

Dr. Marco Jacome entered a motion to adjourn; and Mr. Paul Molloy seconded the motion.

The motion to adjourn the meeting was passed and the meeting adjourned.

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

Date

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM
Chair
CSAT National Advisory Council