

**U.S. Department of Health and Human Services (HHS)
Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Substance Abuse Treatment (CSAT)**

**Minutes of the
72nd Meeting of the CSAT
National Advisory Council (NAC)**

April 15, 2015
SAMHSA
One Choke Cherry Road
Great Falls Conference Room
Rockville, MD 20850

Call to Order

LCDR Holly Berilla, Acting Designated Federal Officer (DFO), CSAT NAC, called the meeting to order at 11:00 a.m. (EST)

Daryl W. Kade, M.A., Acting Director, CSAT, and Chair, CSAT NAC, presided.

Welcome and Opening Remarks

Ms. Kade opened the meeting and announced that she is filling the role of Acting CSAT Director and CSAT NAC Chair as a result of Dr. Westley Clark's October 2014 retirement. Ms. Kade introduced her colleagues who are part of the CSAT NAC team, including LCDR Holly Berilla, the Acting DFO, who has replaced Cynthia Graham, the former DFO.

She also introduced Tom Coderre, the Senior Advisor to the SAMHSA Administrator, who serves in a consulting capacity to assist with the legislative matters and policy-related issues related to CSAT.

Ms. Kade, expressed her gratitude to Council members Christine Wendel, M.A.; Victor Capoccia, Ph.D.; Leighton Huey, M.D.; and Jeanne Miranda, Ph.D., for extending their terms to attend this meeting.

Consideration of Minutes, April 2, 2014

A motion was moved by Ms. Wendel to approve the April 2, 2014, minutes; seconded by Dr. Miranda. Motion passed, with the caveat that a correction is made to include Arthur Schut, M.A., who was mistakenly not listed as an attendee for that meeting; he participated by teleconference.

Introduction of Members

All Council members were in attendance, in person, with the exception of Mohammad Yunus, M.A., M.S., and Terrance Range, M.Ed., who participated by teleconference. Unfortunately, Mr. Range experienced technical difficulties during the call and was not able to be heard. Dr. Capoccia was absent from the meeting. With the introductions of all present Council members, updates were shared.

Mr. Schut, President and Chief Executive Officer of Arapahoe House of Colorado reported to be focusing on medication-assisted treatment (MAT).

John Paul Molloy, J.D., founder of Oxford House, Inc., shared that the program remains successful and is serving its purpose; however, in 2014, nearly 5,000 residents were asked to leave Oxford Houses due to relapse. He reported that DePaul University continues to study Oxford Houses, since they are the exemplar of the recovery process. To date, there are 22 states

that have contracts with Oxford Houses and more houses will be anticipated to open across the country.

Lori Simon, M.D., a psychiatrist in Northern New Jersey and Manhattan, is involved with SAMHSA's health information technology group and has a particular interest in Health Level Seven (HL7), international standards for transfer of clinical and administrative data between software applications used by various healthcare providers. Dr. Simon reported an interest in bridging the gap between what is being developed by vendors and providers' needs through HL7.

Ms. Wendel announced that she is no longer involved with advocacy work in New Mexico, and has opted to dedicate her time to a project, Recovery Santé Fe, with Tom Stark, a retired physicist from Los Angeles, California.

Dr. Huey, an Associate dean and professor of psychiatry at the University of Connecticut is leading a consortium of people to address the opioid overdose epidemic in America. In November, he will present to the American Association of Medical Colleges on this subject.

Dr. Miranda, a longtime advocate of providing mental healthcare to low-income individuals, is involved in a project in Los Angeles to improve care for families who have adopted older children. This project is anticipated to branch-out overseas to countries such as South Vietnam, India, and Africa.

Indira Paharia, Ph.D., reported to have recently relocated from Seattle, Washington to the Washington, D.C. metropolitan area, and to be working with an organization that provides the most vulnerable citizens (Medicare and Medicaid recipients) with healthcare, community and social services.

OmiSadé Ali, M.A., is employed by the Altarum Institute, an organization that provides training and technical assistance to primarily tribal grantees, and by First Nations, LLC, which does the same, but also considers intergenerational trauma and its impact on Native Americans in North America. In addition, she announced that Two Spirit Society is now on the east coast.

Andre Johnson, M.A., founder of The Detroit Recovery Project, will be celebrating The Project's 10-year anniversary in July 2015. Mr. Johnson stated that The Detroit Recovery Project is in the midst of expanding this year, and will be opening an adolescent recovery center that will be a 10-bed facility, for boys and girls between the ages of 13 and 17 years old. He expressed anticipation and excitement about this since, in his state, there are no residential treatment facilities for adolescents. Mr. Johnson also noted that his facilities have now been renamed Health and Wellness Recovery Resource Centers, one facility is located in the east and one in the west side of Detroit.

Mr. Yunus, retired chief executive officer, has been in the mental health and substance abuse fields for over 30 years. He reported to be focusing on new ideas related to innovation in the field, particularly through social business design labs. He reported that the labs and participants

are receptive to ideas and have made extensive progress, and that they require a vision and plan for implementation, which he is pursuing.

Director's Report/SAMHSA Budget Update

Ms. Kade shared that CSAT is developing an action plan to increase access to family-centered treatment for pregnant and postpartum women (PPW), to include focus groups, review of sustained programs, and investigation of various models of and barriers for treatment.

Another action plan is in development for MAT. The goal is to expand access, with the help of providers and prescribers, to the many Food and Drug Administration-approved medications, so that individuals are not limited to the medications that are regulated.

Ms. Kade listed a myriad of new programs that SAMHSA has developed, or is in the process of developing, including the Targeted Capacity Expansion MAT and the Prescription, Drug and Opioid Addiction program (PDOA), both of which started in 2015. She also mentioned that CSAT and SAMHSA's Center for Substance Abuse Prevention (CSAP) collaborated to work on improving the overall format of the Block Grant application.

Ms. Kade acknowledged the Center for Behavioral Health of Statistics and Quality (CBHSQ) for migrating SAMHSA to the new common data platform (CDP). The CDP system was launched to SAMHSA staff and CSAT grantees in March 2015. Although there are some challenges at this stage, CBHSQ will address these problems. Also in development is a management system called Grants Enterprise Management System, which will incorporate grant announcements and review management and will reduce the process steps, increase grantee interaction, and enable reporting, which will allow for performance measurement and is expected to improve decision-making in the grant award process.

Lastly, Ms. Kade reminded Council members that September 2015 marks Recovery Month; the 26th year. At the end of May 2015, the Toolkit and public service announcements (PSAs) will be available at www.recoverymonth.gov and the PSA will be distributed to television and radio in early June 2015.

Kimberly Jeffries Leonard, Ph.D., Deputy Director for CSAT, provided an abbreviated report on the CSAT budget, illustrated through a pamphlet named the "pocket budget," which provided an overview of the budget for CSAT and fiscal year (FY) 2016 new grants and contracts.

Dr. Jeffries Leonard listed some of the 151 new grants that were included in the FY 2016 budget. These included 13 Screening, Brief Intervention, and Referral to Treatment (SBIRT) grants, which will be funded through SMAHSA's Public Health Service evaluation funds; Targeted Capacity Expansion-General has 40 new grants, 11 of which are MAT-PDOA; 22 Primary Care and Addiction Services Integration grants, 24 Minority AIDS Initiative grants, and 39 grants for criminal justice activities, and added that, in FY 2016, the number of states being able to access these grants increased from 11 to 22. Dr. Jeffries Leonard also noted that there is a net change of approximately \$40 million from FY 2015 President's Budget and FY 2016 President's Budget.

SAMHSA'S Leading Change - Recovery Support Strategic Initiative

Mr. Coderre presented on SAMHSA's guiding principles and discussed the definition of recovery, as defined through Leading Change 1.0. This was the first iteration of the Recovery Support Strategic Initiative (RSSI), the four-year plan from 2011 to 2014, which describes recovery as a process of change through which individuals improve their health, wellness, and live a self-directed life and strive to reach their full potential.

Also discussed was the Healthy People 2020 Project, which comprises a circle of health and social determinates that include the availability of resources to meet one's daily needs. Mr. Coderre added that SAMHSA uses these determinates as guiding principles; that they are not limited to just substance use, but also mental illness. The RSSI focuses on many of these elements, and, he reported, will advance recovery into the future.

In Leading Change 2.0, there are six SIs, which were instituted in January of 2015. The goals of the SIs are to improve the physical and behavioral health of individuals with mental illness and substance use disorders and their families and to promote community living, encourage competitive employment, and attain education. SAMHSA's recovery efforts are person-centered and evidence-based.

Mr. Coderre shared new federal guidelines regarding recovery-oriented systems of care and explained,

Recovery-oriented systems of care are directed by the individual. Recovery services are comprised of clinically-based structured processes that coordinate and facilitate recovery after the acute treatment stage and it talks about [opioid treatment programs] OTPs really need to include recovery support services in their clients treatment plan. We know that that medication-assisted treatment is the most effective treatment for opioid abuse disorders.

The new guidelines also highlight use of peers in treatment.

Mr. Coderre also discussed grants and cooperative agreements, particularly the Cooperative Agreements to Benefit Homeless Individuals (CABHI), and gave the highest accolades to the discretionary grant program and its support services that have served, since 2004, over 650,000 clients (a total of \$68 million).

He briefly talked about the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS), a program that provides a TAC for individuals to access and take advantage of. In the past, grants were given directly to organizations to provide these services. They are now looking at other grant programs to see how they can ensure that more of these programs can be adopted around the country.

Mr. Coderre informed the Council members that the Comprehensive Addiction and Recovery Act of 2015 has resurfaced and there is a companion Bill to it, the H.R. 93, which asks for SAMHSA's support for the following activities:

- The National Youth Recovery Initiative
- The National Task Force on Recovery
- Collateral Consequences
- State Demonstration Grants for Comprehensive Opioid Abuse and Response

Mr. Coderre reiterated that the 26th Anniversary of Recovery Month is September 2015. To commemorate the anniversary, celebratory fairs and events are held across the country. He added that one can receive an award for hosting an event. The deadline for submitting a nomination for the award for 2014 is April 17, 2015.

SAMHSA completed Project Evolve, which overhauled the website, and includes a recovery web hub. The site has been updated with new pages, new links, a new look, and new search engines.

In conclusion, Mr. Coderre announced that there is a non-SAMHSA event scheduled for October 4, 2015, at the National Mall in Washington, D.C., called Unite to Face Addiction. As the details develop, Mr. Coderre will update the Council members.

Working Lunch: Consideration of Joint NAC Questions

A final summary of talking points were agreed upon by Council members for the questions discussed during the working lunch. The talking points are listed below:

1. Which investments would best leverage SAMHSA's limited resources to help bridge the treatment gap?
 - Workforce development
 - Resource dissemination to rural and small communities
 - Case management
 - Limiting SAMHSA's activities to select high-profile projects
 - Addressing social service areas
 - Levering integration
 - Bringing primary care to the behavioral health settings
 - Curriculum integration into specific health specialties
 - Peer support groups

2. How can the prevention and treatment systems maximize each system's strengths while forging stronger connections?
 - Breaking down silos
 - Prevention treatment and recovery
 - Integrate SAMHSA Council meetings, focusing on recovery and resilience
 - Prevention focus for children of those in treatment

3. How can SAMHSA best influence the cultural/gender-specific provision of behavioral health treatment in healthcare?

- Understand the culture
- Look at the person as an individual
- Look at the recovery community for models of cultural tolerance
- Allow communities to adapt treatment programs to fit their treatment needs
- Develop evaluation models based on client needs as proposed to provider input
- Create systems based on listening and understanding needs

CSAT NAC and the Advisory Committee for Womens Services (ACWS) - Joint Session

The ACWS and CSAT NAC met jointly for a discussion and presentation on CSAT's PPW program, which was presented by Andrea Kopstein, Ph.D., M.P.H., Director, Division of Services Improvement, CSAT.

The PPW program has been in existence since 1993 and is authorized under Section 508 of the Public Health Service Act, to provide residential care for pregnant and postpartum women and to ensure that their minor children, 17-years of age and under, can reside with them in these facilities. It also provides services for extended family members who are not in the residential care with them and includes other requirements. Since the Affordable Care Act has been put in place in 2014, screenings for depression has been one of the requirements for qualification, and even more recently, SBIRT practices, screening for fetal alcohol spectrum disorder, and the use of medication assisted treatment have been added as part of the requirement. Some of the goals of the PPW program include:

- Improve physical and mental health
- Promote healthy pregnancies
- Ensure positive birth outcomes
- Improve parenting skills and family functioning
- Provide comprehensive, coordinated, gender-specific, trauma informed services
- Reunify families and maintain families who have been united
- Decrease involvement in crime, violence, and neglect
- Screen for alcohol use disorders
- Screen for fatal spectrum disorder
- Permit MAT

Since 2003, the PPW program has funded 101 three-year grants, with an additional six grants for 2015. These grants come far and few between because residential treatment is very expensive; however, some of the cost can be offset by outpatient and other recovery support services.

Statistics on the women served by the PPW program are as follows:

- 7,500 women have been served since its inception in 1993
- 40 percent of those served were pregnant and 60 percent were postpartum
- Average age group is 26 to 44 years

- Composition -- 50 percent white; 20 percent African American; 10 percent American Indian/Alaska Native; three percent other
- Most frequently used substances: alcohol, marijuana, cocaine, methamphetamine, and heroin

Dr. Kopstein explained that SAMHSA's intent is to expand the services of the PPW program to other states, using evidence-based practices, while exploring ways to leverage financing. SAMHSA has developed a two-year plan with three phases: Phase I is to improve upon the existing PPW programs; Phase II is to establish a Center for Excellence for PPW; and Phase III is to develop new or strengthen existing collaborative partnerships of federal agencies to assist in the implementation of family-centered approaches at the macro level. Overall, the goal is to find ways to reach more people who can benefit from this program. Committees were asked to provide input and ideas from experiences about the needs of various states as it relates to PPW.

In discussing the program with ACWS and CSAT NAC members, areas of discussion included sustainability, payment, data, and limitations. One member suggested that, perhaps the program cost can be justified by reviewing outcome data. Dr. Kopstein reported that the Center of Excellence, mentioned above, will assist in packaging the program and delivering messages, including the delivery of promising practices across programs.

Discussion with the Administrator

Pamela S. Hyde, J.D., Administrator, SAMHSA, and the Council members discussed the topics that were noted during the working lunch, as these topics are an overarching theme for the Joint meeting of SAMSHA's National Advisory Committees (Joint NAC), to be held on April 16. Ms. Hyde requested Council member feedback, primarily pertaining to SAMHSA's role in treatment and explained that prevention and recovery are where the largest amounts of funding go. Dr. Leighton Huey was chosen to represent the CSAT NAC during related discussions of the theme during the Joint NAC meeting.

Ms. Hyde reported that a great deal of behind-the-scenes work goes into funding grants and programs and that there are various challenges to funding due to regulations, rules, and/or requirements that are out of the agency's control. She stated that while awarding grants is a major role that SAMHSA plays, the agency is constantly working on influencing funding streams and working on regulations (including parity) that are outside of the public's view. She reminded members that, in addition to awarding grants, there are six other major roles that the agency assumes. Ms. Hyde requested that the NAC members provide comments on how SAMHSA can more effectively influence treatment given the agency's limited amount of funding.

There was discussion about the need for treatment and support services for the children of the women in recovery, a point initiated by Mr. Johnson. Many of the Council members agreed, but stated that the focus should be not just limited to women in recovery, but more geared toward high-risk children.

Mr. Johnson also discussed the need for communication between state systems in order to effectively maintain continuity of services. He also described the need for messages to be filtered down to communities within urban America. Ms. Hyde suggested the members bring this issue up with SAMHSA's Office of Communications during the Joint NAC meeting in order to facilitate a more robust discussion across Councils.

Additionally, a Council member suggested the need for SAMHSA to attend to various layers that create behavioral health challenges in transgender communities. Ms. Hyde shared that SAMHSA hired a young new lawyer, Trevor, who has a wealth of information regarding the LGBT community, and that he will be a part of an expert panel to appear before the White House to discuss related policy and other issues.

Ms. OmiSadé Ali asked how SAMHSA may change or redirect messages about (tribal) culture, and reported that 78 percent of the tribal people do not live on tribal lands. Ms. Hyde explained that SAMHSA has been working with and discussing these issues with urban Indian groups and added that the SAMHSA Office of Tribal Affairs and Policy has been created to address these issues.

Dr. Leighton Huey shared that 30 percent of U.S. and Canadian medical schools require training in opioid prescribing. Conversely, in Canada, the veterinary schools provide more training in pain management than both the U.S. and Canadian medical schools. Ms. Hyde reported that there is discussion around the HHS Secretary's Prescription Drug and Opioid Plan to review the need for increased provider education. She added that SAMHSA is also working with HHS's Health Resources and Services Administration, the Centers for Disease Control and Prevention, and other agencies around work force and behavioral health training needs.

Additionally, Ms. Hyde shared that SAMHSA is focusing on messaging and has been working with the Entertainment Industry Council and with the Carter Center to develop guidelines for messages that the press reports related to mental illness, diagnoses, etc.

Council members discussed issues and barriers around provider reimbursement for mental health treatment and related reimbursement requirements. Ms. Hyde stated that advice about how SAMHSA may use limited resources to influence systems is warranted. She mentioned that the Section 223 demonstration, led by HHS's Centers for Medicare and Medicaid Services (CMS), includes substance abuse treatment and that a goal is to improve quality community behavioral health services through 2021. SAMSHA will be working with CMS and others to evaluate processes and to provide expertise on the topic. SAMHSA's Workforce SI is reviewing reimbursement data across providers.

Ms. Hyde and Council members discussed primary care integration efforts and the development of models. Ms. Hyde reported that SAMHSA is collaborating across HHS on integration initiatives and noted that the thinking around the integration of behavioral health with primary and specialty care is evolving.

Expanding Access to MAT

Robert Lubran, M.S., M.P.A., the Director, Division of Pharmacologic Therapies, CSAT, SAMHSA, gave a brief background on MAT and explained that a provision was placed in the Appropriations Bill to address the heroin and prescription opioid problem. As a result, SAMHSA developed a grant announcement to fund states to enhance or expand their treatment service systems to include MAT and other recovery supports for those with an opioid use disorder. SAMHSA seeks to increase the number of those receiving MAT; increase number of those receiving integrated care; and decrease illicit drug use at six months follow-up. Thirty-nine states are identified as eligible to provide these medications, under the criterion of the Appropriations Bill. These states have the highest rates of primary treatment admissions for heroin and opioids per capita.

There is \$11 million in grant funding; states using a qualified/certified electronic health record system will receive a larger portion of the funds, for a period up to three years. One million is set aside for technical assistance. Dr. Lubran stated that in the President's budget for FY 2016, there is an additional \$12 million to fund 12 states.

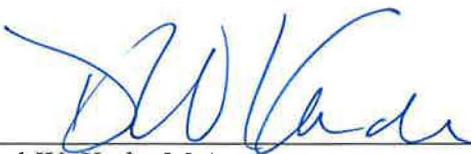
Council member, Mr. Schut, presented to members from a treatment and recovery standpoint. He described the costs and reimbursement barriers to MAT and discussed need for increased training, effective pain management, and access to treatment options. Mr. Schut described the need for increased early intervention and the benefits of identifying early adopters and providing support to them. He explained that using medication as a first option allows clients to engage in treatment and that modification to clinical flow is required in order to successfully integrate such treatment with primary care. Mr. Schut reported that there is also a need for enhanced payment for behavioral health professionals in primary care settings.

Adjourn

With no further business, Ms. Kade entertained a motion to adjourn the meeting. A motion was entered by Ms. Wendel to adjourn the meeting, seconded by Mr. Johnson. Motion passed. The meeting adjourned at 5:00 p.m.

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

7/17/15
Date



Daryl W. Kade, M.A.
Acting Director, CSAT
Chair, CSAT National Advisory Council