

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)
Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Substance Abuse Treatment (CSAT)**

**Minutes of the
71th Meeting of the CSAT
National Advisory Council (NAC)**

April 2, 2014
The National Cancer Institute
9609 Medical Center Drive
Rockville, Maryland 20850

Call to Order: Cynthia A. Graham, M.S., Designated Federal Officer, CSAT NAC, called the meeting to order at 9:15 a.m.

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM, Director, Center for Substance Abuse Treatment, and Chair, CSAT NAC presided.

Welcome and Opening Remarks

Dr. Clark opened the meeting and addressed housekeeping matters that included an apology for the delay in starting the meeting. He explained that a fire occurred on April 1 at a building next to the SAMHSA Building. As a result, no one was allowed to enter the building, thus creating a need to find a site for the NAC meetings.

Members and participants were welcomed to the Council's 69th meeting. Dr. Clark acknowledged the importance of Council members' contributions. Before further proceeding, he recognized the three new members, Andre Johnson, M.A., President of the Detroit Recovery Project; and Terrance Range, M.Ed., Conduct Specialist in the Office of Student Conduct at the University of California, Berkley, and Arthur Schut, M.A., CEO of Arapahoe House in Denver, Colorado, who was unable to attend the meeting.

Consideration of Minutes, August 21, 2013.

Council members voted unanimously to adopt the August 21, 2013 NAC minutes. The minutes were certified in accordance with the Federal Advisory Committee Act Regulations.

Introduction of Members

Andre Johnson, M.A., President of the Detroit Recovery Project (DRP), a 100 percent peer-led, peer-ran, peer-driven organization that provides services to 8,000 individuals annually that include the homeless, criminal justice, co-occurring and the recovery community.

Jeanne Miranda, Ph.D., introduced herself and her affiliation with UCLA.

Leighton Huey, M.D., discussed his position as Associate Dean for Community and Continuing Education at the University of Connecticut.

John Paul Malloy, J.D., explained that he is with Oxford House, which has been around since 1975.

Lori Simon, M.D., referenced her private practice, and stated that she also worked for eight years in public psychiatry working with the homeless in New York City, and is currently working with EPA, SAMHSA and HL7, dealing with interoperability in healthcare.

OmiSadé Ali, M.A., recently retired from the City of Philadelphia, is currently President of First Nations, LLC, an organization focused on the treatment and identification of historical trauma in native populations in the United States and in Canada.

Indira Paharia, Ph.D., Clinical Psychologist and Executive Vice President of Integra Services Connect, stated the Integra Services Connect provides community health worker intervention in the community with populations of severe mental illness, substance abuse disorders, homeless

populations and/or are on Medicaid/dually eligible.

Victor Capoccia, Ph.D., retired from a career involving academics, running treatment organizations, currently works on several projects and volunteers on boards of several organizations; in addition to chairing a community based behavioral health organization.

Christine Wendel, M.A., stated that she had the privilege of serving on the New Mexico Behavioral Health Planning Council, the advisory body to the state government. She is looking to start a recovery community organization in Santa Fe, New Mexico.

Terrance Range, M.A, a Conduct Specialist at the University of California, Berkley, adjudicates cases at the graduate and undergraduate level for over 35,000 students.

Dr. Clark recognized the leadership and contributions of retiring NAC members, Jeanne Miranda, Ph.D., Leighton Huey, M.D., Victor Capoccia, Ph.D., and Chris Wendel, M.B.A., whose tenure on the Council is drawing to a close. He thanked them for their years of service on the NAC, and stated they will receive an appreciation plaque as a token of their service to the Department, the Agency, and the Center.

Director's Report:

Dr. Clark listed hearings and briefings held within government agencies and Congress discussing this issue. Accordingly, SAMHSA published an "overdose toolkit" on the website. To date there have been over 23,000 downloads, further validating the public's interest on addressing the issues surrounding overdose. He acknowledged that this subject is possibly heightened by the unfortunate recent demise of Phillip Seymour-Hoffman, as a result of the use of opioids.

In February, an advisory was issued to treatment providers regarding the marked increase in deaths since the start of the year, linking the use of a heroin/Fentanyl mix drug, urging treatment providers to make use of the overdose toolkit to their patients. As it relates to the issue of legalized marijuana, he explained that it is imperative to have the appropriate preparedness for the issues that may arise out of the increased use of this illicit drug.

"Bridges to Housing," (B2H), a collaborative project led by the CLARE Foundation, located in Santa Monica, California is a cooperative agreement to benefit homeless individuals to attain permanent housing. He also stated that Oxford House has reached out to the University of North Carolina to discuss the concept of providing an Oxford House for sobering students to help in support of their recovery, and eventually expanding the concept of providing safe place/housing for students in other jurisdictions.

President Obama may have signed a bill that was passed by Congress, H.R. 4302 - Protecting Access to Medicare Act of 2014. This is an Act that is designed to serve and provide individuals with serious mental illnesses and substance abuse disorders, amongst other disorders and illnesses, with intensive, person-centered evidence-based screening, prevention and wellness services. With this new Act, it will create the need for licensing, training, and additional staffing requirements.

He is working with the White House on some new initiatives including "My Brother's Keeper," comprised of African-American, Alaska-Native, Native American and Hispanic young men.

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Council Discussion

Ms. OmiSadé Ali stated she loves the My Brother's Keeper initiative, but wondered if the youth were there in the program. Dr. Clark assured her that they were. Andre Johnson expressed a concern regarding legislation that was recently passed and the apparent sudden shift to integrate primary healthcare and behavioral healthcare. However, he stated that he fears that with this integration and fund decreases, individuals with the most need will be neglected.

SAMHSA/CSAT Budget Update

Onaje Salim, Ed. D., Acting Deputy Director, CSAT

Dr. Salim stated that the overall SAMHSA and CSAT budget falls within the \$1.1 billion spending bill that was passed by the House on January 15, 2014, whereby averting any further budgetary crisis. Further, he announced that the President released FY '15 budget on March 4, 2014. Access to Recovery, Screening and Brief Intervention, and Criminal Justice will likely see significant decreases in the budget. Additionally, he noted that previously, SAMHSA was the single appropriation. However, it is now separated into four appropriations.

Although CSAT's budget request was for \$2.11 billion, there was a \$64 million decrease from the FY 2014 enacted level. Additionally, ATR was reduced to \$50 million. SBIRT also experienced a decrease in funds. However, the program is broadening and is likely to be adopted by the field.

Presentation: Massachusetts Access to Recovery (ATR)

Karen Pressman, Director of Planning and Development at the Bureau of Substance Abuse Services, along with Rebecca Starr, Project Director of ATR, provided a brief description of the program. Ms. Starr noted funds have been reduced by half; however, if they are awarded a grant, the program could be extended another three years.

This program provides support and assistance for employment for persons in the recovery process. Communicating and involving the business community and the faith-based community has provided a platform to address issues in employment and opened up opportunities for partnership that didn't exist previously.

Overall, statistics support the notion that persons in recovery have a much higher chance of success if they are employed. A recent graduate and current participant, he discussed how the program assisted them in dealing with their problems.

NAC member, Christine Wendel encouraged the Program Director to search out and recruit business owners in long-term recovery in becoming participants and assist in funding this program. Dr. Indira Paharia concurred and added that it would behoove them to explore other resources for funding, including a CPT code in Medicare that allows for reimbursement to participants.

Heroin and Methadone Panel Discussion

Robert Lubran, M.S., M.P.A.; Leighton Huey, M.D.; Victor Capoccia, Ph.D.; Andre Johnson, M.A.; Melinda Campopiano, M.D.

The discussion began with Dr. Campopiano describing the limited focus of methadone and buprenorphine as it relates to Medication-Assisted Treatment (MAT), since according to a 2011 survey, one-quarter of all treatment admissions are as a result of substance abuse using an opioid. It is of concern because the death rate is significantly higher (8-15 times) than individuals who are non-opioid users.

NAC member Dr. Leighton Huey noted that the U.S. consumes two-thirds of the world's illegal drugs, and surmises that the use of prescription pain pills can likely lead to the use of heroin. He emphasized the importance of continuing education to healthcare providers on prescribing opiates and other addictive medications. Dr. Capoccia mentioned there is a need for more Drug Courts and the policy aspect of MAT should be reexamined.

NAC member Mr. Johnson shared the details with regard to the Detroit Recovery Project, a peer-led organization, which have now begun to integrate methadone recovery community. Peers, along with the collaboration of the Detroit Police Department, utilize programs to assist with recovery; one program being the "Take Back Prescription Day", where people are encouraged to discard old medications in the household.

Overall, the areas that need to be addressed and/or improved upon are education, training, tracking, and monitoring with regard to MAT.

Impact of Behavioral Health and Healthcare Integration on SAMHSA

Panel Discussion

The panel was moderated by NAC member, Dr. Indira Paharia. She explained that integration is not a new concept; it was initially conceptualized in the '60s and has been gaining momentum with the support of ACA. Dr. Paharia charged the panel to state the reasons why there is such a resistance to integrating behavioral health and healthcare.

Integration Concerns: Positives/Negatives

- Concern that behavioral health funding will be negatively affected
- Existing recovery-oriented systems of care will revert back to the medical model
- Designed around the provider, not consumer
- Integration model is time-consuming
- Financial incentives aren't currently aligned
- Stigma that exists for consumers and providers
- SAMHSA can develop a standard for integration

Remarks: SAMHSA Administrator

Pamela Hyde, J.D.

Ms. Hyde joined the meeting during the discussion on the Impact of Behavioral Health and Healthcare Integration as it relates to SAMHSA. She expounded on integration and mentioned that there is intent to provide healthcare to individuals with serious mental illness. There is a work plan for integration and a model for integrated care.

Ms. Hyde acknowledged that there are challenges for free-standing mental health and substance abuse agencies due to lack of capacity. She noted that a lot of free-standing mental health centers also provide substance abuse services; however, free-standing substance abuse centers do not provide a lot of mental healthcare services. She stated that SAMHSA has introduced a proposal to try to do a little bit of "seeding the market" to assist with this challenge.

Ms. Hyde also discussed substance abuse and mental health treatment in regards to Medicare, that the Medicare system views behavioral health differently in terms of their obligation. She stated that psychiatry, social work and psychology is not organized in the same way that medicine is, which is why there is not a high-tech take up of behavioral health services. She further explained that there is a lot going on regarding the organization of healthcare and behavioral healthcare that is impeding integration.

Overall, Ms. Hyde acknowledged that the Council was hitting on all the struggles and the issues from funding, structure, models, perception, et cetera.

Adjourn

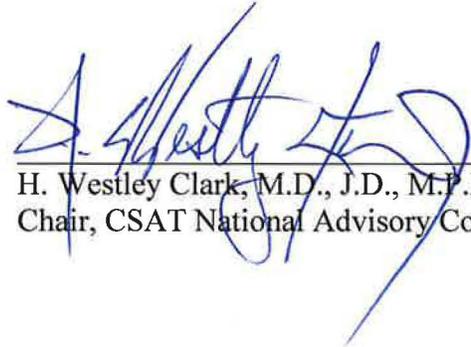
Dr. Clark thanked the Council members for participating in the meeting and reminded them of the August Grant Review Teleconference Meeting, and the Joint Committees Meeting.

With no further business, Dr. Clark entertained a motion to adjourn the meeting.

Ms. Christine Wendel moved, and Mr. Andre Johnson seconded the motion to adjourn the meeting. The motion carried. The meeting adjourned at 4:00 p.m.

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

6-30-14
Date



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