

*Department of Health and Human Services
Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Substance Abuse Treatment (CSAT)
National Advisory Council (NAC)*

February 24, 2016

Open Session Minutes

*5600 Fishers Lane
Room 5E45
Rockville, Maryland 20857*

Open Session Minutes

Opening Remarks and Introduction

Tom Hill, the currently appointed Acting Chair for CSAT, warmly welcomed Dr. Kimberly Johnson, the new Director for CSAT, the National Advisory Council Members, guest speakers, and audience members to the meeting.

Approval of the 8/26/15 Minutes

Acting Chair, Tom Hill, called for a motion for approval of the August 26, 2015, minutes for the 73rd Meeting of the CSAT National Advisory Council. A motion was moved by OmiSadé Ali and seconded by Andre Johnson. The motion passed without objection or abstentions to the motion, and, the August 26, 2015, minutes were then approved by the Council.

Council Member Introduction and Updates

All current Council Members were in attendance, in person, with the exception of Mohammad Yunus and Terrance Range, both of whom participated via teleconference. All present Council Members were introduced, and current updates were shared.

Andre Johnson, founder of the Detroit Recovery Project, shared that in the preceding 18 months there has been a shift relating to peer services. These services now fall under the purview of services billable to Medicaid and block grant funds versus previously being solely grant-driven. Mr. Johnson added that currently, within the City of Detroit, Wayne County, there has been a push to integrate behavioral health and physical healthcare organizations; however, this effort has posed challenges due to the lack of direction, funding, and support from the community-based recovery organizations. Mr. Johnson expressed hope that these issues would be resolved over time.

Mr. Mohammad Yunus, participating via teleconference, stated that to date there are no new updates to report.

Council member Terrance Range, also participating by teleconference, shared that he is now a Higher Education Administrator at Michigan State University, primarily working with student athletes. At Michigan State University, Mr. Range's duties and responsibilities are still comprised of working on issues with the justice system, courts, attorneys, health counselors, and health services experts, similar to his previous position at the University of California, Berkeley.

Ms. OmiSadé Ali, Senior Associate with the Altarum Institute and President of First Nations, LLC, shared that she is currently working on a White Paper regarding Native Americans creating spiritual coalitions and synergy between traditional healing practices and Western behavioral medicine.

Dr. Lori Simon, a board certified psychiatrist in the metropolitan New York City area, reported that she has recently become an active member with the American Psychiatric Association, the Mental Health Information Technology Committee, and is involved with the HL7 organization, and the SAMHSA-affiliated Community-Based Collaborative Care organization (CBCC).

Arthur Schut offered no new updates from the previous CSAT NAC meeting.

Council members Paul Molloy and Indira Paharia were not present for the update portion of the meeting.

Director's Report/SAMHSA Budget Update

Director, Dr. Kimberly Johnson, shared that Secretary Burwell has announced to the Department that regulation will be drafted to increase physicians' patient limit for a waiver to prescribe buprenorphine. Additionally, there is a goal to expand access to the Medication-Assisted Treatment (MAT) program, and \$10 million has been requested to add to the FY 2018 budget proposed for the purpose of a demonstration program to explore the safety and effectiveness of non-physician healthcare providers prescribing buprenorphine.

Dr. Kimberly Johnson also discussed the President's Emergency Plan for AIDS Relief (PEPFAR). Currently, SAMHSA has a PEPFAR program in Vietnam. It will soon expand to the cities of Hanoi and Ho Chi Minh City, Vietnam. There are also plans to deploy a substance abuse treatment expert to the Ukraine and Southeast Asia in an attempt to establish international ATTCs. Lastly, Dr. Johnson stated that CSAT received an additional \$25 million for Medication Assisted Treatment - Prescription Drug and Opioid Addiction (MAT-PDOA), which allows for 11 additional grantees in FY 2016.

Stephanie Weaver, Director, Office of Program Analysis and Coordination for CSAT, highlighted a few elements of the CSAT FY 2016 budget. She stated that there was an overall increase of \$10.5 million from the preceding year. However, funding for SBIRT, PPW, and RCSP remained the same. She also noted that there was a \$38 million increase for Substance Abuse Prevention Treatment Block Grant. Unfortunately, there was a loss due to zero funding for the Special Initiatives and Outreach program. Ms. Weaver explained that next year, FY 2017, there has been a request for a total of \$2.6 billion, an increase of \$469,000.

In the Council discussion, Andre Johnson inquired of Ms. Weaver how much of the \$1 billion mandatory funds for opioid treatment in SAMHSA's budget is earmarked for CSAT. She responded that approximately \$460 million has been allotted for CSAT per year for two years for a total of \$920 million.

The Opioid Epidemic: Impact on Demographic Groups

OmiSadé Ali, NAC Council Member, gave a presentation focused on opioid abuse among Native Americans. Ms. Ali stated that currently, there are 566 federally-recognized tribes across the United States. She noted that according to the U.S. Census Bureau the Native Americans are recorded as having the highest substance use rates amount any ethnic group in the United States, with 16,000 overdose deaths recorded in 2015. According to Ms. Ali, one of the major reasons for the high level of devastation in Native American communities is because the indigenous people in this country experience historical and intergenerational trauma. Therefore, it is imperative that these issues, along with healing, be a focus to overcome these challenges.

Doreen Cavanaugh, a research professor from Georgetown University, delivered a presentation that highlighted the opioid epidemic and its impact on adolescents and young adults. Research shows that many of the close to 600,000 adolescents and young adults who transitioned to heroin use, started with prescription opiates, the second most used drug after marijuana. This research also concluded that the use of prescription opiates was primarily initiated through experimentation, versus prescription from a healthcare provider. Dr. Cavanaugh added that these 600,000 adolescents aren't just in the large inner cities and metropolitan areas, but are also in rural and urban areas as well.

Dr. Cavanaugh noted that there is very little treatment available for adolescents and young adults with opiate disorders, but she is a proponent of MAT and the use of buprenorphine, in conjunction with psychosocial treatment, to help combat substance use disorders in adolescents and young adults.

Substance Use Disorders and Criminal Justice Reform

Carolyn Hardin, Chief of Training and Research for the National Association of Drug Court Professionals, discussed the importance of exploring different ways of handling persons with co-occurring disorders in the criminal justice system. She explained that drug courts are just the first step in assisting users in getting sober.

The average drug court program ranges from 18-24 months, and then clients are released without any further support to assist in recovery. Ms. Hardin insists that a peer support program would help tremendously and has been successful in the past. She recommended that there be a push to hire more qualified peer coaches to help implement this program.

Ms. Hardin coined a phrase, "Risk is contagious." By that, she means that if you take low risk offenders and mix them with high risk offenders, you will make them worse. She notes that you have a better chance of success for recovery if these two distinct groups are separated within the criminal justice system.

Andre Johnson, NAC Council Member, delivered his presentation entitled, "We are One: Our Collective Responsibility." He elaborated on ways to decrease the recidivism rate, mostly occurring among persons with dual disorders within the criminal justice system. S.T.A.N.D, a Detroit-based, federally-funded program, addresses this issue in four distinct phases by implementing and utilizing peer and family support along with evidence-based curriculums.

SAMHSA Acting Administrator's Discussion with Council Members

Acting Administrator Kana Enomoto and the newly-inducted Acting Deputy Administrator, Amy Haseltine, joined the meeting after the luncheon recess to address and answer questions from the NAC Council Members. Ms. Haseltine impressed upon the Council Members the importance of SAMHSA ensuring that there is access to the proper data at the right time, in the right format in order to utilize that information to better implement strategies, policies, and programs going forward.

Ms. Haseltine said that her role in SAMHSA primarily involves business operations and executing the SAMHSA mission through business process improvement and appropriate policy application. While this is Ms. Haseltine's first CSAT National Advisory Council meeting, she assured the Council Members that she is excited and dedicated to upholding her charge.

Tom Corderre, SAMHSA's Chief of Staff, shared details about his role and position. In addition to representing SAMHSA with the Department, the White House, and other federal agencies, he is a member of the coordinating council for both the Interagency Coordinating Committee for the Prevention of Underage Drinking and the Behavioral Health Coordinating Council. Further, he reported that SAMHSA is now on its third draft of the Surgeon General's Report, a project underway relating to substance use and mental health disorders.

Kana Enomoto did not have prepared remarks but extended an invitation for Council Members to have questions addressed. Mr. Schut expressed concern about Medicaid not being able to cover all expenses and fees for the insured, and that block grants are now prohibited from subsidizing the residual fees. Ms. Enomoto assured Mr. Schut that within the budget proposal there is mention of the four major priorities, which include engaging people with serious mental illness, quality care, addressing the opioid crisis, preventing suicide, and maintaining the behavioral health safety net. Further, the Secretary met with a few key stakeholders to address this very issue in 2015.

In conclusion to her remarks to the Council, Ms. Enomoto reiterated what Stephanie Weaver discussed regarding how the FY 2016 funds were to be dispersed across the various SAMHSA programs.

Peer Recovery Support Services in Diverse Settings

John Paul Molloy, founder of Oxford House, shared his story about alcoholism, how he ended up in long-term recovery, and how the inception of the self-run, self-supported recovery housing, Oxford House, was visualized. Currently, there are over 2,000 Oxford Houses in existence across the United States. Household expenses, including utilities, are shared among the 13 residents. When a vacancy opens up, some new prospects are recruited from the jail and/or prison system via Skype, interviewed, and voted into an Oxford House. While many of the residents attend AA and NA meetings, it is not a requirement or policy of Oxford House that they must attend.

Some Oxford Houses allow residents to be in the Medication Assisted Treatment. Mr. Molloy says it has its challenges because some residents of the program have distributed medication, but they are working to resolve that issue. If caught, they are immediately voted out and evicted from the house. Recently, one of the Maryland Oxford Houses experienced its first drug-related fatality.

Wilma Townsend, Lead Public Health Advisor from the Division of Pharmacological Therapies, CSAT, focused on the peer recovery support services and how they make a difference in recovery. She relayed that she attended an OTP meeting where the discussion focused on how peer support and peer coaches with lived experience heighten the success rate of persons with substance use disorders because they give them a sense of hope and relatability that creates a more comfortable atmosphere for sharing their experiences and accepting guidance. Ms. Townsend added that the lived experience offered by peer support and coaches helps to reduce the stigma that is sometimes attached to those with substance use disorders.

Further, Ms. Townsend added that in her visits across the states, one of the major complaints is that there is a lack of physicians and social workers. She encourages more funding to be used to hire peer specialists and peer coaches because it has proven to be an advantageous avenue to success. Ms. Townsend noted that while there are funds available to cover the housing and program costs, there needs to be a training program to educate the peer specialists/coaches on how to execute the recovery plan and curriculum.

Recovery Month Update

Ivette Torres, Associate Director of Consumer Affairs for SAMSHA, provided an update on Recovery Month activities. Ms. Torres shared that Dr. Oz attended the 2015 Kick-Off luncheon and spoke at the news conference. In 2016, the Kick-Off luncheon will be hosted by CADCA.

Ms. Torres encouraged Council Members to have their organizations and affiliates post their events and personal stories of recovery on the Recovery Month website, which is now housed on the SAMHSA webpage. She also reported that the PSAs that have been aired generated more than 60,000 calls to the helpline in 2015.

For 2016, the theme for Recovery Month is “Join the Voices for Recovery: Our Families, Our Stories, and Our Recovery.” This is intended to target military veterans and families, lesbians, gay, bisexual, transgender, victims of trauma, and family members of those with mental and substance use disorders.

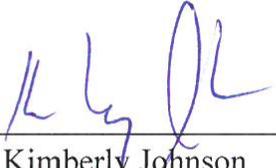
On September 7, 2016, the Recovery Month Planning Partners meeting will be held. On September 8, 2016, the National Kick-Off luncheon will be held, hosted by CADCA.

At the conclusion of the presentations and council member roundtable, Dr. Kimberly Johnson and Tom Hill recapped the day's meeting. Tom Hill moved for a motion to adjourn. At 4:12 p.m., a motion was moved by Andre Johnson to adjourn the meeting and seconded by Indira Paharia. Motion was passed and meeting was adjourned.

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

4/28/16

Date



Dr. Kimberly Johnson
Director, Center for Substance Abuse Treatment