Department of Health and Human Services

Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Substance Abuse Treatment (CSAT)

National Advisory Council

March 28, 2019

Open Session Minutes

5600 Fishers Lane

Room 13SEH02

Rockville, Maryland 20857

Open Session Minutes

Opening Remarks and Introductions

The Center for Substance Abuse Treatment (CSAT) National Advisory Council (NAC) Designated Federal Officer (DFO), Tracy Goss, called the CSAT NAC meeting to order at 1:00 p.m., E.D.T., on March 28, 2019. Ms. Goss conducted a roll call to establish the quorum and Anne M. Herron, who presided over the meeting, welcomed attendees and thanked participants.

Ms. Herron is the Acting Director for CSAT and began in this role in September 2018. In addition to serving as Acting Director, Ms. Herron is Director of the Office of Intergovernmental and External Affairs (IEA), within the Office of the Assistant Secretary. IEA works in several topical areas including behavioral health equity, tribal affairs and policy, HIV eradication, communications, and regional administration. The office also has a team of subject matter experts who focus on specialized topics and issues such as military families and service members, emergency management, advisory council management, and tobacco control activities. Before SAMHSA, Ms. Herron worked for the Office of Substance Abuse Services in the New York State office.

Member Introductions and Updates

Council Members in attendance were by telephone were: Bertrand Brown; Kristen Harper, M.Ed., LCDC; Jason Howell, MBA, PRS; Sharon LeGore; Eva Petoskey, MS; A. Kenison Roy III, M.D., DFASAM, DLFAPA; and Kenneth Stoller, M.D.

Also in attendance in were Kimberly Beniquez, MS, CADC, CCDPD; Carlos Castillo; Matthew T. Clune; Darrick D. Cunningham, LCSW, BCD (by phone); Marla Hendriksson, MPM; Danielle Johnson Byrd, MPH; and Arthur Kleinschmidt, MBA, Ph.D.

Ms. Herron asked the Council Members to introduce themselves and provide some background information. Ms. Herron invited Ms. Kristen Harper to introduce herself first.

Ms. Harper is a professional recovery consultant and a person in long-term recovery. She is on the Recovery Technical Assistance Leadership Team and is serving as a mentor for other recovery consultants. Her background is primarily in recovery among youth and young adults including collegiate recovery programs, recovery high schools, and wraparound services for adolescents and young adults. She noted that she is interested in hearing updates from CSAT on comprehensive recovery support services to enhance clinical care, particularly for opioid use disorders (OUDs).

Mr. Jason Howell is executive director of the nonprofit organization, RecoveryPeople, a peer- and family-led organization based in Texas. He also sits on the board of the National Alliance

for Recovery Residences, which sets standards for recovery housing and offers a certification program. A State Targeted Response to the Opioid Crisis (STR) consultant; he is also on the advisory board for the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) program. One of his main interests is helping individuals on medication-assisted treatment (MAT) access recovery services. Mr. Howell is also in long-term recovery from both mental health and substance use issues.

Ms. Sharon LeGore introduced herself next. Ms. LeGore is the founder of MOMSTELL, a parent advocacy organization for substance use and co-occurring disorders, which she founded after losing her daughter to a heroin overdose in 1998. She also has a son with co-occurring mental health and substance use issues and a son who became addicted to opiates after a car accident who is struggling with recovery today. Ms. LeGore helped launch the National Family Dialogue for families with substance use disorders (SUDs) and worked part-time as a consultant for the Center for Social Innovation. As a parent and family advocate she is concerned with access to treatment, particularly MAT.

Ms. Eva Petoskey was next to introduce herself. Ms. Eva Petoskey has over 38 years of experience working with tribal communities throughout the Great Lakes region on issues related to wellness, education, evaluation and culture. In additional, Ms. Petoskey is also in long-term recovery. Ms. Petoskey works for the Intertribal Council of Michigan, a consortium of the 12 federally recognized tribes in Michigan. She stated that Michigan is facing a severe rise in the number of people using opioids and she is concerned about the availability of MAT. For example, there is no methadone program in Michigan north of Gaylord, which is in the Lower Peninsula, and a minimal number of doctors with the DATA waiver.

Dr. Kenneth Stoller was next to introduce himself. He is an addiction psychiatrist on the faculty of Johns Hopkins University School of Medicine and the Director and Medical Director, respectively, of two outpatient SUD treatment programs at Johns Hopkins. Dr. Stoller is also on the Board of Directors of the American Association for the Treatment of Opioid Dependence. His academic and professional focus has been on optimizing care for SUDs using integrative and adaptive care models and integrating verbal therapies with MAT. He is interested in facilitating discussions about how well people with addictions can do if granted access to the right treatments and supports.

Dr. A. Kenison Roy was not on the conference line during the introductions but joined the call later and introduced himself at that time. Dr. Roy has been in medicine since 1972, initially as a family practitioner, then as a psychiatrist. He is board certified in addiction medicine and a member of the Board of Directors of the American Society of Addiction Medicine. His efforts have been directed at moving the treatment of addiction into the mainstream of health care. As Medical Director and Chief Medical Officer, Dr. Roy has designed programs with a goal that treatment is long term and where people should get treatment where they live. He noted that the U.S. has an addiction epidemic that is broader than opioids; in fact, more people die of alcohol-

related injuries than overdoses. He is hoping for a focus on capacity improvement relative to professionals who treat addiction.

Consideration of the August 1, 2018, Minutes

Ms. Herron called for a motion for approval of August 1, 2018, minutes for the 79th meeting of the CSAT NAC. Ms. LeGore moved to approve the minutes and Ms. Harper seconded the motion. The motion passed without objections or abstentions, and the Council then approved the August 1, 2018, minutes.

CSAT Division/Office Director's Update

Ms. Herron directed the Council Members' attention to the Director's Report Tracy had delivered to them electronically and encouraged them to read it at their leisure. She then asked CSAT leadership to provide updates of activities since the last NAC meeting.

Mr. Darrick Cunningham, Director of the Division of Services Improvement (DSI), provided the first update. DSI focuses primarily on two of the Assistant Secretary's five priorities: 1) combating the opioid crisis through the expansion of prevention, treatment, and recovery support services, and 2) advancing prevention, treatment, and recovery support services for substance use. Mr. Cunningham discussed initiatives and accomplishments related to these two priorities, providing an update on national outcome measures. These include:

- Adult and Tribal Healing to Wellness Treatment Drug Courts Grants—at intake, 37% of individuals reported abstinence. Within six months, abstinence had risen to 58%.
- Offender Reentry Program Grants—for the center reentry program, abstinence was initially 42% and had increased to 72% at six months.
- Screening, Brief Interventions and Referral to Treatment Program—at intake, 11% of participants reported abstinence, while 45% reported abstinence after six months.
- Improving Quality of Care through Alcohol Screening and Follow-Up—this effort is being integrated into the Healthcare Effectiveness Data and Information Set.
- MAT-Prescription Drug and Opioid Addiction Program—the abstinence rate at intake was 24% and had increased to 55% at six months.
- Targeted Capacity Expansion (TCE)-HIV Program Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS—at intake, there was an abstinence rate of 34%, which had increased to 53% at six months. The employment and education rate for people at high risk for HIV/AIDS was 29% at intake; at six months, the rate increased to 41%.
- TCE-Peer-to Peer Program—the abstinence rate was 69% at intake and rose to 83% at six months.

- Building Communities of Recovery—at intake, 34% reported doing well in the area of education and employment. This figure rose to 70% at six months. Regarding stability in housing, the data was 16% at intake and increased to 48% at six months.
- Pregnant and Postpartum Women Residential and Pilot Programs—at intake, 41% were abstinent and at six months, 86% were abstinent. Social consequences for this group were 53% at intake and 95% during the 6-month period. Mr. Cunningham also reported on other DSI initiatives including two Treatment Improvement Protocols (TIPs) currently in progress, *Treating Addictions in Older Adults* and *Peer Recovery Support Services: Essential Skills in Substance Abuse Treatment Settings*. A final version of the former TIP for SAMHSA review is expected in April 2019, while an initial draft of the latter TIP is expected by August 2019.

DSI has an interagency agreement with the Administration for Children, Youth, and Families to work with families affected by SUD involved with child welfare services. In addition, DSI recently submitted an abstract, "Adapting and Tailoring Seeking Safety for LGBT Communities: What Works?" to the Health HIV Synchronicity 2019 conference as part of its LGBT cross-cutting program activities.

In addition, DSI is leading the continuous flow of information about the resurgence of methamphetamine use and is assisting in the management and oversight of recovery housing.

Following the presentation, Ms. Herron opened the floor to questions. The Council Members raised the following points and questions:

- Ms. Harper asked if any of the outcomes discussed have been published. Mr. Cunningham responded that the outcomes are part of the program profiles, which are currently being finalized. Ms. Herron added that CSAT would make these profiles available to the Council Members as soon as they are complete.
- Dr. Stoller asked if the program profiles were broken down by grantee or if the information is only available for the program as a whole. Ms. Herron said outcome information is available at the program level.

Ms. Herron next introduced Ms. Kimberly Beniquez, Public Health Advisor and State Project Officer in the Division of State and Community Assistance (DSCA) who provided an update on DSCA activities and priorities on behalf of Onaje Salim, Ed.D., Director, Division of State and Community Assistance who was unable to attend.

Ms. Beniquez began by describing SAMHSA's Performance Accountability and Reporting System (SPARS) and Web Block Grant Application System (WebBGAS), the data platforms used for grant management and reporting. She also discussed SAMHSA's Center of Excellence for Protected Health Information Related to Mental Health and Substance Use Disorders and invited the Council Members to visit the website.

Ms. Beniquez then discussed the status of the Substance Abuse Prevention and Treatment Block Grant (SABG) for 2019. Fifty states, District of Columbia, Red Lake Band of Chippewa Indians, and eight jurisdictions have all submitted their applications, and four states have been approved—New Jersey, Florida, Louisiana, and Maine. The full amount of the block grant for 2019 is around $1.86 billion.

Ms. Beniquez turned to the STR grants, which are intended to address the opioid crisis by increasing access to treatment, reducing unmet needs, and reducing opioid-related deaths. The current grant-funding period ends at the end of April, although many grantees will continue through a no-cost extension.

The State Opioid Response (SOR) program supersedes the STR program and aims to increase access to MAT, reduce unmet treatment needs, and reduce opioid overdose-related deaths. This formula-based grant uses Centers for Disease Control and Prevention surveillance data and National Survey on Drug Use and Health data and the overall funding level is $1.5 billion.

Ms. Beniquez reported on technical compliance reviews which document state compliance with SABG requirements. As of 2018, CSAT, the Center for Substance Abuse Prevention (CSAP), and the Center for Mental Health Services (CMHS) perform compliance reviews independently. In FY2019, CSAT reviews are planned for Virginia (already completed), Texas, Alaska, and Oklahoma.

CSAT has funded 433 homeless treatment service grants since 2001. Currently, there are 126 active grants, and some programs are jointly funded with CMHS, which means that the criteria to receive services have been expanded to include individuals with serious mental illness.

Ms. Beniquez concluded with DSCA's plans for future activities. Plans include improving data utilization to inform decision-making, increasing the frequency of site visits to SOR grantees, and enhancing coordination between the block grant and discretionary grant programs. In addition, DSCA is developing publications—a rural opioids advisory and evidence-based resource development guidebooks on SUD recovery and employment/education, medications for OUD in emergency departments, and MAT in the criminal justice system.

Following the presentation, Ms. Herron opened the floor to questions. The Council Members raised the following points and questions:

- Mr. Howell asked whether there are any educational resources about the block grants for consumers and stakeholders so that these groups have informed input into the state plans. Ms. Beniquez responded that states are required to release their plans for public comment. Mr. Howell also inquired about the STR and SOR grants. He has heard that states are having difficulty quickly awarding contracts for all of the funds. Is there an update as to what percentage of the funds is being used to deliver services? Ms. Beniquez did not have the current figures but will get that information to the Council

Members. Ms. Herron added that although some states had a slow start, several states have already expended all funds.

- Ms. Harper asked whether there is a public record of how states are budgeting the funding from the STR and SOR grants. Ms. Herron replied that the funding amounts to states are available on the SAMHSA website and that individual states would be the information source for how the funds were allocated.
- Ms. Petoskey asked a question about performance measurement, and how CSAT would be using data collected at 3 months, which is a requirement for some programs. Ms. Petoskey noted that this requirement seems to place a significant burden on grantees. Ms. Herron noted that CSAT has undergone a review of the way data is collected through the SPARS system and offered to ask the Center for Behavioral Health Statistics and Quality (CBHSQ) to do a presentation on the kind of data collected, along with the rationale and timing.

Ms. Herron next introduced C. Danielle Johnson Byrd, Director of the Division of Pharmacologic Therapies (DPT), who discussed DPT priorities and activities. DPT is primarily responsible for regulatory activities related to OUD treatment, including certification and regulation of opioid treatment programs (OTPs), processing DATA 2000 waiver applications, and managing two grant programs. The first program is the Providers Clinical Support System (PCSS), which was created to provide free training to primary care providers in evidence-based prevention and treatment of OUDs and treatment of chronic pain. The second program, begun in 2018, is the Providers Clinical Support System for Universities which is intended to expand access to MAT services to ensure the education and training of students in the medical, physician assistant, and nurse practitioner fields so they can obtain a DATA waiver to prescribe MAT in office settings.

Ms. Byrd listed some of DPT's accomplishments. There are currently 1,633 SAMHSA-certified OTPs, more than 63,000 DATA waived practitioners, and more than 176,000 participants who have been trained for a DATA 2000 waiver through the PCSS. Planned activities include implementing various provisions in the SUPPORT Act including the addition of three new nurse specialties that are authorized to get waivers to provide buprenorphine in office-based settings. DPT is also looking at systems improvement to accommodate an influx of requests for DATA waivers. The division is also in the final stages of developing a publication on pre-pregnancy planning for women with SUD.

After asking the Council Members to hold any questions until the forthcoming presentation on MAT, Ms. Herron introduced Marla Hendriksson, Acting Director of the Office of Consumer Affairs (OCA). Ms. Hendriksson provided an update of the office's activities and priorities. She stated that OCA is very engaged in the work of National Recovery Month and recovery-related technical assistance services with BRSS TACS. The office is also looking at ways to expand its role in ensuring that consumers have a voice in treatment and recovery programs.

Regarding National Recovery Month 2018, more than 1,000 viewed the live webcast kicking off the event and there were more than 1,500 Recovery Month events throughout the country. Viewership of the Recovery Month public service advertisements increased by 30% over last year. This year will mark the 30th anniversary of National Recovery Month.

Ms. Hendriksson also reported on BRSS TACS activities, noting that BRSS TACS has provided targeted technical assistance to the Recovery Network for ten years. In 2018, many organizations received assistance through efforts such as Recovery Live webinars, targeted technical assistance to recovery organizations and state agencies, and resources on the website. BRSS TACS has opened a capacity-building opportunity for 25 groups to expand their recovery support services for people with mental illness and SUD and their families.

Other activities include:

- Conducting six webinars on state laws affecting recovery and reentry and recidivism, which reached more than 300 peer specialists who provide recovery supports for housing, employment, and education.
- Completing a webcast series on changing delivery of treatment and recovery services for health care officials.
- Completing the Model Network Guide for developing family support networks.

Ms. Hendriksson concluded her presentation by informing the Council Members that there would be a short survey requesting feedback from the Council Members on how to engage more consumers and communities in the next few days.

Following the presentations, Ms. Herron opened the floor to questions. The Council Members did not raise any points and questions regarding the activities of DPT or OCA.

Presentation on Recovery Housing Guidelines

Ms. Herron introduced Dr. Arthur Kleinschmidt who delivered a presentation on SAMHSA's activities related to the SUPPORT Act, H.R. 6. Dr. Kleinschmidt is the Senior Advisor to the Office of the Assistant Secretary.

Dr. Kleinschmidt began by comparing the number of drug overdose deaths in 2017 (70,200) to the total number of deaths in Vietnam (58,000), 2016 motor vehicle accident deaths (40,000), and other benchmarks. These figures demonstrate that the opioid epidemic is a priority for the current administration and SAMHSA.

One of the provisions of the SUPPORT Act ensures access to quality sober living. Assistant Secretary Dr. McCance-Katz was designated to develop guidelines and minimum standards. For this endeavor, SAMHSA is seeking partnerships to build off the existing work of other entities such as the National Association of Recovery Residences and stakeholders who have worked on

the issue. SAMHSA will request assistance with implementation strategies as well as accreditation standards and protocols.

Recent and ongoing efforts include convening a technical expert panel on MAT in recovery housing which developed a consensus around a definition of recovery housing. Another technical expert panel examined patient brokering, looking at marketing and communications and concerns about excessive drug testing. SAMHSA is using recommendations from both panels in the guidelines. In addition, SAMHSA is collaborating with the U.S. Department of Agriculture (USDA) to create recovery housing out of foreclosed single-family homes.

Dr. Kleinschmidt provided some background on the development of the guidelines. The team came up with a basic framework and ten key characteristics that could fit with different levels of care. The guidelines take a macro perspective and offer latitude for stakeholders to furnish content that is more detailed. Each recovery house should have a clear operational definition that describes the services offered. In addition, the guidelines treat addiction as a chronic condition with a full continuum of care that includes rehabilitative and support services. Recovery house operators should be informed about co-occurring disorders, and a comprehensive assessment should be performed to ensure that residents are placed in the best possible situation.

Recovery houses should also support recovery and prevent relapse, recidivism, or overdose by providing services or allowing for such services if they do not provide them themselves. The federal government is not mandating individual programs' policies and procedures—such as length of stay and how relapses are handled—but they should be delineated and explained to each resident.

Quality, integrity, and safety will be protected through program certification by an independent agency. As well, SAMHSA would like recovery houses to become trauma-informed and culturally competent. Dr. Kleinschmidt noted that H.R. 6 explicitly mentions Native Americans, who have seen an increase in overdoses to 13.9 deaths per 100,000 people. He stressed that ongoing communication among peer specialists, prior treatment professionals, current providers, family members, and others is necessary to success.

Council Discussion: Recovery Housing Guidelines

Following the presentation, Ms. Herron opened the floor to questions. The Council Members raised the following points and questions:

- Mr. Howell thanked Dr. Kleinschmidt for the presentation and for being open to Mr. Howell's comments about recovery housing. He is nervous that the guidelines seem to have been written with higher levels of support in mind when most recovery housing is and always should be focused on lower levels of support. He continued that recovery housing has been pressured to provide higher levels of care and treatment. He fears that this could affect affordability and fidelity to the social model and could raise some Fair

Housing issues. Mr. Howell also commented on patient brokering, noting that treatment providers are initiating these corrupt business practices.

- Dr. Roy stated that it is a problem that a fee is necessary for people to enter recovery housing, and many people who have entered treatment have no financial resources. Short-term financial support is important for people who enter recovery housing.
- Mr. Clune responded to both Mr. Howell and Dr. Roy's concerns. He assured Mr. Howell that the bulk of recovery housing provides lower levels of support. He also stated that the SUPPORT Act requires that patient brokering is addressed in its totality and he agrees that recovery housing sometimes is "thrown under the bus." In response to Dr. Roy's concern about the need for financial support for people entering recovery housing, Mr. Clune informed the Council that CSAT is adding to some of its programs a 30 percent set-aside that can be used to support recovery housing for individuals who have passed through their programs.
- Ms. Harper asked if the Recovery Month logo files are available for public use. Ms. Hendriksson said the artwork is available on the Recovery Month website. Ms. Harper also offered feedback on the CBO process. The collegiate recovery programs and recovery high schools she works with are very excited that they will be able to receive intense technical assistance. In addition, she remarked that there are still several gaps occurring within the continuum of care for most communities, which are putting pressure on some of the recovery houses and treatment providers to be something they are not. Clarifying roles within the continuum might be helpful.
- Ms. LeGore commented that she is concerned about relapse within the lower end treatment facilities and how people who relapse are sometimes kicked out of their recovery housing. She also asked for increased awareness of high-traffic drug areas so that recovery houses are not placed in the immediate vicinity.
- Dr. Stoller stated that recovery housing should prohibit discrimination against patients who are on MAT. This should be made explicitly clear in any materials that are eventually disseminated. He described a patient who discontinued MAT because it was not allowed in his recovery housing and who subsequently overdosed.
- Mr. Clune commented on the enormity of the opioid epidemic and that the country cannot move fast enough to deal with the issues around an opioid overdose, along with patient brokering, discrimination, and the stigma against MAT. He assured the Council Members that SAMHSA is mindful of the issues they are raising, trying to move quickly, and open to feedback.
- Ms. Harper stated that some of the stigma associated with MAT originates from within the recovery community. Some in the community think that MAT is being positioned as the "end all, be all" solution to the crisis while other services such as peer support specialist training, coaching, and other services are not considered to be as important. Dr. Stoller remarked that behavioral therapy in conjunction with medications is not covered well in the literature about medications for OUD.

- Mr. Howell said that most recovery housing providers do not know how to support people on MAT. In addition to earmarking funds for MAT recovery housing, there should also be funding for research, training and technical assistance, and capacity building to be able to support individuals on MAT in recovery housing.
- Dr. Roy commented that peer-led systems do not know how to practice the kinds of strategies to prevent and control diversions that would be necessary to use MAT effectively. Dr. Stoller disagreed, noting that he runs a program that integrates MAT, OTP, and people with other drugs and alcohol into the same classes with the same clinicians. He views the issues as being more logistical in terms of training the housing providers how people on MAT should be storing their medication.
- Ms. LeGore agreed with a comment from Ms. Harper that there is a lack of training and additional support services for dealing with MAT in recovery housing. This can contribute to the diversion problem.
- Ms. Petoskey remarked that the discussion seems to be focused on providing housing services and MAT in urban settings. Many people, however, are working in rural, remote settings including tribal communities, and these settings face unique challenges related to housing and MAT. She requested that SAMHSA provide some guidelines for the states and perhaps new initiatives to help support housing in places facing unique challenges, such as rural and tribal communities.
- Mr. Clune acknowledged the Council Members' concerns and issues and responded that he feels that SAMHSA is moving as swiftly as it possibly can. He reminded the CSAT NAC members that SAMHSA collaborated with National Alliance for Recovery Residences (NARR) on this particular issue, and NARR put out a terrific white paper. He also mentioned the partnership with USDA to use foreclosed housing stock in rural areas as recovery housing.
- Ms. Harper asked that SAMHSA think of the current STR-TA center as a source of feedback and information from the field. Mr. Clune agreed that this feedback is valuable.
- Dr. Roy commented that there is a relative lack of accountability in terms of results from grantees. Without better access to grantee-level outcomes, it is difficult to determine the relative effectiveness of various programs. Ms. Herron responded that evaluation is currently underway and the results will help SAMHSA examine those issues that Dr. Roy brought up.

Presentation on Expanding Access to Medication-Assisted Treatment

Ms. Herron presented an overview of some of the barriers to accessing MAT. She discussed the recent National Academies Consensus Study Report, Medications for Opioid Use Disorder Save Lives, which provides an assessment of what the field is struggling with around access to medication and MAT. Access may be limited due to geography, regulations, discrimination, and reluctance on the part of health care providers to identify themselves as being prescribers.

Although thousands of providers have gone through the waiver course, many fewer are actually prescribing or identifying themselves on the SAMHSA treatment locator. Ms. Herron then opened the floor to discussion.

Council Discussion: Expanding Access to Medication-Assisted Treatment

Following the presentation, Ms. Herron opened the floor to questions. The Council Members raised the following points and questions:

- Dr. Roy praised the PCSS and expressed dismay that it is not better known. He suggested that the marketing of this resource be increased. He also commented that he has asked medical practices why they are not using more buprenorphine and that these practices expressed fear of working with people with SUD and fear of causing issues by using the medication. He said that telehealth should be increased, especially in rural areas. He also stated that MAT is more than buprenorphine. Naltrexone is also very important. The treatment community needs to consider ways to enhance and increase the number of opioid treatment programs available to patients.
- Ms. Harper discussed the shortage of MAT programs, describing a gap analysis she conducted for Central Georgia. The only MAT clinic for underserved populations within Central Georgia serves four counties, and there is only one prescribing doctor. She likes the ECHO telehealth program for rural areas. Another issue is the lack of consistency in what happens to a patient after they are stabilized in an emergency department. She also asked if SAMHSA is planning any research on the use of MAT in minority populations.
- Dr. Roy observed that addiction treatment is resource intensive and that there must be a system that compensates physicians and organizations appropriately for providing medication. Many practices are currently cash only.
- Ms. Petoskey reiterated that MAT is challenging in rural areas, where persons in treatment might have to travel 50 miles or more to a methadone clinic for in-person dosing.
- Ms. LeGore suggested that a campaign to spread the message that OUD is a treatable chronic brain disease could be useful to raise awareness and increase the use of MAT. Ms. Herron replied that this is being considered.
- Ms. Byrd remarked that the STR grants provide a good bit of latitude to the states around the types of activities they want to fund. Some of this messaging could be done through the states, and technical assistance is available through the STR-TA.
- Ms. Herron stated that CSAT should share with the Council some of the strategies and models that are being implemented through the SOR and STR programs. Many models are being tested right now, and it would be useful to share these at a future Council meeting. In response to a question from Ms. Harper, Ms. Herron said that state project officers are gathering information on strategies and models being used in the states.

- Mr. Howell asked if there were ways to support collaboration between prescribers and mental health and substance use counselors, as well as recovery support service providers. He also noted that he has observed that there is a great deal of misinformation about MAT within the treatment community. Everyone must be diligent in making sure that information is accurate. Ms. Byrd stated that the PCSS is helpful in this regard because providers can be assigned a mentor.
- Ms. LeGore remarked that many users are not just using opioids but are poly-drug users. These other substances cannot be neglected.

Public Comment

Ms. Herron opened the floor to public comment, requesting that the operator open the conference line. There were no public comments.

Recap: Putting It All Together

Ms. Herron asked for ideas for the next Council meeting, recapping some of the topics that had arisen during discussion. They include asking the Center for Behavioral Health Statistics and Quality to discuss SAMHSA's data strategy, providing feedback from the survey Ms. Hendriksson mentioned, and sharing some of the positive experiences SOR and STR grantees have reported.

Ms. LeGore would appreciate discussion of the adult drug courts as well as MAT in the prison system to see if there are ways to provide more treatment and recovery support for people in prison. Ms. Petoskey added that MAT in jails should be added to this list.

Ms. Harper requested a brief follow-up on recovery housing and information on successful full-continuum models. Mr. Howell echoed Ms. Harper's request for a follow-up on recovery housing.

Dr. Stoller remarked that this was his first NAC meeting and he found it to be very helpful and educational.

Adjournment

At the conclusion of the presentations and recap, Ms. Herron requested a motion to adjourn. Ms. Harper moved to adjourn the meeting and Ms. LeGore seconded the motion. Ms. Herron adjourned the meeting at 3:42 p.m.

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

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Date

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_____ Anne Herron
Acting Director
Center for Substance Abuse
Treatment