

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

# DIAL-IN NUMBER

**888-398-6901**

**Public Passcode:**

**7833877**



# Meeting of the Center for Substance Abuse Prevention (CSAP) National Advisory Council (NAC)

SAMHSA Headquarters  
Conference Room 5A02

February 14, 2018

9:30a.m.- 5:00p.m.



# MORNING AGENDA

- 9:30 a.m.**                    **Call Meeting to Order**  
*Matthew J. Aumen, Designated Federal officer, CSAP NAC*
- 9:30 a.m.**                    **Welcome, Introductions, and Opening Remarks**  
*Frances M. Harding, Council Chair; and Director, CSAP*
- 9:45 a.m.**                    **Approval of August 2017 Meeting Minutes**  
*CSAP NAC Members*
- 10:00 a.m.**                  **Opioid Update**  
*Frances M. Harding; SAMHSA Staff*
- 11:00 a.m.**                  **Break**
- 11:15 a.m.**                  **Opioid Update Continued – STR**
- 12:00 p.m.**                  **Lunch on Own**



# Call Meeting to Order

*Matthew J. Aumen, Designated Federal Officer, CSAP NAC*

**CSAP National Advisory Council  
February 14, 2018  
Rockville, Maryland**





# Welcome, Introductions, and Opening Remarks

*Frances M. Harding, Council Chair; and  
Director, CSAP NAC*

**CSAP National Advisory Council  
February 14, 2018  
Rockville, Maryland**





# Approval of August 2017 Meeting Minutes

*CSAP NAC Members*

CSAP National Advisory Council  
February 14, 2018  
Rockville, Maryland





# Opioid Update

*Fran Harding; SAMHSA Staff*

**CSAP National Advisory Council  
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# CSAP National Advisory Council

**Break**



# Opioid Update Continued- STR

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# State Target Response to Opioid Crisis

*Kim Nesbitt, M.A., Government Project Officer  
SAMHSA's Center for Substance Abuse Prevention*

**CSAP National Advisory Council  
February 14, 2018  
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# Objectives

- The role prevention plays in addressing opioid use disorder
- Highlight prevention strategies being implemented
- Recognize collaboration and partnerships across sectors

# Target Population

## Strategies and activities target:

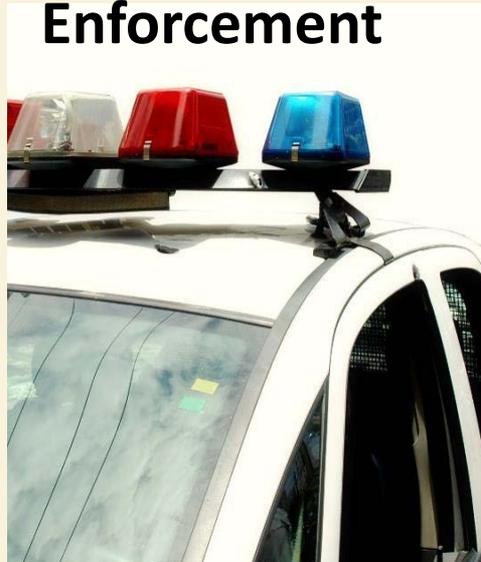
- **Individuals:** Those who use prescription opioids and/or heroin at any level of use or dependence. Special populations include pregnant women, adolescents and clients of syringe exchange programs.
- **Professionals:** Includes health care providers, pharmacists, first responders/law enforcement, social service providers and chemical dependency professionals.
- **Communities:** Includes family members, tribes, local municipalities, schools, community prevention coalitions and citizen groups.
- **Systems:** Includes policies, financing structures, and information systems in medical, public health, criminal justice and other fields.

# Prevention Strategies

## Disposal



## Enforcement



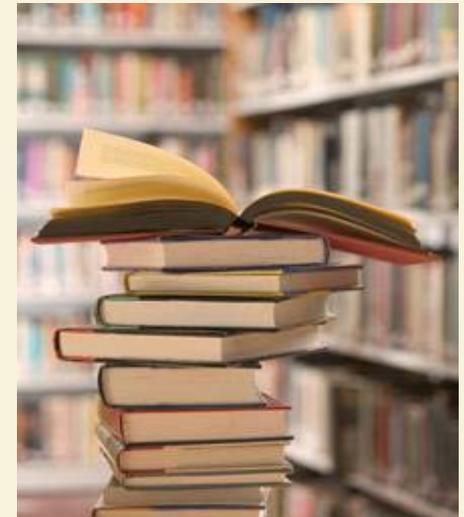
## Monitoring



PDMP

Naloxone

## Education



# Washington STR Funding

Washington State Allocation: \$11,790,256

- Administrative/Infrastructure \$589,513
- Primary and Secondary Prevention  
\$2,155,768
- Treatment/Recovery Expansion  
\$9,044,975

# Washington State STR Prevention Activities

- **Prescriber/Provider Education**
- **UW TelePain**
- **Public Education Campaign**
- **Safe Storage Curricula and Training**

# Washington State STR Prevention Activities

- **Prevention Workforce Enhancements**
- **Community Enhancement Grants**
- **Program Analysis**
- **Community Prevention and Wellness Initiative (CPWI) Expansion**

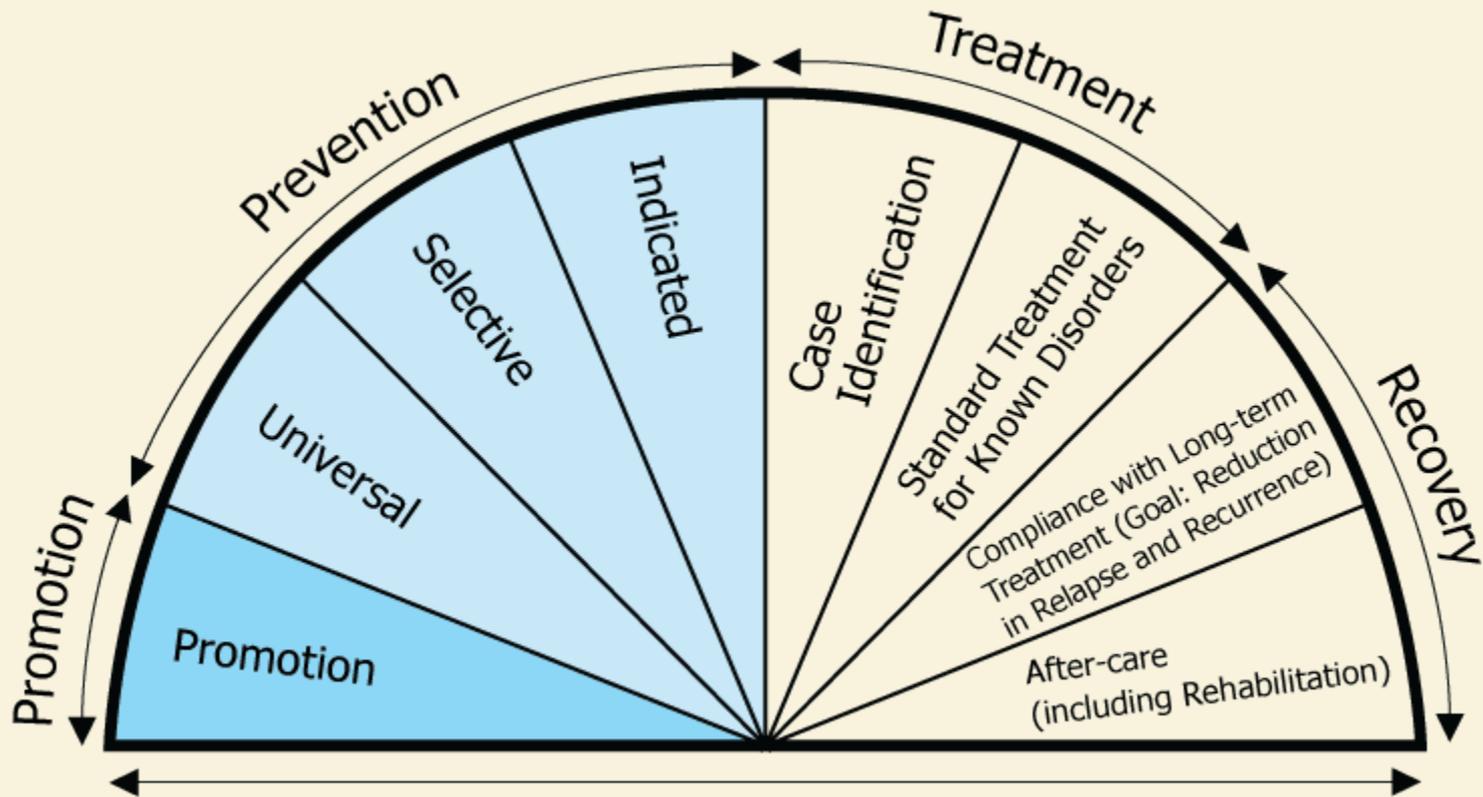
# Community Prevention and Wellness Initiative (CPWI) Expansion

- Athletes Training & Learning to Avoid Steroids
- Big Brothers/Big Sisters of America (Community-based mentoring)
- Communities That Care (CTC) **Assessment**
- Familias Unidas
- Good Behavior Game-PAX
- Guiding Good Choices
- LifeSkills Training – Botvin Middle School Version **Evaluation**
- Positive Action
- Project Northland **Sustainability and Cultural Competence**
- Project Towards No Drug Abuse **Capacity**
- Raising Healthy Children
- SPORT Prevention Plus Wellness
- Strengthening Families Program: For Parents and Youth 10-14 **Planning**
- Strong African American Families Program

<https://www.samhsa.gov/capt/sites/default/files/resources/preventing-prescription-drug-misuse-strategies.pdf>

[http://www.theathenaforum.org/learning\\_library/ebp](http://www.theathenaforum.org/learning_library/ebp)

# Continuum of Care



# Thank you for your attention



Kim Nesbitt, MA  
Government Project Officer  
SAMHSA/CSAP/DSP

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# STR Opioid Treatment Washington State: Implementation Strategies

*Kim Thierry English, NCAC II, MAC  
Public Health Advisor, SAMHSA/CSAT*

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February 14, 2018  
Rockville, Maryland**



# Washington: Hub and Spoke Model

- Hubs are regional Centers serving a defined geographical area that support spokes.
- Spokes (five per hub) provide behavioral health treatment and/or primary healthcare services, wrap around services, and referrals to patients referred to them by the hub.
- Hubs are responsible for ensuring two of three FDA medications are available for treatment
- **Current Hubs**
  - Cascade Medical Advantage
  - Rainer Internal Medicine dba NWIH
  - Peninsula Community Health
  - Valley Cities
  - Harborview Medical Center
  - Lifeline Connections

# Low Barrier Buprenorphine Pilot

- Partnership with the Alcohol & Drug Abuse Institute (ADAI) at the University of Washington
- Will induce and stabilize individuals with OUD on buprenorphine at the Seattle Indian Health Board
- Individuals provided buprenorphine quickly (1-48 hours)
- Flexible dosing/prescribing to stabilize individual over 30-60 days
- Ongoing support of a nurse care manager and transitioned to maintenance at community health clinic

# Pathfinder Peer Project

- Builds upon Projects Assistance Transition from Homelessness (PATH) to provide SUD peer recovery specialists in emergency departments and homeless encampments
- Links individuals to medication-assisted treatment (MAT) services, assists with navigating systems and addressing barriers to independence and recovery

# OUD Treatment for Re-Entry Services and COORP

- Care for individuals with OUD releasing from prison (COORP)
- Connects individuals with MAT services, expedites enrollment in Medicaid Health plan
- Re-entry services for discharging individuals on work release and individuals who violate parole who have OUD

# Bridge to Recovery

- Reduces substance use disorders, increases education and employment opportunities for youth, and addresses systemic barriers
- Implement Adolescent Community Reinforcement Approach (ACRA) reentry transition activities that link youth to mainstream services

# Treatment Payment Assistance

- Regional service areas will received funding to off-set the cost of providing treatment services to individuals with OUD.
- Intended to offset deductible and co-pays for individuals seeking OUD services but are unable to meet co-pay requirements.

# Additional Initiatives

## Mobile Van Opioid Treatment Program (OTP)

- Deploy two mobile vans for opioid treatment
- Vans will be deployed in both a rural community and the other in urban areas
  - (DEA approval is needed for one.)

## Tribal Treatment

- Adds treatment training tracks to currently established tribal conferences
- Creates and distributes media campaigns to build awareness related to MAT treatment options for Native Americans

# Required STR Treatment Activities

- Medication-Assisted Treatment (MAT)
- RSS (Recovery Support Services)
- Transition Services for CJ population
- Service provision to under and uninsured populations



Image Source: ATR Approaches to Recovery-Oriented Systems of Care (2009), SMA09-4400



# Lunch on Own

*12:00 p.m. – 1:00 p.m. (scheduled)*



# AFTERNOON AGENDA

- 1:00 p.m.**            **Discussion with CSAP NAC Ex Officios**
- 2:00 p.m.**            **Discussion with the Assistant Secretary**  
*Elinore F. McCance-Katz Assistant Secretary for Mental Health and Substance Use*
- 2:45 p.m.**            **Break**
- 3:00 p.m.**            **Discussion – Substance Use Prevention Workforce: Credentialing & Outreach**  
*Facilitated discussion with the NAC and CSAP Leadership*
- 4:45 p.m.**            **Public Comments**
- 4:50 p.m.**            **Wrap-Up**  
*Greg Goldstein, Deputy Director, CSAP*
- 5:00 p.m.**            **Adjournment**



# Discussion with CSAP NAC Ex Officios

CSAP National Advisory Council  
February 14, 2018  
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# Discussion with the Assistant Secretary

*Elinore F. McCance-Katz, Assistant Secretary for  
Mental Health & Substance Use*

**CSAP National Advisory Council**  
February 14, 2018  
Rockville, Maryland



# CSAP National Advisory Council

**Break**



# Discussion- Substance Use Prevention Workforce: Credentialing & Outreach

*Facilitated discussion with the NAC and CSAP  
Leadership*

**CSAP National Advisory Council  
February 14, 2018  
Rockville, Maryland**





# Credentialing Strategies to Support Prevention Workforce Development in a Changing Landscape

*Scott M. Gagnon, MPP, PS-C*

CSAP National Advisory Council  
February 14, 2018  
Rockville, Maryland



# Aim and Key Issues

## Key Issues

1. Understanding the key barriers that states and prevention professionals face in relation to certification/credentialing programs for the prevention field

1. Ensuring certification/credentialing programs build sufficient skills to equip providers with ability to address emerging trends and have an understanding of addiction as a chronic disease and the continuum of care

# Workgroup Activities since August 2017

- CSAP NAC meeting during 2017 NPN Conference
- CSAP NAC workgroup presentations at NPN Conference
- Conference calls in December & February
- Discuss and deliberate feedback from August meeting and NPN Conference
- Identify and work on refinements and edits to the draft recommendation



# A quick review...

# Demographics

- 2 out of 3 current CPS are 45 or older.
- 3 out of 4 are female
- Only 1 out of 4 are non- White/Caucasian
- Only 9% fluent in language other than English
- 1 out of 10 self-describe as being in recovery
- 87% have Bachelor's or Master's degree

# Demographics continued

- Most common fields in which degrees achieved: counseling, education, psychology, and social work
- Top 3 places of employment: Prevention coalition, state government, and education
- Over 2 out of 3 required to have CPS for employment.

# NPN Query - results

- 10 of 19: Prevention credential required to implement state-funded prevention programs
- Advantages to state for this requirement
  - Appropriate and consistent skill levels
  - Accountability to taxpayers
  - Ensuring professionalism
  - Code of Ethics
- Reasons for not requiring
  - Concern about creating hiring barriers
  - Concern about costs to individuals to become credentialed
  - Limited capacity in prevention funding to adequately compensate credentialed vs non-credentialed professionals
  - Even where not required, still highly encouraged

# NPN Query – barriers/challenges

- Barriers/challenges to prevention professionals seeking credential
  - Costs to individuals (trainings, application & exam fees)
  - Costs to organizations to adequately compensate credentialed professionals
  - Available trainings may be less accessible for some due to: geography, costs, time, etc.

# Findings and Considerations

- #1. A well-utilized, certified prevention workforce with appropriate skills and access to adequate training inventories is needed to address the changing prevention landscape.
- The credentialed prevention workforce is aging.
  - The credentialed prevention workforce lacks cultural and professional diversity.
  - A precise census of prevention professionals and training opportunities in the United States does not exist.
  - **How do we ensure the prevention workforce has the training and skill sets necessary to implement effective prevention initiatives within this context?**
  - **How do we increase the cultural and professional diversify the workforce?**
  - **How do we ensure prevention efforts are grounded in culturally representative approaches?**

# Findings and Considerations

#2. A significant portion of the prevention workforce in this country that does not have the prevention certification.

- Contributing factors include:
  - Whether or not a state has an active prevention certification board.
  - Whether or not a state requires individuals implementing state-funded prevention programs to have the prevention certification.
  - The rigor of individual state prevention certification boards.
- **How can we better understand the barriers to certification for individuals and states?**
- **How can we determine and enhance the level of awareness among prevention professionals of their states' prevention certification process?**
- **What might the unintended consequences be of requiring a higher rigor of standards for certification impacts the prevention workforce?**

# August 2017: Draft Recommendation

“Collaborate with Single State Authorities (SSA) to develop and utilize prevention workforces that are credentialed and diverse, and within their states, have access to sufficient inventories of training and continuing education opportunities in line with current and emerging skill needs in the changing landscape of prevention.”

# Potential Strategies

|                   |   |
|-------------------|---|
| <b>Strategy 1</b> | Develop and implement a strategy of requiring SSAs to require prevention certification of prevention professionals implementing programs funded by SAMHSA dollars.  |
| <b>Strategy 2</b> | Allow and encourage SSAs to use prevention set aside dollars to conduct assessment and to inventory prevention education and training opportunities accessible to the prevention professionals in their state or territory. The assessment should include a summary of training gaps relative to the skills and training requirements for prevention certification. |
| <b>Strategy 3</b> | Provide technical assistance to SSAs to implement promotion, outreach, and recruitment strategies to attract more young people to the prevention field, with a focus on increasing gender and ethnic/racial diversity. Technical assistance should include developing measures to gauge and track the impact of programs.   |

# Proposed shift to recommendation

- Promote the development of a tiered approach to prevention credentialing to lower barriers to credentialing while encouraging a minimum base level of training for all prevention professionals utilizing SAMHSA dollars
- Promote the development of training modules that can be added to credentialing programs for other professions and/or licensures

# Why?

**Tiered-system for  
credentialing**

**Training modules for  
other professions**

# How? What are the next steps?

| <b>Tiered-system</b>   | Strategy 1:<br>Strategy 2:<br>Strategy 3: |
|------------------------|---|
| <b>Training Module</b> | Strategy 1:<br>Strategy 2:<br>Strategy 3: |

# Next Steps

- Feb NAC Meetings: Answer the What? Why? And How?
- What is our recommendation? - Finalize
- Why? - Establish and define the rationale for the recommendation
- How? - Implementation - What are the steps we recommend SAMHSA take?

# Remaining timeline

- By end of Feb NAC meetings the recommendation, rationale and implementation steps are in place
- Feb – August: final refinements to recommendation and update supporting documents
- August NAC meetings: Final recommendation is presented to CSAP/SAMHSA

# Acknowledgments

## NAC Prevention Credentialing Workforce Work Group

- Scott Gagnon (Chair)
- Steve Keel
- Valerie Mariano
- Craig Povey

## **CSAP Support Team and Consultants/Contractors**



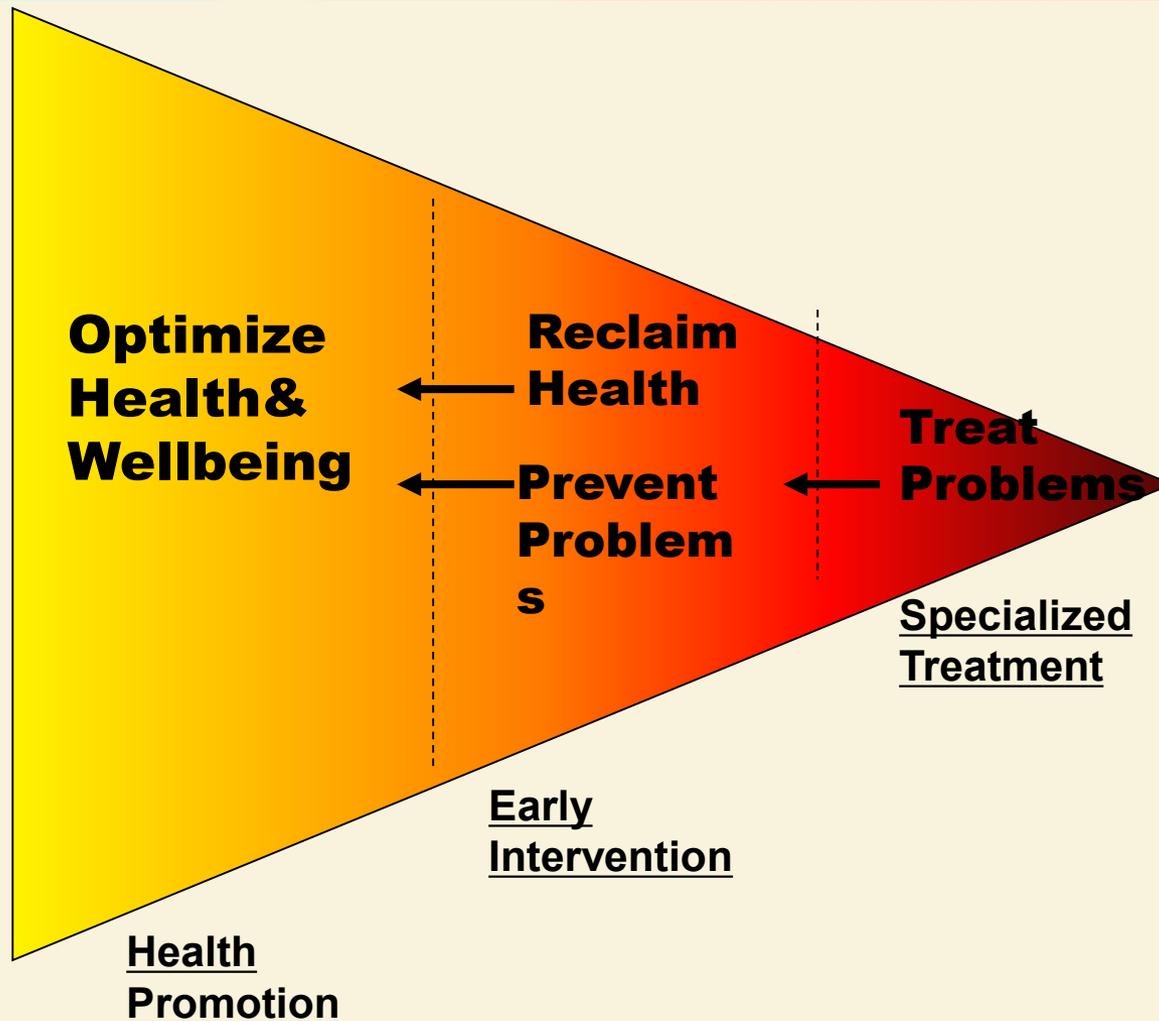
# Prevention Outreach Workgroup Update

*Dolores Cimini, Ph.D.*  
*NAC Discussion*

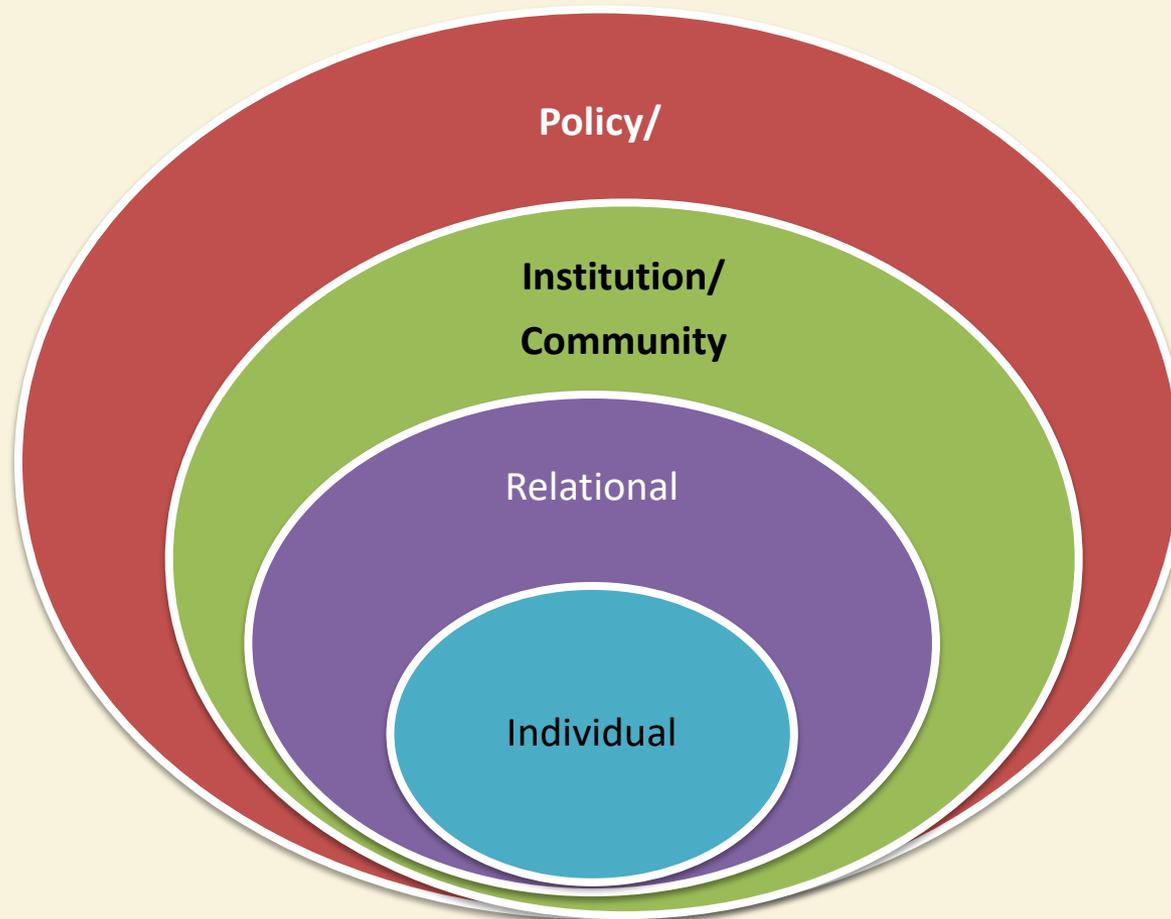
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# Spectrum of Response: Alcohol and Substance Misuse Prevention



# Levels To Be Reached



# Overview of Workgroup Activities

- Literature Review
  - Where are prevention activities conducted?
  - What are workforce outreach needs?
  - What do professions and accreditation bodies say about role of prevention?
- Data Collection
  - Current college students, recent college alumni
  - Staff of college career centers
- Conference calls with workgroup members to continue to refine recommendation
- Further review and integration of information from data, literature, and input from NAC members
- Conference call with full NAC for feedback and further refinement

# Findings and Considerations

- #1. A specialized, highly trained, robust prevention workforce is essential in promoting and supporting the behavioral and physical health of our nation.
- There is clear evidence that the scope of prevention work is distinct, offers a significant contribution to the health of our nation.
  - **How should prevention be universally defined?**
  - **How can the message about the importance of prevention be communicated?**
  - **To whom should the messages be communicated? How might this differ by audience?**

# Findings and Considerations

#2: Opportunities exist for promoting and enhancing workforce development partnerships, training opportunities, and employment focused on the implementation of prevention best practices.

- Prevention practice takes place across a wide range of professions and types and levels of education.
- Many professions appear to be positioned to offer training in prevention as part of their curricula and have developed competencies associated with this scope of practice.
- **How do we know what motivates individuals to enter the field?**
- **How do we know what jobs exist?**
- **How do we identify training and employment settings that will both offer real-life opportunities to develop competencies and foster interest in pursuing prevention careers after graduation?**

# Findings and Considerations

- #3: Young people should be encouraged and supported to enter prevention fields through exposure to prevention careers, specialized educational programs, and practical training and mentoring opportunities.
- College students may have a strong interest in pursuing careers that focus on helping communities and promoting behavioral health but lack awareness and training and mentorship opportunities
  - **How do we offer exposure to careers in prevention as well as mentoring opportunities to our young people as early in their education as possible?**
  - **What are the best settings to conduct outreach?**
  - **What partners do we need to engage?**

# Initial Draft Recommendation

“Engage communities and other stakeholders in efforts to promote prevention careers and expand the prevention workforce across the spectrum of behavioral health, which includes prevention, treatment, and recovery, by supporting activities such as education and marketing campaigns, training within minority fellowship programs and prevention fellows programs, and pre-service recruitment.”

# Potential Strategies

| Level                | Action Step   |
|----------------------|---|
| <b>Individual</b>    | Develop and disseminate marketing materials highlighting prevention careers that consider the characteristics of an individual that influence behavior and behavior change, including knowledge, attitudes, behavior, self-efficacy, developmental history, gender, age, religious identity, racial/ethnic identity, sexual orientation, economic status, financial resources, values, goals, expectations, literacy, and others. |
| <b>Relational</b>    | Partner with formal and informal social networks and social support systems that can influence individual choices to pursue prevention careers, including teachers/instructors, counselors, family, friends, peers, co-workers, religious networks, and others.   |
| <b>Institutional</b> | Partner with educational institutions, professional organizations, and coalitions to offer curriculum resources and volunteer and paid training opportunities, including internships and other mentored opportunities, focused on prevention.   |
| <b>Policy</b>        | Work to modify, as indicated, local, state, national and global certification and accreditation standards and funding source parameters that define scope of work.  |

# Activities Since August

- NPN Presentation Findings
  - Where are prevention activities conducted?
  - What are workforce outreach needs?
  - What do professions and accreditation bodies say about role of prevention?
- Data Collection
  - Social work survey conducted by CSAP Fellows
  - Interviews with NYS OASAS Prevention Bureau leadership and staff
- Conference calls with workgroup members to continue to refine recommendation
- Further review and integration of information from data, literature, and input from NAC members

# Next Steps

- Intervene at the individual, relational, institutional, and policy levels to highlight prevention work as an option across a variety of professions
- Disseminate prevention training competencies
- Establish flexible prevention training entry points across a variety of professions through internships, fellowships, mentored experiences, and other opportunities

*Our main goal is to assist our country in developing and expanding the prevention workforce.*

# Acknowledgments

## NAC Prevention Outreach Workforce Work Group

- Dolores Cimini (Chair)
- Pamela Drake
- Michael Lindsay
- Kathy Reynolds

## **CSAP Support Team and Consultants/Contractors**



# Public Comment

**CSAP National Advisory Council**  
**February 14, 2018**  
**Rockville, Maryland**





# Wrap-up

*Greg Goldstein, Deputy Director, CSAP*

**CSAP National Advisory Council  
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# CSAP National Advisory Council

# Adjournment