

Minutes

Meeting of the

**Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration**

**March 26, 2012
Rockville, Maryland**

**Department of Health and Human Services
Substance Abuse and Mental Health Service Administration
Center for Substance Abuse Prevention
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Minutes

The National Advisory Council of the Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration (SAMHSA), convened on March 26, 2012, at 10:00 a.m. at SAMHSA headquarters, Rockville, Maryland. Frances M. Harding, Director, CSAP, chaired the meeting.

Council Members Present: John Clapp, Ph.D.; Michael Compton, M.D.; Eugenia Conolly, M.Ed.; Michael Couty, M.A.; Steven Green; Jane McGrath, M.D.; Michael Montgomery; Mary Ann Taufasau Tulafono

CSAP Director: Frances M. Harding, M.A.

Designated Federal Official: Tia Haynes

Non-SAMHSA Federal Staff Present: 1 individual

Representatives of the Public Present: 1 individual representing 0 organizations

Call to Order

Ms. Tia Haynes, Designated Federal Official, called the meeting to order on March 26, 2012, at 10:00 a.m.

Welcome

Ms. Frances Harding, Director, CSAP, welcomed Council members, SAMHSA staff, and other attendees, and introduced new CSAP Deputy Director Michael Etzinger.

Consideration of Minutes, August 17, 2011, CSAP National Advisory Council Meeting

Council members unanimously approved the minutes of the August 17, 2011, meeting.

Introductions and Expectations

Participants introduced themselves and Council members described their major interests and activities. Ms. Eugenia Conolly, Director of Statewide Projects, Maryland Alcohol and Drug Abuse Administration, stated that she also served for more than a decade as Maryland's representative to the National Prevention Network. After having retired from his position as Missouri's State Director for Alcohol and Drug Abuse, Mr. Michael Couty serves as court administrator for Cole County's Juvenile Court. As First Lady of American Samoa, Ms. Mary Ann Taufasau Tulafono focuses on underage drinking. She reported that the recent National Governors Association conference featured a morning devoted to preventing underage drinking. Mr. Steven Green serves as Executive Director of Behavioral Health Services for the Gila River Indian Community; he is especially interested in healthcare integration. Dr. John Clapp, Director of the U.S. Department of Education's Higher Education Center for Alcohol, Drug, and Violence Prevention, also is a professor of social work and public health at San Diego State University's Center for Alcohol and Drug Studies. Mr. Michael Montgomery, retired California AIDS Director, has an interest in LGBT populations. Dr. Jane McGrath, pediatrician at the University of New Mexico, has a background in school

health. Dr. Michael Compton, a professor at George Washington University, works as a prevention psychiatrist and conducts schizophrenia research.

Ms. Harding observed that the Council meeting was held at a momentous time—the Supreme Court was hearing arguments on health reform, and SAMHSA had begun its 20th anniversary celebration. She pointed out that Council members' roles include acting as ambassadors to convey SAMHSA's messages and principles to the field.

Ms. Harding congratulated American Samoa on its SAMHSA Voices of Prevention Award for exemplary implementation of the Strategic Prevention Framework.

Strategic Initiative #1: Prevention Update

Ms. Harding updated Council members on progress in implementing SAMHSA's top strategic initiative, Prevention of Substance Abuse and Mental Illness, and on changing the agency's culture to collaborate across traditional boundaries. The strategic initiative focuses on emotional health, underage drinking, suicide prevention, and prescription drug abuse and misuse. Over the next 18 months SAMHSA plans a "vital few" activity to prevent substance abuse and improve well-being in states, territories, tribes, and communities across the nation through CSAP's Partnership Achievement Grants, Project LAUNCH, Safe Schools/Healthy Students, stopbullying.gov and Facebook's role in suicide prevention, National Prevention Week, and the inaugural CMHS/CSAP Policy Academy.

Ms. Harding solicited guidance from Council members on CSAP's proposed plans for programs that propel the prevention strategic initiative. She noted that the Department of Education no longer has funds to support the partnership with SAMHSA on the successful Safe Schools/Healthy Students initiative.

Discussion. Mr. Couty stated that underage tobacco use has risen in his locality. Mr. Richard Moore, Director, Division of State Programs, stated that SYNAR remains in the block grant with funds to filter down to local communities and that the Surgeon General will soon release a report on tobacco use. Ms. Harding identified the need for a "booster session" awareness effort to prevent tobacco use by youth.

Dr. McGrath observed that the beverage industry's media campaign dwarfs SAMHSA's media prevention efforts against underage drinking. Ms. Harding explained that SAMHSA focuses on making a difference at the local level, one community at a time, and linking communities with state-level efforts. Ms. Ginger Mackay-Smith, Director, Division of Systems Development, stated that the STOP Act supports a national media campaign, which CSAP/SAMHSA has directed toward parents of youth ages 9 to 15 and leveraging parents' roles as a major influence. CSAP's challenge is to engage prevention science to get parents' attention and to provide tools to help them exert their influence. A SAMHSA ad on New York's Times Square electronic billboard, which made hundreds of millions of impressions from April through December 2011, urged parents to keep talking to their children and informed them where to get help.

Dr. Clapp stated that drinking by female college students has risen to equal or exceed drinking by male students, but progress has been made in reducing underage drinking rates. Nevertheless, marijuana use among middle school and high school students has become more normative than alcohol use, including normative for driving. Ms. Harding responded that the Office of National Drug Control and Policy (ONDCP) has initiated an anti-drugged-driving effort. Dr. Lewis stated that SAMHSA works with the Entertainment Industry Council and a UCLA organization that pitches story lines to scriptwriters to promote prevention messages. She suggested that the success of a decade's messaging on tobacco dangers for youth can be replicated and expanded to alcohol and marijuana.

Council members discussed ways in which the medical profession can generate prevention messages. Dr. McGrath stated that collocation of behavioral health and primary care services reduces the stigma of mental health issues. By training primary care providers to screen well for mental health problems, providers can help normalize parents' perceptions of mental health treatment. Collocation also offers opportunities to make bidirectional links between behavioral health providers and primary care providers.

Mr. Green stated that Indian Country must establish behavioral health systems of care that support the Tribal Law and Order Act. He welcomed SAMHSA's development of a comprehensive inventory of effective resources available to tribes. Ms. Mackay-Smith stated that under the legislation, SAMHSA has created an Office of Indian Alcohol and Substance Abuse. Ms. Harding welcomed nominations for the director of that office.

Dr. Clapp noted interest in the field about guidance on effective ways to use data that measure place of last drink. Ms. Harding suggested that Dr. Clapp speak with Dr. Lewis and Ms. Mackay-Smith regarding strategies to formulate guidance to meet the needs of diverse stakeholders.

Budget Overview

Ms. Suzanne Fialkoff, Director, Office of Program Analysis and Coordination, presented an overview of SAMHSA's FY 2012 and 2013 budgets. She explained that the 2012 budget request for substance abuse state prevention grants was not funded, though funding continues for other Programs of Regional and National Significance and Strategic Prevention Framework grants. For the first time SAMHSA's funds were divided into four appropriations: prevention, treatment, mental health, and health surveillance and program support. In the President's 2013 budget SAMHSA again requested funding for substance abuse state prevention grants and the agency continues to pursue that request with Congress. Ms. Fialkoff predicted that a continuing resolution would be enacted when congressional budget action is absent prior to the start of FY 2013. The appropriations bill for 2012 featured a new provision that prohibits spending for activities "designed to restrict the sale of any legal product." SAMHSA's general counsel is seeking guidance on the language's implications for grantees that engage in advocacy for keg registration laws and other legislative and environmental activities to help prevent substance abuse. In April 2012 SAMHSA will begin to formulate its 2014 budget request.

Ms. Harding added that SAMHSA must categorize its 2012 expenditures according to the proper budget appropriation, an unaccustomed accounting challenge, as is keeping separate budget books for several recently consolidated programs. Budget uncertainties generate planning complexities for the coming year, particularly for the proposed state prevention grants and other efforts to implement a prevention agenda, and particularly because the budget request provides no new discretionary prevention dollars. Because some grants would have just a single year of funding, SAMHSA would find it difficult to demonstrate to Congress and others that using the Strategic Planning Framework makes a difference in identifying both areas of high need and the substance or problem that puts young people at highest risk.

CSAP is working to bridge the gap between states and communities by helping them learn to work together better, anticipating that successes in communities over time will contribute to states' successes. SAMHSA is teaching Congress and others about the process and value of viewing success at the local level using new indicators, such as changing keg registration laws, reducing the frequency of emergency room visits by young people with an alcohol- or drug-related incident, and reducing the percentage of young people bullied in school in a year. CSAP anticipates increased sustainability from leveraging resources available from other agencies, including the Centers for Disease Control (CDC), Health Resources and Services Administration, and Indian Health Service, will increase sustainability.

Discussion. Responding to Council members' concerns, Ms. Harding explained that while adding a prevention focus in the mental health block grant merely adds a new element with which to become familiar, deleting the 20% prevention set-aside from the substance abuse block grant has stirred controversy. SAMHSA believes that combining the 20% set-aside with its discretionary portfolio will establish a platform from which to enhance and expand prevention programming, but the field fears that SAMHSA's discretionary portfolio may be cut, as in fact happened with the Department of Education's contribution to the Safe Schools/Healthy Students initiative. Despite myths to the contrary, the 20% set-aside would not transfer funds from substance abuse to mental health and tribal programs, despite reductions in the substance abuse prevention budget. The proposal permits states to continue to expend more than 20% on prevention activities. Ms. Conolly explained that block grant prevention dollars, the sole prevention funding source in most states, have not grown significantly in many years.

Dr. McGrath observed that the move toward mental health parity and certain health reform provisions have potential to dismantle the block grants. Consequently, ending the block grant's treatment dollars would offer a 20% set-aside of zero dollars for prevention. Ms. Harding explained that SAMHSA aims to direct long-term, sustainable funds to states without a requirement to compete for funding and that ends dependence on competitive grant mechanisms. She stated that in 2013 each state would receive the same amount of funds as a base as they would have received with the 20% set-aside, while discretionary funds would be variable. Ms. Fialkoff added that states' prevention funds would include the 20% set-aside plus any amounts previously on the Strategic Prevention Framework budget line.

Ms. Harding acknowledged the confusing nature of budget discussions, compounded by many changes during a time of economic difficulty. She cautioned Council members that they will face questions about these issues as SAMHSA ambassadors. Ms. Harding stated that if the 2013 budget is enacted as proposed, full investment of current Strategic Prevention Framework dollars in state prevention grants would not take effect until 2016. The mental health field will face the challenge to build and implement a new prevention portfolio, which will require significant training, technical assistance, and sharing.

National Prevention Week

Mr. David Wilson, Division of Systems Development, described the features of SAMHSA's inaugural National Prevention Week to be held in May 2012 to celebrate individuals' and community organizations' prevention work. Themes for the week-long observance, "We are the ones: How are you taking action?", include the prevention of underage drinking, illicit drug use and prescription drug misuse and abuse, adult alcohol use and suicide, and the promotion of mental, emotional, and behavioral well-being. Mr. Wilson screened the winning public service announcement in SAMHSA's video contest, now part of SAMHSA/Drug Enforcement Administration's (DEA) Target America exhibit in Tampa, Florida.

National Prevention Week will raise awareness about behavioral health issues and SAMHSA and local community-based organizations' prevention efforts. SAMHSA has awarded small stipends to 60 diverse community-based organizations and coalitions around the country to conduct a new prevention activity, in hopes that these communities will continue to network and collaborate.

SAMHSA has developed fact sheets on the five featured prevention topics and an online toolkit to facilitate community partnerships. The toolkits are available to the general public on the National Prevention Week website, which also offers guidance to communities on their involvement. A Prevention Pledge encourages individuals to commit to the promotion of emotional, mental, and behavioral well-being in addition to the prevention of substance abuse. Mr. Wilson encouraged Council members to take the Prevention Pledge and to spread the word as they undertake their ambassadorial role. SAMHSA has begun a major outreach effort to bloggers, SAMHSA's Federal partners, health agencies, listservs, and Recovery Month planning partners. The agency has begun cross-promotion with CDC, DEA, ONDCP,

and CADCA; has established an important partnership with the American Public Health Association, which has granted SAMHSA access to its 15,000-plus membership and its expansive communications network; and has initiated an advertising campaign on Google. SAMHSA will measure the success of the effort. Ms. Mackay-Smith pointed out that SAMHSA has integrated National Prevention Week with many types of prevention resources and events. Process measures are planned initially, with an eye toward a more comprehensive evaluation in the future.

Discussion. Ms. Tulafono observed that no pilot site was designated in U.S. territories.

Good and Modern Paper: Prevention Addendum

Ms. Harding described SAMHSA's *Good and Modern Addictions and Mental Health Services* paper, which describes essential service-driven components of a mental health and substance abuse treatment system to be funded under a new healthcare system. Because the paper did not address substance abuse prevention, CSAP, CSAT, and CMHS have developed a draft addendum to accompany the *Good and Modern* paper that focuses on that topic. Ms. Mackay-Smith summarized the addendum which will be sent via electronic submission to Council members for their critical review and comment following the meeting and prior to release for public comment. The primary purpose of the *Good and Modern* paper was to foster discussion among the federal agencies working to implement the Affordable Care Act.

Administrator's Remarks and Council Discussion

SAMHSA Administrator Pamela Hyde expressed appreciation to Council members for their time and advice. She explained that SAMHSA has made prevention of substance use and mental health disorders its top priority, and because of the prevalence of co-occurring disorders, the agency tries to avoid distinctions about their etiology. In an environment of increased needs and reduced funding, SAMHSA is working to augment and enhance those aspects of its mandate that are unrelated to grant making, such as publishing papers to stimulate thought and action in the field. She also noted the view of the Minister of Health for Palau: Behavioral health is not essential to health, it is fundamental to health. In his words, "Heal the soul and the body will follow."

Ms. Hyde suggested that SAMHSA should pursue managed care companies and ask that they consider new and creative approaches to prevent substance abuse and mental health disorders, especially because they have more flexibility than either states or the federal government. Regarding payment reform, Dr. McGrath observed that prevention services are unlikely to be built into a reimbursement model in the near future. Despite the disagreements publicized during the Supreme Court arguments on the Affordable Care Act, Ms. Hyde identified examples of health reform activity that enjoy general agreement: the National Prevention Strategy, which incorporates attention to both substance abuse and mental health, and the National Quality Strategy, which focuses on measurement of and payment for quality.

In response to a question from Dr. McGrath, Ms. Hyde stated that SAMHSA works with the Center for Medicare and Medicaid Services' Innovation Center. SAMHSA's request for grant applications specifically asks for behavioral health innovation projects, and approximately one third of applicants have responded to that request. Ms. Hyde suggested to Mr. Green that tribes help to educate Congress about the need for the tribal prevention grant program.

2012 Grants

Capt. O'Neal Walker briefed Council members on several SAMHSA grant opportunities. Under the Drug Free Communities (DFC) Support Program, administered by SAMHSA but under ONDCP's executive control, 30 grants would be issued at \$125,000 each for 5 years. The grants establish and strengthen collaboration among communities and other stakeholders to support efforts of community coalitions to prevent and reduce substance use among youth, with an eye eventually to prevent and reduce adult substance abuse. This program involves the DFC Mentoring Program, which will offer \$75,000 grants for up to 2 years to support ten community coalitions in building their capacity. SAMHSA's STOP Act Program—Sober Truth on Preventing Underage Drinking—provides \$50,000 for up to 4 years to 78 existing programs to work on preventing underage drinking. Capt. Walker agreed to provide data on university grantees and grantees that work with colleges and universities in their communities.

Ms. Harding explained that discussions with Congress on SAMHSA's strategy to enable STOP Act grants to target highest-need communities have initiated an important conversation on the country's need for a universal, community-based data collection system that includes tribes and Pacific jurisdictions. She noted that CSAP is working to maximize the prevention reach of its three grant opportunities while maintaining the congressionally mandated separation between substance abuse and mental health dollars.

Public Comment

Time was set aside for public comment, but no one stepped forward to speak.

Council Roundtable

To a question from Mr. Montgomery, Ms. Harding responded that SAMHSA's target audience for the *Good and Modern* addendum includes states and a broad range of additional SAMHSA stakeholders. Ms. Mackay-Smith explained that SAMHSA hopes the addendum will help states think through the required development of new aspects to their health systems under health reform, especially implementation of evidence-based prevention activities. Mr. Moore stated that states have asked SAMHSA for guidance to develop their own good and modern systems. SAMHSA seeks to measure whether federal dollars in fact purchase effective models based on good science and practices that generate positive results. Ms. Harding added that primary care providers represent an important audience, as do people working elsewhere in medicine, in schools, in criminal justice systems, and in community leadership.

Ms. Harding clarified that the addendum describes prevention programming rather than preventive services, and although few prevention activities currently are reimbursable, the addendum may pave the way for coverage in the future. In addition, the addendum's content will inform the substance abuse and mental health block grants. She pointed out that the paper explains prevention science, including the importance of understanding both the Institute of Medicine and public health prevention constructs.

Closing Remarks and Adjournment

Ms. Harding encouraged Council members help participants at the Joint Council meeting the following day to understand the spectrum of prevention and its importance in multiple settings.

There being no further business, the meeting was adjourned at 4:00 p.m.

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

6-28-12

Date

/s/ Frances M. Harding

Frances M. Harding

Chair

CSAP National Advisory Council