

**Minutes**

**Meeting of the**

**Center for Substance Abuse Prevention National Advisory Council  
Substance Abuse and Mental Health Services Administration**

**August 8, 2012  
Rockville, Maryland**

**Department of Health and Human Services  
Substance Abuse and Mental Health Service Administration  
Center for Substance Abuse Prevention  
August 8, 2012  
Rockville, Maryland**

**Minutes**

The National Advisory Council of the Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration (SAMHSA), convened on August 8, 2012, at the SAMHSA Building in Rockville, Maryland. The meeting was held in Web conference format. Frances M. Harding, Director, CSAP, chaired the meeting.

Council Members Present: John Clapp, Ph.D.; Steven Green; Kwesi Ronald Harris; Michael Montgomery

CSAP Director: Frances M. Harding

Designated Federal Official: Matthew J. Aumen

Non-SAMHSA Federal Staff Present: 0 individuals

Representatives of the Public Present: 2 individuals representing 2 organizations (Elvira Elek/ RTI International, Laura Colston/ CA Dept of Alcohol and Drug Programs)

**Call to Order**

Mr. Matthew J. Aumen, Designated Federal Official, called the meeting to order on August 8, 2012, at 10:00 a.m.

**Welcome and Opening Remarks**

Ms. Frances M. Harding, CSAP Director, welcomed participants, and Council members and SAMHSA staff introduced themselves. Ms. Harding explained that the meeting represented the first video-conferenced CSAP Council meeting.

**Budget Update**

Ms. Suzanne Fialkoff, Director, Office of Program Analysis and Coordination, CSAP, described the three budgets on which SAMHSA is working concurrently. SAMHSA is executing the FY 2012 budget and formulating the FY 2014 budget. The President's budget for FY 2013 proposed a new Substance Abuse State Prevention Grant—a restructured replacement for the Substance Abuse Prevention and Treatment Block Grant and the Strategic Prevention Framework (SPF) grant program. Both the Senate and House Budget Committees reviewed the budget and restored its traditional format to include the block grant. In addition, the Senate version cut CSAP funding by 1 percent, while the House cut about 35 percent of prevention funds from FY 2012 levels and overall SAMHSA spending by 5 percent. Joint Budget Committee action will resolve the bills' differences, but action is unlikely before early 2013. Prior to final congressional action, a continuing resolution is expected to fund programs in FY 2013 at the same levels as in FY 2012.

Ms. Harding urged Council members to comment on the draft Behavioral Health Quality Framework as well as to share their opinions on any and all of SAMHSA's prevention activities.

## **Prevention Strategic Initiative: Update**

Ms. Harding described a range of SAMHSA activities related to its Strategic Initiative #1, Prevention of Substance Abuse and Mental Illness. SAMHSA has completed a map of the “vital few,” or highest current priority activities, which include building emotional health; preventing or delaying onset of, and mitigating symptoms and complications from, substance abuse and mental illness; and preventing substance abuse and improving well-being in states, territories, tribes, and communities. SAMHSA is selecting states to receive the state-driven Partnerships for Success II grants and reviewing responses to a second Request for Application on Project LAUNCH, of which tribal communities submitted more than 40 percent of the applications. With creation of SAMHSA’s new Office of Indian Alcohol and Substance Abuse, the agency is broadening its focus on tribal communities.

SAMHSA will convene a state policy academy to select states to assist in development of statewide prevention infrastructure to prevent mental and substance abuse disorders among children, youth, and young adults. In spring 2013 SAMHSA will hold a National Prevention Leadership Academy, preceded by Webinars on preparing the prevention workforce; impact of new federal legislation—the Affordable Care Act (ACA)—on prevention; and integration of prevention and primary care. Several Safe Schools/Healthy Students grantees will implement the Good Behavior Game, a program whose preliminary implementation data has been encouraging. She reported that SAMHSA staff facilitated two panels at the Third Annual White House Summit on Bullying Prevention.

Although SAMHSA has focused primarily on underage drinking, the agency also has worked in partnership with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the Centers for Disease Control and Prevention (CDC) on adult problem drinking. The Interagency Coordinating Committee for the Prevention of Underage Drinking (known as ICCPUD), of which SAMHSA is a member, has agreed to sponsor a bimonthly series of Webinars on issues concerning underage drinking and different populations. ICCPUD also is working with the Surgeon General's Office to update the 2007 Call to Action for Underage Drinking to reflect new science, increased emphasis on environmental prevention and its effectiveness, and descriptions of program successes.

SAMHSA also is considering expanding its work into higher education, having established a relationship with The Network Addressing Collegiate Alcohol and Other Drug Abuse, a group of academic leaders who meet on a monthly basis, supported by thousands of volunteers on their campuses who address underage drinking, and also prevention of other drug abuse, suicide, and bullying, and promote emotional health. In line with its goal to prevent suicide and attempted suicides among at-risk populations, SAMHSA, together with the National Action Alliance for Suicide Prevention and the Surgeon General, will launch the revised National Strategy for Suicide Prevention in September 2012; Ms. Harding requested advice on incorporating a focus on underage drinking. SAMHSA also recently released a series of inspirational DVDs with stories of hope and recovery told by suicide attempt survivors. CSAP and the Center for Mental Health Services will meet together in the near future to identify successful prevention strategies. Over the past 6 months, SAMHSA and its many partners have undertaken considerable work to reduce prescription drug use and misuse.

**Discussion.** Ms. Harding elicited Council members’ opinions on increasing SAMHSA’s focus on binge drinking, in conjunction with The Network and other committees. Mr. Kwesi Ronald Harris commended such an initiative, suggesting also opening a dialogue with the national councils of campus fraternities and sororities, noting that these groups may apply for grants to become a social force on campus. Mr. Harris also suggested that SAMHSA engage the alcohol beverage industry, from a social justice perspective, to cease targeting their advertising at young people, especially minority young people. Ms. Harding suggested scheduling a broader discussion of SAMHSA’s engagement with higher education and The Network for the next Council meeting. Dr. Clapp reported that funding has ended for the Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention, thus diminishing services available to campuses. He suggested a key role for SAMHSA in helping ensure that the science generated at NIAAA and the National Institute on Drug Abuse is disseminated to

campuses in a user-friendly way, particularly because research shows that most campuses do not implement programs demonstrated to work. Mr. Matthew Aumen will follow up on Dr. Clapp's offer to work on the issue.

Mr. Michael Montgomery inquired about how SAMHSA sets priorities to address, for example, binge drinking and other forms of alcohol abuse among college students. Ms. Harding responded that binge drinking is growing on campus, while underage drinking is not. She agreed to share prevalence data and to set up a conference call with The Network leaders, and suggested that Mr. Montgomery form with Dr. Clapp a new CSAP Council higher education subcommittee. Mr. Fred Volpe noted that some Drug Free Communities coalitions work closely with their local universities.

Ms. Harding observed that SAMHSA's successes demonstrate to the agency's health partners that SAMHSA is an asset to them as full health reform approaches in FY 2014. She offered to suggest to Dr. Clapp the names of CSAP staff members who might participate in the Higher Education Center's October meeting on nonprescription drug issues on college campuses.

### **SAMHSA Administrator's Remarks**

SAMHSA Administrator Pam Hyde highlighted topics of discussion planned for the ensuing 2 days of SAMHSA Council meetings. She requested feedback from Council members on SAMHSA's role in health reform, National Behavioral Health Quality Framework, impact on states of budget cuts and health reform, SAMHSA's role in trauma-informed care, and SAMHSA's work to end disparities.

Ms. Hyde observed that any new insurance plans that go into effect after August 1 will provide eligibility for a set of no-cost preventive services for women, including depression screening and tobacco screening and cessation efforts. The Preventive Services Task Force's inquiry into SBIRT screening tools for substance abuse may facilitate use of those measures in depression- and tobacco-screening programs. SAMHSA has significant work underway with the National Quality Forum and NCQA, major groups that deal with measures development.

Ms. Hyde stated that SAMHSA will convene its next National Advisory Council meeting in Rockville. She thanked Council members and staff for their work and for their advice.

**Discussion.** Mr. Green reported that he will spearhead his tribe's Tribal Action Plan, which will impact several of SAMHSA's "vital few" goals. Ms. Hyde noted that she and Ms. Harding plan to discuss the accomplishments of SAMHSA's various prevention efforts with an eye to leveraging their achievements.

### **Health Reform: Update**

Ms. Harding noted that the passage of the Affordable Care Act underscores the continued effort needed to prepare for the thousands of potential clients and consumers newly eligible to access SAMHSA's services. Mr. Richard Moore, Director, CSAP's Division of State Programs, explained that SAMHSA's prevention strategic initiative meshes with the National Prevention Strategy and the Affordable Care Act's health reform priorities. The national goal is to build healthy and safe communities, to empower people to make healthy choices, to expand quality preventive services in both clinical and community settings, and to eliminate health disparities. Three National Prevention Strategy priorities—tobacco-free living, preventing drug abuse and excessive alcohol use, and mental and emotional well-being—relate directly to SAMHSA's mission.

SAMHSA uses 20 percent of the block grant and its discretionary funds, together with other federal prevention program funding, to build emotional health from early childhood to young adulthood. The agency focuses on implementing the spectrum of prevention services and activities for mental and substance disorders among the most vulnerable and impoverished populations within states, territories, tribes, and communities. SAMHSA has committed \$344 million under the Substance Abuse Block Grant toward these activities and has launched the \$40

million Partnership for Success II grants. SAMHSA also is targeting the national priorities of underage drinking and prescription drug abuse/misuse. SAMHSA hopes to expand the SPF across the nation and continues to support Partnership for Success. SAMHSA aims for at least 80 percent of all states, territories, and tribes to use the prevention block grant and discretionary funds to adapt and implement evidence-based prevention practices and to implement universal, selective, and indicated programming strategies.

SAMHSA has implemented a new uniform application process that permits states to submit their substance abuse block grant and their mental health block grant under one umbrella. SAMHSA has emphasized that states incorporate into their state plans funding for priority treatment and supportive services for individuals without insurance or for whom coverage is terminated for short periods of time; funding priority treatment and support services—for individuals not covered by Medicaid, Medicare, or private insurance, and for low-income individuals—that demonstrate success and improving outcomes and supportive recovery; and good plans that fund primary prevention, universal, selective, and indicated prevention initiatives, and support activities and services for persons not identified as needing treatment. New for FY 2014 through 2015, SAMHSA will permit states to use the mental health block grant to prevent mental disorders when directly related to impacting the health and wellness of the statutory target populations, adults with serious mental illness and children with serious emotional disturbance. SAMHSA also asks states to collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery and support services, and to plan implementation of new services on a nationwide basis.

Mr. Moore stated that SAMHSA currently is training its staff to provide targeted technical assistance to states and territories to develop and implement state-specific health reform and behavioral health systems. The block grant and SAMHSA's array of technical resources are available to assist states in transitioning to full implementation of Affordable Care Act by 2014, including enrollment, establishment of affordable insurance exchanges, and essential health benefits that focus on behavioral health services and interventions. In addition, SAMHSA supports the Native American Center for Excellence Prevention Technical Assistance Resource Center, Center for Application of Prevention Technologies, and state epidemiological outcome workgroup activities.

**Discussion.** Members commented that SAMHSA's comprehensive approach and activities make sense.

In response to Mr. Montgomery's inquiry about certain state administrations' hostility to healthcare reform, Ms. Harding stated that SAMHSA must ensure that states understand the Affordable Care Act. Mr. Moore noted that SAMHSA has established a process to provide states with the types of technical support they will need to make the transition under health reform. SAMHSA anticipates taking proactive steps to develop appropriate responses and supports in response to public comment on the block grant application. Ms. Harding stated that CSAP's responsibility and role include disseminating accurate information, trying to reduce myths, and directing states to obtain assistance.

Mr. Steven Green reported that Arizona's Department of Health Services' Division of Behavioral Health is meeting with all the state's tribes regarding block grant changes. He expressed satisfaction with the process, but noted concerns with Arizona's process to evaluate funding distribution. Ms. Harding suggested that he speak offline to Mr. Moore about the block grant changes.

### **Drug Free Communities Update**

Mr. Fred Volpe, Team Leader, Drug Free Communities Program, stated that while CSAP aims a significant block grant commitment to technical assistance at states, much technical assistance filters down to communities. Mr. Volpe explained that CSAP's Division of Community Programs includes the Drug Free Communities Program, established in partnership with the Office of National Drug Control Policy. SAMHSA funds prevention activities in more than 700 communities in all states. Major targets include underage drinking, tobacco cessation, prescription drug abuse, and marijuana issues. Local coalitions express concern about the implications of health

reform activities such as the integration of primary care and behavioral health services, development of health homes, effectiveness of screening programs such as SBIRT, strategies to identify populations and individuals at risk in their community, Medicaid enrollment activity, insurance exchanges, and mental health promotion and substance abuse prevention activities.

Coalitions are considering the possibility that social norming may lead to cost savings, and many communities are viewing insurance companies as new customers. The concept of community-based prevention campaigns affecting populations as a whole is gaining traction.

CSAP relies on other partners, including CDC, whose Community Transformation Grants have attracted interest by many Drug Free Communities coalitions. Funding for those grants comes from the Prevention and Public Health Trust Fund.

**Discussion.** In response to prior discussion about SBIRT, Ms. Harding explained that SAMHSA is exploring the nature, use, and promotion of SBIRT and other brief intervention tools. A risk that exists for SBIRT is that it may become the only tool used by communities and states, to the detriment of a comprehensive approach to prevention. Ms. Harding observed that more individuals screened with SBIRT need prevention services than treatment services. Considerable SAMHSA-sponsored training and cross-training is taking place to help communities understand their roles in health reform, particularly in integrating behavioral health into primary care. SAMHSA is working to retain its important role in health reform decisions as FY 2014 approaches.

#### **SAMHSA Office of Indian Alcohol and Substance Abuse**

Ms. Ginger Mackay-Smith, Acting Director, Office of Indian Alcohol and Substance Abuse, stated that under the Tribal Law and Order Act of 2010, Congress requires that all federal agencies that work with Indian Country on issues of substance abuse do so in a more coordinated fashion, with one federal voice but no new funds. The legislation also states that all federal resources developed must be tribal driven, tribal based, and tribal directed to help tribes in their work to achieve their own goals related to substance abuse issues in their communities, and that federal resources will be provided at the invitation of the tribes. The law reflects strong congressional respect for the sovereign status of American Indian/Alaska Native entities.

SAMHSA has undertaken its federal coordinating responsibility by communicating with all the Native communities about the effects of the legislation and also by engaging tribes' prevention partners. As SAMHSA completes coordination on an aspect of the work, the agency will share the result with tribes, who then are hoped to offer feedback on SAMHSA's coordination, organization, presentations, and dissemination strategies. Tribes are compiling action plans intended to be a comprehensive strategic approach to the substance abuse issues as the tribe perceives them in its own community.

**Discussion.** Mr. Green asserted that tribes will receive the assistance well. Gila River is likely to invite SAMHSA's help in the future on its Tribal Action Plan. Nevertheless, he noted a lapse in SAMHSA's communications; his tribe was not notified of SAMHSA's request in a timely manner. He observed that it will be difficult for some tribes to comply with the unfunded mandate to create action plans. Because the Gila River tribe has enjoyed the benefit of multiple resources over the years, Mr. Green anticipates no concerns in developing its plan. Ms. Mackay-Smith acknowledged the issues that accompany unfunded mandates. SAMHSA hopes to apply lessons learned from other prevention audiences in integrating successful, distinct programs into a single comprehensive approach. She added that the Behavioral Health Tribal Prevention Grant included in SAMHSA's proposed FY 2013 budget would be an ideal vehicle for supporting the compilation of Tribal Action Plans. The Department of Justice has streamlined its work with tribal entities by creating a single application vehicle—the Coordinated Tribal Assistance Solicitation—for grant programs with a tribal focus. Tribal applicants can designate the purpose areas, or grant programs, in which they are interested.

In addition to its tribal contacts, SAMHSA is disseminating information through its block grantees and other state connections. Mr. Green concurred with the approach to steer block grant funds to tribes for use on their Tribal Action Plans. He stated that the Arizona Department of Health Services will continue to meet with Gila River representatives regarding input into the plan. Arizona is including all tribes in consultations, some of which do not have intergovernmental agreements with the state of Arizona. Ms. Mackay-Smith noted the need for SAMHSA to communicate more directly with the tribes.

**Council Discussion**

To Mr. Montgomery’s inquiry about whether SAMHSA has considered revisiting the decision to prohibit federal funding for syringe exchange, Ms. Harding suggested that Mr. Montgomery speak with Dr. Westley Clark. In response to his question about strategies to address crystal methamphetamine in the LGBT community, Costella Green stated that several Drug Free Communities grantees address methamphetamine use, and that she would follow up. Mr. Harris suggested that SAMHSA focus efforts to address toxic song lyrics, which may promote substance use, adverse mental health impacts, and gun violence among young people who listen to them. He observed that certain posts on social media may have similar effects, and that advocacy efforts are underway to “clear the air” of toxic lyrics. Ms. Harding suggested that Mr. Harris lead a discussion by Council members and SAMHSA’s Division of Community Programs staff on the topic. Dr. Clapp suggested beginning the integration of prevention and treatment with SBIRT programs, which can address both mental health and substance use issues.

**Public Comment**

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

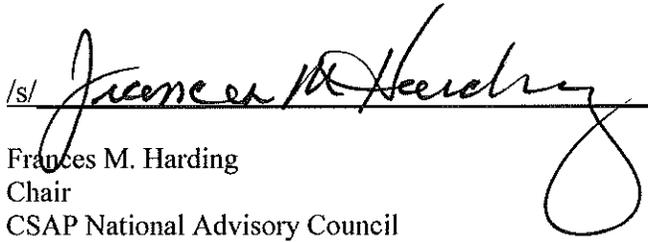
**Adjournment**

The meeting adjourned at 2:40 p.m.

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

11-14-12

Date

/s/   
Frances M. Harding  
Chair  
CSAP National Advisory Council