

**U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration (SAMHSA)**

Minutes of the

Tenth Joint Meeting of the

**SAMHSA National Advisory Council (NAC),
Center for Mental Health Services (CMHS) NAC,
Center for Substance Abuse Prevention (CSAP) NAC,
Center for Substance Abuse Treatment (CSAT) NAC,
Advisory Committee on Women's Services (ACWS), and
Tribal Technical Advisory Committee (TTAC)**

April 16, 2015

**SAMHSA Headquarters
Rockville, Maryland**

SAMHSA Joint National Advisory Committee/Council Members Present:

SAMHSA: Eric Broderick, D.D.S., M.P.H.; Henry Chung, M.D.; Junius Gonzales, M.D., M.B.A.; Megan Gregory; Kenneth J. Martínez, Psy.D.; Charles Olson; Elizabeth A. Pattullo, M.Ed.; Cassandra L. Price, M.B.A., GCADC-II; Gail Wiscarz Stuart, Ph.D., M.S.C.; Victor Joseph; Christopher R. Wilkins, M.H.A.

CMHS: Lori Ashcraft, Ph.D.; Lacy Kendrick Burk, M.A., M.B.A.; Vijay K. Ganju, Ph.D.; Paul Gionfriddo; Jeremy Lazarus, M.D.; Juanita Price, M.Ed.; Gilberto Romero; Jeremiah D. Simmons, M.P.H.; Alan Sokolow, M.D.

CSAP: Steven A. Green, M.S.W., LCSW; Michael Montgomery, M.Ed.; Kathleen Reynolds, M.S.W., LMSW, ACSW; Ruth Satterfield, LSW

CSAT: OmiSadé Ali, M.A., CADC, CCS; Leighton Y. Huey, M.D.; Andre Johnson, M.A.; Jeanne Miranda, Ph.D.; J. Paul Molloy, J.D.; Indira Paharia, Psy.D., M.B.A., M.S., LCP; Arthur Schut, M.A.; Lori Simon, M.D.; Christine Wendel, M.B.A.

ACWS: Dan Lustig, Psy.D.; Sarah Nerad; Jeanette Pai-Espinosa, M.Ed.; Brenda V. Smith, J.D.; Carole Warshaw, M.D.

TTAC: Jerome "Brooks" Big John, Tribal Council, Lac du Flambeau; Theresa Galvan, Director – Navajo Nation Department of Health; Joseph A. Garcia, Head Councilman, Ohkay Owingeh Pueblo; Wesley Hayles, Certified Drug and Alcohol Addictions Counselor, Poarch Creek Band of Indians; Travis Brockie, Policy Analyst, Lummi Indian Nation; Andy Joseph, Jr., TTAC Chair and Tribal Council, Confederated Tribes of Colville reservation; Keith Massaway, Treasurer, Sault Ste. Marie Band of Chippewa Indians; Alesia Reed, Tribal Council Secretary, Torres Martinez Desert Cahuilla Indians; Adrian Spottedhorsechief, Tribal council, Pawnee Nation of Oklahoma; Lisa Wade, Tribal Council, Chickaloon Indian Community.

SAMHSA Leadership:

Pamela S. Hyde, J.D., Administrator

Kana Enomoto, M.A., Principal Deputy Administrator

Paolo del Vecchio, M.S.W., Director, CMHS
Frances M. Harding, Director, CSAP
Daryl Kade, M.A., Acting Director, CSAT
Mary Fleming, M.S., Director, Office of Policy, Planning, and Innovation (OPPI)
Marla Hendriksson, Director, Office of Communications
Elinore McCance-Katz, M.D., Ph.D., Chief Medical Officer
Deepa Avula, M.P.H., Acting Director, Office of Financial Resources
LCDR Holly Berilla, Designated Federal Officer

Call to Order

LCDR Berilla called the tenth joint meeting of SAMHSA's advisory committees/councils to order at 8:40 a.m. (EST).

Welcome and Introductions

Ms. Hyde welcomed participants to the tenth joint meeting of SAMHSA's advisory committees/councils. Committee/council members, senior SAMHSA leaders, and other participants introduced themselves.

Update: "Leading Change 2.0," SAMHSA's Priorities and Budget

Presenters: Pamela Hyde and Kana Enomoto

- Ms. Hyde stated that SAMHSA's April 2015 series of national advisory committee/council meetings highlighted the agency's focus on treatment of behavioral health disorders. In seeking to fulfill its mission, Ms. Hyde explained, SAMHSA plays several important roles: leadership and "voice," health surveillance, practice improvement, public education and awareness, regulation and standard setting, and strategic grant and contract resource investment. SAMHSA's strategic initiatives, through 2018, include prevention, healthcare and health systems integration, trauma and justice, recovery support, health information technology, and workforce development. Ms. Hyde and Ms. Enomoto briefly described dozens of current SAMHSA endeavors to promote treatment, prevention, and recovery.
- Ms. Enomoto updated members on SAMHSA's budget priorities for fiscal year 2016, as articulated in the President's proposal to Congress.
- Members commented on the integration of addiction treatment, mental health services, and primary care; funding and reimbursement changes for substance abuse treatment; validation of traditional Native healing practices as evidence-based practices; SAMHSA's grant process as it affects tribal communities; and workforce development in remote and rural areas.

SAMHSA's Role in Influencing the Provision of Treatment for Mental and Substance Use Disorders: Types of Investments that can Best Leverage SAMHSA's Limited Resources

Panelists: Lori Ashcraft, Ph.D.; Leighton Huey, M.D.; Andy Joseph, Jr.; Jeannette Pai-Espinosa, M.Ed.; Kathleen Reynolds, M.S.W.; Jeremiah Simmons, M.P.H.; Carole Warshaw, M.D.

Facilitator: Pamela Hyde

In a discussion led by Ms. Hyde, a panel of members advised SAMHSA on its role in influencing the

provision of behavioral health treatment. They suggested ways to leverage SAMHSA's limited resources and offered observations on how SAMHSA can best influence the cultural- and gender-specific provision of behavioral health treatment in healthcare. For example, SAMHSA might:

- Serve as a thought leader in advancing behavioral health as part of public health.
 - Ensure that SAMHSA is viewed as a resource and continue to develop marketing expertise.
 - Focus on the science in SAMHSA's messages on diagnosis, treatment, and prevention.
 - Forge alliances with professional groups, funders and private foundations, and other allied groups under SAMHSA's umbrella; all become allies in messaging to Congress and elsewhere.
 - Identify strategies to build communication and decision-making capacity of families.
 - Shift the focus from education to generation of behavior and social change.
 - Devise financing mechanisms that permit families to receive services together, when appropriate.
 - Continue to identify obstacles for organizations to transition to providing culturally competent, trauma-informed approaches, and provide support and educational materials.
 - Engaging an expert panel, create guidelines for trauma-informed, gender-responsive treatment for mental disorders.
 - Explore court-mandated outpatient treatment for mental health disorders in the context of cultural sensitivity.
 - Change the expectation to provide universally trauma-informed and gender-responsive treatment services.
 - Look to the recovery community for culturally competent models.
 - Explore the science of traditional healing practices.
 - Help mobilize communities to address culture and to bridge gaps by increasing prevention activities.
- Members suggested additional strategies to influence America's behavioral health. These related to inter-professional development, state-of-the-art communications technologies and social media, stakeholder education and training on medication-assisted treatment and other less-used addiction treatment modalities, data dissemination on behavioral health service delivery and financing sources, education of young Native parents on traditional values, need for a language matrix to bridge disciplinary cultures and a schematic for a continuum of care that reflects realignment in health care, heightened emphasis on behavioral health care integration with general health care, and data segmentation in electronic health records.

Report and Discussion from Breakout Sessions Regarding SAMHSA's Role in Influencing the Provision of Treatment for Mental and Substance Use Disorders

Presenters: Lori Ashcraft, Ph.D.; Ken Martínez, Ph.D.; Cassandra Price, M.B.A.; Kathleen Reynolds, M.S.W.; Lori Simon, M.D.; Gail Wiscarz Stuart, Ph.D., M.S.C.

Facilitator: Anne Herron, Director, Division of Regional and National Policy Liaison, OPPI, SAMHSA

- Ms. Herron led an interactive discussion with representatives of small groups of members that had met earlier in the day by self-identified group. Each group represented specific professions or areas of expertise, and their charge was to identify roles and strategies by which SAMHSA can influence and support the delivery of behavioral health care. Groups included

psychiatrists/physicians, social workers/counselors/nurses, psychologists, preventionists, peer practitioners/consumers/people in recovery, elected officials/policy leaders, and other professions/affiliations.

- Major themes emerged across disciplines as members urged SAMHSA to engage in collaboration and coordination with its diverse stakeholders and constituencies; address insurance issues and other barriers to treatment and integrated care; expand the workforce, including peers, paraprofessionals, and professionals, and increase workforce capacity; support cross-disciplinary training in integrated settings for all provider categories; eliminate minority provider disparities; use data to demonstrate outcomes; increase the volume and effectiveness of publicity about SAMHSA's activities and resources; map SAMHSA's programs and infrastructure in states, and forge links among SAMHSA-supported programs.
- Additional highlights of each group's findings include the following:
 - The psychiatrist/physicians group's suggestions included the need for SAMHSA to continue to advocate for practice research in order to establish evidence-based treatments and to incorporate psychopharmacology into grant programs; continue to support and strengthen integration of behavioral health into primary care settings, including integration of data; research new payment models to accommodate behavioral health; strengthen relationships with guilds; and strengthen public relation efforts.
 - The social workers/counselors/nurses group encouraged establishment of the Screening, Brief Intervention, and Referral to Treatment program for trauma, suicide prevention, and opioid use; encourage the use of a depression screening tool in all primary care settings; support the use of new technologies to support addiction treatment; re-conceptualize workforce capacity and needs and support training; support and adapt use of technology appropriate to each discipline; continue to support integration of behavioral health with primary care; use public relations to inform and push SAMHSA's initiatives and messages; and support studies on alternative treatment methods used in tribal populations.
 - The psychologists group urged support for universal prevention interventions; increased promotion of recovery; studies of indigenous knowledge to enable funding of tribal behavioral health programs; relationships with guilds to promote a diverse workforce; an expanded workforce; primary care integration and early identification; and promotion of practice-based evidence and community-defined evidence.
 - The elected officials and policy leaders group suggested that SAMHSA enable block grant programs to reach currently unserved individuals and continue to promote public information on SAMHSA initiatives.
 - The preventionists group urged SAMHSA to craft more persuasive prevention messages.
 - The peers/consumers/people in recovery group suggested that SAMHSA identify case studies where programs work well that incorporate prevention, treatment, and recovery; strengthen workforce of peers and recovery coaches; and continue to ensure that culture and gender are included in treatment.

Science of Changing Social Norms

Presenter/Facilitator: Ms. Kana Enomoto

- Ms. Enomoto presented highlights of SAMHSA's proposed Science of Changing Social Norms effort, a multiyear project designed to develop and implement effective public awareness and

educational strategies aimed to reduce negative perceptions and attitudes about behavioral health issues, and to help Americans make behavioral health a public health priority for public health action. Ms. Enomoto explained that although half of all Americans will face a mental health or substance use disorder in their lifetime, pervasive negative attitudes and beliefs about these conditions represent barriers to seeking and funding both services and research to address behavioral health disorders.

- SAMHSA has engaged the Institute of Medicine’s National Research Council to provide initial research on other public health approaches to changing attitudes and beliefs. Ms. Enomoto screened several highly successful public health campaign videos for participants and identified the key attributes of their effectiveness. In implementing the project, SAMHSA currently is surveying the best evidence in the science of changing social norms and plans to infuse the knowledge into SAMHSA’s existing public education efforts. SAMHSA will use the National Research Council’s findings to inform an ongoing research program in the area of social norms and communications practices, and to develop effective strategies for public engagement.
- Joint committee members commended SAMHSA on its plans for changing social norms and offered their observations. They pointed to the need for culturally appropriate messages for special populations, suggested using norm-change videos in professional education and workforce training, and offered suggestions on the role of data in determining priority messages, the need for incentives to begin change, and novel sponsorships and partnerships.

Public Comment

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

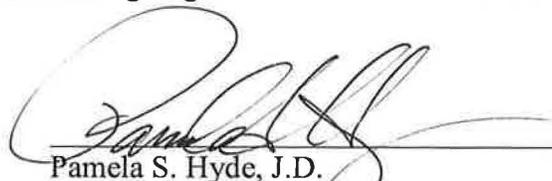
Adjournment

Ms. Hyde adjourned the meeting at 3:50 p.m. (EST)

Certification

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

7/6/15
Date


Pamela S. Hyde, J.D.
Administrator, SAMHSA