

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)  
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION  
(SAMHSA)**

**Minutes of the  
57th Meeting of the  
SAMHSA National Advisory Council (NAC)  
April 17, 2015  
SAMHSA Headquarters  
Rockville, Maryland**

**Council Members Present:**

Eric B. 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. (via telephone)  
Cassandra L. Price, M.B.A., GCADC-II  
Gail Wiscarz Stuart, Ph.D., M.S.C.  
Christopher R. Wilkins, M.H.A.

**Council Member Absent:**

Victor Joseph

**SAMHSA Leadership:**

Pamela S. Hyde, J.D., Administrator  
Kana Enomoto, M.A., Principal Deputy Administrator  
Frances Harding, Director, Center for Substance Abuse Prevention  
Mary Fleming, M.S., Director, Office of Policy, Planning, and Innovation (OPPI)  
Paolo del Vecchio, M.S.W., Director, Center for Mental Health Services  
Daryl W. Kade, M.A., Acting Director, Center for Substance Abuse Treatment  
LCDR Holly Berilla, Designated Federal Officer

**Presenters:**

Mary Fleming, M.S., Director, OPPI, SAMHSA  
Christopher D. Carroll, M.Sc., Strategic Initiative Lead on Health Care Financing and Systems  
Integration, OPPI, SAMHSA  
Karen B. DeSalvo, M.D., M.P.H., M.Sc., National Coordinator for Health Information  
Technology, U.S. Department of Health and Human Services (HHS)  
Patrick H. Conway, M.D., M.Sc., Acting Principal Deputy Administrator and Chief Medical  
Officer, Centers for Medicare and Medicaid Services (CMS), HHS

## **Call to Order**

LCDR Berilla called the 57th meeting of the SAMHSA NAC to order at 8:35 a.m. (EST). Quorum was met and noted.

## **Welcome, Introductions, and Consideration of Minutes from the August 2014 Meeting**

- Ms. Hyde welcomed participants to the SAMHSA NAC meeting, and participants introduced themselves.
- Members of the Council unanimously approved the minutes of the SAMHSA NAC meeting of August 28, 2014.

## **Reflections on the Joint NAC**

Council members reflected on the proceedings of the previous day's joint meeting of all of SAMHSA's national advisory committees, which focused in large part on treatment for behavioral health conditions. Members offered observations on SAMHSA's current and future directions. Topics included increasing public- and private-sector awareness of SAMHSA's resources and expertise, the science of changing social norms (regarding the perception of behavioral health conditions), engaging youth to spread positive mental health messages, identifying barriers to behavioral health care, addressing disparities, and establishing practice standards and measures.

## **Ecological Model of Integration: Panel Presentation**

*Presenters:* Mary Fleming and Christopher Carroll

- In introducing this panel presentation, Ms. Hyde explained that behavioral health integration is more complex than merely placing behavioral health care into primary care practice, and that SAMHSA has begun to consider behavioral health in an ecological context in order to inform its priorities and its work.
- Ms. Fleming described SAMHSA's evolving approach to operationalizing one of its foundational pillars: "Behavioral health is essential to health." Based on the Institute of Medicine's model, SAMHSA's emerging ecological model assumes that behavioral health has a clear relationship to health and to the overall cost of health care as measured in both dollars and quality of life. The model also assumes that health care interventions, both treatment and prevention, affect behaviors and outcomes, as do social determinants of health. Among the issues still to be addressed in the model are workforce shortages and the need for increased competencies among behavioral health and primary care providers, for adequate reimbursement mechanisms, and for efficient service delivery systems.

- Mr. Carroll described recent feedback to the current graphical depiction of SAMHSA’s ecological model and also noted the need for a resource allocation model that maps SAMHSA’s investments in the broad behavioral health system. He invited comments regarding the usefulness of the model in terms of SAMHSA’s planning process, leadership on issues, and possible outcomes.
- Council members concurred with the need to take a broader view of behavioral health than merely integration of behavioral health with primary care. They posed questions regarding communities’ readiness to embrace an ecological model that includes prevention, treatment, and recovery; the degree to which SAMHSA can use its data and analytical capability to enable communities to take an ecological approach; whether a systems transformation strategy might be more effective than an ecological model in generating systems change; and the motivational potential for the current version of the ecological model. Ms. Hyde responded that SAMHSA hopes that an ecological model can serve as a decision-making tool to find balance between complex and conflicting priorities, and to guide establishment of partnerships with organizations to meet mutual goals for improving prevention, treatment, and recovery supports.
- Council members suggested such strategies as content mapping; drawing on the positive experiences of other behavioral/public health organizations; focusing on data, analytics, resources, and practice standards to frame behavioral/public health problems; and use of behavioral health dashboards that feature indicators and outcomes. Ms. Hyde pointed out that SAMHSA supports practice-based approaches in tribal communities where sufficient data has not yet been developed to support the designation of “evidence-based” using experimental or quasi-experimental designs. She also pointed out the complexity of infusing metrics into value-based purchasing, noting that incentives are in place for improvement in doing so. Dr. Martínez endorsed practice-based evidence.
- Council members discussed aspects of assisted outpatient treatment. Ms. Hyde stated SAMHSA’s willingness, should Congress approve such an initiative, to administer and evaluate a program that funds states to provide assisted outpatient treatment. SAMHSA currently is surveying states on their current activity in this regard, and HHS is reviewing the sparse scientific literature. Council members noted that the goal of assisted outpatient treatment is to engage and retain in care people with serious mental illness using evidence-based treatments that might include long-acting medications that delivery systems currently are unprepared to deliver. They suggested that SAMHSA proactively pilot models of assisted outpatient treatment that involve communities working together in cross-disciplinary partnerships.
- Ms. Enomoto described features of SAMHSA’s proposed grant program to create safe, crisis-informed communities to meet the multiple needs of people with serious mental illness, serious emotional disturbance, and/or substance abuse. She asserted that in developing an ecological model, SAMHSA is creating a consistent framework that identifies values and that SAMHSA can share with other agencies in endeavors of mutual interest.

- Ms. Price pointed to a large implementation challenge, for example, in assembling partners and overcoming other structural issues. Ms. Hyde identified the goal to influence the larger field, to enable other systems to understand how important behavioral health is to their missions and goals, and to lead them to implement their own roles as partners in behavioral health.

### **Health Information Technology and Delivery System Reform**

*Presenters:* Dr. Karen B. DeSalvo and Dr. Patrick H. Conway

- Dr. DeSalvo and Dr. Conway presented an overview of HHS' efforts to reform the health care delivery system, shared highlights about its initiatives, described early results, and previewed future implementation activities. Dr. DeSalvo explained that the aim is to create a person-centered system with access to coordinated, culturally appropriate services that consider individuals' long-term health, fueled by reliable data that supports good quality and economic decisions. HHS seeks to enable better care, smarter spending, and healthier people in communities, which hinges on changing the way providers are paid, care is delivered, and information is distributed. Electronic health records have proven essential in providing good data, though some fields, including behavioral health, represent gaps. HHS is aligning with both the private sector and states to drive delivery system reform by convening stakeholders, offering incentives to providers, and partnering with states.
- Dr. Conway stated that HHS has established goals for increased value-based payments within Medicare's fee-for-service system, and that Medicaid, states, providers, purchasers, and others are expected to follow suit. Many of the largest private healthcare payers and some states already have aligned with the HHS goals, and CMS initiatives will assist clinicians and states to transition from the fee-for-service approach. HHS has issued a data interoperability roadmap.
- Early results of reform efforts include a contribution to a favorable health-care cost trend, decreased hospital readmission rates, growing numbers of accountable care organizations (ACOs), and increased hospital safety. Dr. Conway stated that CMS's principles regarding behavioral health include acknowledgment that improving mental health and reducing substance abuse are critical components of health system improvement. Other principles include a focus on prevention and population health, eliminating health disparities and health equity, attention to underserved populations, and integrating health care with social services and support.
- Dr. DeSalvo reported on activities of the Office of the National Coordinator (ONC) for Health Information Technology (HIT), including \$1 million in grants to spur HIT innovations that support behavioral health providers, Notice of Proposed Rulemaking for certification of electronic health records, draft interoperability roadmap, state health IT resource center, advanced health models working group, and the HHS Secretary's opioid initiative.

- Council members posed questions regarding CMS’s role in the development of standards of care for behavioral health, impacts of reform anticipated for individuals with serious mental illness, role of consumers in the reform effort, plans to incorporate care planning into electronic health records, and the role of shared decision making in psychiatric or addiction care.
- Council members pointed out that changing the attribution formula to include mental health professionals will accelerate value-based payment uptake, acknowledged the growth of ACOs, and asserted the need for clarity regarding 42 CFR Part 2. They also identified the need for improved information sharing across specialties and disciplines in the next generation of electronic health records, and informing the field that the Administration is working toward electronic health records for behavioral health. They also commented on the needs for grant requests that permit access to funds by the behavioral health community, for electronic health records to incorporate patient engagement, and for shared planning activities; limited access to addiction medications in the private substance abuse system; and opportunities in the Medicare alternative payment model to address geriatric substance misuse. More work is needed on suicide measures and others to avoid disincentives to care.
- The presenters responded to members’ concerns and discussed progress in the development of behavioral health measures, spreading knowledge of best practices, and information sharing and privacy. Several current innovation projects address issues of services to people with serious mental illness, and consumers participate on the various measurement development panels. HHS and private-sector organizations are moving toward a person-centered data model.

### **Council Discussion: Future Meeting Topics**

SAMHSA has set tentative dates for its next series of advisory committee/council meetings: August 26–28, 2015. Council members suggested discussion topics: policy work, financial mechanisms, and quality measures; role of families of adults with serious mental illness; role of families with children with different needs, agendas, and roles; role of youth in their own care prior to age 18 and subsequently in a young adult role; behavioral health disparities; patient-centric, clinical, and outcome measures, and measures of community behavioral health; and practice-based evidence approaches.

### **Public Comment**

- Mr. James Gallant called attention to families’ court-ordered legal rights and to the need for greater public participation on state and local mental health planning bodies.
- Ms. Rena E. Starks, National Association of Medicine Backers, explained her organization’s willingness to collaborate on outreach to promote health coordination, and she suggested that wider access to electronic health records might lead to better coordination of health care.

- In a written communication, Mr. Kyle Lloyd asserted the need for proactive treatment methodologies for people with serious mental illness and endorsed assertive community treatment. He also inquired about the impact of peer support in the mental health field.
- In a written communication, Dr. Jeremy Lazarus asked SAMHSA's view about whether people with serious mental illness can be served in integrated settings.
- Several Council members commented on the following issues: difficulties with meaningful use among behavioral health providers, fewer Medicare providers who accept new Medicare patients, the need for more qualitative conversations with tribes to understand the challenges in Indian Country, and for more communication and reciprocal work among tribes and SAMHSA.

### **Adjournment**

The meeting adjourned at 12:45 p.m. (EST)

### **Certification**

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

Date

2/6/15



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

Minutes will be formally considered by the SAMHSA NAC at its next meeting, and any corrections or notations will be incorporated into the minutes of that meeting.