

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

Minutes

of the

Eighth Joint Meeting of the

**Substance Abuse and Mental Health Services Administration National Advisory Council
Center for Mental Health Services National Advisory Council Center for Substance Abuse
Prevention National Advisory Council Center for Substance Abuse Treatment National
Advisory Council Advisory Committee on Women's Services
SAMHSA Tribal Technical Advisory Committee**

April 3, 2014

Rockville, Maryland

The National Advisory Councils of the Substance Abuse and Mental Health Services Administration (SAMHSA) and SAMHSA's Center for Mental Health Services (CMHS), Center for Substance Abuse Prevention (CSAP), and Center for Substance Abuse Treatment (CSAT), and SAMHSA's Advisory Committee on Women's Services (ACWS) and the SAMHSA Tribal Technical Advisory Committee (STTAC) convened in joint session on April 3, 2014, at 8:30 a.m. in Rockville, Maryland. SAMHSA Administrator Pamela S. Hyde chaired the meeting.

SAMHSA Advisory Committee Members Present:

SAMHSA: Eric Broderick, D.D.S., M.P.H.; Henry Chung, M.D.; Junius Gonzales, M.D.; Charles Olson; Elizabeth A. Pattullo, M.Ed.; Cassandra Price, M.B.A., GC-ADC-II; Dee Davis Roth, M.A.; Christopher Wilkins, M.H.A.; Marleen Wong, Ph.D., M.S.W.; Laurent S. Lehmann, M.D. (ex officio)

CMHS: Lori Ashcraft, Ph.D.; Lacy Kendrick Burk, M.A.; Allen S. Daniels, Ed.D.; Vijay K. Ganju, Ph.D.; Paul Gionfriddo; Jeremy Lazarus, M.D.; Juanita Price, M.A.Ed.; Patrick A. Risser; Gilberto Romero; Jeremiah Simmons, M.P.H.

CSAP: John Clapp, Ph.D.; Steven Green, L.C.S.W.; Dianne Harnad, M.S.W.; Stefano "Steve" Keel; Michael Montgomery, M.Ed.; Kathleen Reynolds; Ruth Satterfield

CSAT: OmiSadé Ali, M.A., CADC, CCS; Victor A. Cappocia, Ph.D.; Leighton Y. Huey, M.D.; Andre Johnson, M.A.; Jeanne Miranda, Ph.D.; J. Paul Molloy, J.D.; Indira Paharia, PsyD., M.B.A., M.S., LCP; Terrance A. Range, M.Ed.; Lori Simon, M.D.; Christine Wendel, M.B.A.; Mohammad Yunus, M.A., M.S.

ACWS: Johanna Bergan; Yolanda B. Briscoe, Psy.D., M.Ed.; Jean Campbell, Ph.D.; Shelly F. Greenfield, M.D., M.P.H.; Jeanette Pai-Espinosa, M.Ed.; Brenda V. Smith, J.D.; Carole Warshaw, M.D.

STTAC: Timothy Ballew II; Theresa Galvan; Joseph A. Garcia; Marshall R. Gover; Wes Hayles; Cecelia Johnson; Loretta Lewis; Keith Massaway

SAMHSA Leadership:

Pamela S. Hyde, J.D., Administrator
Kana Enomoto, M.A., Principal Deputy Administrator
Elinore McCance-Katz, M.D., Ph.D., Chief Medical Officer
Paolo del Vecchio, M.S.W., Director, CMHS
Frances M. Harding, Director, CSAP
H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM, Director, CSAT
Peter J. Delany, Ph.D., LCSW-C, Director, Center for Behavioral Health Statistics and Quality
Daryl Kade, M.A., Director, Office of Financial Resources
Mary Fleming, M.S., Director, Office of Policy, Planning, and Innovation
Michael E. Etzinger, B.S.M.E., M.B.A., Executive Officer and Director, Office of Management, Technology, and Operations
Elizabeth Lopez, Ph.D., Acting Deputy Director,
CMHS
Geretta Wood, Designated Federal Official,
SAMHSA

Welcome and Introductions

Ms. Pamela S. Hyde, Administrator, SAMHSA, welcomed participants to the eighth joint meeting of SAMHSA's advisory committees. Committee members, senior SAMHSA leaders, and other participants introduced themselves.

Administrator's Remarks

Presenter: Pamela S. Hyde, Administrator, SAMHSA

Ms. Hyde described a number of current SAMHSA challenges, including countering recent inaccurate press portrayals of SAMHSA's work, developing regulations related to new legislation, and monitoring certain Medicaid and Affordable Care Act (ACA) issues. She described additional aspects of SAMHSA's work, including collaboration with agency partners and private-sector organizations on areas of mutual interest, integration of behavioral health and primary care, messaging on mental health and substance abuse in the press and media, benefits equality, and privacy protections with respect to electronic health records. Several SAMHSA leaders described other aspects of SAMHSA's work, including messaging on underage drinking, inclusion of other agencies' data into SAMHSA's data barometers, suicide prevention, and outreach and engagement efforts. Council members discussed the controversial news stories, and Ms. Hyde acknowledged SAMHSA's need to clarify messages about its treatment activities and focus on peer services and recovery.

Budget Update and Key SAMHSA Priorities

Presenters: Kana Enomoto, Principal Deputy Administrator, SAMHSA, and Daryl Kade, Director, Office of Financial Resources, SAMHSA

Ms. Kade presented highlights of the President's Fiscal Year (FY) 2015 proposed budget for SAMHSA, and Ms. Enomoto described the programming and policy priorities that SAMHSA would support should Congress fund its entire budget request. Priorities would include, among others, the *Now is the Time* initiative's focus on changing social norms on behavioral health issues, funding for the peer professional workforce, workforce data efforts, integration of primary care and addiction services, and aspects of the HIV/AIDS continuum of care. SAMHSA also would help states to establish and expand evidence-based suicide prevention efforts, address the behavioral health of the middle-aged population, and improve follow-up after suicide attempts. In addition, SAMHSA would expand grants to tribes to support behavioral health, braid existing funding to enable existing behavioral health coalitions to address shared risk and protective factors for substance abuse and mental illness, and support substance abuse targeted capacity expansion. Notable proposed budget reductions would affect Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Access to Recovery (ATR). Though ATR funding will end, SAMHSA is encouraging expanding funding of recovery support services through block grants and increasing technical assistance to states.

Meeting participants discussed a wide range of issues related to the proposed FY 2015 budget. SAMHSA staff responded to concerns about cutting funds for popular programs by stating that, in some cases, a federal budget reduction for a successful program may reflect the aim to facilitate widespread adoption of that program by state and local jurisdictions.

Impact of Behavioral Health and Health Care Integration on SAMHSA

Moderator: Ms. Suzanne Fields, Senior Advisor on Health Care Financing, SAMHSA

Ms. Fields moderated a dialogue on potential impacts of the integration of mental health and substance abuse treatment with general health care under the Affordable Care Act. Each of SAMHSA's advisory committees had addressed the topic in their meetings the previous day, and representatives of the committees described highlights of the discussions, including suggestions for action by SAMHSA. Topics included the need for cultural sensitivity training, recognition of the tribal way of life, trauma-informed and HIV care integrated into medical settings, attention to privacy and confidentiality protections, focus on wellness, broadened integration to include community coalitions and preventionists, need to reimburse providers for prevention activities, integration of preventionists into the workforce, barriers to behavioral health integration, and positive aspects of integration. Committee members discussed many of these issues and concerns, and offered suggestions to SAMHSA for future attention.

Youth and Young Adult Perspectives on SAMHSA's New Strategic Initiatives

Moderator: Matthew Aumen, Designated Federal Officer, CSAP

Discussants: Johanna Bergan, ACWS Committee Member; Lacy Kendrick Burk, CMHS Council Member; Charles Olson, SAMHSA Council Member; and Terrance Range, CSAT Ciybcuk Nenber

Mr. Aumen moderated a discussion of SAMHSA's new strategic initiatives, *Leading Change 2.0*, by a panel of young adult members of SAMHSA's advisory committees. SAMHSA leadership welcomed their guidance on the new strategic initiatives from their perspective as young adults. They commended SAMHSA on the strategic initiatives' support of wellness, recovery and support services, and peer workforce development, and expressed appreciation to SAMHSA for seeking high-level input from young people. They also added specific suggestions to strengthen the strategic initiatives from the vantage point of youth and young adults. In addition, panelists articulated worthwhile next steps for SAMHSA regarding engagement of young people and the youth voice. Committee members discussed a number of issues regarding young people's interface with SAMHSA.

SAMHSA's Current and Future Strategic Initiatives

Moderator: Elizabeth Lopez, Acting Deputy Director, CMHS

Dr. Lopez explained that FY 2014 marks the final year of implementation of SAMHSA's strategic initiatives, identified in the publication *Leading Change*. SAMHSA's six strategic initiatives for FY 2015–18, as proposed in the draft *Leading Change 2.0*, will include Prevention of Substance Abuse and Mental Illness, Healthcare and Health Systems Integration, Trauma and Justice, Recovery Support, Health Information Technology, and Workforce Development. Dr. Lopez introduced a rapid-fire exercise to elicit Council members' input on the draft version of *Leading Change 2.0* just prior to its revision and release for public comment. Following brief presentations by staff leads on the draft goals and objectives of each initiative, Council members offered feedback, and scribes recorded their comments for subsequent internal review and incorporation in the draft.

SAMHSA's Internal Operating Strategies

Presenter: Kana Enomoto, Principal Deputy Administrator

Discussants: Michael Etzinger, Director, Office of Management, Technology, and Operations; Mary Fleming, Director, Office of Policy, Planning, and Innovation; and Frances Harding, Director, Center for Substance Abuse Prevention

Ms. Enomoto explained that for the past 18 months, SAMHSA's executive leadership team has examined what SAMHSA must do to lead public health efforts to advance the behavioral health of the Nation. As part of this process, SAMHSA identified seven areas to reengineer: business operations, internal and external communications, data capacity, knowledge of health financing, public policy development and communications, resource investments, and staff development. SAMHSA recruited volunteers across the agency, who constituted workgroups for each reengineering domain.

Mr. Etzinger described the staff development process, which involves communication by members of the team with representatives of each of the other six domains to determine current skill sets, necessary and desirable skill sets for SAMHSA employees of the future, training and continuing education needs, and career trajectories. Ms. Fleming and Ms. Harding described the process for SAMHSA's policy area, which involved identifying multiple types of SAMHSA policies, understanding underlying environmental factors, and identifying the multiple ways in which SAMHSA sets, implements and changes policy. As part of the reengineering process, the policy group developed a common nomenclature for the components of SAMHSA's Theory of Change.

Committee members observed the innovation inherent in SAMHSA's reengineering process and its adaptability to any organization, as well as the need for SAMHSA to focus on positive mental health and to create demand for innovative and other behavioral health programs in communities.

Public Comment

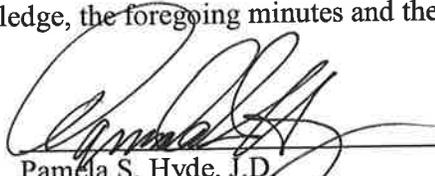
Time was set aside for public comment, but no one chose to speak.

Adjournment

Ms. Hyde adjourned the meeting at 4:30 p.m.

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

9/2/14
Date



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