

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

Minutes of the

Ninth Joint Meeting of the

**SAMHSA 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
SAMHSA Advisory Committee for Women's Services
SAMHSA Tribal Technical Advisory Committee**

August 27, 2014

Rockville, Maryland

SAMHSA Advisory Committee Members Present:

SAMHSA: Junius Gonzales, M.D.; Charles Olson; Elizabeth A. Pattullo, M.Ed.; Cassandra Price, M.B.A., GC-ADC-II; Christopher Wilkins, M.H.A.

CMHS: Lori Ashcraft, Ph.D.; Vijay K. Ganju, Ph.D.; Jeremy Lazarus, M.D.; Jeremiah Simmons, M.P.H.

CSAP: Dianne Harnad, M.S.W.; 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.; 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 ; Carole Warshaw, M.D.

STTAC: Theresa Galvan; Cecelia Johnson

SAMHSA Leadership:

Pamela S. Hyde, J.D., Administrator

Kana Enomoto, M.A., Principal Deputy Administrator

Elinore McCantz-Katz, M.D., Ph.D., Chief Medical Officer

Paolo del Vecchio, M.S.W., Director, Center for Mental Health Services (CMHS)

Richard Moore, Acting Deputy Director, Center for Substance Abuse Prevention (CSAP)

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM, Director, Center for Substance Abuse Treatment (CSAT)

Peter J. Delany, Ph.D., LCSW-C, Director, Center for Behavioral Health Statistics and Quality

Mary Fleming, M.S., Director, Office of Policy, Planning, and Innovation (OPPI)

Kimberly Jeffries Leonard, Ph.D., Deputy Director, CSAT

Elizabeth Lopez, Ph.D., Acting Deputy Director, CMHS

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

Geretta P. Wood, Designated Federal Official, Committee Management Officer

LCDR Holly Berilla, Designated Federal Official, Committee Management Officer

Call to Order

Geretta Wood called the ninth joint meeting of SAMHSA's advisory committees to order at 1:05 p.m.

Welcome and Introductions

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

Military Members and Their Families - Panel Presentation

Presenter: A. Kathryn Power, M.Ed., Regional Administrator, SAMHSA

Panel Discussants: Christopher R. Wilkins, Sr., M.H.A., Founder and President Emeritus, Loyola Recovery Foundation, Inc., SAMHSA National Advisory Council member; Mary Ann Tulafono, Chairman of the Board and Chief Volunteer Officer of the Boys and Girls Club of American Samoa, CSAP National Advisory Council member; and Wendy Tenhula, Ph.D., National Director, Mental Health Services, U.S. Department of Veterans Affairs (VA)/U.S. Department of Defense (DoD) Integrated Mental Health.

- Ms. Kathryn Power led the panel presentation with an update to SAMHSA's military families strategic initiative (MFSI). Ms. Power reported that SAMHSA is moving the initiative to what is considered a prioritized population across the agency while SAMHSA establishes new or renewed strategic initiatives. She also discussed some of the notable accomplishments which occurred as a result of the SI.
- Ms. Power opened the panel presentation and introduced Mr. Christopher R. Wilkins, Sr.; Ms. Mary Ann Tulafono; and Dr. Wendy Tenhula.
- Mr. Christopher R. Wilkins, Sr., described his successful experience in integrating community-based addiction services policy into the VA hospital and network structure in several states. He offered ten practical recommendations for prospective partners of the VA in providing community-based services, including development of the understanding of shared needs, common case statements, and standards/protocols for staffing; common accreditation requirements; awareness models regarding costs; strategies to share and communicate about data from both the patient and the institutional perspective; outcomes, measures, and reporting structures; quality and care standards; flexible infrastructure; and understanding of aspects of the legal relationship. Mr. Wilkins further reported that correcting misalignments would benefit the process of integrating the VA and community care for veterans and discussed resource and payment options for communities. He also discussed the need for communities to initiate a grassroots effort to meet community needs and distinguish whether a particular entity will be a competitive or sole-source payer.

Mr. Wilkins stated that capacity expansion depends on the ready availability of a resources to deliver all requisite systems; a properly credentialed and trained workforce; the ability and

systems to communicate precisely about individual cases; and establishment of strategies in the event of an incident and remedies if an individual is highly dissatisfied.

- Dr. Wendy Tenhula pointed out the availability of VA assistance in improving community relationships. She stated that the VA recognizes the need for expanding cultural competence, and that community organizations and providers can link with the VA to learn how to serve veterans and their families mutually. The VA initiated annual community mental health summits in 2013 to help build or sustain community relations. VA, community organization, and DoD training courses on military culture are available online. Each VA facility now identifies a mental health point of contact to help community mental health organizations navigate the VA system.
- Ms. Mary Ann Tulafono described the unique characteristics of and concerns about veterans returning to U.S. territories. Deployment and engagement in armed combat represented service members' first trip off of the American Samoa islands. Upon their return to the territory, they have no access to a VA hospital and they must travel to Honolulu, HI. On American Samoa, she reported that there are no facilities for children. A number of problems unique to territories and driven by regulations and rules relate to difficult insurance situations and impede access to local hospital facilities. A slower pace necessitates difficult transitions to home.

Ms. Tulafono stated that due to American Samoans' poverty and limited educational opportunities, they encourage their young people to join the military. Recognizing the need to stabilize the children who remained home in the massive demobilization of their parents, residents established systems to enable children to be safe and cared for in the absence of their parents. She noted the importance of the church in helping communities support and reintegrate veterans.

- Several members raised questions about culturally specific interventions or initiatives for American Indian/Alaska Native populations who are service members or veterans.
- Mr. Wilkins stated that his organization benefits from the knowledge and experience of a senior staff person who is a Native American Vietnam-era veteran. He further emphasized the importance of cultural competence in the areas of culture, gender, era of service, and combat/noncombat, and understanding the complexity of each person and who they were before, during, and after their service.
- Ms. Juana Majel-Dixon identified a bureaucratic challenge to serving Native American veterans in her California community who are not eligible for services unless they leave the reservation. She requested that SAMHSA keep this issue on its radar screen and also requested that SAMHSA consider including tribal societies as part of the military initiative, since there is a dual impact on tribal citizens who serve in the military.
- Mr. Wilkins observed that many veterans who show up in crisis from behavioral health issues in emergency rooms do not know the pathway to enrollment in VA services.

- Ms. Hyde concurred with Mr. Wilkins’s observation about the need to examine the problem of high-risk/high-need veterans with behavioral health disorders appearing in community hospitals as Medicaid or uninsured recipients and to examine how to connect them with the right kind of services.
- Ms. Theresa Galvan inquired about how SAMHSA plans to ascertain the military cultural competency that is referred to in the slides. Ms. Power responded and stated that provider and state level organizations determine the level of need regarding cultural competency training and secure trainings through various organizations, including veteran service organizations, the Defense Center of Excellence, and the VA. According to Ms. Power, there are at least 10 different military cultural competence trainings offered by these organizations.
- Ms. Hyde suggested asking SAMHSA’s Tribal Technical Advisory Committee to review a curriculum on cultural competence and share their observations with SAMHSA leadership.

Public Comment

- Mr. Shawn Bennett urged SAMHSA to champion informed consent by persons with mental illness.
- Ms. Maureen Kiliean expressed concern with over-prescription of opioid medications to veterans, urged SAMHSA to focus on drug abuse prevention among veterans, and called for pharmaceutical companies to explain adverse drug reactions in plain language.
- Mr. James Gallant urged SAMHSA to require that contract service providers identify current court-ordered legal rights, provide assessment for the need for legal services, and refer clients to appropriate services in the community. He also raised the issue of coalitions that may not reflect broad community and consumer input in the recommendations they develop.
- Ms. Hyde stated that SAMHSA staff will respond to callers’ concerns.
- Ms. Hyde solicited feedback from Council members on SAMHSA’s virtual programs.

Closing Remarks and Adjournment

Ms. Hyde solicited comments from advisory committee members about the current series of meetings and adjourned the meeting at 3:30 p.m.

Certification

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

Date

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

Attachment:

Public Comment: Written Submissions

Attachment

Public Comment: Written Submissions

James Gallant

Marquette County Suicide Prevention Coalition

“1) Does SAMHSA require contract service providers to positively identify current court ordered legal rights (Custody/Parenting Time), provide assessment for the needs for legal services, and refer clients to appropriate services in the community (Family Court for an Entitlement to Enforce)?

2) Does SAMHSA have requirements (Rules/Guidelines) for establishing coalitions, workgroups, and committees to develop recommendations from State and Local stakeholders?”

Sade Ali

SAMHSA/CSAT NAC

“Is there any focus on culturally-specific interventions or initiatives for our active duty and veterans; thinking specifically of Indigenous AI/AN warriors?”

Richard Seitz

Ocean County Juvenile Services

“In 2010, SAMHSA, for only the second time in its history, issued a funding notice naming a particular strategy to reduce mental health problems and substance abuse problems. That notice funded the Good Behavior Game in 20 schools because GBG reduces every negative behavior from smoking to suicidal ideation. Has any thought been given to funding GBG in schools on military bases so that families of servicemen would have healthier happier homelives with all the benefits that such would provide.”

Sean Bennett

Advocate

“If samhsa agrees that mental patients should retain the right of informed consent to psych drugs (except for 1-2 day emergencies), what can samhsa do to reform laws and practices which ignore informed consent and violate the constitution?”

From: StoppNow

“Subject: Military members returning home

Good morning -

We would like to submit the below question for the meeting today:

1. With the national prescription drug epidemic currently in our country, what can be done about the over-prescribing of opioids to our veterans? There have been numerous reports released by the CDC, HHS, and the VA with regard to this, at time, fatal issue?
2. In addition, an enormous amount of health care dollars are spent treating the resulting, very painful condition of addiction. That being said, how can we prevent this from happening to our veterans?

We are a group of parents who have either lost their child or whose child became addicted to physician prescribed opioids. We are located in Broward County Florida, the epicenter of this now national epidemic.

Please do not hesitate to call for clarification or should you have questions.

Kindest Regards,
Janet and Maureen

StoppNow
Stop The Organized Pill Pushers Now
Janet Colbert, RN, BSN
Maureen Kielian, RHIA, CCS”