

Joint Meeting of the
Substance Abuse and Mental Health Services Administration (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, SAMHSA Advisory Committee for Women's Services
(ACWS), and SAMHSA Tribal Technical Advisory Committee (TTAC)
February 15, 2018
SAMHSA Headquarters

SAMHSA Staff

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Anita Fineday, J.D., M.P.A.
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TTAC

Timothy Ballew III
Harold Frasier
Keith Massaway

Other

Mardella Costanzo (Tribal Tech, LLC)

Call to Order

CDR Castillo, Advisory Committee Management Officer, called the meeting to order at 9:07 a.m.

Welcome, Introductions, Opening Remarks

Elinore F. McCance-Katz, M.D., Ph.D., Assistant Secretary for Mental Health and Substance Use

Dr. McCance-Katz welcomed participants to the meeting. She described SAMHSA's response to the previous day's school shooting in Parkland, Florida, in which 17 people lost their lives. Information about SAMHSA's resources, including its Disaster Response Hotline, was provided to the state's behavioral health commissioner. Because of the high number of mass shootings and natural disasters in recent months, SAMHSA is expanding its disaster response services.

SAMHSA's Priorities and Updates

Center and Office Directors

Mr. del Vecchio reviewed priority areas within CMHS. Highlights included the first episode psychosis initiative that offers specialty care to people experiencing their first episode; the Safe Schools, Healthy Students program and Project AWARE to reach youth; a demonstration project with the Centers for Medicare and Medicaid Services to certify behavioral health clinics in eight states; grants to six states to provide cognitive treatment for recovery for serious mental illnesses (SMI); the National Suicide Prevention Lifeline; a mid-term assessment of the implementation of the National Strategy for Suicide Prevention; and funding for states to implement comprehensive suicide prevention programs. May 10th is Children's Mental Health Awareness Day, focusing this year on childhood trauma.

Ms. Kade provided updates on three projects within the Center for Behavioral Health Statistics and Quality (CBHSQ): 1) the addition of questions on Medication-Assisted Treatment (MAT), alcohol, opioids, and specific medications to the 2019 National Household Survey on Drug Use; 2) public access to data, following a lapse in access, is now available for the Public Data Analysis System (PDAS) and will be for the Restricted-use Data Analysis System (RDAS) within a week; ways to make micro-level restricted data available are currently under evaluation; and 3) the enhancement of data collection tools, addition of new indicators for the annual assessment of discretionary grant programs, incorporation of validated instruments, and modernization of systems are in process. The goal is for clients to self-report data, thus increasing validity and allowing programs to operate more efficiently. CBHSQ is collaborating with the new National Mental Health and Substance Use Policy Laboratory on these activities.

Dr. Lopez reported on priorities and updates from Kathryn Power, M.Ed., the Acting Director of CSAT. She is positioning CSAT to be a center of excellence, particularly related to the opioid crisis. Customer services are a priority, as are the articulation and measurement of outcomes. In addition, she is seeking to maximize the experience of SAMHSA's regional administrators and to use extenders, such as Council members, to promote the work that SAMHSA is doing. Programmatically, CSAT is partnering with CSAP, the Chief Medical Officer, and the Office of Financial Resources (OFR) to implement the State Targeted Response to the Opioid Crisis (STR) grants, and has worked to support these grantees with a national technical assistance (TA) center to help assure that treatment and quality needs are met.

Ms. Harding reported that CSAP conducted the 14th SAMHSA CSAP Prevention Day the previous week, focusing on opioids and attracting 2,400 participants. SAMHSA's underage drinking prevention campaign titled "Talk. They Hear You" has developed new materials targeting fathers. CSAP has completed its final urine testing guidelines, which include testing

for semi-synthetic opioid medications. Opioid prevention is CSAP's priority; to that end, the Center has funded five new grants targeting opioid use prevention in partnership with the STR team. Program officers from CSAP and CSAT are working together to visit grantees, and observing some immediate impacts.

Dr. Jones presented information about the new National Mental Health and Substance Use Policy Laboratory, created by the 21st Century Cures Act under a broad mandate to support innovation and the adoption of evidence-based programs. Because opioids is the administration's and SAMHSA's priority, there is significant work going on within that domain, including tracking new developments in opioids and their availability, and evaluating STR activities in order to quickly scale up those that are successful. SMI is another priority, and the Laboratory is engaged in broader questions about evaluating the federal government approach to SMI and serious emotional disturbances (SED). There has been a strategic shift from the National Registry of Evidence-based Programs and Practices to the creation of an evidence-based resource center to provide those in the field with the tools they need to implement evidence-based practices; the Laboratory is taking the lead on this task, in collaboration with other federal agencies. Finally, the Laboratory is examining how SAMHSA collects and reports on data in order to provide a more holistic view of the populations the agency serves.

Ms. Herron reported on work in the Office of Policy, Planning and Innovation (OPPI) and the Office of Communication. OPPI recently finalized changes to Confidentiality of Alcohol and Drug Abuse Patient Records regulations, (42 CFR Part 2) to facilitate health integration and information exchange while still protecting the privacy and confidentiality of patients seeking treatment for substance use disorders (SUDs). SAMHSA has responded to a large volume of requests from Congress about opioids, including testifying in three hearings during the fall and an upcoming one in the spring. The Office of Behavioral Health Equity is working on issue briefs on opioid use in minority communities and pathways to care. Two expert panels were convened, one on MAT for people in the criminal justice system and the second on early arrest and diversion from jails. The Office of Tribal Affairs and Policy is establishing policy academies to facilitate communication between tribes and states, and collaborating with the Bureau of Indian Education and the Boys & Girls Clubs in Indian Country on an initiative entitled Culture and Drugs Don't Mix. Today, the Veterans Administration and SAMHSA are announcing a Mayor's Challenge to prevent suicide among military service members, veterans, and their families.

The Office of Communication is expanding efforts to convey SAMHSA expertise and resources to people with mental health and substance use disorders in communities, developing new products and promoting prevention and treatment on every available channel. These efforts include a joint activity with the Federal Trade Commission on getting the right help for opioid withdrawal; finding the right treatment for SUDs; guidelines for pregnant and parenting women; information for American Indian/Native American (AI/NA) communities; and release of TIP #63 on opioid use disorders. Dr. McCance-Katz noted another new product developed by SAMHSA and mandated by the Cures Act: a 24-hour curriculum to permit nurse practitioners to obtain a waiver allowing them to treat opioid use disorder. She noted that SAMHSA will be developing fewer products in the future, focusing on topics of highest priority to the agency.

Ms. Avula, from OFR, explained that SAMHSA is funded under a Continuing Resolution (CR) for fiscal year (FY) 2018. The President has released his FY 2019 budget; SAMHSA supports

its investments in SMI, opioids, and data activities. OFR is modernizing the Grants Enterprise Management System, which will allow the agency to put all grant information in one place; the updated system should be in place by the end of the year. SAMHSA has reduced the burden on grantees by lowering the number of required pages in an application. OFR is providing more resources to applicants, (e.g., a manual on how to apply for a grant), frequently asked questions on pitfalls, and tips for writing a good application. Dr. McCance-Katz noted that SAMHSA is giving greater autonomy to grantees to pay for the TA they need, with the freedom to use those funds toward additional services if TA is not needed.

Mr. Etzinger, SAMHSA's Executive Officer, outlined the role of the Office of Management, Technology, and Operations to assure that the Centers have everything they need to get the job done. Its current priority is to staff and construct the new Policy Laboratory.

Council discussion addressed the importance of jobs, housing, etc., as part of treatment services for people with SMI so they can become full participants in society; an offer to license a simple paper-and-pencil intervention that helps discourage children from carrying guns that could be replicated across the country to avoid school shootings; the need for families to find resources in family-friendly language, and their willingness to share their experiences about how to improve the treatment system; the struggle at the local level to choose and implement the best evidence-based products. Dr. McCance-Katz noted that SAMHSA is expanding training and TA to support the uptake of evidence-based programs, and giving grantees greater flexibility to obtain the TA they need.

Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) Report to Congress

Captain David Morrissette, Ph.D., LCSW

The Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) is mandated by the 21st Century Cures Act and chaired by Dr. McCance-Katz. ISMICC is managed by SAMHSA; its members include ten federal agencies and 14 non-federal members. It held its first meeting in September 2017 and delivered its first report to Congress in December 2017.

The report, "The Way Forward: Federal Action for a System That Works for All People Living with SMI and SED and Their Families and Caregivers," contains 45 recommendations created by the non-federal members that are aimed at coordinating the efforts of the federal departments to develop a comprehensive continuum of care focused on improving outcomes, promoting evidence-based practices, and supporting a strong community-based system. The 45 recommendations have five foci: 1) Strengthening Federal Coordination to Improve Care; 2) Access and Engagement: Make It Easier to Get Good Care; 3) Treatment and Recovery: Close the Gap Between What Works and What is Offered; 4) Increase Opportunities for Diversion and Improve Care for People with SMI and SED Involved in the Criminal Justice and Juvenile Justice Systems; and 5) Develop Finance Strategies to Increase Availability and Affordability of Care. These recommendations will guide the work of federal agencies; there are implementation workgroups for each priority area. Upcoming activities include small working groups; an inventory of federal programs; expert panel meetings; identification of barriers, and strategic planning.

Council discussion included the valuable input that Drug-Free School Coalitions could provide based on their significant experience working across agencies; affirming that the issues that serve as barriers to the treatment of co-occurring disorders are included in ISMICC's recommendations; encouraging ISMICC to keep an eye on any potential rollback of the Americans with Disabilities Act; the need for a different model for the scientific study of children with SMI that SAMHSA could encourage NIH to address; the importance of keeping the youth voice in mind by adding a youth member to the ISMICC public membership or including youth as expert consultants to the committee; making sure to evaluate the ISMICC process to determine what worked well and what didn't; the need for ISMICC to evaluate multiple domains as treatment outcomes, (e.g., morbidity, quality of life), and social integration; the importance of including tribal members on the ISMICC due to the significant multi-generational trauma and high rates of SMI and SUDs among AI/NA people.

Ms. Fleming presented two videos from a U.S. Department of Health and Human Services (HHS) series that recognizes the contributions of individual staff members. These videos honored the work of Jean Bennet, Ph.D., Region III Administrator, and Cynthia Kemp, formerly Chief of the Community Support Programs Branch, CMHS.

SAMHSA's Role in Recent Behavioral Health Responses to Disasters (Hurricanes, Fires, Mudslides, Mass-violence Events, Hawaii Alert)

Anne Herron, Acting Director, Office of Policy Planning and Innovation; Director, Division of Regional and National Policy; CDR Carlos Castillo

SAMHSA's primary role during the response to and recovery from disasters is to make sure that behavioral health needs are acknowledged and support provided. The agency does this primarily by providing information, TA, and consultation to states and local communities. In addition, SAMHSA operates the 24/7 Disaster Response Hotline for crisis referral, and the Crisis Counseling Assistance and Training Program (CCP) in collaboration with the Federal Emergency Management Agency (FEMA). CCP provides short-term crisis response and long-term support over a one-year period, including TA, consultation, and training for state and local mental health personnel. SAMHSA also makes sure needed medications are available and provides flexibility in grant funds to grantees in disaster-struck communities. Regional Administrators support the planning and implementation of these disaster response efforts. SAMHSA's Public Health Officers are often deployed as part of the U.S. Public Health Service Commissioned Corps disaster response team. In the past year, SAMHSA has created a liaison with the Secretary's Operations Center, the incident command center for HHS, to assist with behavioral health issues. It has also placed SAMHSA Behavioral Health Liaisons with the Incident Response Coordination Team on site to coordinate with states and non-governmental organizations during the disaster response period and in the Joint Field Office during the recovery process. In addition, SAMHSA has successfully recruited employees to volunteer for deployment to disaster areas to expand the agency's responsiveness.

CDR Castillo has deployed three times as part of disaster response teams in the past year. He described his experiences as a Behavioral Health Liaison with the Secretary's Operational Center in D.C.; as HHS liaison and committee management expert in support of the Government of Puerto Rico's Health Department's Zika response; as Mental Health expert to augment the first Service's Access Strike Team for patient movement and definitive care for the U.S. Virgin Islands and Puerto Rico. For one of the responses, he left on September 11, 2017, to Puerto

Rico, when the focus was on recovery from Hurricane Irma; then the focus shifted to disaster response when Hurricane Maria unexpectedly arrived five days later. CDR Castillo will deploy to Puerto Rico next week as Liaison Officer from HHS to FEMA for the Immediate Disaster Case Management services on the Commonwealth of Puerto Rico.

Council discussion focused on the needs of rural communities for disaster support; the role of volunteer teams and local preparedness efforts; the effectiveness of local treatment providers in supporting families affected by disasters; the need to provide long-term services to disaster victims; and the role that states can play to meet the behavioral health needs of those whose lives have been affected by disaster.

Public Comment

There were no public comment.

General Council Discussion

A concern was raised that statistics presented in the ISMICC report showing that SMI among the African American population is lower than for the general population is inconsistent with the extremely high rates of arrest and incarceration among African Americans males, thus reinforcing the stereotype that African Americans are more mentally healthy, but engage in more criminal behavior. This statistic, however, reflects a sampling problem; the source is school-based survey and therefore does not represent SMI among the non-school population. It was recommended that a correction be inserted into the report in order to avoid negative news coverage. Also discussed was the need for SAMHSA to create mechanisms for feedback from the hundreds of coalitions across the country to avoid an unmanageable groundswell of comments. Ms. Fleming noted that Dr. McCance-Katz will be starting a series of quarterly stakeholder calls as one avenue for comment; she encouraged Council members to send suggestions for other avenues to the Assistant Secretary via e-mail.

Closing Remarks and Meeting Adjournment

Ms. Fleming thanked everyone for attending the meeting. CDR Castillo adjourned the meeting at 12:08 p.m.

Certification

Date

/ Elinore F. McCance-Katz, M.D., Ph.D. /
Assistant Secretary for Mental Health and
Substance Use