

**Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
National Advisory Council Meeting
August 26, 2014**

Minutes

Meeting Attendees

Council Members: Lori Ashcraft, Ph.D., Executive Director, Recovery Innovations Center; Vijay Ganju, Ph.D., Healthcare Consultant/CEO, Behavioral Health Knowledge Management; Paul Gionfriddo, CEO, Mental Health America; Jeremy Lazarus, M.D., Psychiatrist and Immediate Past President, American Medical Association; Katia Reinert, Ph.D., CRNP, FNP-BC, PHCNS-BC, FCN, Family Nurse Practitioner, Gilberto Romero, Public Health Advocate; Elyn Saks, J.D., Ph.D, Professor of Law, Psychology, Psychiatry and the Behavioral Sciences; University of Southern California, Los Angeles; Jeremiah Simmons, M.S., University of New Mexico, Center for Rural and Community Behavioral Health, and Alan Sokolow, M.D., Chief Medical Officer, AccelusHealth Consulting Partners, participated in the conference call.

Call to Order

Deborah DeMasse-Snell, M.A., (Than), Designated Federal Official, CMHS National Advisory Council, called the meeting to order at 3:00 p.m. on August 26, 2014.

Welcome and Opening Remarks

Paolo del Vecchio, Council Chair and Director of the Center for Mental Health Services (CMHS), welcomed attendees to the meeting and participants introduced themselves. Mr. del Vecchio thanked CMHS staff for attending the meeting, especially Gail Ritchie from the Mental Health Promotion Branch. Mr. del Vecchio conducted a roll call and reviewed the meeting agenda.

Director's Report

CMHS will soon complete fiscal year 2014 new grant and contract awards. As noted at the April CMHS NAC meeting, 2014 has been a landmark year for the largest number of grants and

contracts that CMHS has ever developed. The federal fiscal year for 2015 (FY15) begins October 1, 2014.

Mr. del Vecchio discussed the appropriations for CMHS and the possibility of a continuing resolution which may be passed by Congress prior to October 1. The length of that continuing resolution is yet to be determined. The scenarios being discussed by Congress include a short-term continuing resolution that would be anywhere from two months after the election to after the new Congress is convened in mid-January. This issue is expected to be resolved by October 1, 2014.

Mr. del Vecchio reported on the new strategic plan under development for the Substance Abuse and Mental Health Services Administration (SAMHSA), *Leading Change 2.0, 2015-2018*, which is being led by the CMHS Deputy Director, Dr. Elizabeth Lopez, and she is providing great leadership as the plan nears completion. The council had an opportunity to provide some initial comments on the strategic plan at the April meeting. In August, SAMHSA sent the draft plan out for public comment and many comments were received. The comment period is now closed and the comments are being reviewed. The final plan will be shared with all council members and it will be posted on the SAMHSA website.

Mr. del Vecchio provided an update on the **Certified Community Behavioral Health Clinics Demonstration Program**. Congress as part of the “Medicare Doc Fix” bill -- as it is called, and the President signed on April 1, 2014 – established a new demonstration program to create certified community behavioral health clinics that will meet certain federally specified criteria and will be eligible for enhanced Medicaid financing. This effort, referred to as Section 223, will have significant impacts on the quality of community mental healthcare for years to come, particularly for people with serious mental illnesses and children with serious emotional disturbances. SAMHSA has the overall lead for this initiative.

In March 2014, Congress passed the Protecting Access to Medicare Act of 2014. Section 223 of the Act is a Demonstration Program which aims to increase access, to expand community

behavioral health services and improve Medicaid reimbursement for such services. The overall goal is to create and evaluate a demonstration program for up to eight states that will establish Certified Community Behavioral Health Clinics (CCBHC) according to specified criteria that would make them eligible for enhanced Medicaid funding through a Prospective Payment System. Section 223 authorizes the Department of Health and Human Services to: establish criteria that states will use to certify community behavioral health clinics for a two year demonstration program; develop a prospective payment system for enhanced Medicaid funding for the demonstration program; award grants to states for planning purposes to develop proposals to participate in demonstration program; select up to eight states to participate in the demonstration program; and evaluate the project and prepare annual reports to Congress. SAMHSA will be developing the criteria for these clinics and will be holding public listening sessions on the criteria scheduled for this fall. The Centers for Medicare and Medicaid Services (CMS) are the lead agency for developing the financing approach.

SAMHSA and CMHS also began another new program this year, again, targeting individuals with serious mental illnesses and serious emotional disturbances. Congress added a new 5% set aside for first episode serious mental illness in the Community Mental Health Services Block Grant program. Each state and territory is required to submit a plan how they would use 5% of their block grant allocations for meeting the needs of individuals who have first episode serious mental illness, including first episode psychosis. CMHS provided guidance to the states in conjunction with our partners at the National Institute of Mental Health (NIMH). NIMH is helping to educate states about an early episode program called **RAISE**, (Recovery after Initial Schizophrenia Episode), which is a coordinated care approach. Many states have elected to adopt a RAISE-type program and other states are initiating other coordinated care approaches and training. There will be an evaluation that is done in conjunction with this program, working again with our colleagues at NIMH and at the department level with the office of the Assistant Secretary for Policy and Evaluation (ASPE).

Earlier this month, CMHS sponsored our 9th annual **Voice Awards** program held on UCLA's campus on August 13, 2014 and our own CMHS NAC member, Paul Gionfriddo, attended the

event. This year's event focused on young adults. CMHS worked with over 20 other partners including many of the major mental health and behavioral health organizations, TV and film organizations, and writers, producers, directors, guilds, and others for this award production. There were over 800 people in attendance, which was over a 200 person increase from the previous year. SAMHSA recognized Jason Katims with a Special Recognition Award. He is a writer and executive producer of four previous Voice Awards winning productions including NBC's *Parenthood* and *Friday Night Lights*.

Receiving the Lifetime Achievement Voice Award was Dr. Jean Campbell for her work in research, advocacy, and leadership. Dr. Campbell is a former SAMHSA council member serving on the Advisory Council for Women's Services and the CMHS Subcommittee on Consumer/Survivor Issues.

Receiving the Consumer/Peer Leadership award was CMHS National Advisory Council member Lacy Kendrick Burk, Mack Canuteson from Delmar, New York; Greg Dicharry from Phoenix, Arizona; Patrick Hendry from Virginia and Mental Health America; and Toni Jordan from St. Louis, Missouri. The Youth Leadership award went to Sean Campbell from Bordentown, New Jersey, who has been doing work on the issue of wellness.

Some of the TV productions that were recognized included *Elementary* and *Nashville*; films included *Frankie and Alice*; and documentary productions included *The Anonymous People*. On the eve of this year's Voice awards program, we learned of the tragic death and passing of actor Robin Williams. His passing added a somber note to the event and highlighted the need for more education and awareness on the issue of suicide prevention.

The National Suicide Prevention Lifeline has received much national recognition. In fact, after the tragic death of Robin Williams, the Lifeline received the most calls for the three days after his death that the Lifeline has ever received. Noted previously last year, the Lifeline received over 1 million calls from individuals in need and it is expected to surpass that level this year.

National Recovery Month will begin this September. This year will be the 25th anniversary of Recovery Month. This year's theme will be "***Join the Voices for Recovery, Speak Up and Reach Out.***" SAMHSA will be hosting a press conference on September 4 and will unveil key data on behavioral health. The press conference will include several individuals who have lived experiences of mental illness and addiction and SAMHSA will release a self-care guide called "***Taking Action***" to provide training for individuals on how they can better manage their own behavioral health issues.

As a part of Recovery Month for the past three years, CMHS has sponsored National Wellness Week with a spotlight each year on one of the eight dimensions of wellness and the issue of early mortality. This national event begins the week of September 15. Since the 3-years that CMHS launched Wellness Week, the program has engaged 47 of the 50 states and over 300 organizations have held more than 700 wellness events across the country, ranging from farmers' markets and wellness activities in Arizona to "***Let's Get Moving***" fitness workshops in Kansas City, to partnering with the CDC's "***Million Hearts***" campaign meetings in the District of Columbia.

In May, CMHS sponsored the 9th Annual National Children's Mental Health Awareness Day focusing on the mental health needs of young adults. It was held in conjunction with the annual conference of the National Council for Behavioral Health in Washington D.C.

Over 3000 people participated in the Awareness Day event. One of the highlights was the recognition of New York City Mayor De Blasio's daughter Chiara for her efforts in raising awareness around mental health and addiction issues by disclosing her own recovery journey and encouraging other people to seek services and support. CMHS had over 221 million media impressions for Awareness Day that included major media coverage in the New York Times, Washington Post, Wall Street Journal, and others. The next Awareness Day, which will be the 10th anniversary of the event, will be in May 2015.

Health Care Integration White Paper

Dr. Jeremy Lazarus and Dr. Vijay Ganju, CMHS National Advisory Council Members and Co-Chairs of the Health Care Integration White Paper workgroup provided an update on the work and process of the workgroup. The workgroup looked at how integration is defined, since there are several models in terms of primary healthcare integration including those focused on addressing chronic care or others that emphasize collaborative care. A compendium of resources and tools for health integration that was previously developed and shared with the CMHS NAC members will serve as a useful tool in developing the white paper. The workgroup will focus on specific levers and actions that SAMSHA can take either by itself or with other federal agencies, or agencies outside of the federal government based on different models and funding mechanisms.

Discussion: The NAC discussed how the Consumer/Survivor Subcommittee could provide input and feedback in the development of the white paper. Council members also discussed identifying existing funding streams and how to make integrated models of care sustainable; examining new information that is just becoming available from the Accountable Care Organizations to include how mental health services are being integrated within ACOs; identifying opportunities going forward to drive, influence and inform methods of integrating health and behavioral health services –not just medical services but related services as well, including clinical and non-clinical. Mr. del Vecchio summed up the remarks by the workgroup and suggested that the NAC members also consider and ask questions about how to structure recommendations or guidance on the future of integration.

Mr. del Vecchio asked the committee to think about their own research and to brainstorm on several issues such as how the workgroup could provide some broad parameters of potential ways that SAMHSA could either on its own or with others, operationalize certain action steps that might come from the recommendations. He encouraged the workgroup to think big and examine the kinds of programs that SAMHSA can do within the confines of its appropriation,

legislation, and work with other federal partners, like CMS, to become more expansive in its approach to behavioral health.

SAMHSA's Common Data Platform

Dr. Lisa Patton, Branch Chief of Quality Evaluation and Performance, Center for Behavioral Health Statistics and Quality presented on SAMHSA's Common Data Platform (CDP) and Dr. Mark Jacobsen, Office of Program Analysis and Coordination, CMHS presented on the CMHS Performance Review Board. Dr. Patton provided background information on SAMHSA's three current data collection and reporting systems (Services Accountability Improvement System – CSAT, Prevention Management Reporting and Training System- CSAP, and the Transformation Accountability System – CMHS) including the lack of systems integration and incompatible systems. Dr. Patton provided an overview of the features and benefits of the CDP including increased capabilities; an archival system incorporating existing databases so the data already collected is not lost and can be accessed; single platform with unified measures; create more transparency for grantee information; single point of access for all SAMHSA users seeking measurement data on grantees; portal designed for intuitive interfacing; integrated reports and dashboards features; and role-based access to system data and components. The CDP will be launched January 2015.

Dr. Mark Jacobson led the discussion with a brief background how the CMHS Performance Reviewed Board (PRB) evolved and how membership of the board is comprised. The PRB sets criteria that all CMHS discretionary grantees using the Transformation Accountability System (TRAC) must meet for grants reporting client level services and for grants reporting infrastructure/prevention/promotion data, and the quarterly reporting period and data entry deadline schedule. If grantees do not meet these criteria, they are referred to the PRB during its three day annual meeting. For CMHS, this ensures consistency across GPO grantee monitoring; responds to at-risk grantees as identified through the TRAC system; collaborates with GPOs to understand the reasons for poor performance and develop strategies for improving performance; and develops PRB/GPO consensus on actions to be taken where poor performance warrants an intervention. This past year, the 2014 review was looking at the 2013 data. There were 129

grantees that didn't meet review criteria. Of those 129, 16 grantees were referred to the performance review board meeting in March and of those 16, 6 recommendations were made requiring grant measurement action.

Discussion: Dr. Ganju congratulated them on all their work. His first question was to clarify a point regarding the block grants and wondered if the block grants fit into this construct? Would they fit on the client level? Dr. Jacobsen replied that at the present time we are not reviewing block grants. That is the next step in this process.

Dr. Ganju followed up with the understanding that the focus of this activity seems to be very much on an internal grants management information system to make sure that people, are in fact, delivering what they need to deliver in terms of the grant. But the other kind of function CMHS had in terms of data collection -- and still does -- was to have a surveillance program of what is going on in the country related to both the prevalence and services for mental illness. And so he asked for clarification about how SAMHSA and CMHS developed this system and its relationship. How is this related to what states are doing because they've got their own requirements, in terms of what they have providers do? Then, the next question is, in light of the different requirements that are being placed on providers regarding integrating care at the ACO and FQHC levels, how do some of the requirements that you've got now in these grants align with the requirements for other federal agencies but also in terms of what states are requiring?

Dr. Patton explained that the common data platform, again in this first year, is preserving processes required for the legacy system and it won't be a significant shift from previous methods. The intention is to reduce the burden of information collected across the board. The agency has already made some strides in that direction and will continue to do so. SAMHSA is also having conversations with our other federal partners, such as CMS, ARHQ, and HRSA, and we are looking at FQHCs and other partners to see where we can share data and how we can make some inroads to reduce burdens. Promoting integrated care is an area that CMHS has worked very effectively and SAMHSA is going to continue to have those data conversations to

try to present a broad picture of integrated healthcare and to reduce burden while making sure we are providing a full picture to grantees across the federal government.

Dr. Ganju continued with his question about block grant reporting, because there are many requirements of what information needs to be provided in terms of block grant reporting. Under this grant management system, does this align with the existing requirements or are they now setting the future requirements, along with the National Outcome Measures (NOMS). Will they have to realign themselves? How does this fit into the larger world of SAMHSA?

Dr. Patton responded that the first year for CDP is focused on discretionary grants and then in the next year we'll start to look at block grants. We have been having extensive conversations within SAMHSA about what data collection around block grants is going to look like, focusing on what are the key data elements that have to be reported and produced and then where can we make things more common if possible.

Mr. Gionfriddo asked a question regarding the CDP stating that since the existing systems will become legacy systems and there will not be a direct portal into those, will we replace those systems and people who will put data directly into the new system, the new CDP? Will the data from the legacy systems be archived extractable through the CDP?

Dr. Patton answered yes and that the current systems in their totality will be in that archive system and super users will have the right to access the system.

CMHS NAC's Subcommittee on Consumer/Survivor Issues

Mr. del Vecchio formally introduced Keris Myrick, Director, Office of Consumer Affairs, CMHS to the Council. Ms. Myrick was a previous Consumer/Survivor Subcommittee member to the National Advisory Council and a nationally recognized leader in mental health. She was the Director of Project Return in L.A. County, a leading multiple service agency, as well as the immediate past president of the National Alliance on Mental Illness's Board of Directors.

Ms. Myrick reported on the Subcommittee for Consumer/Survivor Issues meeting held on August 25, 2014. Ms. Myrick congratulated and recognized Subcommittee members Harvey Rosenthal and Charles Willis, who are co-recipients of the Clifford Beers Award. She also recognized Subcommittee member Lacy Kendrick Burk, who recently received a SAMHSA Voice Award for her education and awareness efforts. Ms. Myrick reported that the Subcommittee had very robust conversations around a multitude of issues including outreach and engagement strategies for people with mental illnesses; building on the work done on the coaching model - this model was looked at as something that should be credential-based; reviewing research areas of focus such as mental health issues and domestic violence; and crafting more positive messages around mental health and mental illness recovery. Ms. Myrick noted that the Subcommittee recommends for the NAC Integration paper to include concepts of recovery and the importance of the reduction of prejudice and discrimination which on a macro level would mean a robust public health approach, and on a micro level would mean a person centered approach that promotes self-determination. She added that Subcommittee members are willing to work with the workgroup on these issues. In addition, the Subcommittee also recommends using a small workgroup of the Subcommittee members to review the integration white paper to ensure the consumer perspective is represented throughout and in the final report.

Discussion: Mr. del Vecchio noted that there is a recommendation for the council to discuss and noted that Dr. Ganju and Mr. Romero were participants of the Subcommittee meeting and welcomed comment from them. Dr. Ganju noted that one of the areas that was discussed quite extensively was the interface of public discourse and the public's fear about a possible relationship between violence and mental illness, and misrepresentation of this relationship. Mr. Gionfriddo asked Ms. Myrick to clarify if the Subcommittee was recommending that a Subcommittee member be invited to serve on the Integration paper workgroup.

Ms. Myrick clarified that the Subcommittee wanted an appointed member of the Subcommittee to work on the integration white paper workgroup and to use the small workgroup of the Subcommittee to help review the white paper to ensure that the consumer perspective is represented. Drs. Lazarus and Ganju agreed and encouraged a member of the Subcommittee to

join the workgroup on the calls and work on the document. Mr. Gionfriddo motioned to appoint Ms. Kendrick Burk to the workgroup or allow her to appoint a designee if she's unable to do so.

Public Comment

Mr. Shawn Bennett provided a two page written statement focused on involuntary treatment of patients, and involuntary treatment policies and programs throughout the United States such as state civil commitment laws and assisted outpatient treatment laws. Mr. Bennett voiced his opinion that there are safety issues related to the use of psychotropic medications and that these issues should be investigated to ensure patient safety. He stated that people would be more willing to receive treatment if they knew that their safety was protected.

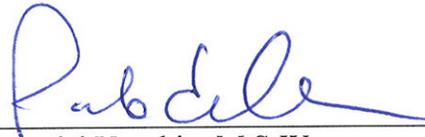
Mr. del Vecchio reminded council members that the SAMHSA Joint NAC Meeting is tomorrow, August 26, from 1:00 p.m. until 3:30 p.m. Eastern Time, and wanted to be sure that everyone received the information to access this meeting on the Web. Mr. del Vecchio reminded members that the next in person meeting will be April 15, 2015.

The meeting was adjourned at 5:00 p.m.

Certification Statement

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

Date



Paolo del Vecchio, M.S.W.
Chair, National Advisory Council
Center for Mental Health Services