

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

Minutes of the

59th Meeting of the

SAMHSA National Advisory Council (NAC)

**February 26, 2016
Rockville, Maryland**

Council Members Present:

Eric B. Broderick, D.D.S., M.P.H.
Henry Chung, M.D. (via telephone)
Victor Joseph
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., R.N., FAAN
Christopher R. Wilkins, M.H.A.

Council Members Absent:

Junius Gonzales, M.D., M.B.A.
Megan Gregory
Lorrie Rickman Jones, Ph.D.

SAMHSA Leadership Present:

Kana Enomoto, Acting Administrator, SAMHSA
Amy Haseltine, M.A., Acting Principal Deputy Administrator, SAMHSA
Tom Coderre, Chief of Staff, SAMHSA
Paolo del Vecchio, M.S.W., Director, Center for Mental Health Services
Frances M. Harding, Director, Center for Substance Abuse Prevention
Kimberly A. Johnson, Ph.D., Director, Center for Substance Abuse Treatment
Larke Huang, Ph.D., Director, Office of Behavioral Health Equity
Daryl W. Kade, M.A., Acting Director, Center for Behavioral Health Statistics and Quality
Monica Feit, Ph.D., Acting Director, Office of Policy, Planning, and Innovation (OPPI),
SAMHSA
Deepa Avula, Acting Director, Office of Financial Resources,
Peggie Rice, Legislative Director, SAMHSA (via telephone)
Anne Herron, Director, Division of Regional and National Policy Liaison, OPPI
Brian Altman, Director, Division of Policy Innovation, OPPI
David DeVoursney, M.P.P., Chief, Policy Analysis Branch, OPPI
CDR Carlos Castillo, M.S.W., Committee Management Officer and Designated Federal Official,
SAMHSA

Call to Order

CDR Castillo called the 59th meeting of the SAMHSA NAC to order at 8:40 a.m. (EST).

Welcome, Introductions, and Consideration of Minutes from the August 2015 Meeting

- Ms. Enomoto welcomed participants to the SAMHSA NAC meeting, and participants introduced themselves.
- Ms. Enomoto expressed appreciation to Mr. Olson and Ms. Gregory, young behavioral health advocates whose terms were ending, for their contributions to SAMHSA's NAC. Mr. Olson urged SAMHSA to continue to recruit youth members to the NAC.
- NAC members unanimously approved the minutes of the SAMHSA NAC meeting of August 28, 2015.

Reflections on the Joint National Advisory Council (JNAC), February 25, 2016

- Ms. Enomoto cited the major themes that emerged from the previous day's joint meeting of SAMHSA's national advisory committees: integration of behavioral health and primary care; role of practice-based evidence; community prevention/public health; early intervention; flexibility; legal issues related to insurance; peer workforce, including Medicaid-billable services; social determinants of behavioral health; access to medical detox; and need for a focus on substance use among individuals ages 18–25.
- In reflecting on the proceedings of the joint meeting, SAMHSA NAC members commented on such topics as suicide prevention among older adults; patient safety in behavioral health; compensation increases for service providers; novel educational opportunities for providers; reduction of stigma and other treatment barriers; assistance for persons awaiting treatment; treatment capacity expansion; training to maximize billing opportunities in behavioral health; integration of SAMHSA's approaches, internal infrastructure, and funding mechanisms; integration and coordination among grant programs in states and localities; increased investment in scaling up of evidence-based programs and practices, and promoting evidence-based practices as standards of care; and enlisting support from the Agency for Healthcare Research and Quality and other agencies, as well as NAC members.
- NAC members suggested topics for discussion at a future NAC meeting, including integration, examination of marijuana research and policy issues, actionable snapshot on the opioid epidemic for health systems, coalitions, consumer groups, and law enforcement; and the U.S. Surgeon General's forthcoming report on substance abuse. Members also suggested continuing to allocate generous time for in-depth discussion at future meetings. NAC members urged SAMHSA to continue hosting JNAC meetings, citing the benefits of cross-disciplinary interaction.

Emerging Issues

Presenters: Kana Enomoto, Dr. Monica Feit, and Deepa Avula

Ms. Enomoto solicited members' advice on SAMHSA priorities for the period until a new Administrator is selected. NAC members referred to the priorities and activities delineated in SAMHSA's current strategic initiatives, internal operating strategies for behavioral health priorities, selected budget features, SAMHSA's theory of change, and the four "big ideas" developed by SAMHSA at the request of the HHS Secretary.

- Ms. Avula described President Barack Obama's proposed budget and highlighted several new initiatives. Priorities include entering individuals with serious mental illness into care, addressing the opioid epidemic, preventing suicide, and maintaining the behavioral health safety net. Ms. Avula also cited programs whose funding would decline in the coming fiscal year and described the tensions inherent in decision-making regarding SAMHSA's discretionary portfolio.
- NAC members offered their views on SAMHSA's path forward, a process complicated by pending behavioral health reform and pending budget legislation. Several members suggested specific strategies to reconcile the various planning documents, including, for example, annual reviews and perhaps revision of SAMHSA's strategic initiatives, consideration of internal operating strategies as a business plan, and creation of a matrix that cross-maps planning documents. Dr. Martinez urged SAMHSA to identify common elements, which, with integrated funding streams, would result in more rational, user-friendly budgets that reflect grantees' realities. Participants emphasized the importance of solidifying and communicating SAMHSA's identity and value to all its stakeholders. Most members agreed that priorities would change over the next two years.
- Several members highlighted the connections among healthcare information technology, payment structure, and sustainability. Dr. Chung suggested that SAMHSA frame its story by ensuring that the agency's priorities fit into the public narrative: treat psychosis, prevent violence, and place people in treatment and not in jails, build the safety net—and tie all to health reform. Dr. Huang added that SAMHSA should pose children's mental health and social determinants of health as frames, and must portray itself as a public health agency. Mr. del Vecchio stated that mainstream and social media, and legal action, also represent potent change drivers.
- Dr. Chung asserted that, with increasing integration, timing may be better for scaling-up evidence-based practices (for example, Screening, Brief Intervention, and Referral to Treatment), providing that programs and practices are portrayed as additional tools in a collaborative care network—and not as something new and different. Dr. Stuart remarked that practice changes occur either when required by accreditors or regulators, or when incentives make change worthwhile.
- Dr. Martinez stated the need to invest in evaluations that generate outcome measures in order to facilitate data-driven decision making. Mr. Joseph highlighted the value, in achieving sustainability, of individual testimonials that support programs' effectiveness; Dr. Martinez suggested that SAMHSA collect testimonials, which represent outcomes. Dr. Stuart recommended that SAMHSA use data to justify ending programs when their

relevance declines. Dr. Chung urged SAMHSA to collect and publish data on block grant funding with regard to the safety net, and to demonstrate ways in which SAMHSA supports families with prevention and treatment. Dr. Johnson noted the value of a customer-centric approach to communication.

- Mr. Wilkins observed the need to focus on the science of behavioral economics in the context of social determinants. Dr. Martinez urged SAMHSA to impose conditions of award that require grantees to compile and address disparities impact statements, and to take other specific actions in order to further SAMHSA's public health/whole population approach. Ms. Price noted the need to accommodate hot topics within an established framework. Mr. Joseph stated that business operations should be prepared for new and emerging efforts.
- Senior SAMHSA leaders responded to NAC members' observations. Dr. Huang agreed on the need for infrastructure that responds efficiently to rapidly emerging issues and priorities. Ms. Harding and Dr. Feit suggested identifying priorities with rising urgency and with declining relevance. Mr. del Vecchio suggested considering social determinants of recovery and prevention in a frame of wellness and well-being. He noted the need for SAMHSA to mobilize its stakeholders to carry its message forward. Ms. Enomoto observed SAMHSA's challenge to venture beyond the agency's sphere of influence to engage others in prevention and promotion of behavioral health. Several NAC members and staff emphasized the necessity to illustrate SAMHSA's stories with outcome and quality data.

Public Comment

Dr. Lori Simon observed the need to integrate mental health and substance use services into social services to the greatest extent possible to achieve good outcomes; called attention to onerous regulation of medical practices; and urged SAMHSA to promote use of electronic health records in the behavioral health field in order to transcend silos.

Closing Remarks

Ms. Haseltine reemphasized the need for SAMHSA to clarify and communicate its purpose to its stakeholders, to coordinate and collaborate across SAMHSA's infrastructure and portfolios, and to focus on its core work—while also anticipating opportunities and necessities for change. Ms. Kade concurred on the need for SAMHSA to communicate systematically to demonstrate what works, based on performance data and experience. Dr. Huang noted the need to consolidate SAMHSA's activities, better frame them, and make them understandable to the general public. Dr. Chung urged SAMHSA to use the Certified Community Behavioral Health Center grant opportunity to communicate about how effective SAMHSA can be. Ms. Price encouraged SAMHSA to stay true to its core mission and to align priorities around internal functional strategies.

Adjournment

CDR Castillo announced that the next series of SAMHSA NAC meetings will take place August 24–26, 2016. He adjourned the meeting at 1:08 p.m. (EST).

Certification

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

MAY 16 2016

Date



Kana Enomoto
Chair, SAMHSA NAC
Principal Deputy 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.