

63rd Meeting of the
Substance Abuse and Mental Health Services Administration (SAMHSA)
National Advisory Council (NAC)
SAMHSA Headquarters
February 16, 2018
Meeting Summary

NAC Members:

Eric B. Broderick, D.D.S.

Henry Chung, M.D. (on telephone)

Wilson Compton, M.D., National Institute on Drug Abuse, on behalf of Nora Volkow, M.D. (ex-officio)

Ellen Gerstein, M.A.

Joshua Gordon, M.D., Ph.D., National Institute of Mental Health (ex-officio)

Dave Gustafson, Ph.D. (on telephone)

Patricia Powell, Ph.D., National Institute on Alcoholism and Alcohol Abuse, on behalf of George F. Koob, Ph.D. (ex-officio)

Marsden McGuire, M.D., Department of Veterans Affairs, on behalf of Harold S. Kudler, M.D. (ex-officio)

Kenneth J. Martinez, Psy.D. (on telephone)

Justin Luke Riley

Gail Stuart, Ph.D.

Christopher R. Wilkins, Sr., M.H.A. (on telephone)

SAMHSA Staff

Deepa Avula

CDR Carlos Castillo

Paolo del Vecchio, M.S.W.

Mary Fleming, M.S.

Frances Harding

Anne Herron, M.S. (on telephone)

Christopher Jones, Pharm.D., M.P.H.

Daryl Kade, M.A.

Elinore F. McCance-Katz, M.D., Ph.D.

Representatives of Other Department of Health and Human Services (HHS) Agencies

Terry Adirim, M.D., M.P.H., FAAP, Department of Defense (on telephone)

Beverly Cotton, DNP, Indian Health Service

Robin Ikeda, M.D., Ph.D., Centers for Disease Prevention and Control

Calder Lynch, M.S., Centers for Medicare and Medicaid Services (on telephone)

Call to Order

CDR Castillo, Designated Federal Official/ Committee Management Officer, called the meeting to order at 9:11 a.m.

Welcome, Introductions, Opening Remarks and Retiring Members

Dr. McCance-Katz welcomed NAC members to the meeting. She recognized the contributions of three departing members, Eric B. Broderick, D.D.S., Junius Gonzales, M.D., and Henry Chung, M.D.

Consideration of Minutes from August 17, 2017 Meeting

Council members unanimously approved the minutes of the August 17, 2017 meeting.

SAMHSA Priorities and Council Discussion

Dr. McCance-Katz presented Substance Abuse and Mental Health Services Administration (SAMHSA's) priorities and plans, noting that the 21st Century Cures Act provides the agency's legislative mandate and a blueprint for SAMHSA's activities. The Cures Act established the position of Assistant Secretary of Mental Health and Substance Use as head of SAMHSA, and requires her to disseminate research findings and evidence-based practices (EBPs) to improve prevention and treatment; ensure that grants are subject to performance and outcome evaluations; consult with stakeholders to improve community-based and other mental health services; collaborate with other departments to improve care to military veterans and service members; and work with stakeholders to improve the recruitment and retention of behavioral health professionals. Serious mental illness (SMI) and the opioid crisis, the most serious issues of the time, are the top priorities of SAMHSA's priorities.

The Cures Act created the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC), a public/Federal partnership to review current programs/practices within the Federal government and encourage more collaboration between agencies. SAMHSA will lead these efforts over the next four years. The ISMICC sent a report to Congress in December 2017 with 45 recommendations addressing Federal collaboration; access and engagement; treatment and recovery; diversion and care for those within the criminal justice system; and finance. SAMHSA's plans to address SMI include focusing on SMI and serious emotional disturbances (SED); addressing the potential to prevent SMI; increasing access to treatment by increasing treatment capacity, adopting innovative approaches and developing the workforce; reducing suicide; providing training and technical assistance (TA) to communities; and enforcing parity laws/working with insurers on best approaches to coverage for SMI/SED. It will strive to reduce suicides via the National Lifeline, suicide prevention/reduction grants, and the Zero Suicide program.

HHS has a 5-point opioid strategy that guides SAMHSA's work. To support the strategy, SAMHSA provides public health surveillance data through the National Survey of Drug Use and Health and the Treatment Episode Data Set, among data collection systems. SAMHSA's plan to address the opioid crisis includes supporting evidence-based prevention, treatment, and recovery services through the State Targeted Response to the Opioid Crisis (STR) grants; support for Medication Assisted Treatment and Prescription Drug and Opioid (MAT-PDOA) programs; block grants to support the Pregnancy and Post-Partum Women (PPW) program; providing technical assistance (TA) on evidence-based practices; providing access to naloxone for first responders and peers; addressing neonatal abstinence syndrome (NAS) among pregnant and post-partum women; promoting the use of MAT in criminal justice programs; supporting recovery coaches; revising the Confidentiality of Alcohol and Drug Abuse Patient Records regulations, (42 CFR Part 2) to support inclusion of families in medical emergencies and

overdose training; conducting public outreach for prevention; and re-establishing the Drug Abuse Warning Network (DAWN). It will also support innovative approaches, such as Certified Community Behavioral Health Centers and the integration of behavioral health into primary care.

To support workforce development, SAMHSA will continue initiatives such as the Addiction Technology Transfer Centers (ATTCs), the Providers' Clinical Support System for Opioid Therapies (PCSS), and the Drug Addiction Treatment Act (DATA) waiver training in pre-graduate settings. It will encourage a national certification program for the peer workforce. With the Health Resources & Services Administration (HRSA), SAMHSA will encourage incentives such as loan forgiveness programs; integration of behavioral health into primary care at Federally-Qualified Health Centers; and telehealth.

To determine if SAMHSA activities are working, the Center for Behavioral Health Statistics and Quality (CBHSQ) and the new National Mental Health and Substance Use Policy Laboratory will conduct internal reviews of data collection systems and conduct external evaluations in collaboration with other agencies.

SAMHSA will consult with stakeholders via quarterly calls, and work on joint goals. Dr. McCance-Katz also reviewed the President's Fiscal Year 2019 budget that includes significant funding increases for many SAMHSA programs.

SAMHSA staff and NAC members introduced themselves. Council discussion topics included the evidence base for Assisted Outpatient Treatment; the need to evaluate the delivery of treatment; Congressional response to the transfer of the Drug-Free Communities Support Program; the need for more pre-licensure training for nurses on mental health and substance use; the need for stronger quality measures for behavioral health; how SAMHSA is grappling with the purported link between mental illness and homicide following mass shootings; and the need to mobilize the public behavioral health delivery system by removing payment barriers, strengthening the analytics system, and providing appropriate incentives and disincentives with academic and government partners.

Updates from HHS Operating Divisions on Behavioral Health Work

Mr. Lynch from the Centers for Medicare and Medicaid Services (CMS) reported that Medicaid is the biggest payer for behavioral health treatment services in the country. In November 2017, CMS provided a new opportunity for Section 1115 waivers that allow states to build out their systems of care for OUD by providing greater flexibility in how services are provided. Before this new policy was implemented, only four states had been approved for the waiver; six additional states have now been approved and seven more have applied. Results thus far include an increase in beneficiaries receiving treatment, reduced emergency room (ER) visits, and significant increases in the number of providers available to treat OUD. CMS is also working with states to meet beneficiaries' mental health needs, providing a continuum of care for SMI and more public reporting of key outcome metrics.

Dr. Ikeda provided background information about the Centers for Disease Prevention and Control (CDC), focusing on three areas: 1) Marijuana: CDC is working with SAMHSA and the Council of State and Territorial Epidemiologists to develop a compendium of standardized

questions about use, and to integrate these questions into existing data surveillance systems such as the Behavioral Risk Factors Surveillance System (BRFSS). CDC is also providing advice to localities and state on how to strengthen information about marijuana-related hospitalizations and ER visits. 2) Opioids: Last spring, the agency formed an opioid response unit that is conducting surveillance/research; helping states, territories, and tribes to build their responses; working with clinical systems on payment issues; partnering with public safety officials; and empowering consumers to make smart choices. In March 2017, CDC released guidelines about safe, effective pain management. 3) Suicide: CDC published its first *CDC Vital Signs* about suicide, reporting on changes in the suicide rates across states over time using data from the National Violent Death Reporting System. A technical package was released last year with guidelines about how to prevent suicide; SAMHSA contributed to its development.

Dr. Adirim explained the role of the Office of Health Affairs at the Department of Defense (DoD). DoD runs a large integrated health care system, including 55 hospitals and hundreds of clinics for service members, retirees, and family members. DoD also supports research and development, with significant investments in mental health and substance use disorders. Priority issues within DoD include rising rates of post-traumatic stress disorder (PTSD) among service members. DoD has tripled access to care and opportunities for screening, trained several hundred providers and placed them in the system's largest clinics, and also increased the number of psychological health professionals, embedding some within troops. Suicide is an area in which DoD is partnering with the VA in supporting veterans, allowing separating service members to receive care for at least one year following separation, a high-risk period for suicide. As part of these efforts, the agency maintains the DoD Suicide Event Report system to track suicide rates. DoD and VA have updated the VA/DoD clinical practice guidelines for assessment and management for patients at risk for suicide. Rates of opioid misuse in the military are less than 1 percent; service members are actively tested. DoD has augmented and invested in pain management programs for service members and beneficiaries

Updates from Ex-Officio Members

Dr. Compton reported on activities at the National Institute on Drug Abuse (NIDA). The Institute addresses the neuroscience of drug addiction that leads to new treatment approaches. Marijuana research is a robust part of NIDA's portfolio because of state legalization initiatives. NIDA is a major funder in the neuroscience and treatment of tobacco. The Institute is working on improved opioid use education and outreach; researching non-opioid treatments for pain; and developing easy-to-use formulations of naloxone while also searching for more effective alternatives. NIDA is working with SAMHSA to issue FOAs that require researchers to partner with states to examine key questions. NIDA is also collaborating with the Policy Laboratory to improve the metrics for quality care.

Dr. Gordon provided an overview of three activities at the National Institute of Mental Health (NIMH): 1) The Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE) found that universal screening for suicide risk in the ER, coupled with telephone follow-up three times during the year, reduced the number of suicide attempts by 30 percent compared to usual treatment. 2) Three newly-funded collaborative hubs to reduce Native American youth suicides are multidisciplinary research groups of investigators and their collaborators that will study the delivery of evidence-based care in regions with the highest rate of suicide: the

Northwest Arctic; Norton Sound; and Yukon Kuskokwim. 3) NIMH and SAMHSA are working collaboratively on studying high risk for psychosis (prodrome phase) in community settings in order to delay onset or reduce severity. The two agencies worked side by side to develop FOAs that are consistent with each other and which will be released simultaneously.

Beverly Cotton, DNP, explained the operation of the Indian Health Service (IHS) on behalf of Acting Director Michael D. Weahkee. IHS is the primary healthcare provider for 2.2 million American Indians/Native Americans. The IHS National Committee on Heroin, Opioid, and Pain Efforts (HOPE Committee) focuses on providing culturally appropriate services, preventing overdose deaths, and pain management based on the CDC guidelines. Over the past four years, IHS has seen a decrease in opioid prescriptions, increased use of naloxone and MAT, and a significant decrease in methadone use. Free training is offered for DATA waivers with approximately 70 received to date. Mental health services within IHS are provided on an outpatient basis with referrals for psychiatric care. IHS is encouraging its constituents to respond to SAMHSA FOAs since the Cures Act made them eligible. Ms. Fleming commented that SAMHSA is now including set-asides for tribal organizations in each of its upcoming FOAs.

Dr. Powell reported on priorities and activities at the National Institute of Alcoholism and Alcohol Abuse (NIAAA) on behalf of George Koob, Ph.D. Recent activities include research on fetal alcohol spectrum disorder (FASD); more screening and intervention for women who are or may become pregnant is needed. Longitudinal research on the impact of alcohol on the developing adolescent brain continues, including studies from the National Consortium on Alcohol and Neurodevelopment in Adolescents (NCANDA) and the new Adolescent Brain Cognitive Development (ABCD) study being conducted in collaboration with NIDA, NIMH, and others. Alcohol use and misuse is also increasing among women. In October, the Institute sponsored a conference on alcohol and opioid use among women to raise awareness about the issue. Because of shortages in the addiction medicine workforce, NIAAA is working with the American Board of Addiction Medicine to integrate addiction medicine knowledge into post-graduate medical education and in residency training. The Institute has developed the NIAAA Treatment Navigator to help people find evidence-based treatment for AUDs. Finally, in light of the opioid crisis, NIAAA urges an examination of the role that alcohol plays in ER visits, hospitalizations, and overdose deaths. Alcohol is often not tested for nor reported, yet it is a factor in about 15 percent of opioid-related deaths.

CDR Castillo introduced Dr. McGuire who is replacing Harold Kudler, M.D., as the NAC representative due to Dr. Kudler's retirement. Dr. McGuire provided an overview of the Department of Veterans Affairs, noting that the VA Health Administration is a fully integrated health care system offering a recovery-oriented continuum of services to veterans at 150 medical centers and over 1,000 outpatient clinics. The VA leads the way in integrated primary care, as well as residential care for PTSD and SMI. In addition to clinical services, the VA also has research and teaching missions that include Centers for Excellence within primary care domains. Reducing suicide is the top clinical priority within the VA, and there is now a central office of mental health and suicide prevention that oversees three national centers and a suicide hotline. Most recently, the VA has strengthened outreach coordination and clinical services to transitioning service members in recognition that they are at high risk for suicide attempts.

Council Discussion

NAC members praised the joint Youth in Prodrome Phase of Psychosis FOA development effort between SAMHSA and NIMH, recognizing the challenges posed by such collaboration. Mr. Riley encouraged SAMHSA to consider building cross-sector partnerships and offering unrestricted funds to encourage young leaders to develop innovative strategies for prevention and treatment. Dr. Powell proposed a SWAT team approach to treating overdose emergencies by providing a warm hand-off treatment in real life, rather than just a referral.

Public Comment

Sharon LeGore CSAT NAC, encouraged SAMHSA and NIDA to disseminate information in family-friendly language through easy-to-find channels about how marijuana affects the brain, since parents are hearing primarily about the substance’s role as a medication. Anthony Francisco, Jr., TTAC, thanked SAMHSA for tribal set-asides in grant programs. James Gallant of the Marquette County Suicide Prevention Coalition in Marquette, Michigan, requested that SAMHSA, VA, and other departments support people in maintaining their legal rights related to divorce, custody, and alienation from family members as required under the Developmental Disabilities Act of 2000; failure to maintain family connections may lead to increased suicide attempts.

Closing Remarks and Adjournment

Ms. Fleming thanked NAC members for their participation, and reiterated SAMHSA’s appreciation to the retiring members. CDR Castillo adjourned the meeting at 1:14 p.m.

Certification

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

Date

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

Minutes will be formally considered by the SAMHSA National Advisory Council at its next meeting, and any corrections or notations will be incorporated into the minutes of that meeting.