64th Meeting of the
Substance Abuse and Mental Health Services Administration (SAMHSA)
National Advisory Council (NAC)
SAMHSA Headquarters
August 2, 2018
Meeting Summary

NAC Members:
Wilson Compton, M.D., National Institute on Drug Abuse, on behalf of Nora Volkow, M.D. (ex-officio)
Jeffrey Geller, M.D., M.P.H.
Ellen Gerstein, M.A. (via telephone)
Dave Gustafson, Ph.D.
Victor Joseph
Marsden McGuire, M.D., Department of Veterans Affairs, on behalf of Robert Wilkie (ex-officio)
Kenneth J. Martinez, Psy.D.
Patricia Powell, Ph.D., National Institute on Alcoholism and Alcohol Abuse, on behalf of George F. Koob, Ph.D. (ex-officio)
Sally Satel, M.D.
Gail Stuart, Ph.D.
Allan Tasman, M.D.
Terri White, M.S.W. (via telephone)

SAMHSA Staff
Anita Everett, M.D.
Christopher Carroll, M.Sc.
CAPT Carlos Castillo
Paolo del Vecchio, M.S.W.
Frances Harding
Anne Herron, M.S.
CAPT Christopher Jones, Pharm.D., M.P.H.
Daryl Kade, M.A.
CAPT Chideha Ohuoha, M.D., M.P.H.
Arne Owens, M.S.

Call to Order
CAPT Carlos Castillo, Designated Federal Official/ Committee Management Officer, called the meeting to order at 9:03 a.m.

Welcome, Introductions, and Opening Remarks
CAPT Castillo introduced Mr. Owens, Principal Deputy Assistant Secretary for SAMHSA, who was representing Assistant Secretary for Mental Health and Substance Use Elinore F. McCance-Katz, M.D., Ph.D. He welcomed new members, Drs. Geller, Satel, and Tasman, and expressed appreciation to retiring members Darryl Strawberry and Christopher Wilkins. NAC members and SAMHSA staff introduced themselves.

Consideration of Minutes from February 16, 2018 Meeting
Council members unanimously approved the minutes of the February 16, 2018 meeting.

Principal Deputy Assistant Secretary's Updates
Mr. Owens reviewed Congress' intentions for the 21st Century Cures Act as they pertained to SAMHSA. To raise the agency's visibility and capacity, the Cures Act elevated the title of SAMHSA's leader to Assistant Secretary for Mental Health and Substance Use, created the Office of the Chief Medical Officer (OCMO) and the National Mental Health and Substance Use Policy Lab, and prioritized Serious Mental Illness (SMI) and the opioid epidemic as major issues. Mr. Owen reviewed data from the 2016 National Survey on Drug Use and Health (NSDUH) on the prevalence of substance use disorders (SUD) as well as the U.S. Department of

Health and Human Services (HHS) strategy to address the opioid epidemic. He noted that Congress appropriated an increase of more than $1 billion in fiscal year (FY) 2018 over the previous FY to address opioids. Mr. Owen also reviewed progress in battling the epidemic, including a steady decline in opioid prescribing and increases in the availability of medication-assisted treatment (MAT) and naloxone dispensing by pharmacies. There remains an urgent need to prepare the workforce and to disseminate evidence-based practices to the field. SMI was also a significant concern of Congress. There is a new Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) involving multiple Federal agencies to address the coordination of efforts around SMI. It published an initial report in December 2017 that included 45 specific recommendations within five focus areas: Strengthening federal coordination; increasing access to evidence-based best practices; closing the gap between what works and what is offered; increasing opportunities for individuals with SMI and serious emotional disturbance (SED) in the criminal justice system to receive care; and improving financing of care. Another important mental health initiative is the Federal Commission on School Safety. Dr. McCance-Katz represents SAMHSA on the Commission. Commission members have visited school sites around the country and held listening sessions; mental health concerns have been a consistent theme. The Commission will make recommendations about how Federal agencies can improve school safety.

Updates from SAMHSAs Centers and Office Directors

Center for Mental Health Services (CMHS): Mr. del Vecchio reported that SMI and the implementation of the 21st Century Cures Act are the top priorities at CMHS. He acknowledged the CMHS NAC members present, Steven Adelsheim, M.D., Dennis Embry, Ph.D., Wenli Jen, Ed.D., and Jeffrey Patton M.S.W., and reviewed issues discussed at the CMHS NAC meeting: SMI and the criminal justice system, including the need for law enforcement training; workforce issues, including the need for waivers and more discussion with insurers; and how to address the needs of the 1.5 million individuals with SMI who also have an opioid use disorder (OUD). The CMHS NAC also discussed the priority of suicide: CMHS' Zero Suicide efforts include new grants to health and behavioral health systems to implement comprehensive suicide prevention. SAMHSA's national suicide prevention helpline responded to 2 million calls from people in crisis last year. CMHS is also collaborating with CSAT to address suicide prevention and addiction within tribal communities. School mental health is also a priority. Project Advancing Wellness and Resilience Education is now a $71 million program to help states and districts implement comprehensive mental health supports in schools. The CMHS NAC identified a need for mental health tools for parents, students, teachers, and the community. Other CMHS priorities concern disaster-related mental health issues, including collaboration with the Federal Emergency Management Administration during natural disasters, and with the Surgeon General's office to assist commissioned officers deployed for border issues. CMHS has a child traumatic stress initiative to provide support to the Office of Child Refugee Resettlement at the border, along with advocates to monitor conditions at border detention facilities.

SAMHSA received over $300 million for mental health this year, a significant portion of which went into the block grant program. The 10 percent set-aside to the Mental Health Block Grants program for treatment of first episode psychosis is going strong. CMHS has been working with the National Institute of Mental Health (NIMH) over the past three years to set up over 250 of these programs around the country. Initial data from an evaluation of the program conducted by

NIMH and the Office of the Assistant Secretary of Health for Planning and Evaluation is positive, indicating that over 70 percent of facilities are operating at least at 50 percent capacity. CMHS is awarding new grants for the minority fellowship program and the minority AIDS initiative. There is also a new national center of excellence on tobacco, as well as a new grant program working on vertical integration of care. There is also new work in supported housing and technical assistance through the regionally-based technology transfer centers, as well as a national coordinating center for tribal health.

The CMHS NAC identified tribal issues, as well as issues around provisions in the Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act, as topics for new SAMHSA products, and recommended the development of useful tools rather than lengthy reports.

Center for Substance Abuse Prevention (CSAP): Ms. Harding reported that CSAP has been tasked with awarding many new grants; most of the new programming is centered around the opioid epidemic, including six new opioid-related prevention grant programs that have brought in 230 grantees. They include CSAP's Partnerships for Success initiative, which addresses prevention at the universal level through education and outreach. CSAP partners with CMHS on programming for Indian Country and participates in the State Opioid Response (SOR) grants that represent 46 additional grantees. Every state has a Partnership for Success grant that has been focusing on underage drinking and the drug identified by the state as a priority. Finally, SAMHSA also manages the Drug-Free Communities Program (DFCP) from the Office of National Drug Control Policy (ONDCP). There are 55 new grantees this year, bringing the total number of funded DFCP grass-roots coalitions to 797 across the country.

A cross-site evaluation of CSAP's minority AIDS program showed significant reductions in past 30-day alcohol and marijuana use and, most importantly, in the rate of unprotected sex among men.

SAMHSA has also completed a proposal for using oral fluids for mandatory drug testing. If approved, it will be the first non-urine test approved since 1998.

CSAP maintains an extensive and growing media campaign entitled *Talk. They Hear You*, that targets communities and parents of youngsters aged 9-15. The campaign has expanded its reach beyond underage drinking to include opioids and other drugs. There is also a new military family component.

The CSAP NAC held its meeting over the previous two days. The first official recommendation from the NAC emerged during the meeting: There is a need for a greater role for prevention professionals to educate their treatment colleagues about the critical role that prevention plays in addressing the opioid epidemic. There will be a formal recommendation to Dr. McCance-Katz to require SAMHSA grantees to complete a substance abuse prevention training component. The recommendation also addresses the need for outreach by the federal government and the states to invest in efforts to recruit young people into the prevention field.

Center for Substance Abuse Treatment (CSAT): CAPT Ohuoha recognized the CSAT NAC members who were present: Judith Martin, M.D., Arthur Schut, Jason Howell, Sharon LeGore, and Lawrence Medina. During the CSAT NAC meeting, members identified important needs, including increasing access to MAT for underserved populations and those in the criminal justice system; the impact of opioid use on families and communities; increases in methamphetamine and alcohol use; and the need for comprehensive support such as jobs, education and housing for those in recovery. The NAC also expressed concerns about privacy issues, encouraging SAMHSA to continue to look at 42 CFR, Part 2.

CSAT is focused on increasing access to evidence-based treatment for those with SUDs by expanding access in high need areas and populations and enhancing data collection and analysis. Two new grant programs support the first goal. The Provider's Clinical Support System – Universities program seeks to expand access to MAT services for persons with an OUD through ensuring that medical, physician assistant, and nurse practitioner students fulfill the training requirements needed to obtain a DATA waiver to prescribe MAT in office-based settings. CSAT is also supporting a new cohort of grantees under the Targeted Capacity Expansion: Medication Assisted Treatment - Prescription Drug and Opioid Addiction (MAT-PDOA) grants to expand access to MAT. The focus is on the states with the highest rates of heroin and opioid use. Two new grants, the State Targeted Response (STR) grants and the SOR grants, address expanding MAT services. The DATA waivers program continues to grow; currently over 44,000 physicians have been approved to prescribe buprenorphine. In addition, over 5,900 nurse practitioners and over 1,000 physician assistants have received waivers. Toward the goal of improving quality in data collection and analysis, CSAT is sponsoring the Recovery Research and Evaluation Technical Expert Panel. Its goals are to inform the needs of recovery and support services, identify gaps in research, and frame the most important questions that need to be addressed. Finally, CSAT collaborated with CBHSQ to improve the quality of data collected for SAMHSA's Performance Accountability and Reporting System (SPARS), including adding ICD-10 codes and identifying specific questions at the program level to assess effectiveness.

Center for Behavioral Health Statistics and Quality (CBHSQ): Ms. Kade reported that the CBHSQ Division for Evaluation Analysis and Quality has been eliminated and replaced with an Office of Evaluation, reflecting a shift in focus from research to program evaluation. Dr. McCance-Katz requested that CBHSQ annually assess the effectiveness of SAMHSA's programs based on SPARS; in 2018, the office rolled out its first series of evaluation reports on SAMHSA's treatment programs and is working with CSAP and CMHS to develop program profiles. The 2018 evaluation reports address whether or not the program is reaching its target population(s), retention, treatment completions, extent to which psychological distress has been reduced, and rates of abstention, among other general parameters. Centers have been asked to identify specific program questions that can be addressed by the performance data, i.e., performance benchmarks. With the emphasis on client level outcomes, CBHSQ has also engaged with the Policy Lab and OCMO to review the data collection instruments that are part of SPARS. For example, the ICD-10 codes have been added, along with diagnoses and field-tested instruments such as the Colorado Symptom Index that will allow SAMHSA to track client changes over time. The goal is to roll out the new questionnaires in September 2018 so that the 2019 reports can be more informative about who is receiving treatment. CBHSQ is also moving

forward to modernize SPARS by incorporating client self-reports to increase validity and decrease the burden on grantees.

The results of the 2017 NSDUH will be available on September 14, 2018. For the 2018 survey currently in the field, questions about recovery have been added. For the 2019 survey, questions about MAT programs have been added; that instrument is currently undergoing the Office of Management and Budget (OMB) clearance process.

National Mental Health and Substance Use Policy Lab: Dr. Jones reported that his office is finalizing the new strategic four-year plan that reflects changes at SAMHSA since Dr. McCance-Katz' arrival. The strategic vision in the plan is consistent with Congress' charge to the agency to determine what works via research and evaluation. To address this goal, the Lab is partnering internally with the Centers on research and evaluation issues, and externally with outside partners such as the National Institutes of Health (NIH) and the states, e.g., SAMHSA is currently partnering with New Hampshire, Rhode Island, and Connecticut to evaluate innovations in treatment service models. With CMHS, the Lab is tracking issues that the ISMICC has identified. The Lab is also working with the Centers for Medicare and Medicaid Services (CMS) to assess Medicaid prescribing practices, and is discussing payment issues with them. The Lab is working with the National Institute on Drug Abuse (NIDA) to evaluate the HEALing Community Study that will saturate some communities with prevention and treatment of opioids. Finally, SAMHSA is co-stewarding data on quality measures identified by ISMICC, and working with CBHSQ on the SPARS revisions.

In April, SAMHSA launched an evidence-based resource center to develop materials for clinicians and community-based practitioners. Currently, SAMHSA is reviewing its existing resources to identify which ones need to be updated, and is also seeking to identify the key products and resources that need to be developed. There will be a forthcoming contract to develop new resources.

Office of Policy, Planning and Innovation (OPPI): Ms. Herron reported that OPPI is changing its name to the Office of Intergovernmental and External Affairs. Among its responsibilities is supporting the Advisory Council on Women's Services (ACWS) and providing support to communities suffering natural and man-made disasters. It also has an Office of Tribal Affairs and Policy, which co-sponsored a town hall with other federal agencies to advance tribal health. OPPI also oversees the work of the ten regional offices which conduct a combination of common activities (focused, for example, on opioids and suicide prevention) and responding to specific issues of importance to the states/stakeholders they service. For example, in Chicago the regional office sponsored a funders' summit of philanthropy organizations and state agencies to share information and discuss how they could work together effectively. SAMHSA recently convened state suicide prevention coordinators to plan the Zero Suicide Mayor's Challenge in 14 communities across the nation.

Health Care Financing and Systems Integration: Mr. Carroll noted that SAMHSA is focused on reducing the number of regulations for providers and individuals. SAMHSA has committed to reducing the regulatory burden on emergency response providers and on physicians who are authorized to prescribe buprenhorphine to 275 patients. SAMHSA is also working to align 42

CFR, Part 2 with HIPAA in collaboration with other HHS agencies; Dr. McCance-Katz attended a roundtable discussion of regulatory barriers to care coordination on June 7, 2018. SAMHSA has released a funding opportunity for a Center of Excellence for Protected Heath Information Related to Mental and Substance Use Disorder to educate practitioners and the public about privacy laws and regulations related to mental health and substance use.

OCMO: Dr. Everett identified three areas to address. First is the OCMO itself, which has six areas of responsibility under the Cures Act, including the development of professional relationships and assuring that SAMHSA products and resources conform with clinical practice. One new partner is the American Association of Chairs of Departments of Psychiatry; OCMO recently convened a meeting with the association, giving department chairs the opportunity to network with SAMHSA regional staff, thereby beginning to build state-level networks. Secondly, OCMO is collecting information on the state of the art regarding many of the recommendations made by the ISMICC in its December 2017 report. One area that Dr. McCance-Katz is interested in is civil commitment and making sure that laws are appropriately implemented to assist people who are treatment-resistant and can't engage in traditional treatment modalities. OCMO has convened a group on civil commitment laws and is interested in the changing status of state laws, from protecting public safety to assuring appropriate treatment. Thirdly, in regard to the Federal Commission on School Safety, the majority of comments in listening sessions focused on providing mental health services in school. SAMHSA is recommending a focus on prevention: universal prevention for all students, more targeted efforts toward youngsters identified as at risk, and still more intensive efforts toward those that need to be in treatment.

National Institute on Alcoholism and Alcohol Abuse (NIAAA): Dr. Powell reminded Council that while the opioid crisis demands attention, alcohol is an ongoing factor underlying both substance abuse and mental health issues. A shared emphasis between SAMHSA and NIAAA is how to support and sustain recovery, e.g., the development of biomarkers for recovery and relapse, as well as the factors that facilitate or impede recovery. Another common interest is how to evaluate programs to know what's really working, e.g., the necessary dose, understanding individual differences, and how to tailor interventions to fit them. NIAAA is grateful for the availability of large datasets from SAMHSA and providers (e.g., electronic health records [EHRs]) for such research. To facilitate the use of evidence-based treatment, NIAAA developed the Alcohol Treatment Navigator using SAMHSA's Treatment Services Locator. NIAAA is currently reworking the Navigator to be more responsive to providers' needs. Among NIAAA's concerns are increases in extreme binge drinking, as well as increased alcohol consumption among women and older adults. To address these issues, NIAAA is putting together a group to study binge drinking and held a conference in 2017 on women and substance use. Due to alcohol's central role in SUD and SMI, it's important for NIAAA and SAMHSA to work together.

National Institute on Drug Abuse (NIDA): Dr. Compton expressed appreciation for the formal collaboration between NIDA and SAMHSA on the NAC, which reflects informal collaboration between staff on bi-directional research and practice. For example, NIDA funded eight STR grantees to embed research components into their grants. There is also a new model using SAMHSA's tribal funding that can be a platform in which innovative models can be tested. In

addition, NIDA launched a grant program last year with SAMHSA, the Centers for Disease Control and Prevention (CDC), and the Appalachian Regional Commission to do research on rural health. The Helping to End Addiction Long-Term (HEAL) initiative was launched two months ago by NIH Director Francis Collins, M.D., Ph.D., to improve addiction, overdose services, and pain research. Its flagship effort is HEALing Communities, implemented in collaboration with SAMHSA to test the effectiveness of integrated comprehensive approach models to addiction. Funding Opportunity Announcements (FOAs) are currently being developed. Dr. Compton closed with a question for the NAC: NIDA believes research will be enhanced if NIH's Institutes and Centers work with CBHSQ and the Policy Lab to use databases to develop new policies and practices, with opioids and marijuana (undergirded by alcohol consumption) as priority topics. How can this become a more explicit collaboration than it currently is, e.g., by sharing staff and making restricted databases more available to researchers?

Department of Veterans Affairs (VA): Dr. McGuire noted that VA now has a new Secretary of Veterans Affairs, Robert Wilkie, as well as a Principal Deputy Under Secretary for Health, Richard Stone, M.D., who is also Executive-in-Charge of the Veterans Health Administration. A priority for Dr. Stone is assuring that VA partners provide the highest quality of care to all veterans, since two-thirds of veterans do not use VA hospitals. Hence, the VA is very interested in engaging with other federal agencies and in reaching out to partners in communities to achieve this goal.

Council Discussion

Dr. Martinez asked Dr. Jones to explain the overall vision of the Policy Lab and how it's going to be integrated into other SAMHSA functions. Dr. Jones described the Lab as the think tank within SAMHSA that looks at evidence to determine what SAMHSA is doing well and where it could do better. Dr. Martinez inquired where the National Registry of Evidence-based Programs and Practices (NREPP) fits in. Dr. Jones responded that NREPP no longer exists; instead, SAMHSA is shifting to a more substantive approach. Drs. Gustafson and Stuart inquired about how SAMHSA is assuring the quality of the data used to evaluate program effectiveness, extracting new knowledge across programs, and identifying those that deserve to be scaled up more broadly. Ms. Kade responded that SAMHSA is striving to create a SPARS tool that can help identify those programs doing significantly better and worse than others. Dr. Everett said she envisions a consolidation of models that work. The technical assistance (TA) centers provide a channel for disseminating what is being implemented across sites as successful changes occur, rather than waiting until a grant ends.

Dr. Geller inquired about SAMHSA's position on the Institution for Mental Disease exclusion. Mr. Carroll responded that the Cures Act requires CMS to send a letter to state Medicaid directors that describes innovative opportunities for states to engage in new ways to provide services along a flexible continuum of care. That letter is in review, but is expected soon.

Dr. Satel asked whether SAMHSA plans to expand data collection to incarcerated populations where cocaine and heroin use may be higher than in the general population. Ms. Kade responded that SAMHSA is working on an update of a survey it previously deployed in order to get prevalence data. This survey is specific to mental health, however, and does not include alcohol and drugs. Dr. Compton noted that NIDA is talking with SAMHSA about the treatment gap,

including the need for better estimates of drug use among people experiencing homelessness and those in the criminal justice system; establishing prevalence rates in these populations is a major challenge. Dr. Satel also inquired if detoxification followed by Vivitrol, as required in the SOR grants, will become standard guidance for grantees. Dr. Jones responded it may not be in the grant language, but SAMHSA will continue to push the information out to the field.

Dr. Geller asked Mr. Owen, in reference to an earlier comment that SAMHSA needs more SMI stakeholders, if the agency has a strategy to marshal these efforts, since those with SMI have traditionally been underrepresented in the advocacy arena. Mr. del Vecchio responded that ISMICC and its non-public members will play a key advocacy role over the next four years. Dr. Gustafson observed that SAMHSA needs to be an agile organization given the number of activities it has taken on, and asked if steps were being taken to become more agile. Mr. Owen responded that there is a process for intra-agency coordination within HHS that allows for consistent policies and products across agencies. If there is an emergency situation, there are expedited processes that can be applied.

Dr. Tasman suggested that SAMHSA distribute reports on its activities to NAC members in advance of the meeting to provide more time for the NAC to provide counsel to the agency. Mr. Joseph and Drs. Gellers, Martinez, and Satel concurred. Dr. Geller suggested that each NAC meeting have a goal and objective to focus the discussion and lead to an outcome, with information and reports provided in advance. Discussion topics suggested by Council members included parity, suicide, health disparities, and building the workforce while future providers are still in school. Dr. Satel suggested SAMHSA provide guidance on the issues about which it wants advice.

Mr. Joseph praised Mr. Owen's emphasis on integration in his opening remarks, but noted that practitioners need to be adequately prepared for the transition to integrated care. He encouraged training for all grantees and for providers, including entry-level staff.

Public Comment

Ms. LeGore, CSAT NAC, noted that veterans are using county facilities rather military ones for treatment due to stigma, thereby utilizing resources that could be useful for non-military individuals. She also noted that the trauma experienced by family members from suicide and overdoses leads to dysfunctional intergenerational patterns, and there are few resources to help them. She encouraged SAMHSA to include the voices of families in meetings such as this one. Dr. Jen, CMHS NAC, encouraged SAMHSA to emphasize both prevention and health disparities, especially among Asian Americans whose mental health problems are hidden due to stigma. Dr. Embry, CMHS NAC, encouraged SAMHSA to implement population-level intervention strategies, using high quality science such as Cochrane reviews and the findings from randomized clinical trials to guide policy decisions.

Closing Remarks and Adjournment

Mr. Owen thanked NAC members for their participation, and reiterated SAMHSA's appreciation to the retiring members. CAPT Castillo adjourned the meeting at 1:02 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 Abuse

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.