

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION**

**Minutes of the  
55th Meeting of the  
SAMHSA National Advisory Council**

**April 4, 2014**

**SAMHSA Headquarters  
Rockville, Maryland**

**Council Members Present:**

Eric B. Broderick, D.D.S., M.P.H.  
Henry Chung, M.D.  
Junius Gonzales, M.D.  
Megan Gregory  
Charles Olson  
Elizabeth A. Pattullo, M.Ed.  
Cassandra Price, M.B.A., GCADC-II  
Dee Davis Roth, M.A.  
Benjamin Springgate, M.D., M.P.H. (via telephone)  
Christopher R. Wilkins, M.H.A.  
Marleen Wong, Ph.D., M.S.W.  
Laurent S. Lehmann, M.D. (ex officio)

**Council Member Absent:**

Lorrie Rickman Jones, Ph.D.

**SAMHSA Leadership:**

Kana Enomoto, M.A., Principal Deputy Administrator  
Mary Fleming, M.A., Director, Office of Policy, Planning, and Innovation  
Susan Fields, M.S.W., LICSW, Senior Advisor on Health Care Financing  
H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM, Director, Center for Substance Abuse Treatment  
Frances Harding, Director, Center for Substance Abuse Prevention  
Paolo del Vecchio, M.S.W., Director, Center for Mental Health Services  
Geretta Wood, Designated Federal Officer

**Presenters:**

A. Kathryn Power, M.Ed., Region One Administrator, SAMHSA  
Laurent S. Lehmann, M.D., Associate Chief of Psychiatry and Coordinator, Posttraumatic Stress Disorder Programs, Department of Veterans Affairs  
Marla Hendricksson, M.P.M., Director, Office of Communications, SAMHSA

**Call to Order**

Ms. Geretta Wood called the 55th meeting of the SAMHSA National Advisory Council to order at 9:00 a.m. and noted the presence of a quorum.

## **Welcome and Introductions**

Ms. Kana Enomoto welcomed meeting participants to the SAMHSA National Advisory Council meeting, and participants introduced themselves. Ms. Enomoto expressed appreciation to Council members whose terms will expire in November 2014.

## **Consideration of Minutes of the August 2013 SAMHSA National Advisory Council Meeting**

Council members unanimously approved the minutes of the SAMHSA National Advisory Council held on August 16, 2013.

## **Reflections on the Joint Council Meeting of April 3, 2014**

*Moderator:* Kana Enomoto, Principal Deputy Administrator, SAMHSA

Ms. Enomoto introduced a discussion of the proceedings of the previous day's meeting in which members of all six of SAMHSA's advisory committees participated: SAMHSA National Advisory Council; the Councils of the Center for Mental Health Services, Center for Substance Abuse Prevention, and Center for Substance Abuse Treatment; Advisory Committee on Women's Services; and SAMHSA's Tribal Technical Advisory Council. Participants at that meeting had provided wide-ranging, significant input to SAMHSA leadership on the agency's forthcoming strategic initiatives, and had discussed concerns regarding the integration of behavioral health with broader health care, including financing issues, cross-system communications, workforce capacity, and health information technology.

SAMHSA Council members emphasized SAMHSA's need to adopt novel approaches to communicate with and beyond the behavioral health field to advance integration. For example, they urged sharing SAMHSA's expertise on behavioral health with a wide array of professional medical organizations, educating on the translational science necessary to inform integration, engaging traditional and disruptive technologies to increase access to care, and providing support for innovation. Members identified the need to standardize terms and expectations, to articulate and implement SAMHSA's public health approach, to incorporate risk factors into electronic health records, and to help young people understand the term *trauma* and how it may have affected their lives.

Council members expressed concern about the toll taken on SAMHSA leadership and staff in their work to address the breadth and depth of the challenges they face. Members recognized the importance of engaging partners in SAMHSA's work; they cautioned, as the agency embarks on its new 5-year strategic plan, against spreading its resources too thin to respond well to unforeseen needs.

## **SAMHSA's Leadership Role in an Integrated Health Environment: Council Discussion**

*Moderator:* Mary Fleming, M.S., Director, Office of Policy, Planning, and Innovation, SAMHSA

*Discussant:* Suzanne Fields, Senior Advisor on Health Care Financing, SAMHSA

Ms. Mary Fleming elicited Council members' views on the characteristics of an integrated health care system of the future and on how SAMHSA might achieve leadership in the nation's efforts to improve behavioral health. Council members considered such topics as greater accountability of SAMHSA grantees for health outcomes; schools as centers for prevention efforts; guidance to states on integration; integration of foster care, other allied systems, and the business community with behavioral health systems; education on better outcomes; use of cost metrics; scaling up of evidence-based practices; incentives for sustainability; widespread sharing of clinical innovations to address funding problems; emphasis on prevention for young people, including attention to technological changes to communicate with them; and the need to broaden representation of ex officio members on advisory committees.

## **SAMHSA and Military Families**

*Presenter:* A. Kathryn Power, Region One Administrator, SAMHSA

*Discussant:* Laurent S. Lehmann, M.D., Department of Veterans Affairs

Ms. Kathryn Power described aspects of SAMHSA's Strengthening Military Families Strategic Initiative, undertaken in response to serious behavioral health concerns regarding service members, veterans, and their families. In close collaboration with the Departments of Defense (DoD) and Veterans Affairs (VA), National Guard Bureau, and Health Resources and Services Administration (HRSA), SAMHSA's programming promotes resilience and quality in prevention, treatment, and recovery services. On the strength of broad advances in addressing military and veterans' behavioral health, SAMHSA plans to retire the designation of strategic initiative at the end of the fiscal year, while nevertheless maintaining its priority focus on this population to the greatest extent possible across SAMHSA.

Dr. Laurent Lehmann commended SAMHSA for extending its suicide prevention crisis line to serve veterans and for its innovative policy academies on military and veterans' behavioral health. SAMHSA's leadership and expertise, and DoD's enhanced emphasis on mental health, have led a greater percentage of returning veterans from Iraq and Afghanistan to seek services than of those who served in Vietnam.

Council members pointed to the challenge of identifying and serving former and current service members—including young people—who, in addition to treatment and recovery services, may need social, housing, employment, educational, and other recovery supports in communities. They asserted the need for advocacy to help individuals access those services. In addition, members considered a possible future role for SAMHSA in prescreening and assessment prior to acceptance into military service, and they raised the issue of long wait lists for care at VA.

## **SAMHSA's Communication Strategy**

*Presenter:* Marla Hendriksson, Director, Office of Communications, SAMHSA

Ms. Marla Hendriksson described SAMHSA's communications infrastructure, philosophy, and activities, emphasizing the need to develop and conduct effective messaging to all SAMHSA's stakeholders. To increase public understanding and recognition of SAMHSA and behavioral health, and to ensure that SAMHSA's units speak in one voice, the Office of Communications manages SAMHSA's website, develops print and digital publications and other products, conducts public awareness campaigns, and engages in social media. Ms. Hendriksson described SAMHSA's detailed market research associated with the recent development of its strategic communications plan. The plan highlights SAMHSA's goals to enhance its credibility as a thought leader in the behavioral health field, to expand its influence in such fields as primary care, and to facilitate SAMHSA's rapid behavioral health response in emergencies.

Participants offered suggestions on messaging regarding the intersection and integration of behavioral health and general health, improving its website, branding, reaching out to young people in the general population and in Indian Country, and use of state-of-the-art technology and media.

## **Public Comment**

Time was set aside for public comment, but no one came forward to speak.

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

8/4/14

Date



Kana Enomoto

Acting Chair, SAMHSA National Advisory Council

Principal Deputy Administrator, SAMHSA

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