

2018 Current Fiscal Year Report: Substance Abuse and Mental Health Services Administration National Advisory Council

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1. Department or Agency	2. Fiscal Year
Department of Health and Human Services	2018
3. Committee or Subcommittee	3b. GSA Committee No.
Substance Abuse and Mental Health Services Administration National Advisory Council	183

4. Is this New During Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	06/15/2018	06/15/2020	

8a. Was Terminated During Fiscal Year?	8b. Specific Termination Authority	8c. Actual Term Date
No		

9. Agency Recommendation for Next Fiscal Year	10a. Legislation Req to Terminate?	10b. Legislation Pending?
Continue	Not Applicable	Not Applicable

11. Establishment Authority Statutory (Congress Created)

12. Specific Establishment Authority	13. Effective Date	14. Committee Type	14c. Presidential?
42 U.S.C. 290aa-1	07/10/1992	Continuing	No

15. Description of Committee National Policy Issue Advisory Board

16a. Total Number of Reports No Reports for this Fiscal Year

17a. Open Meetings and Dates 2 **17b. Closed Meetings and Dates** 0 **17c. Partially Closed Meetings and Dates** 0 **Other Activities** 0 **17d. Total Meetings and Dates** 2

Purpose	Start	End
The meeting includes welcoming, introduction and retired members by the AS, and considerations of the last meeting's minutes. SAMHSA's priorities and council discussion by the AS. Updates from Ex-Officio Members and HHS Operating Divisions, followed by another council discussion and a public comment.	02/16/2018	02/16/2018
The meeting includes introduction and remarks by the Principal Deputy Assistant Secretary for Mental Health and Substance Abuse, and considerations of the February 2018 minutes. Council discussion with the PDAS and updates of SAMHSAs priorities and recent developments. The center directors, office directors offer their updates, followed by a council discussion and public comments.	08/02/2018	08/02/2018

Number of Committee Meetings Listed: 2

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$9,200.00	\$4,800.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$104,810.00	\$117,350.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00

18b(1). Travel and Per Diem to Non-Federal Members	\$24,792.00	\$25,911.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$23,150.00	\$23,386.00
18d. Total	\$161,952.00	\$171,447.00
19. Federal Staff Support Years (FTE)	0.75	0.75

20a. How does the Committee accomplish its purpose?

The Substance Abuse and Mental Health Services Administration (SAMHSA) National Advisory Council (NAC) accomplishes its purpose through advising, consulting with and making recommendations to the Secretary, Health and Human Services, and the Assistant Secretary for Mental Health and Substance Use, (new title for the SAMHSA Administrator as of Dec 2016, according to the Cures Act), SAMHSA, concerning activities and policies related to the Agency’s programs and policies. During this reporting period, two face-to-face meetings were held in February 2018 and one face to face meeting in August of 2018. The February 2018 National Advisory Council meetings included discussion on SAMHSA’s program priorities and updates from the center and office directors; the ISMICC Report to Congress by the Office of the Chief Medical Officer; a discussion on the role in behavioral health responses to disasters (hurricanes, fires, mudslides, mass-violence events and the Hawaii alert by the Office of Policy, Planning and Innovation, and the Division of Regional and National Policy; council discussion on SAMHSA’s priorities by the Assistant Secretary; and updates from the ex-officio members from NIAAA, NIDA, NIMH, DOD, Veterans Affairs, Center for Medicare and Medicaid Services and Indian Health Services. The August meeting included remarks and updates from Arne Owens, the new SAMHSA’s Principal Deputy Assistant Secretary for Mental Health and Substance Use; discussion on SAMHSA’s center and office directors’ updates; and council discussions for providing recommendations; consideration and adoption of the February 2018 minutes; public comment and final deliberations. SAMHSA NAC continues to accomplish its purpose conducting these meetings. These meetings were open to the public and an opportunity for public discussion was made available. The recommendations and issues deliberated by the council are considered by the chair for future possible recommendations to the Secretary.

20b. How does the Committee balance its membership?

The membership of the SAMHSA NAC, as provided for in law, consists of 12 voting members appointed by the Secretary. Nine of the members are leaders in health disciplines (including public health and behavioral and social sciences) relevant to the substance abuse and mental health activities of the agency. Three of the members are

from the general public (i.e., leaders in the fields of public policy, public relations, law, health policy economics or management). The SAMHSA NAC also has nonvoting ex-officio members - the HHS Secretary; the Chief Medical Director of the Department of Veterans Affairs; the Directors of NIAAA, NIDA and NIMH, and the Assistant Secretary of Defense for Health Affairs. Appointments are made by paying close attention to experience and expertise as well as equitable gender representation, race/ethnicity representation, and geographic distribution. All Council members participate fully in policy and program development, each bringing their unique perspective.

20c. How frequent and relevant are the Committee Meetings?

Due to the Council's mandated function of providing guidance to the agency regarding programmatic policies and priorities, the Council met twice during this reporting period. The meetings are relevant to SAMHSA because they provide an opportunity for the Agency to secure the professional expertise necessary to accomplish its mission and maintain the public trust.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The Council is composed of professional and public members who provide advice on all aspects of SAMHSA's activities related to substance abuse and mental health services. The direction, scope, balance and emphasis of the advice received from this group of experts cannot be obtained from SAMHSA staff or from other established sources, because the membership of the Council is constituted to meet specific requirements of the mandated mission of the SAMHSA NAC.

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A

21. Remarks

No Reports required for FY 2018.

Designated Federal Officer

Carlos R. Castillo Committee Management Officer

Committee Members	Start	End	Occupation	Member Designation
Adirim, Terry	01/01/2018	01/30/2020	Principal Dep. Asst. Sec. of Defense for Health Affairs, Acting	Ex Officio Member
Broderick, Eric	12/01/2013	11/30/2017	Former SAMHSA Administrator	Special Government Employee (SGE) Member
Chung, Henry	12/01/2013	11/30/2017	Vice President and Chief Medical Officer, Montefiore Care Management Organization	Special Government Employee (SGE) Member
Enomoto, Kana	08/22/2016	03/30/2018	Principal Deputy Administrator SAMHSA	Regular Government Employee (RGE) Member

Geller, Jeffrey	06/01/2018	06/30/2022	University of Massachusetts Medical School	Special Government Employee (SGE) Member
Gerstein, Ellen	11/09/2017	06/30/2020	Exec. Dir. Gwinnett Coalition for Health and Human Svs.	Special Government Employee (SGE) Member
Gonzalez, Junius	12/01/2013	11/30/2017	Provost and Vice President of Academic Affairs, University of Texas at El Paso	Special Government Employee (SGE) Member
Gordon, Joshua	01/24/2017	01/30/2020	Director, NIMH	Ex Officio Member
Gustafson, David	11/09/2017	06/30/2020	Univ. of Wisconsin, Ctr. for Health Enhancement Systems Studies	Special Government Employee (SGE) Member
Joseph, Victor	11/30/2014	11/30/2018	President/Chairman, Tanana Chiefs Conference	Special Government Employee (SGE) Member
Koob, George	01/24/2017	01/30/2020	Director, NIAAA	Ex Officio Member
Kudler, Harold	02/01/2015	11/30/2018	Chief Consultant, Mental Health Svs, Veterans Affairs	Ex Officio Member
Martinez, Kenneth	11/30/2014	11/30/2018	Clinical Psychologist/Researcher/A.I.R./Univ of New Mexico	Special Government Employee (SGE) Member
McCance-Katz, Elinore	08/18/2017	08/30/2021	Assistant Secretary for Mental Health and Substance Use	Regular Government Employee (RGE) Member
McGuire, Marsden	01/01/2018	01/31/2020	Veterans Affairs	Ex Officio Member
Riley, Justin	08/22/2016	03/30/2020	Young People in Recovery	Special Government Employee (SGE) Member
Satel, Sally	06/01/2018	06/30/2022	American Enterprise Institute	Special Government Employee (SGE) Member
Strawberry, Darryl	08/22/2016	03/30/2018	minister	Special Government Employee (SGE) Member
Stuart, Gail	11/30/2014	11/30/2018	Dean/Professor, College of Nursing/Medicine, Medical University of South Carolina	Special Government Employee (SGE) Member
Tasman, Allan	06/01/2018	06/30/2022	University of Louisville School of Medicine	Special Government Employee (SGE) Member
Volkow, Nora	01/24/2017	01/30/2020	Director, NIDA	Ex Officio Member

Number of Committee Members Listed: 21

Narrative Description

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. It operates on the principles that (1) behavioral health is essential to health; (2) prevention works; (3) treatment is effective; and (4) people recover. In FY 2018, SAMHSA's National Advisory Council members played a critical role in advising the Assistant Secretary for Mental Health and Substance Use on the Agency's six strategic initiatives, the importance of considering cultural perspectives in developing evidence based practices, and offered support to serve as spokespersons for SAMHSA's initiatives and programs.

What are the most significant program outcomes associated with this committee?

Checked if Applies

- Improvements to health or safety
- Trust in government
- Major policy changes
- Advance in scientific research

- Effective grant making
- Improved service delivery
- Increased customer satisfaction
- Implementation of laws or regulatory requirements
- Other

Outcome Comments

NA

What are the cost savings associated with this committee?

Checked if Applies

- None
- Unable to Determine
- Under \$100,000
- \$100,000 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$10,000,000
- Over \$10,000,000
- Cost Savings Other

Cost Savings Comments

Council recommendations and suggestions may lead to savings over time. However, the savings may not be realized for years and are difficult to determine.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

55

Number of Recommendations Comments

Between FY 1994 and FY 2018, the SAMHSA National Advisory Council produced 55 recommendations. Recommendations include advocacy for supported housing and employment; using evidence based programs that reduce recidivism in the criminal justice system; continued involvement with Office of National Drug Control Policy (ONDCP) and the interagency council to address barriers, such as employment and housing; integration of children's health services into schools and participation with the Education Department in its Promising Neighborhood program; further support of prevention programs; establishing school-based mental health services; and deliberations on a consensus definition of trauma.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

75%

% of Recommendations Fully Implemented Comments

During the life of the Council, approximately 75% of its recommendations were fully implemented by the agency, such as the development and implementation of search options that identify interventions developed and implemented primarily by or for a minority population within the National Registry of Evidence-Based Programs (NREPP) database; changes in the SAMHSA program and principles priorities; an increase in the interaction between SAMHSA, the three National Institutes of Health advisory councils, the Health Resources and Services Administration and the Department of Justice with respect to substance abuse and mental health issues; the inclusion of individuals with dual diagnoses to be included in the ONDCP's strategic goals and objectives; the identification of a set of steps to reduce stigma and discrimination; the development of cultural competence standards and performance measures; the provision of targeted communications to SAMHSA's constituents and the public to promote the Agency's mission and its activities; a decision to address the needs of children in welfare reform measures; and an increase in collaboration between the pharmaceutical industry and primary care physicians regarding psychotropic drug prescriptions.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

24%

% of Recommendations Partially Implemented Comments

During the life of the Council, approximately 25% of its recommendations were partially implemented, because of restrictions imposed by legislative/fiscal/programmatic concerns and/or superseding Agency priorities.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes No Not Applicable

Agency Feedback Comments

Status reports on actions by the Agency on matters that have come before the Council are provided at Council meetings. The Agency provides feedback to the members in the SAMHSA's Assistant Secretary for Mental Health and Substance Use report to the

Council, which is presented at each meeting. The Agency ensures that complete meeting minutes are prepared and circulates them in draft to the members for clearance and for approval at the next official meeting. When the SAMHSA NAC votes to pass resolutions for the Secretary or the Assistant Secretary for Mental Health and Substance Use, SAMHSA, it is SAMHSA's policy to ensure responses to the Council are provided within a prescribed timeframe. Summaries of information may be mailed, e-mailed, telephoned or faxed to Council members. Communications from SAMHSA staff to SAMHSA NAC members include: issue papers, fact sheets, press releases, reports and other documents. SAMHSA NAC members also have access to senior management and technical experts, when needed.

What other actions has the agency taken as a result of the committee's advice or recommendation?

	Checked if Applies
Reorganized Priorities	<input checked="" type="checkbox"/>
Reallocated resources	<input checked="" type="checkbox"/>
Issued new regulation	<input type="checkbox"/>
Proposed legislation	<input type="checkbox"/>
Approved grants or other payments	<input type="checkbox"/>
Other	<input type="checkbox"/>

Action Comments

NA

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

NA

How is access provided to the information for the Committee's documentation?

	Checked if Applies
Contact DFO	<input checked="" type="checkbox"/>
Online Agency Web Site	<input checked="" type="checkbox"/>
Online Committee Web Site	<input checked="" type="checkbox"/>
Online GSA FACA Web Site	<input checked="" type="checkbox"/>
Publications	<input type="checkbox"/>
Other	<input type="checkbox"/>

Access Comments

N/A