

# 2026 Current Fiscal Year Report: Center for Substance Abuse Treatment National Advisory Council

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## 1. Department or Agency

Department of Health and Human Services

## 2. Fiscal Year

2026

## 3. Committee or Subcommittee

Center for Substance Abuse Treatment  
National Advisory Council

## 3b. GSA Committee No.

186

## 4. Is this New During Fiscal Year?

No

## 5. Current Charter Renewal Date

06/15/2024 06/15/2026

## 7. Expected Term Date

## 8a. Was Terminated During Fiscal Year?

No

## 8b. Specific Termination Authority

## 8c. Actual Term Date

## 9. Agency Recommendation for Next Fiscal Year

Continue

## 10a. Legislation Req to Terminate?

Not Applicable

## 10b. Legislation Pending?

Not Applicable

## 11. Establishment Authority

Statutory (Congress Created)

## 12. Specific Establishment Authority

42 U.S.C. 290aa1

## 13. Effective Date

07/10/1992

## 14. Committee Type

Continuing

## 14c. Presidential?

No

## 15. Description of Committee

National Policy Issue Advisory Board

## 16a. Total Number of Reports

No Reports for  
this Fiscal Year

## 17a. Open

0

## 17b. Closed

0

## 17c. Partially Closed

0

## Other Activities

0

## Meetings and Dates

No Meetings

	<b>Current</b>	<b>Next</b>
	<b>FY</b>	<b>FY</b>
<b>18a(1). Personnel Pmts to Non-Federal Members</b>	\$0.00	\$0.00
<b>18a(2). Personnel Pmts to Federal Members</b>	\$0.00	\$0.00
<b>18a(3). Personnel Pmts to Federal Staff</b>	\$0.00	\$0.00
<b>18a(4). Personnel Pmts to Non-Member Consultants</b>	\$0.00	\$0.00
<b>18b(1). Travel and Per Diem to Non-Federal Members</b>	\$0.00	\$0.00
<b>18b(2). Travel and Per Diem to Federal Members</b>	\$0.00	\$0.00
<b>18b(3). Travel and Per Diem to Federal Staff</b>	\$0.00	\$0.00
<b>18b(4). Travel and Per Diem to Non-member Consultants</b>	\$0.00	\$0.00
<b>18c. Administrative Costs (FRNs, contractor support, In-person/hybrid/virtual meetings)</b>	\$0.00	\$0.00
<b>18d. Other (all other funds not captured by any other cost category)</b>	\$0.00	\$0.00
<b>18e. Total Costs</b>	\$0.00	\$0.00
<b>19. Federal Staff Support Years (FTE)</b>	0.00	0.00

**20a. How does the Committee accomplish its purpose?**

The Center for Substance Abuse Treatment (CSAT) National Advisory Council (NAC) fulfills its mission by advising and consulting with the Secretary of the Department of Health and Human Services, the Assistant Secretary for Mental Health and Substance Use at the Substance Abuse and Mental Health Services Administration

(SAMHSA), and the Director of CSAT. This involves making recommendations on activities and policies aimed at addressing the service needs of Americans suffering from substance use disorders. Additionally, the Council provides a secondary review of grant applications and cooperative agreements as required under Section 504(c)(2) of the Public Health Service Act. In FY 2025, the Council conducted second-level reviews for 74 funding announcements across four sessions in the Electronic Council Book.

**20b. How does the Committee balance its membership?**

The CSAT NAC shall consist of the following nonvoting ex officio members: the Secretary of HHS; the Assistant Secretary for Mental Health and Substance Use, SAMHSA; the Under Secretary for Health of the Department of Veterans Affairs; the Assistant Secretary for Defense for Health Affairs (or the designates of such officers); the Chief Medical Officer, SAMHSA; the Director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA); the Director of National Institute on Drug Abuse (NIDA); and such additional officers or employees of the United States as the Secretary determines necessary for the CSAT NAC to effectively carry out its functions; and not more than 12 members to be appointed by the Secretary. To ensure the Council is balanced, of the 12 appointed members, at least half will have a medical degree, a doctoral degree, or have an advanced degree in nursing, public health, behavioral or social sciences, or social work from an accredited graduate school, or be a certified physician assistant; and shall have experience in the provision of substance use disorder services or the development and implementation of programs

to prevent substance misuse. Nine members shall be from among the leading representatives of the health disciplines (including public health and behavioral and social sciences) relevant to the activities of CSAT; and 3 members shall be from the general public and shall include leaders in fields of public policy, public relations, law, health policy economics, or management. All non-federal members shall serve as Special Government Employees. Appointments are made by scrutinizing the nominees' experience and expertise, equitable gender representation, race/ethnicity representation, and geographic distribution. All members participate fully in policy and program discussions, and grant and cooperative agreement reviews; each brings unique expertise and perspective.

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

The Council is mandated to meet not less than twice per fiscal year, provide guidance to the Center regarding programmatic policies and priorities, and provide secondary review of applications received for grants and cooperative agreements.

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

The Council is necessary because it has to provide advice on all aspects of SAMHSA/CSAT's activities relating to treatment services. The direction, balance, scope, and emphasis of advice received from the group of experts cannot be obtained from Center or SAMHSA staff or other established sources because the membership of the Council is constituted to meet specific requirements of the legislatively mandated mission of the Advisory Council and SAMHSA/CSAT. The

Council is also responsible for conducting the second level of review for grant and cooperative agreement applications for services and demonstration projects.

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

The closed portions of the Council meetings involved the review, discussion, and evaluation of grant applications and cooperative agreement applications. These applications and the related discussions could reveal personal and proprietary information exempt from mandatory disclosure under Title 5 U.S.C. § 552b(c)(4) and (6) and (c)(9)(B) and 5 U.S.C. App. 2, Section 10(d).

**21. Remarks**

No Reports Required for FY 2025.

**Designated Federal Officer**

Tracy A. Goss DFO

Committee Members	Start	End	Occupation	Member Designation
Fitzgerald, Ruchi	06/22/2023	06/21/2027	Consultant	Special Government Employee (SGE) Member
Jircitano, Lois	06/02/2023	06/01/2027	Consultant	Special Government Employee (SGE) Member
Moseley Hyde, Tara	05/22/2023	05/21/2027	Consultant	Special Government Employee (SGE) Member
Petit, Jorge	06/09/2023	06/08/2027	Consultant	Special Government Employee (SGE) Member
Phillips, Karran	07/03/2025	07/02/2027	Acting CSAT Director, CSAT	Regular Government Employee (RGE) Member
Tanner-Smith, Emily	05/23/2023	05/22/2027	Consultant	Special Government Employee (SGE) Member

**Number of Committee Members Listed: 6**

**Narrative Description**

The SAMHSA/Center for Substance Abuse Treatment (CSAT) National Advisory Council's function is to advise, consult with, and make recommendations to, the Secretary, HHS; the Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration (SAMHSA); and the CSAT Director, concerning matters relating to the activities carried out by and through the Center and the policies respecting such activities. SAMHSA is directed by Congress to target substance use and mental health services to the people most in need and to translate research in these areas more effectively and more rapidly into the general health care system. SAMHSA continues to demonstrate that - Behavioral Health is Essential to Health - Prevention Works - Treatment is Effective - People Recover. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the Nation's health.

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

	Checked if Applies
Improvements to health or safety	<input checked="" type="checkbox"/>
Trust in government	<input checked="" type="checkbox"/>
Major policy changes	<input checked="" type="checkbox"/>
Advance in scientific research	<input type="checkbox"/>
Effective grant making	<input checked="" type="checkbox"/>
Improved service delivery	<input checked="" type="checkbox"/>
Increased customer satisfaction	<input checked="" type="checkbox"/>
Implementation of laws or regulatory requirements	<input type="checkbox"/>
Other	<input type="checkbox"/>

**Outcome Comments**

N/A

**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?**

89

**Number of Recommendations Comments**

Between FY 1994 and FY 2025, the Council has had approximately 89 recommendations. Although there were no formal Council recommendations from FY 2025, members encouraged SAMHSA to continue educating medical providers, identifying and publicizing effective/innovative local practices, and using social media to educate the public, encouraged SAMHSA to further the integration and coordination of harm reduction approaches and strategies across the spectrum of prevention, treatment, and recovery, with a focus on systems and workforce development.

**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 have been fully implemented.

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

20%

**% of Recommendations Partially Implemented Comments**

During the life of the Council, approximately 20% of its recommendations have been partially implemented, due to restrictions imposed by legislative/fiscal/programmatic concerns and/or superseding SAMHSA 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 SAMHSA on matters that have come before the Council are provided at Council meetings. After the CSAT Council passes a resolution and sends it to the Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration (SAMHSA), it is SAMHSA's policy to ensure that a response to the Council is provided within a reasonable time frame. SAMHSA also provides feedback to the members with the Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration (SAMHSA) periodically attending the NAC meetings and addressing the members, directly. Feedback is also provided in the Director's Report to the Council, and through presentations from staff within and outside SAMHSA. Minutes of the open session are prepared and circulated in draft to the members for clearance and approval at the next official meeting. To accomplish these goals, summaries of information may be mailed, e-mailed, or faxed to Council members. Communications from SAMHSA/CSAT staff to Council members include issue papers, fact sheets, press releases, reports and other documents. SAMHSA ensures that Council members have direct access to its senior management and technical experts. The public can obtain the meeting minutes in the SAMHSA website:

<https://www.samhsa.gov/about-us/advisory-councils/csat-national-advisory-council>

**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   
Other

**Action Comments**

N/A

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

Yes

What is the estimated Number of grants reviewed for approval 74

What is the estimated Number of grants recommended for approval 74

What is the estimated Dollar Value of grants recommended for approval \$118,908,332

**Grant Review Comments**

For each grant program, the council concurred with the Initial Review Group recommendation.

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

Checked if Applies

Contact DFO   
Online Agency Web Site   
Online Committee Web Site   
Online GSA FACA Web Site   
Publications   
Other

**Access Comments**

N/A