

2018 Current Fiscal Year Report: Center for Mental Health Services National Advisory Council

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1. Department or Agency

Department of Health and Human Services

2. Fiscal Year

2018

3. Committee or Subcommittee

Center for Mental Health Services National Advisory Council

3b. GSA Committee No.

184

4. Is this New During Fiscal Year?

No

5. Current Charter

06/15/2018

6. Expected Renewal Date

06/15/2020

7. Expected Term Date

8a. Was Terminated During Fiscal Year?

No

8b. Specific Termination Authority

42 U.S.C. 290aa1

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. 290aa-1

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 Meetings 0 17b. Closed Meetings 7 17c. Partially Closed Meetings 2 17d. Total Meetings 9

Purpose	Start	End
Center for Mental Health Services, National Advisory Council Meeting	02/14/2018	02/14/2018
Grant Review	04/30/2018	04/30/2018
Grant Review, Online Electronic Council Book (ECB). Members cast online votes in the ECB system.	06/15/2018	06/15/2018
Grant Review, Online Electronic Council Book (ECB). Members cast online votes in the ECB system.	07/09/2018	07/09/2018
Center for Mental Health Services, National Advisory Council Meeting	08/01/2018	08/01/2018
Grant Review, Online Electronic Council Book (ECB). Members cast online votes in the ECB system.	08/17/2018	08/17/2018
Grant Review, Online Electronic Council Book (ECB). Members cast online votes in the ECB system.	08/29/2018	08/29/2018
Grant Review, Electronic Council Book (ECB) system. Members cast votes in the ECB system.	09/06/2018	09/06/2018
Grant Review, Online Electronic Council Book (ECB). Members cast online votes in the ECB system.	09/12/2018	09/12/2018

Number of Committee Meetings Listed: 9

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$21,800.00	\$24,000.00
18a(2). Personnel Pmts to Federal Members	\$1,708.00	\$3,416.00

18a(3). Personnel Pmts to Federal Staff	\$141,059.00	\$147,969.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$31,559.00	\$49,936.00
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.)	\$37,863.00	\$38,507.00
18d. Total	\$233,989.00	\$263,828.00
19. Federal Staff Support Years (FTE)	2.00	2.00

20a. How does the Committee accomplish its purpose?

The Center for Mental Health Services (CMHS) National Advisory Council accomplishes its purpose through advising, consulting with, and making recommendations to the Director, CMHS, concerning activities and policies related to responding to the service needs of Americans with mental illness. The Council also accomplishes its purpose by providing a secondary review of summary statements of grant applications for which Council approval is required under Section 504(c)(2) of the Public Health Service Act. The Council recommends for approval those applications that showed promise of making valuable contributions to the Center's mission. In fiscal year 2018, the Council provided a secondary review of 319 grant applications in response to 17 SAMHSA/CMHS funding announcements and four SAMHSA/CMHS funding announcements from previous fiscal years. During the open sessions, Council Members also had an opportunity to participate in discussions regarding the Interdepartmental Serious Mental Illness Coordinating Committee, Mental Health and Substance Use Policy Laboratory, Behavioral Health Disaster Responses, Addressing Disparities: Minority Fellowship Program, Minority AIDS Initiative, Improving Mental Health in Schools, and Preventing Suicide.

20b. How does the Committee balance its membership?

The CMHS National Advisory Council is comprised of 12 members who are appointed by the Secretary, HHS. Eleven of the members are leaders in health disciplines (including public health, behavioral, and social sciences) relevant to the mental health service activities of the Center. One member is from the general public (i.e., leaders in the field of public policy, public relations, law, health policy economics, or management). The Council also includes four non-voting ex-officio members - the Secretary, HHS; the Assistant Secretary for Mental Health and Substance Use, SAMHSA; the Director, Center for Mental Health Services; and the Director, National Institute of Mental Health.

Appointments are made paying close attention to experience and expertise as well as equitable gender representation, race/ethnicity representation, and geographic distribution. All Council members fully participate in policy and program development,

each bringing to bear their unique perspective from their area of expertise.

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

The Council met twice in person during fiscal year 2018 due to the Council's mandated function to provide guidance to the Center regarding programmatic policies and priorities. The Council also participated in nine closed sessions: one via conference call, two in-person, and six online Electronic Council Book sessions to conduct second level grant reviews. The CMHS NAC reviews grant applications and recommends approval for projects that show promise of making valuable contributions to the Center's mission.

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 the second level of review for grant applications, as well as provide advice on all other aspects of the Center's activities relating to mental health services. The direction, scope, balance, and emphasis of the advice received from this group of experts cannot be obtained from Center or SAMHSA staff, or from other established sources, because the membership of the Council is uniquely constituted to meet the specific requirements of the statutory mission of the Advisory Council and of the Center.

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

The closed portions of the meetings involve the review, discussion, and evaluation of grant applications. These applications and the related discussions could reveal personal or proprietary information, which is exempt from mandatory disclosure under Title 5 U.S.C. 552b(c)(6) and 5 U.S.C App. 2, section 10(d).

21. Remarks

Kana Enomoto's term expired 11/30/17 and was replaced by Dr. Elinore F. McCance-Katz. Dr. Joshua Gordon has an appointment start date of 8/1/2016. Dr. Gordon had been inadvertently left off the 2016 ACR. Dr. Wenli Jen was incorrectly listed the previous year. Her correct name is Wenli Jen and has been updated. Lacy Dichary's term expired on 3/29/18 and was replaced by Michael Biasotti. Dr. Alan Sokolow's term expired and he was replaced by Dr. Dennis Embry. Dr. Steven Adelsheim replaced previously proposed member Eduardo Vega, whose preliminary nomination package was not approved by the Department.

Designated Federal Officer

Pamela Foote Program Analyst

Committee Members	Start	End	Occupation	Member Designation
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Adelsheim, Steven	05/13/2018	05/12/2022	Clinical Professor Department of Psychiatry and Behavioral Sciences	Special Government Employee (SGE) Member
Biasotti, Michael	10/15/2017	04/09/2021	Former Chief of Police, New York	Special Government Employee (SGE) Member
Dicharry, Lacy	04/12/2013	03/29/2018	CEO, Kevin and Margaret Hines Foundation	Special Government Employee (SGE) Member
Enomoto, Kana	08/15/2015	11/30/2017	Principal Deputy Administrator, Substance Abuse and Mental Health Services Administration	Ex Officio Member
Gordon, Joshua	08/01/2016	08/01/2020	Director, National Institute of Mental Health	Ex Officio Member
Jen, Wenli	04/19/2016	05/19/2020	Adjunct Faculty at University of the West; Program Director, Pacific Clinic	Special Government Employee (SGE) Member
Lazarus, Jeremy	03/23/2014	12/31/2017	Clinical Professor of Psychiatry	Special Government Employee (SGE) Member
McCance-Katz, Elinore	08/31/2017	11/30/2019	Assistant Secretary for Mental Health and Substance Use	Ex Officio Member
Patton, Jeffrey	05/31/2016	06/30/2019	Chief Executive Officer, Kalamazoo Community Mental Health and Substance Abuse Services	Special Government Employee (SGE) Member
Price, Juanita	04/12/2013	03/29/2018	Chief Executive Officer, Hillcrest Children and Family Center	Special Government Employee (SGE) Member
Rasmus, Stacy	06/30/2016	06/29/2020	Research Associate Professor	Special Government Employee (SGE) Member
Reinert, Katia	06/01/2014	05/31/2018	Associate Director, Health Ministries, General Conference of Seventh-day Adventist	Special Government Employee (SGE) Member
Romero, Gilberto	04/12/2013	03/29/2018	Former Board Member National Latino Behavioral Health Association, Consultant	Special Government Employee (SGE) Member
Simmons, Jeremiah	03/23/2014	09/18/2018	Ph.D. Candidate - Program in Clinical Psychology, University of New Mexico	Special Government Employee (SGE) Member
Sokolow, Alan	06/01/2014	12/31/2017	Chief Medical Officer, Accelus Health Consulting Partners	Special Government Employee (SGE) Member
Tenhula, Wendy	10/07/2015	10/06/2017	Mental Health Services-VA	Ex Officio Member
Unutzer, Jurgen	04/12/2015	04/13/2019	Professor and Chair, Psychiatry and Behavioral Sciences, University of Washington, Seattle	Special Government Employee (SGE) Member
del Vecchio, Paolo	08/31/2017	11/30/2019	Director, Center for Mental Health Services	Regular Government Employee (RGE) Member

Number of Committee Members Listed: 18

Narrative Description

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. The CMHS National Advisory Council supports SAMHSA's mission by advising on issues and policies specifically related to the mental health of the people; the development and coordination of federal prevention policies and programs; eliminating disparities in mental health services; making early mental health screening, assessment, and referral to services common practice; advancing evidence-based practices; and developing and implementing health technology and tele-health systems to improve access and coordination of mental health care. SAMHSA is directed by Congress to target substance abuse and mental health services to people most in need and to translate research in these areas more effectively and more rapidly into the general health care system. Over the years, SAMHSA has demonstrated that prevention works, treatment is effective, and people recover from mental and substance use disorders.

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. SAMHSA's Center for Mental Health Services (CMHS) works to improve the quality of mental health services. In FY 2018, the CMHS National Advisory Council members played a critical role in advising the SAMHSA, Assistant Secretary for Mental Health and Substance Use on SAMHSA's strategic initiatives; and participate in discussions regarding Resiliency in Communities after Stress and Trauma; Zero Suicide; First Episode Psychosis; Section 223 - Certified Community Behavioral Health Clinics; SAMHSA Learning Agenda; Faith Based Efforts; Co-Occurring Serious Mental Illness and Opioid Use Disorder; Prodromal Care Approaches in Children's Mental Health; Continuum of Care for Adults with Serious Mental Illness and Treatment Innovations, Cognitive Behavioral Approaches for Serious Mental Illness.

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 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?

38

Number of Recommendations Comments

From FYs 1994 to 2018, the CMHS National Advisory Council produced 38 recommendations. The Council made recommendations during this reporting period in regards to the further integration of primary health care with mental health care opportunities within the same clinic location.

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

68%

% of Recommendations Fully Implemented Comments

During the life of the Council, approximately 70% of the recommendations have been implemented. Prior recommendations regarding consumer awareness and peer support, inclusion of a youth representative, revision of the meeting formats, improving communication with CMHS staff, greater emphasis on services to children, and disaster preparation have been implemented, other recommendations include increasing the availability of quality measurements within the grant programs to capture the necessary data on access, disparity populations served, and type of services provided in multiple arenas: education, medical training, HBCU accessibility, and workforce improvements across the social work spectrum.

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

63%

% of Recommendations Partially Implemented Comments

During the life of the Council, approximately 65% of the recommendations have been 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, updates and briefings on matters that have come before the Council are regularly provided at Council meetings. When the Council votes to pass recommendations, it is SAMHSA's policy to ensure responses to the Council are provided within a prescribed time frame. SAMHSA ensures that complete minutes of the open sessions are prepared and circulates them in draft to the members for clearance and approval at the next official meeting. Summaries of information may be mailed, emailed, telephoned, or faxed to Council members. Communications from CMHS to Council members include issue papers, fact sheets, press releases, reports and other documents. CMHS Council members also have access to senior management and technical experts when needed. Much of this information is also uploaded on the website for the general public to see.

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 type="checkbox"/>
Issued new regulation	<input type="checkbox"/>
Proposed legislation	<input type="checkbox"/>
Approved grants or other payments	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Action Comments

Secondary review of the grant processes is a critical responsibility of the Council.

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

Yes

What is the estimated Number of grants reviewed for approval	319
What is the estimated Number of grants recommended for approval	319
What is the estimated Dollar Value of grants recommended for approval	\$292,688,240

Grant Review Comments

Not Applicable

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