

2025 Current Fiscal Year Report: Interdepartmental Substance Use Disorders Coordinating Committee

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1. Department or Agency

Department of Health and Human Services

2. Fiscal Year

2025

3. Committee or Subcommittee

Interdepartmental Substance Use Disorders
Coordinating Committee

3b. GSA

Committee

No.

84570

4. Is this New During Fiscal Year?

No

5. Current Charter

05/06/2023 05/06/2025

6. Expected Renewal Date

05/06/2025

7. Expected Term Date

05/06/2025

8a. Was Terminated During Fiscal Year?

No

8b. Specific Termination Authority

Per 2025 Secretary Directive

8c. Actual Term Date

9. Agency Recommendation for Next Fiscal Year

Terminate

10a. Legislation Req to Terminate?

Yes

10b. Legislation Pending?

Not Applicable

11. Establishment Authority

Statutory (Congress Created)

12. Specific Establishment Authority

SUPPORT Act, Public Law 115-271

13. Effective Date

10/24/2018

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

1

17b. Closed

0

17c. Partially Closed

0

Other Activities

0

17d. Total

1

Meetings and Dates

Purpose

Start

End

Discuss SAMHSA's Summit on Harm Reduction and Recovery, SAMHSA's Naloxone Saturation Policy Academy Initiative , Presentation and Discussion of 12/11/2024 - 12/11/2024 Proposed ISUDCC Workgroups Recommendations Prioritization Guide and Next Steps , Public comments.

Number of Committee Meetings Listed: 1

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

20a. How does the Committee accomplish its purpose?

The Secretary of Health and Human Services, in

coordination with the Director of the Office of National Drug Control Policy, is required by the SUPPORT for Patients and Communities Act Public Law 115-271 to establish an Interdepartmental Substance Use Disorders Coordinating Committee. In identifying areas for coordination, the committee will provide recommendations for improving Federal programs for the prevention and treatment of, and recovery from, substance use disorders, including by expanding access to prevention, treatment and recovery services. They will also analyze substance use disorder prevention and treatment strategies in different regions of and populations in the United States and evaluate the extent to which Federal substance use disorder and treatment strategies are aligned with State and local substance disorder and treatment strategies. The meeting in February included information on support for the mission and work of the Committee, federal advances to address challenges in substance use disorder (SUD); non-federal advances to address challenges in SUD.

20b. How does the Committee balance its membership?

The composition will consist of Federal (ex-officio) members or their designees, and non-Federal members. Ex-officio members will serve for the duration of the time that the Committee is authorized to operate. The Committee will include a minimum of 15 non-Federal members who will be appointed by the Secretary as special government employees (SGEs), of which at least two members will be individuals who have received treatment for a diagnosis of substance use disorder; at least two members will be directors of State substance abuse agencies; at

least two members will be representatives of leading research, advocacy or service organizations for individuals with substance use disorders; at least two members will be a physician, licensed mental health professional, advance practice registered nurse, or physician assistant; and have experience in treating individuals with substance use disorders; at least one member will be a substance use disorder treatment professional who provides treatment services at a certified opioid treatment program; at least one member will be a substance use disorder treatment professional who has research or clinical experience in working with racial and ethnic minority populations; at least one member will be a substance use disorder treatment professional who has research or clinical mental health experience in working with medically underserved populations; at least one member will be a State-certified substance use disorder peer support specialist; at least one member will be a drug court judge or judge with experience in adjudicating cases related to substance use disorder; at least one such member will be a public safety officer with extensive experience in interacting with adults with a substance use disorder; and at least one such member will be an individual with experience providing services for homeless individuals with a substance use disorder. These members will be appointed to terms of three years and may be reappointed for one or more additional three-year terms.

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

The Committee will meet not less than two times a year each year. The meetings will be open to the public, except as determined otherwise by the Secretary or other official to whom authority has

been delegated, in accordance with the guidelines under Government in the Sunshine Act, 5 U.S.C. 552b(c). Notice of all meetings will be provided to the public in accordance with the FACA. Meetings will be conducted, and records of the proceedings will be kept, as required by applicable laws and departmental policies. A quorum for the conduct of business by the full Committee will consist of a majority of currently appointed members. The first meeting was held on December 6, 2023. This meeting included reports from the ISUDCC Working Groups and a discussion of the ISUDCC's recommendations to HHS on how the Federal Government can further integrate and coordinate harm reduction approaches and strategies across the continuum of prevention, treatment, and recovery policies, programs, and practices. The second meeting was held on June 10, 2024. The meeting focused on the draft report of the ISUDCC's recommendations on how the Federal Government can further integrate and coordinate harm reduction approaches and strategies across the continuum of prevention, treatment, and recovery policies, programs, and practices. This meeting also included presentations on the recently released Harm Reduction Framework, the Naloxone Saturation Academies, and SAMHSA's Overdose Prevention and Response Toolkit.

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

The Interdepartmental Substance Use Disorders Coordinating Committee is required by the SUPPORT for Patients and Communities Act Public Law 115-271.

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

N/A

21. Remarks

Per 2025 Secretary Directive

Designated Federal Officer

Tracy Goss DFO

Committee Members	Start	End	Occupation	Member Designation
Audi, Chad	12/09/2019	05/06/2025	President and CEO	Special Government Employee (SGE) Member
Banta-Green, Caleb	12/09/2019	05/06/2025	Principal Research Scientist	Special Government Employee (SGE) Member
Becerra, Xavier	03/19/2021	05/06/2025	U.S. Department of Health and Human Services	Ex Officio Member
Brooks, Leola	05/06/2019	05/06/2025	Social Insurance Specialist, Social Security Administration	Ex Officio Member
Burden, Jennifer	05/06/2019	05/06/2025	Principal Deputy Assistant Secretary, Department of Employment Services	Ex Officio Member
Butts, Nancy	12/09/2019	05/06/2025	President Judge	Special Government Employee (SGE) Member
Canada, Meredith	12/09/2019	05/06/2025	Public Health Analyst	Special Government Employee (SGE) Member
Chrisman Low, Jamie	12/09/2019	05/06/2025	Recovery Consultant	Special Government Employee (SGE) Member

Compton, M.D., M.P.E., Wilson	05/06/2019	05/06/2025	Deputy Director, National Institute on Drug Abuse (NIDA), National Institutes of Health	Ex Officio Member
Dawson, Susan	12/09/2019	05/06/2025	Psychiatric Nurse Practitioner	Special Government Employee (SGE) Member
Delphin-Rittmon, Ph.D., Miriam	07/13/2021	05/06/2025	Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration	Ex Officio Member
Estabrook, Nicholas	12/09/2019	05/06/2025	Addictive Disease Recovery Support Specialist Senior Advisor, Office of the Secretary, Housing and Urban Development	Special Government Employee (SGE) Member
Gibbs, John	05/06/2019	05/06/2025	Secretary, Housing and Urban Development	Ex Officio Member
Goforth Parker, Judy	12/09/2019	05/06/2025	Commissioner of Health Policy	Special Government Employee (SGE) Member
Goldsby, Sara	12/09/2019	05/06/2025	Director	Special Government Employee (SGE) Member
Hearthway, Julia	05/06/2019	05/06/2025	Director, Office of Workers' Compensation Program, United States Department of Labor	Ex Officio Member
Hess, Erik	12/09/2019	05/06/2025	Professor and Vice Chair for Research	Special Government Employee (SGE) Member

Humphreys, Keith	12/09/2019	05/06/2025	Esther Ting Memorial Professor	Special Government Employee (SGE) Member
Jones, Christopher	07/06/2021	05/06/2025	Acting Director, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention	Ex Officio Member
Liskamm, Amanda	05/06/2019	05/06/2025	Senior Advisor, Office of the Secretary, U.S. Department of Justice	Ex Officio Member
Ponti-Lazaruk, Jaqueline	05/06/2019	05/06/2025	Principal Deputy Assistant Secretary, Department of Employment Services	Ex Officio Member
Powell, Patricia	05/06/2019	05/06/2025	Principal Deputy Assistant Secretary, Department of Employment Services	Ex Officio Member
Ryan, Sheryl	12/09/2019	05/06/2025	Division Chief	Special Government Employee (SGE) Member
Sabotka, Amanda	12/09/2019	05/06/2025	Patient & Advocate	Special Government Employee (SGE) Member
Seivwright, Cynthia	12/09/2019	05/06/2025	Division Director, SSA	Special Government Employee (SGE) Member
Sivilli, June	05/06/2019	05/06/2025	Assistant Director, Public Health, Education and Treatment, Office of National Drug Control Policy	Ex Officio Member

Sledge, Daniel	12/09/2019	05/06/2025	Lead Outreach Paramedic	Special Government Employee (SGE) Member
Solaru, Dele	09/18/2021	05/06/2025	Principal Deputy Assistant Secretary, Department of Employment Services	Ex Officio Member
Spoth, Richard	12/09/2019	05/06/2025	Director	Special Government Employee (SGE) Member
Torres, Luis	12/09/2019	05/06/2025	Associate Professor	Special Government Employee (SGE) Member
Viana, Aimee	05/06/2019	05/06/2025	Principal Deputy Assistant Secretary, Department of Employment Services	Ex Officio Member
Winchell, Celia	05/06/2019	05/06/2025	Principal Deputy Assistant Secretary, Department of Employment Services	Ex Officio Member

Number of Committee Members Listed: 32

Narrative Description

The Interdepartmental Substance Use Disorders Coordinating Committee (hereafter referred to as the Committee) is required under Section 7022 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act, Public Law 115-271).). The Committee is governed by the provisions of the Federal Advisory Committee Act (FACA), Public Law 92-463, as amended (5 U.S.C. App), which sets forth standards for the formation and use of federal advisory committees. Communities Act (SUPPORT Act, Public Law 115-271). The Secretary of Health and Human Services

(Secretary), in coordination with the Director of National Drug Control Policy, is required to establish a Committee to identify areas for improved coordination related to substance use, including research, services, supports and prevention activities across all relevant Federal agencies. In identifying areas for coordination, the committee will provide recommendations for improving Federal programs for the prevention and treatment of, and recovery from, substance use disorders, including by expanding access to prevention, treatment and recovery services. They will also analyze substance use disorder prevention and treatment strategies in different regions of and populations in the United States and evaluate the extent to which Federal substance use disorder and treatment strategies are aligned with State and local substance disorder and treatment strategies. The committee shall terminate in May 2025.

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 type="checkbox"/>
Improved service delivery	<input checked="" type="checkbox"/>
Increased customer satisfaction	<input checked="" type="checkbox"/>
Implementation of laws or regulatory requirements	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Outcome Comments

N/A

What are the cost savings associated with this committee?

	Checked if Applies
None	<input type="checkbox"/>
Unable to Determine	<input checked="" type="checkbox"/>

Under \$100,000	<input type="checkbox"/>
\$100,000 - \$500,000	<input type="checkbox"/>
\$500,001 - \$1,000,000	<input type="checkbox"/>
\$1,000,001 - \$5,000,000	<input type="checkbox"/>
\$5,000,001 - \$10,000,000	<input type="checkbox"/>
Over \$10,000,000	<input type="checkbox"/>
Cost Savings Other	<input type="checkbox"/>

Cost Savings Comments

Committee 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?

0

Number of Recommendations Comments

For FY 2025, the Council convened once the meeting focused on updates to SAMHSA's harm reduction efforts, including national summits and the expansion of naloxone distribution initiatives across states. The committee discussed the integration of harm reduction into the broader prevention, treatment, and recovery continuum and emphasized the importance of collaboration, lived experience, and equitable access to services. A major portion of the meeting centered on a new prioritization guide and scoring system to evaluate and rank 121 recommendations, with agreement on a phased approach led initially by SAMHSA and refined by workgroups. The meeting concluded with unanimous approval of the prioritization approach and a focus on advancing recommendations in early 2025.

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

0%

% of Recommendations Fully Implemented Comments

N/A

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

0%

% of Recommendations Partially Implemented Comments

N/A

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

Yes No Not Applicable

Agency Feedback Comments

The public can find information on agency feedback captured on the council meeting minutes. Agency offers feedback on issues presented before the council at the official meetings. The meeting minutes are posted on the agency website at: <https://www.samhsa.gov/about-us/advisory-councils/meetings>. Status reports on actions by SAMHSA on matters that have come before the Committee are provided at Committee meetings. After the ISUDCC 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 Committee 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) attending the Committee meetings and addressing the members, directly. Feedback is also provided to the Committee, 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 Committee members. Communications from SAMHSA staff to Committee members include issue papers, fact sheets, press releases, reports and other documents. SAMHSA ensures that Committee members have direct access to its senior management and technical experts.

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

Checked if Applies

- Reorganized Priorities
- Reallocated resources
- Issued new regulation
- Proposed legislation
- Approved grants or other payments
- Other

Action Comments

N/A

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

No

Grant Review Comments

N/A

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